Employee Work Capacity Test Record

**Part One** To be completed by employee prior to testing:

Name (Last, First) __________________________________________ Date ________________

Unit (Forest, District, Field Office) ________________________________

Employee Supervisor __________________________________________

ICS Position for which test is required (highest needed) ________________

Performance Level Needed (check one) Arduous ____ Moderate ____ Light ____

Type of Test Taken (check one) Pack Test ____ Field Test ____ Walk Test ____

**Part Two** To be completed by test administrator prior to testing:

<table>
<thead>
<tr>
<th></th>
<th>Pack Test</th>
<th>Field Test</th>
<th>Walk Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pack Weight</td>
<td>45 lbs.</td>
<td>25 lbs.</td>
<td>None</td>
</tr>
<tr>
<td>Distance</td>
<td>3 miles</td>
<td>2 miles</td>
<td>1 mile</td>
</tr>
<tr>
<td>Time (adjusted for elevation)</td>
<td>_____ minutes</td>
<td>_____ minutes</td>
<td>_____ minutes</td>
</tr>
</tbody>
</table>

Test Result (check one) Pass ____ Fail ____ Not Completed ____

Comments (Note first-aid treatments required, problems observed, or complaints made by individual)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I Certify The Work Capacity Test Was Administered According To WCT Administration Guidelines.

Signed:
Test Administrator __________________________ Date ________________

Distribution: Unit Fire Program Manager (for Fire Qualification Record), Employee’s Official Personnel Record, Test Administrator