

## Work Capacity Test Monitoring Form

<b>Company(s) Name:</b>					
<b>Date:</b>			<b>Time:</b>		
<b>Location of Test:</b>					
<b>Test Administrator:</b>					
<b>Emergency Medical Technician:</b>				<b>Expires:</b>	
<b>EMT Certifying Authority:</b>					
<b>Site Hazard Analysis Plan: Yes</b>			<b>No</b>		
<b>Course Type/Length:</b>					
<b>Number of Persons Tested:</b>		<b>Manifest:</b>		<b>Yes</b>	<b>No</b>
<b>ID Verified: Yes</b>	<b>No</b>	<b>Photo ID:</b>		<b>Yes</b>	<b>No</b>
<b>Number of Vests:</b>			<b>Weight Verified:</b>		<b>Yes</b> <b>No</b>
<b>Compliance Issues/Notes:</b>					
<b>Did test meet WCFT Administration Guidelines?</b>					
Send your completed pack test inspection form to <a href="mailto:SM.FS.fact@usda.gov">SM.FS.fact@usda.gov</a> (within 7 working days of monitoring WCFT).					

<b>Government Representative:</b>
<b>Agency:</b>
<b>Title:</b>
<b>Phone Number:</b>

Updated 05/2018