



Certifying Officer Trainee Initial Observation Form

STEP

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STATE OF ALASKA DEPARTMENT of PUBLIC SAFETY FIRE STANDARDS COUNCIL

This survey is used by a current AFSC CO for **INITIAL** evaluation of a **CERTIFYING OFFICER (CO) TRAINEE**. Please answer all items appropriately. Any concerns or discrepancies will be addressed as necessary by the Alaska Fire Standards Council (AFSC).

Course Information:

Course Type/Location of Test Site:	Dates of Written & Practical Exams: Written: _____ Practical: _____
Your Name:	Name of Certifying Officer Trainee:

Indicate your answers to the below questions by marking either the Yes or No box. **Comment on "No" responses below.**

		Yes	No
1.	Did the CO Trainee contact you in advance of the test date to discuss observation arrangements?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did the CO Trainee arrive on time to the test site?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Was the CO Trainee dressed appropriately for the test site conditions?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did the CO Trainee review each practical skill station before testing began?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did the CO Trainee observe any skill stations while candidates were testing?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Did the CO Trainee observe the entire written examination process for this test site?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Did the CO Trainee observe the entire practical examination process for this test site?	<input type="checkbox"/>	<input type="checkbox"/>

On a scale of 1-5 (1= Strongly Disagree to 5 = Strongly Agree) mark the answer that you feel best describes your views about the course. **For scores marked 1 or 2, comment below.**

		N/A	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
8.	The CO Trainee understood that each candidate must have a fair and consistent opportunity to complete the test process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The CO Trainee was familiar with the CO Manual and associated paperwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	The CO Trainee observed an instructional briefing for the Evaluator and/or Assistant support for this test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	The CO Trainee was involved and interested in providing assistance to me during this exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	The AFSC office provided adequate instruction for evaluating the CO Trainee observation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I would recommend that the AFSC consider this individual for a proctored CO assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments or direction that will improve the testing and certification program, use additional pages as necessary.

Thank you for completing this form. Please return to Alaska Fire Standards Council by fax, email, or standard mail.

DPS Fire Standards Council
5700 E. Tudor Road
Anchorage, AK 99507
Fax 907-269-0134 Voice 907-269-5052
Email: dpsakfirestandards@alaska.gov

Primary CO Signature