



Test Site Coordinator Exam Site Survey

STATE OF ALASKA
DEPARTMENT of PUBLIC SAFETY
FIRE STANDARDS COUNCIL

This survey is used by the Test Site Coordinator to evaluate the **CERTIFYING OFFICER (CO)**. 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:

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 contact you in advance of the test date to discuss arrangements?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did the CO arrive on time to the test site?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Was the CO dressed appropriately for the test site conditions?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did the CO adequately review each practical skill station before testing began?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did the CO deviate from the skill stations packet that was prepared by the AFSC office?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Did the written and practical test start and stop within your time expectations?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Was the conduct of the Certifying Officer professional and supportive of the test site arrangements?	<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 ensured each candidate had 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 met my expectations with regard to managing the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	The CO presented candidates with instructions for the written and practical exams in an organized manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	The CO provided an instructional briefing to clarify expectations for the Evaluator and/or Assistant support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	The AFSC office provided a clear communication in response to my test notification request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	The AFSC office provided the name of the CO was at least two weeks prior to the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	The AFSC office provided a clear list of equipment and materials to prepare for this test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Things that went well:						
16.	Things to improve:						

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.

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