



Certifying Officer Exam Site Survey

This form is used by the Certifying Officer to evaluate the TEST SITE COORDINATOR.

Please answer all items appropriately.

Any concerns or discrepancies will be addressed as necessary by the Alaska Fire Standards Council (AFSC).

Information

Course Type/Location of Test Site:

Dates of Written & Practical Exams:

Written: Practical:

Your Name:

Name of Test Site Coordinator:

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

Table with 4 rows and 3 columns: Question, Yes, No. Questions include availability of coordinator, presence at site, equipment, and conduct.

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 test site. For scores marked 1 or 2, provide detailed comment below.

Table with 13 rows and 7 columns: Question, N/A, 1 Strongly Disagree, 2 Disagree, 3 Neutral, 4 Agree, 5 Strongly Agree. Questions cover exam location, site adequacy, equipment, personnel support, and communication.

Please provide comments to help improve the testing and certification program (use additional pages as necessary)

Four horizontal lines for providing comments.

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

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Certifying Officer Initial