



Certifying Officer Exam Site Survey

STATE OF ALASKA DEPARTMENT of PUBLIC SAFETY FIRE STANDARDS COUNCIL

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.**

		Yes	No
1.	Was the Test Site Coordinator available in advance of the test date to discuss or plan arrangements for the day of the test?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Was the Test Site Coordinator present and available at the test site?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Were the Test Site Coordinator, Candidates, and Assisting personnel in appropriate clothing and personal protective equipment for the test site conditions?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Was the conduct of Test Site Coordinator professional and supportive of test site expectations?	<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 test site. **For scores marked 1 or 2, provide detailed comment below.**

		N/A	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
5.	The classroom location was adequate for administration of this written exam assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	The test site was adequate for completion of this practical skill station assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The Test Site Coordinator had the appropriate equipment requirements in place for this test site assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The Test Site Coordinator provided me with the necessary personnel support to complete this assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The AFSC office travel and schedule arrangements were appropriate for this assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	The AFSC office provided the necessary tote contents and material to complete this assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	The AFSC provided clear and concise communication for this assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Things that went well:						
13.	Things to improve:						

Please provide comments to help 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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Certifying Officer Initial