Work Capacity Test Data Sheet 2019

Company: _____

WCFT Date: _____ **WCFT Start Time:** _____

WCFT Site Address: _____**City:** _____**St:** _____

Test Admin: _____**EMT** **(or equivalent)** **Name:** _____
(If applicable)

Gov't Monitor's Signature: _____
(If applicable)

You MUST include a copy of these results when submitting an employee's records for review.

Initials*	Participants Name	Test P=Pack F=Field W=Walk	Time (min:sec)	Position ENGB FFT1 FFT2	ID Number (Optional)
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*Candidate's initials indicate completion of the health screening questionnaire.

Remarks: Document test site conditions such as temperature, relative humidity, wind speed, elevation, and so forth.

Make sure you notify the Forest Service 7 days in advance by using the Electronic Notification process found on our website under Member/Member Resources or on the R6 FACT website.