Office of Training and certification	New Jersey Division of Fire Safety *BASIC PRACTICAL SKILLS EXAMINATION REPORT*	
	Skill sheet # **HMA-2**	**Certification Title** **Hazardous Materials, Awareness Level** ***IDENTIFY US DOT HAZARD CLASSES***

Applicant Information		
Candidate name	**DFS ID #**	**Course #**

Evaluation	
Standard: **NFPA 472- 2013 Edition** **4.2.1(2)**	**Task** Given a listing of the US DOT Hazard Classes and Divisions numbers fill in the appropriate Hazard Class name and Division names. **Conditions and Outcome** Given a Current Department of Transportation Emergency Response Guidebook (ERG) The candidate shall identify the following US DOT hazard classes and divisions. **The candidate will complete this task with a minimum of 20 items answered correctly.**

Number	Task Steps	First Test		Retest #1		Retest #2	
		Pass	Fail	Pass	Fail	Pass	Fail
1	Hazard Class 1:						
2	Division 1.1						
3	Division 1.2						
4	Division 1.3						
5	Division 1.4						
6	Division 1.5						
7	Division 1.6						
8	Hazard Class 2						
9	Division 2.1:						
10	Division 2.2						
11	Division 2.3:						
12	Hazard Class 3						
13	Hazard Class 4						
14	Division 4.1						
15	Division 4.2						
16	Division 4.3						
17	Hazard Class 5						
18	Division 5.1						
19	Division 5.2						
20	Hazard Class 6-						
21	Division 6.1						
22	Division 6.2						
23	Hazard Class 7						
24	Hazard Class 8						
25	Hazard Class 9-						
Final Test Result for Entire Task							

Evaluator signature & comments, Test #1		Evaluator signature & comments, Retest #1		Evaluator signature & comments, Retest #2	
Evaluator signature	Date	Evaluator signature	Date	Evaluator signature	Date
Candidate signature & acknowledgement, Test #1		**Candidate signature & acknowledgement, Retest #1**		**Candidate signature & acknowledgement, Retest #2**	
By my signature below I acknowledge I have read and understood the evaluation results and evaluator comments		By my signature below I acknowledge I have read and understood the evaluation results and evaluator comments		By my signature below I acknowledge I have read and understood the evaluation results and evaluator comments	
Candidate signature	Date	Candidate signature	Date	Candidate signature	Date

Form DFS-SS-1 10/12
Approved by NJ SME Committee 11/7/2013.