Office of Training and certification	New Jersey Division of Fire Safety *BASIC PRACTICAL SKILLS EXAMINATION REPORT*	
	Skill sheet # **HMA-3**	**Certification #** **Hazardous Materials, Awareness level** ***LOCATION AND USE OF SHIPPING PAPERS***

Applicant Information

Candidate name	DFS ID #	Course #

Evaluation

Standard: **NFPA 472- 2013 Edition** **4.2.1(10)**	**Task** Given an example of a mode of transportation, provide the type of shipping paper, location of shipping paper and the responsible person.
	Conditions and Outcome Given an example of a mode of transportation, provide the type of shipping paper, location of shipping paper and the responsible person. **The candidate will complete this task with a minimum of 8 items answered correctly.**

Number	Task Steps		First Test		Retest #1		Retest #2	
			Pass	Fail	Pass	Fail	Pass	Fail
1	Name of Highway Shipping Paper?							
2	Location of Highway Shipping Paper?							
3	Highway Responsible Person?							
4	Name of Rail Shipping Paper?							
5	Location of Rail Shipping Paper?							
6	Rail Responsible Person?							
7	Name of Water Shipping Paper?							
8	Location of Water Shipping Paper?							
9	Water Responsible Person?							
10	Location of Hazwaste manifest							
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.