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|  Office of Training and certification | <h1 style="text-align: center;">New Jersey Division of Fire Safety</h1> <h2 style="text-align: center;"><i>PRACTICAL SKILLS EXAMINATION REPORT</i></h2> | |
| | Skill sheet# FM-39 | Certification Title Fire Official <i>Mission Specific</i> Manage Investigative Program |

| Applicant Information | | |
|-----------------------|----------|----------|
| Candidate name | DFS ID # | Course # |

| Evaluation | |
|---|--|
| Standard: NFPA 1037, 2016 Edition 5.4.6 | Task As required in accordance with the NJ UFC and policies of the jurisdiction establish and manage a process to assure timely, effective, and complete investigations for all fires causing death or injury or significant damage or are incendiary in nature. |
| | Conditions and Outcome Given a fire incident the candidate will review a scenario or actual incident and plan an investigation which will meet the requirements of NJAC and the AHJ. The candidate will complete this task with a minimum of 2 items answered correctly |

| Number | Task Steps | First Test | | Retest #1 | | Retest #2 | |
|--|---|------------|------|-----------|------|-----------|------|
| | | Pass | Fail | Pass | Fail | Pass | Fail |
| 1 | Upon review of the investigative report approve or reject the planned investigation | | | | | | |
| 2 | List tools that may be needed to complete the investigation | | | | | | |
| | List resources needed to assist the investigator | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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 | |

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|---------------------|------|---------------------|------|---------------------|------|
| Candidate signature | Date | Candidate signature | Date | Candidate signature | Date |
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Revised 5/22/219 Approved by NJ SME Committee 6/12/2019
Updated on 1/20/2020

