



Office of Training and certification

# New Jersey Division of Fire Safety

## *PRACTICAL SKILLS EXAMINATION REPORT*

Skill sheet#  
**FM-15**

Certification Title  
**Fire Official**  
*Community Risk reduction*  
**Evaluate risk management program**

### Applicant Information

Candidate name	DFS ID #	Course #
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### Evaluation

<b>Standard:</b> NFPA 1037, 2016 Edition <b>4.3.9</b>	<p style="text-align: center;">Task</p> <p>Included in 4.2.1.</p> <hr/> <p style="text-align: center;">Conditions and Outcome</p> <p>. The candidate will complete this task with a minimum of 2 items answered correctly</p>
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Number	Task Steps	First Test		Retest #1		Retest #2	
		Pass	Fail	Pass	Fail	Pass	Fail
<b>Final Test Result for Entire Task</b>							

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 #1	
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