WORK CAPACITY TEST RECORD

Units will document the administration of the WCT to all employees and job applicants. This documentation must be retained until the next WCT is administered. Units may also be requested to provide data from these records to assist in the evaluation of the WCT process.

Privacy Act - No employee may disclose records subject to the Privacy Act unless the disclosure is permitted under 43 CFR 2.56 or to the individual to whom the record pertains. The Privacy Act contains a criminal penalty for unauthorized disclosure of records. (5 U.S.C. 552a)

To be completed by employee:

Name (Last, First): ______________________ Where employed: ________________

Date test taken: _______ Test administered by: (Print Name) ________________

ICS position for which test is required (highest needed) __________________

Performance level needed (circle one):

Arduous Moderate Light

Type of test taken (circle one):

Pack Test Field Test Walk Test

Work Capacity Test Descriptions:

<table>
<thead>
<tr>
<th></th>
<th>Pack Test</th>
<th>Field Test</th>
<th>Walk Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pack weight</td>
<td>45 lbs.</td>
<td>25 lbs</td>
<td>None</td>
</tr>
<tr>
<td>Distance</td>
<td>3 miles</td>
<td>2 miles</td>
<td>1 mile</td>
</tr>
<tr>
<td>Time</td>
<td>45 minutes</td>
<td>30 minutes</td>
<td>16 minutes</td>
</tr>
</tbody>
</table>

To be completed by test administrator:

Test result time: _______________________

Employee passed test (circle one): Yes / No

I certify that the work capacity test was administered according to agency guidelines.

(Signature of Test Administrator) (Title) (Date)

Release Date: January 2012

APPENDIX O