



Office of Training  
and certification

# New Jersey Division of Fire Safety

## ***PRACTICAL SKILLS EXAMINATION REPORT***

Skill sheet#

**FM-2**

Certification Title

**Fire Official**

***ADMINISTRATION***

**ESTABLISH PERSONNEL ASSIGNMENTS**

### Applicant Information

Candidate name

DFS ID #

Course #

### Evaluation

**Standard:**  
**NFPA 1037, 2016 Edition**  
**4.2.2**

**Task**

Establish a staffing plan for inspectors complete with schedule based on LEA information provided.

**Conditions and Outcome**

Given a period of time, the candidate will develop a staffing schedule which will satisfy the needs of the bureau. **The candidate will complete this task with a minimum of 3 items answered correctly**

| Number                                   | Task Steps   | First Test |      | Retest #1 |      | Retest #2 |      |
|--|--|------------|------|-----------|------|-----------|------|
|  |  | Pass       | Fail | Pass      | Fail | Pass      | Fail |
| 1  | Recognize the need for a schedule                          |            |      |           |      |           |      |
| 2  | Determine required hours to be staffed                     |            |      |           |      |           |      |
| 3  | Prepare the staffing plan that satisfies the schedule need |            |      |           |      |           |      |
|  |  |            |      |           |      |           |      |
|  |  |            |      |           |      |           |      |
|  |  |            |      |           |      |           |      |
|  |  |            |      |           |      |           |      |
| <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 |