

CAND.#

# CANDIDATE WORKSHEET

CANDIDATE NAME

SS# OR GFSTC ID#



EXAM LOCATION

MONITOR

LEVEL

DATE

EVALUATOR NAME

P/F

SKILL#	MISSED STEPS	P/X/F	SKILL#	MISSED STEP	P/X/F	COMMENTS
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<input type="text"/>	<hr/>					
<input type="text"/>	<hr/>					

**STA. 1**

EVALUATOR NAME

P/F

SKILL#	MISSED STEPS	P/X/F	SKILL#	MISSED STEP	P/X/F	COMMENTS
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<input type="text"/>	<hr/>					
<input type="text"/>	<hr/>					
<input type="text"/>	<hr/>					

**STA. 2**

EVALUATOR NAME

P/F

SKILL#	MISSED STEPS	P/X/F	SKILL#	MISSED STEPS	P/X/F	COMMENTS
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<input type="text"/>	<hr/>					
<input type="text"/>	<hr/>					
<input type="text"/>	<hr/>					

**STA. 3**

EVALUATOR NAME

P/F

SKILL#	MISSED STEPS	P/X/F	SKILL#	MISSED STEPS	P/X/F	COMMENTS
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<input type="text"/>	<hr/>					
<input type="text"/>	<hr/>					
<input type="text"/>	<hr/>					

**STA. 4**

EVALUATOR NAME

P/F

SKILL#	MISSED STEPS	P/X/F	SKILL#	MISSED STEPS	P/X/F	COMMENTS
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<input type="text"/>	<hr/>					
<input type="text"/>	<hr/>					

**STA. 5**

By signing below, I affirm that I have read and understood the Policy and Procedures for Georgia Firefighter Standards and Training Council's Pro Board skills examination. I further affirm that I understand each Item as explained to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_