

CMCB Auditing Guidebook Cover Sheet

Date of Audit: _____ Location of Audit: _____

Name(s) of personnel conducting Audit:

Type of Audit (check appropriate boxes, use additional forms if needed)

- Certifications Records
- Field Evaluation Evaluator I
- Field Evaluation Evaluator II
- Field Evaluation Evaluator III

Name of evaluator/type of test being audited:

Remarks and Auditors comments:

CMCB Certification Records Audit Form

Instructions: Check box if observed, documented and/or completed. Leave check boxes or categories blank if not applicable. Circle box if remarks are required or station failed.

- Records and test banks are secured with access allowed to only the Chief Training Officer or their designee
- Records contain appropriate information as specified by the board. Current information needed includes

1. Names of candidates _____
2. Dates of evaluations _____
3. Written test scores if required _____
4. Dates of any retest _____
5. Results of any retest _____

- Records kept on file for 5 years
- Policies pertaining to record keeping and security of records are followed as established
- Field Evaluations and Evaluators that have been audited on file with the results and/or any corrective actions
- Monthly Board actions and updates as they pertain to policy and or testing changes are documented and updated on the website.

Comments: (recommendations, conflicts, testing follow up requirements, policies and procedures not addressed):

CMCB Field Evaluation Form Evaluator III

Test date: _____ Type of testing: _____

Evaluator I and/or II Names:

Evaluator III name being evaluated: _____

Instructions: Check box if observed, documented and/or completed. Leave check boxes or categories blank if not applicable. Circle box if remarks are required or station failed.

- Written test instructions given to candidates
- Written test secure
- Written test completed in allotted time frame
- All materials collected or turned in
- Evaluator instructions given by Evaluator III before testing
- Students allowed to address Evaluator IIs for questions before testing
- Test site control maintained
- Skill or performance stations check
- Re-test areas done with different evaluators
- Safe environment maintained during testing process
- Evaluator III maintained control of test
- Communications between test sites maintained
- All security considerations addressed as needed
- Board policies and procedures addressed (if not document such below)
- Post evaluator critic held after testing
- Evaluator II and III forms completed
- All field written material sheets collected and or destroyed

CMCB Field Evaluation Form Evaluator III (continued)

Comments: (recommendations, conflicts, testing follow up requirements, policies and procedures not addressed):

CMCB Field Evaluation Form Evaluator II

Test date: _____ Type of testing: _____

Evaluator II name(s) being evaluated:

Instructions: Check box if observed, documented, and/or completed. Leave check boxes or categories blank if not applicable. Circle box if remarks are required or station failed.

- All materials collected or turned in
- Students allowed to address Evaluator IIs for questions before testing
- Test site control maintained
- Safe environment maintained during testing process
- Evaluator II maintained control of test station
- Communications between test sites maintained
- All security considerations addressed as needed
- Consistent with station directions for each candidate
- No coaching, prompting or department procedure bias observed
- Board policies and procedures addressed (if not document such below)
- Post evaluator critic held and attended by all after testing
- Evaluator II and III forms completed
- All field written material sheets collected and or destroyed

Comments: (recommendations, conflicts, testing follow up requirements, policies and procedures not addressed):

CMCB Field Evaluation Form Evaluator I

Test date: _____ Type of testing: _____

Evaluator I name being evaluated: _____

Instructions: Check box if observed, documented and/or completed. Leave check boxes or categories blank if not applicable. Circle box if remarks are required or station failed.

- Written test instructions given to candidates
- Proper testing forms used with Scantron sheet instructions
- Given Written test secure
- Written test completed in allotted time frame
- Maintained control of candidates during testing, limiting people in and out of the testing area
- All materials collected or turned in
- Test site control maintained
- All security considerations addressed as needed
- No coaching or prompting observed
- Board policies and procedures addressed (if not document such below)

Comments: (recommendations, conflicts, testing follow up requirements, policies and procedures not addressed):

CMCB Site/Process Evaluation Form

Date of Audit: _____ Location of Audit: _____

Name(s) of personnel conducting Audit:

Type of Audit (check appropriate boxes, use additional forms if needed)

Testing Site – Conforms to NFPA 1402

Testing Equipment – Conforms to NFPA 1402

Testing Process – Skill Stations are consistent with the requirements of relevant NFPA Job Performance Requirements (JPR)

Type of test being audited:

Remarks and Auditors comments:
