

CPAT SITE AUDIT FORM

AUDIT & VALIDATION FOR CANDIDATE
PHYSICAL ABILITY TEST ADMINISTRATION



WFI
WELLNESS-FITNESS
INITIATIVE

SECTION 1: SITE INFORMATION

Department/Agency: _____ Audit Date: _____

Location Address: _____ Weather: _____

Site Coordinator: _____ Auditor Name: _____

SECTION 2: COURSE SETUP AUDIT

COURSE ELEMENT	PASS/FAIL	COMMENTS
Stair Climb Equipment & Stepmill Calibration		
Hose Drag Lane Measurement & Surface Condition		
Equipment Carry Layout & Return Path		
Ladder Raise Mechanics & Safety Checks		
Forcible Entry Device Calibration		
Search Maze Configuration		
Rescue Drag Dummy Weight & Track Length		
Ceiling Breach & Pull Resistance Verification		
85 feet from event to event (verified distance)		

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SECTION 3: CANDIDATE PROCESSING AUDIT

COURSE ELEMENT	PASS/FAIL	COMMENTS
Proper Candidate Being Conducted		
Use of Required Safety Gear Verified		
Candidate Tracking Documentation Accurate		
Medical Readiness Verification Completed		
Compliance with IAFF/IAFC Protocols		
Mentoring Program Established		

SECTION 4: FACILITY & SAFETY

COURSE ELEMENT	PASS/FAIL	COMMENTS
Rehab Station Ready & Staffed		
Crowd Control / Viewing Barriers Established		
Weather Meter in Place on Site		

