VIERA

Candidate: _____   Successful ☐

Evaluator: _____   Unsuccessful ☐

Date: _____

NFPA Standard:	Department:
Skill Subject:	

JPRs Evaluated	Attempt 1		Attempt 2		JPRs Evaluated	Attempt 1		Attempt 2	
	Pass	Fail	Pass	Fail		Pass	Fail	Pass	Fail

Evaluator Comments/ if unsuccessful this must be completed: _____

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_____   _____
Candidate (print and sign)   Date

_____   _____
Evaluator (print and sign)   Date