

EFMB Test Score Sheet
COMMO — SUBMIT EXPLOSIVE HAZARD SPOT REPORT
 (For use of this form, see AMEDDC&S HRCOE Pam 350-10, the proponent is MCCS-OPE)

CANDIDATE'S RANK AND NAME	CANDIDATE #
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TASK: SUBMIT EXPLOSIVE HAZARD SPOT REPORT.

CONDITIONS: An UXO or IED hazard has been observed in your area. You have a watch, map, compass, protractor, pencil or pen, paper, and the 9-line Explosive Hazard Spot Report format guide (GTA 09-12-001).

STANDARDS: Submit 9-line Explosive Hazard Spot Report using the correct format and content within 5 minutes.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. After taking protective measures from a UXO or IED hazard, record and submit a written 9 line explosive hazard spot report.		
a. Gather and record information in a standard 9-line Explosive Hazard Spot Report format.		
(1) Line 1: Date and time of the fall, impact, or finding of the UXO/IED item(s).		
(2) Line 2: The exact location of item(s) grid coordinate (8-digit minimum) including landmarks, reference points, or street addresses.		
(3) Line 3: The name and organization of person reporting the incident including radio frequency and call sign or phone number.		
(4) Line 4: Identify UXO by type (dropped, projected, thrown, placed) and subgroup.		
(5) Line 5: CBRN contamination: Yes or No, known or suspected CBRN contamination. If yes, report type of agent if known or identified.		
(6) Line 6: What resources are threatened?		
(7) Line 7: How the UXO has affected unit mission?		
(8) Line 8: The safety/protective measures that have been taken including the evacuation distances that have been accomplished.		
(9) Line 9: The requested priority for receiving EOD support (Immediate, indirect, minor, or no threat).		
b. Provide a written 9-line Explosive Hazard Spot Report to higher headquarters (evaluator for testing purposes).		

NOTE: Be prepared to provide a guide to the EOD team.

2. Complete all required performance steps/measures within 5 minutes.		
3. Met all administrative requirements for this task		

EVALUATOR WRITES: TIME REQUIRED TO PERFORM TASK:

REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	YES	NO

LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE