## 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)

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<tr>
<th>CANDIDATE’S RANK AND NAME</th>
<th>CANDIDATE #</th>
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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

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<th>GO</th>
<th>NO-GO</th>
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1. **After taking protective measures from a UXO or IED hazard, record and submit a written 9 line explosive hazard spot report.**


      (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:

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<tr>
<th>REASON(S) FOR FAILURE</th>
<th>YES</th>
<th>NO</th>
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**DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)**

<table>
<thead>
<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR’S SIGNATURE</th>
<th>DATE</th>
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Worksheet # 037 to construct AMEDDC&S HRCOE Form 1232, 1 MAR 19