

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY

TO: Work Capacity Test Applicant

FROM: Todd Manley
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SUBJECT: Registering and Preparing for the Work Capacity Test

To register for the Work Capacity Test (WCT), you must complete the attached nomination form, secure your fire supervisor's approval and send it to the Work Capacity Test Administrator listed for the session you are applying for.

In addition, as an applicant to participate in a WCT session, we want to make sure you are aware of several items.

First, you will apply for one of the following levels of Work Capacity testing to be offered at session you selected:

- | | |
|----------|---|
| Arduous | The 3-mile test with a 45 pound pack in 45 minutes is strenuous, this is required for fire line positions for national fire mobilization |
| Moderate | The 2-mile test with a 25 pound pack in 30 minutes is fairly strenuous, but no more so than a Minnesota wildland firefighting assignment. This is the MNDNR standard physical test. |
| Light | The 1-mile walk in 16 minutes is moderately strenuous, but no more so than the duties assigned. |

Each of these capacity tests requires a certain level of physical fitness. **The attached Health Screening Questionnaire (Form WCT-01) should be reviewed before you begin training for the Work Capacity Test.** This self-assessment will help you determine if you should consult your doctor before you take the WCT. You will be required to complete a Health Screening Questionnaire (HSQ) just prior to taking the WCT.

If after reviewing the HSQ you determine you need to see a physician, also attached is the Medical Evaluation / Screening form (WCT-02) you should bring to your physician. The physician should use this form to convey their determination on your ability to take a work capacity test.

In addition, to further assist you in your preparations, attached is a tip sheet to use as a guide in your training.

If you are taking the WCT to participate in the **Ready Reserve**, the fleet costs to attend the testing will be charged to FinDeptID 3711, Agency Cost 1, 23131 and Agency Cost 2, 131BB. Employee expenses for the Ready Reserve should be charged to Fund 100, FindeptID R2933711, AppropID R293008, Agency Cost 1, 23121 and Agency Cost 2, 131BB. Salary costs are paid by the Division that the employee represents.

Finally, in the near future you will receive additional information from the WCT course administrator for the session you selected. Please review the materials you receive from them closely as they will not only provide the date and time of your session but may include special instructions for the work capacity test you will take on that day.

If you have any questions, or would like additional information, please feel free to contact me.

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HEALTH SCREENING QUESTIONNAIRE

(For Work Capacity Testing)

Assess your ability to take the WCT by answering all questions below.

The purpose of this assessment is to identify individuals who may be at risk in taking the work capacity test and need a medical examination by a physician prior to taking the test.

Individuals taking the work capacity test are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking the work capacity test.

Employee Name _____ **Date** _____ **Employee ID#** _____

Check 'Yes' or 'No' in response to the following questions:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Do you have a resting pulse greater than 100 beats per minute?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Do you have arthritis, back trouble, hip /knee/joint pain, or any other bone or joint condition that could be aggravated or made worse by a physically demanding work assignment?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Do you have personal experience or doctor's advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy or elevated cholesterol or a hernia?

Answering "Yes" to any of the above questions will mean that a medical examination will be required prior to your taking the WCT. A Medical Screening / Evaluation form (WCT-02) must be completed by a physician to convey their determination as to your ability to participate in a WCT. MN DNR employees should contact their Supervisor for direction if a medical examination is indicated.

Privacy Statement

The information obtained in the detached portion of this form is used to help determine whether an individual can take the work capacity test. Any information disclosed or obtained in this detached form will be treated as confidential information. It may, however, be shared with any supervisor or manager who has a need to know and the Human Resources Department.

The Minnesota Department of Natural Resources prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status.

(Detach the portion below and submit to WCT Administrator)

- I did not answer yes to any question on the above Health Screening Questionnaire and feel I am able to take the work capacity test without problem.
- After answering the above questions, I determined I need to contact a physician before taking the work capacity test and attached is the signed Medical Screening / Evaluation Form (WCT-02).

Signature: _____

Printed Name: _____ Date _____

Retain detached portion for one year



Medical Assessment

The individual presenting this form to you took the attached self-evaluation prior to participating in a work capacity test to determine they meet the minimum physical standards for employment to conduct operations on a wildfire. Specifically, on that evaluation they indicated they met at least one criterion that required a physical examination prior to taking the test. Please review the attached self-evaluation with the employee and make an assessment on their ability to participate.

To assist you in making that determination, the following chart provides additional information on the level of exertion the employee may be expected to do during the performance of their duties both during testing and on the fireline.

Exertion Level	Test Procedure	Fireline Activities (Essential Job Functions)
Arduous (required for Federal firefighting)	Carrying a 45 pound Pack a distance of 3 miles in a period of 45 minutes over level ground.	Working with hand tools digging fireline in hot, smoke filled conditions for 12 to 14 hours in a day. In addition they may be called to carry in excess of 45 pounds for extended periods of time in flat to steep locations. Activity usually occurs over consecutive days for a long period of time with no days off.
Moderate (required for Minnesota DNR fires)	Carrying a 25 pound Pack a distance of 2 miles in a period of 30 minutes over level ground.	Working with hand tools digging fireline in hot, smoke filled conditions for 12 to 14 hours in a day, may be called to carry in excess of 45 pounds for extended periods of time in flat to steep locations.
Light	1 mile hike with no additional weight in a period of 16 minutes	Not eligible for fireline activity, will be limited to a support role only but may be subject to smoky conditions.

Firefighter Name (Print Only) _____ **Date** _____ **Employee ID#** _____

Having reviewed the test procedures and potential work described, and after evaluation of the individual named above, I believe he/she is able to participate in the testing process and work assignments as described for the level indicated. Arduous Moderate Light Should not be tested

Physician Name (Print only)

Physician Signature

Date

(Print Only) Address
License/Certification State

License/Certification Number

(Print Only) City, State, Zip

(_____)_____
Telephone Number

Firefighter must bring this completed form with them to a scheduled Work Capacity Test

Privacy Statement

The information obtained in the completion of this form is used to help determine whether an individual being considered for a physically demanding assignment can carry out those duties in a manner that will not place the candidate unduly at risk due to physical fitness or health. Any information disclosed or obtained in this form will be treated as confidential information. It may, however, be shared with any supervisor or manager who has a need to know, with safety and emergency personnel if emergency treatment of an employee may be required, and the Human Resources Department.

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Getting Prepared for the DNR Work Capacity Test



These training programs are for persons who have been sedentary before training for the work capacity tests or undertaking a weight loss or fitness program. All of the programs are based on the “average” individual. You may have to adjust the times, your rate of progression, and how much you do on any particular day. It is okay to do more or less depending on how you are feeling. We strongly recommend that you follow the general flow of each program and exercise the rule of patience. Progress modestly and you will maintain your health and improve your fitness.

Review the DNR Health Screening Questionnaire before you start training. If you cannot answer all questions in the affirmative, you should consult with a physician before undertaking the training regime.

Begin training at least 4 weeks before your test. Most of the training will simulate the activity of the test, gradually increasing the distance and the weight carried. Wear the same footwear during training that you will wear during the test.



1. Preparing for the Light Walk Test (1-mile in 16 minutes, no weight)

You will need to find a measured mile—a 1/4-mile (400-meter) track at a local school or park will do.

Week 1

Day 1—Walk one 1/4-mile lap to warm up. After the warmup lap, time yourself walking briskly for one lap. Your target time is 4 minutes or less. Walk slowly for one-half lap, then briskly walk another lap. Repeat five times.

Day 2—Walk one lap to warm up. After the warmup lap, time yourself walking briskly for 1½ laps. Your target time is 6 minutes or less. Walk slowly for one-half lap, then walk briskly for another 1½ laps. Repeat three times.

Day 3—Hike or walk continuously for 25 to 30 minutes at a comfortable pace. This is an easy day.

Day 4—Walk one lap to warm up. After the warmup lap, time yourself walking briskly for two laps. Your target time is 8 minutes or less. Walk slowly for one-half lap, then walk briskly for two laps. Walk slowly for another one-half lap.

Day 5—Hike or walk continuously for 30 to 35 minutes at a comfortable pace. This is an easy day.

Day 6—Walk one lap to warm up. After the warmup lap, time yourself walking briskly for 2½ laps. Your target time is 10 minutes or less. Walk slowly for one-half lap, then briskly for 2½ laps. Walk slowly for another one-half lap, then briskly for another 2½ laps. Finish by walking slowly for one-half lap.

Day 7—Hike or walk continuously for 30 to 35 minutes at a comfortable pace. This is an easy day.

Week 2

Day 1—Walk one lap to warm up. After the warmup lap, time yourself walking briskly for three laps. Your target time is 12 minutes or less. Walk slowly for one-half lap, then time yourself walking briskly for two laps with a target time of 8 minutes or less.

Day 2—Walk one lap to warm up. After the warmup lap, time yourself walking briskly for 3½ laps. Your target time is 14 minutes or less. Walk slowly for one-half lap, then time yourself walking briskly for another 1½ laps with a target time of 6 minutes or less.

Day 3—Hike or walk continuously for 30 to 35 minutes at a comfortable pace. This is an easy day.

Day 4—Walk one lap to warm up. After the warmup lap, time yourself walking briskly for four laps. Your target time is 16 minutes or less. If you can do this, you have met the requirements for the Walk Test. We suggest that you continue training for another 3 days to help assure that you pass the Walk Test.

Day 5—Hike or walk continuously for 30 to 35 minutes at a comfortable pace. This is an easy day.

Day 6—Walk one lap to warm up. After the warmup lap, time yourself walking briskly for five laps or as far as you can, up to eight laps (2 miles). Maintain a pace of 4 minutes or less per lap.

Day 7—Hike or walk continuously for 30 to 35 minutes at a comfortable pace. This is an easy day. You are ready for the Walk Test. If it is not scheduled right away, maintain your training with 30 to 60 minutes of moderate walking on most days. Pace yourself at 4 minutes or less per lap for 1 to 2 miles at least twice a week.

2. Preparing for the DNR Moderate Pack Test (2 miles in 30 minutes, 25-lb weight)

You will need to find a measured 2-mile trail. Mile markers on a road will work if the road has a wide shoulder. A track at a local school or park also works well.

- Briskly hike a 2-mile flat course without a pack. Do this every other day until you can hike the course in less than 30 minutes.
- Wear a pack weighing 12 to 15 pounds on your training hikes. Continue to hike on alternate days until you can complete the 2-mile course with the light pack in less than 30 minutes.
- Gradually increase the weight in the pack for your training hikes. Adding 2 to 3 pounds each hike while maintaining the 30-minute pace for 2 miles will get you to your target within three to five sessions (1 to 1½ weeks). On the days between hikes, consider hiking hills (with your pack) to build leg strength and endurance, jogging, or participating in other physical activities. If you will be doing specific firefighting tasks, the days between your training hikes are a good time to begin practicing those activities.

3. Preparing for the National Arduous Pack Test (3-miles in 45 minutes, 45-lb weight)

You will need to find a measured 3-mile trail. Mile markers on a road will work if the road has a wide shoulder. A track at a local school or park also works well.

Briskly hike a 3-mile flat course without a pack. Do this every other day until you can hike the course in less than 45 minutes.

Wear a pack weighing about 20 to 25 pounds during your training hikes. Continue hiking on alternate days until you can complete the 3-mile course with the light pack in less than 45 minutes. On alternate days begin hiking in hills, continue with job-specific training, or enjoy other physical activities.

Gradually increase the weight in the pack, adding 3 to 5 pounds each hike. Maintaining the 45-minute pace for 3 miles will get you to your target within five to seven sessions (1½ to 2 weeks). On the days between training hikes, take longer hikes in hills (wearing your pack) to build leg strength and endurance for the fire season, jog, or participate in other physical activities (such as mountain biking). Continue to train for specific fire tasks your crew will perform, such as line digging, brushing, sawing, and similar activities.

If you would like a more detailed training program, download the National Wildfire Coordinating Group publication, “Fitness and Work Capacity, 2009 Edition” from the internet. You will find more detailed training programs for each of the WCT levels in the appendices. The website is:

<http://www.nwccg.gov/pms/pubs/pms304-2.pdf>

