

APPENDIX C2: DIRECT OBSERVATION FIRE BOSS

Form Approved
 OMB No. 0920-xxxx
 Expires xx/xx/20xx

Subject ID:		Testing Date:		Recorder:	
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Task	Equipment	Environment	People	Information	Information Transfer
			<input type="checkbox"/> Shuttle Car Op <input type="checkbox"/> Roof Bolter <input type="checkbox"/> Utility <input type="checkbox"/> Shift Foreman <input type="checkbox"/> Next CM <input type="checkbox"/> Outside: _____ <input type="checkbox"/> Other: _____		People <input type="checkbox"/> Shuttle Car Op <input type="checkbox"/> Roof Bolter <input type="checkbox"/> Utility <input type="checkbox"/> Shift Foreman <input type="checkbox"/> Next CM <input type="checkbox"/> Outside: _____ <input type="checkbox"/> Other: _____ Method <input type="checkbox"/> Radio <input type="checkbox"/> Text <input type="checkbox"/> Person: _____ <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Shuttle Car Op <input type="checkbox"/> Roof Bolter <input type="checkbox"/> Utility <input type="checkbox"/> Shift Foreman <input type="checkbox"/> Next CM <input type="checkbox"/> Outside: _____ <input type="checkbox"/> Other: _____		People <input type="checkbox"/> Shuttle Car Op <input type="checkbox"/> Roof Bolter <input type="checkbox"/> Utility <input type="checkbox"/> Shift Foreman <input type="checkbox"/> Next CM <input type="checkbox"/> Outside: _____ <input type="checkbox"/> Other: _____ Method <input type="checkbox"/> Radio <input type="checkbox"/> Text <input type="checkbox"/> Person: _____ <input type="checkbox"/> Other: _____