WA State Criminal Justice Training Commission

Physical Ability Test

		MM / DD / YYYY	MM / DD / YYYY
LAST NAME	**FIRST, MIDDLE**	**D.O.B**	**TODAY'S DATE**

*Results are only valid for 45 days from date of testing.

Please check box for which test will be administered:

☐ **BLEA Class: _____** ☐ **COA Class: _____** ☐ **Juvenile Corrections: _____**

AGENCY: _____

EVENT	BLEA Minimum to Pass	COA Minimum to Pass	Juvenile Corrections Minimum to Pass	REST TIME	COUNT	PASS / FAIL
PUSH-UPS **(90 Sec Test Time)**	**20**	**15**	**10**	3 Minute Minimum		
SIT-UPS **(90 Sec Test Time)**	**25**	**12**	**12**	5 Minute Minimum		
SQUAT THRUSTS **(3 Min Test Time)**	**35**	**25**	**15**			

OVERALL TEST RESULTS	PASS / FAIL

Recruit must pass all 3 events to pass PAT overall.

I HEREBY CERTIFY THAT THIS PHYSICAL ABILITY TEST WAS ADMINSTERED TO THE RECRUIT AND THAT THE RECRUIT'S POINT SCORE HAS BEEN FULLY AND ACCURATELY RECORDED.

Proctor Name Printed _____ Date _____ Proctor Signature _____