TOOL 4: Results Transcription Sheet – BMSS Te	TOOL 4:	Results	Transcrip	otion S	heet –	BMSS	Test
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Evaluator's names:	1)	Date of test:	
	2)	(YYYY-MM-DD)	
	2)		

PRESENCE	SERVICE NUMBER	RANK	LAST NAME	FIRST NAME	ABAN SH DRI (Trial	IIP ILL I 1, 2)	SWIM SKI	SIC IMING ILLS Il 1, 2)	OVERALL BMSS TEST RESULT	CANDIDATES INITIALS	DATE (YYYY- MM- DD)
					1	2	1	2			
									•		

P = Pass F = FailEmpty box = Not attempted

Evaluator's signatures: