

IMRMS Certification Form for Written Responses Only

As the IMRMS County Coordinator, I certify that the enclosed observation forms have been completed in accordance with the approved IMRMS procedures to the best of my knowledge and belief.

Coordinator Name (printed)

County _____ # _____

Coordinator signature

Date

Contains random moment observations from: _____ through _____
(date) (date)

Please return to:

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