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| **INCIDENT PERSONNEL****PERFORMANCE RATING** | **INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the fire. Rating will be reviewed with employee who will sign at the bottom.** |
| **THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL’S PERFORMANCE** |
| **1. Name**  | **2. Incident Name and Order Number** |
| **3. Home Unit (address)** | **4. Location of Incident (address)** |
| **5. Incident Position**  | **6. Date of Assignment** **From To:** | **Incident Type** |  **Size of Incident**  |
| **9. Evaluation** |
| **Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:****0 - Deficient. Does not meet minimum requirements of the individual element.** **DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.****1 - Needs to improve. Meets some or most of the requirements of the individual element.** **IDENTIFY IMPROVEMENT NEEDED IN REMARKS.****2 - Satisfactory. Employee meets all requirements of the individual element.****3. - Superior. Employee consistently exceeds the performance requirements.** |
| **Rating Factors** | PRECHECK | DRIVING | SETUP  | DMODE |
|  | **0** | **1** | **2** | **3** | **0** | **1** | **2** | **3** | **0** | **1** | **2** | **3** | **0** | **1** | **2** | **3** |
| **Knowledge of the job** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ability to obtain performance** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Attitude** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Decisions under stress** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Initiative** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Consideration for personnel welfare** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Obtain necessary equipment and supplies** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Physical ability for the job** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Safety** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10.**  |
| **11. Employee (signature)**  | **12. Date** |
| **13. Rated By (signature)** | **14. Home Unit (address)** | **15. Position on Incident** | **16. Date** |

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