

Individual Performance Rating		<i>Instructions: The immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The completed rating will be given to the Planning Section Chief before the rater leaves the incident.</i>	
1. NAME		2. INCIDENT NAME & NUMBER START DATE OF INCIDENT	
3. HOME UNIT ADDRESS		4. INCIDENT AGENCY & ADDRESS	
5. POSITION HELD ON INCIDENT ENGINE BOSS	6. TRAINEE POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO	7. INCIDENT COMPLEXITY <input type="checkbox"/> Complex <input type="checkbox"/> III	8. DATES OF ASSIGNMENT

9. List the main duties from the Position Checklist on which the position will be rated. Enter X under the appropriate column indicating the individuals level of performance for each duty listed	Did not apply on this incident	NOT Acceptable	Need to Improve	Fully Successful	Exceeds Successful
Check in at incident (4)					
Provide for safety of resources & follow guidelines (17 & 18)					
Review assignments with subordinates & assign work (21)					
Communicate / Coordinate with adjoining forces (24 & 25)					
Brief subordinates on safety items including escape routes and safety zones. Provide for their welfare (26)					
Brief relief personnel on the line at the end of shift. Exchange info with previous shift resources (27 & 28)					
Complete and turn in all time and use records (31)					
Evaluate fuels, weather and topography (38)					
Develop strategy and apply tactics (43 & 77)					
Maintain Situational Awareness, LCES & apply tactics (45&48)					
Arrange for logistical support needs (49)					
Monitor & adjust operations to correct deficiencies (47 & 78)					
Ensure adequate water supply for assignment (82)					
Request, direct & provide feedback for aerial resources (39)					
Make assignments and protect values at risk (73)					
Prepare for and direct personnel during firing op (76)					
Recognize need for public evacuation (44)					
Prepare for and direct firing operation (76)					
Recognize and adapt to an IWI (46) Need for CISD? (51)					
10. REMARKS					
11. THIS RATING HAS BEEN DISCUSSED WITH ME (Signature of individual being rated)				12. DATE	
13. RATED BY (Signature)	14. HOME UNIT	15. POSITION HELD ON THIS INCIDENT	16. DATE		