



Eastern Area Coordination Center
(844)237-3508
E-mail: wieacc@firenet.gov

INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate overhead. It will be delivered to the Coordinator before the rating official leaves the assignment. Rating will be reviewed with the employee, who will sign at the bottom.

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|--|---|--|-----------------------------|------------------------|
| 1. Name | | 2. Incident Name and Number | | Start Date of Incident |
| 3. Home Unit Address: | | 4. Incident Agency and Address EACC Fully Remote | | |
| 5. Position Held on Incident IARR Trainee | 6. Trainee Position YES NO <input type="checkbox"/> <input type="checkbox"/> | 7. Incident Complexity I II III <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 8. Date of Assignment From: | |

| 9. List the main duties from the Position Checklist, on which the position will be rated. Enter X under the appropriate column indicating the individual level of performance for each duty listed. | Acceptable | Need to Improve | Fully Successful | Exceeds Successful |
|---|------------|-----------------|------------------|--------------------|
| Secures and maintains appropriate IARR Resources | | | | |
| Establish & maintain communication with IMT and EACC Intel Coordinator | | | | |
| Check in with host GACC, Expanded Dispatch and Crew Desk | | | | |
| Maintain daily contact with CRWB/CREP from each assigned resource | | | | |
| Provide assistance to EA resources regarding Time, Travel, Accidents, Injury, etc. | | | | |
| Provide input to IMT regarding the well-being and best utilization of assigned resources. | | | | |
| Assist IMT w/accident investigation: determine need for special reports/documents. | | | | |
| Ensures contact with personnel hospitalized/separated from their crew | | | | |
| Provides EACC with documentation, reports, evaluations and closeout report | | | | |
| Assist IMT with required forms, reports and documentation needed for Demob | | | | |
| Help negotiate extensions or emergency demobilization of resources | | | | |
| Utilizes other IARR's for advice/support | | | | |
| Assist IMT/Crews with resolution of individual performance/disciplinary problems | | | | |

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|---|-----------|----------|------|
| Signature of person being evaluated (This rating has been discussed with me.) | | | Date |
| Signature of rating individual | Home Unit | Position | Date |