



**EASTERN AREA COORDINATION CENTER**

Interagency Resource Representative  
(IARR) Performance Evaluation

Instructions: **Crew Bosses** will complete this form for rating IARR assigned to their crew during an assignment. When completed, please submit this form to the Eastern Area Coordination Center, Attention: Center Manager. Send by email to **wieacc@firenet.gov**

IARR Name:

Fire Name:

Your Name and Crew Name:

Location of Fire:

Fire Position:

Dates of  
Assignment:

Incident Complexity: Check One

\_\_\_\_\_ I \_\_\_\_\_ II \_\_\_\_\_ III

**EVALUATION**

Enter X under the appropriate column indicating the individual's level of performance for each duty listed.

**PERFORMANCE LEVEL**

**RATING FACTORS**

Deficient

Needs  
Improvement

Satisfactory

Superior

Knowledge of Position

Attitude

Initiative

Availability

Crew Contact

Crew Welfare

Incident Contact

Initial Contact with Crew and Leader

Completeness of Information

Handling of Emergency/Medical Situations

Emergency/Medical Follow Up

Demobilization

Remarks:

Rated by (Signature):

Home Unit:

Date: