



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@fs.fed.us** or fax to **414-944-3838**

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: