|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRE OVERHEAD PERFORMANCE RATING**  This rating is to be used only for determining an individual's dispatch qualifications. | | | | | | **INSTRUCTIONS:** The immediate job  supervisor will prepare this form for each subordinate overhead. It will be delivered to the Coordinator before the rater leaves the assignment. Rating will be reviewed with employee who will sign at the bottom. | | | | | | | | | | | | |
| **1.** Name | | | | | | **2.** Fire Name and Number  **D**-**110 Expanded Dispatch Recorder** | | | | | | | | | | | | |
| **3.** Home Unit (Address) | | | | | | **4.** Location of Fire (Address) | | | | | | | | | | | | |
| **5.** Dispatch  **EDRC (t)** | | | | | | **6.** Date of Assignment | | | | | | | | | | | | |
| **7.** Complexity | | | | | | **8.** Level of Activity | | | | | | | | | | | | |
| SINGLE | MULTIPLE  | | | | | | | LIGHT | MODERATE | HEAVY  | | | | | | | | | | | | | | |
| **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 - Fully Satisfactory. Employee meets all requirements of the individual element.  3 - Outstanding. Employee consistently exceeds the performance requirements. | | | | | | | | | | | | | | | | | | |
|  | | | DISPATCH  RECORDER | | | | | | SUPPORT  DISPATCHER | | | | | SUPERVISORY  DISPATCHER | | | | |
| **RATING FACTORS** | | | 0 | 1 | 2 | | 3 | | 0 | 1 | 2 | | 3 | 0 | 1 | 2 | 3 | |
| Knowledge of the Job | | |  |  |  | |  | |  |  |  | |  |  |  |  |  | |
| Following Procedures | | |  |  |  | |  | |  |  |  | |  |  |  |  |  | |
| Completes Work in Timely  Manner | | |  |  |  | |  | |  |  |  | |  |  |  |  |  | |
| Work Done Properly | | |  |  |  | |  | |  |  |  | |  |  |  |  |  | |
| Attitude | | |  |  |  | |  | |  |  |  | |  |  |  |  |  | |
| Initiative | | |  |  |  | |  | |  |  |  | |  |  |  |  |  | |
| Communications | | |  |  |  | |  | |  |  |  | |  |  |  |  |  | |
| Getting Along With Others | | |  |  |  | |  | |  |  |  | |  |  |  |  |  | |
| Other (specify) | | |  |  |  | |  | |  |  |  | |  |  |  |  |  | |
|  | **10.** REMARKS | | | | | | | | | | | | | | | | |  |
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| **11.**DISPATCHER (signature) This rating has been discussed with me. | | | | | | | | | | | | **12.**DATE | | | | | | |
| **13.** RATED BY (signature) | | **14.** HOME UNIT | | | | | | **15.** POSITION | | | | | | **16.** DATE | | | | |