

UT-DIF, R4 FQRC REVIEW AND CERTIFICATION FORM



Name:			
Forest/District:			
Training Position:			
Initiation Date:		Completion Date:	
Status:	Trainee	Recertification	CIM CIM Trainee Taskbook

This Section to be filled out by recommending committee member/District or Zone FMO

Evaluation Summary

Incident Name	Complexity (Type 1-5)	Fire Location ST/UNIT	Date of Assignment	# of Shifts	Fuel Type				Evaluator Name	Final Evaluator
					Grass	Brush	Timber	Slash		

Has an assignment been completed off Unit?	YES	NO	Where?	
For operations positions, what fuel types have been encountered	Grass Brush Timber Slash			
If for DIVS, has Team assignment been completed?	YES	NO	Fire Name:	
IF for FFT1, has handcrew assignment been completed?	YES	NO	Fire Name:	
For RXB1/RXB2, has appropriate burn plan been completed?	YES	NO	RX Name:	

FOREST QUALIFICATION AND REVIEW COMMITTEE – eSign or printed name/ signature/date

(IQCS account manager has ensured all training has been completed and all certificates are on file.)

IQCS Acct. Manager/Training Officer		Date		Approved	Denied
Deputy Fire Staff Officer		Date		Approved	Denied
East ZFMO Representative		Date		Approved	Denied
West ZFMO Representative		Date		Approved	Denied
Line Officer Representative (if needed)		Date		Approved	Denied

Additional Comments:

--

FOREST CERTIFICATION eSignature or printed name/signature/date

Certifying Official/Forest FMO		Date		Approved	Denied
--------------------------------	--	------	--	----------	--------

REGIONAL CERTIFICATION (Signature required for CIM Field Evals only)

R4 FAM Deputy Director		Date		Approved	Denied
------------------------	--	------	--	----------	--------