

Trainee Information

Printed Name: **John Smith**

Trainee Position on Incident/Event: **FFT1**

Home Unit/Agency: **R5-SHF-TRMU / USFS**

Home Unit /Agency Address and Phone Number: **360 Main Street, Weaverville, CA 96093 & (530) 286-2255**

Evaluator Information

Printed Name: **James Brown**

Evaluator Position on Incident/Event: **CRWB**

Home Unit/Agency: **UT-CCD-Cedar City Field Office / BLM**

Home Unit /Agency Address and Phone Number: **176 East DL Sargent Dr, Cedar City, UT & (435) 865-3000**

Ensure that full address and phone number are entered.

Incident/Event Information

Incident/Event Name: **Veyo West**

Reference (Incident Number/Fire Code): **UT-CCD-000429**

Duration: **7/13/2020 – 7/20/2020**

Ensure dates are entered, (not just # of shifts).

Incident Kind: **Wildfire** Prescribed Fire, All Hazard, Other (specify):

Ensure the Incident Number, (not the Fund Code), is entered.

Location (include Geographic Area, Agency, and State): **Great Basin, BLM, Color Country, Utah**

Management Type (circle one): Type 5, Type 4, **Type 3**, Type 2, Type 1, Area Command

OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High

FBPS Fuel Model Letter: G = Grass, **B = Brush**, **T = Timber**, S = Slash

Evaluator's Recommendation

(Initial only one line as appropriate)

_____ 1) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification

Ensure the Evaluator signs their initials.

JB _____ 2) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.

_____ 3) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.

_____ 4) The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: _____ Date: **7/20/2020**

Evaluator's Relevant Qualification (or agency certification): **CRWB**