

# Great Basin Interagency Incident Team Evaluation

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The Great Basin Incident Management Teams (IMT) and Buying Teams (BUYT) exist to serve Agency Administrators (AA) in the management of complex fire incidents. The Great Basin Coordinating Group (GBCG) is the decision body and responsible for providing oversight to the teams, while the Great Basin Operations Committee (GBOC) provides recommendations to the GBCG regarding IMT staffing and needs. This evaluation will be reviewed closely by both GBCG and GBOC.

This evaluation is required documentation that is to be completed by the AA prior to the IMT or BUYT departing the incident location. The Host Agency should electronically forward the completed evaluation to the [Great Basin Operations Committee Chair](#) within 14-days of the IMT closeout. The AA should follow-up with Incident Commander (IC) within 60 days following transfer of command to discuss any issues relating to the financial package.

Please be thorough in your evaluation and include details pertaining to performance and any concerns that may need to be addressed. The GBCG requests your honest evaluation to improve team effectiveness and provide a superior resource to respond to incidents. The evaluation contains questions that address both the IMT performance and also the AA interaction with the team and the incident.

|               |                        |                         |
|---------------|------------------------|-------------------------|
| Incident Name | Incident Type          | Incident Financial Code |
| Host Agency   | Administrative Unit    | Sub-Unit                |
| Total Acres   | IMT Incident Commander | Assignment Dates        |

|  |  |
|--|--|
| <b>1.</b>  | <b>Did the IMT establish communication with the host unit within a reasonable time frame after receiving notification of team assignment to facilitate a discussion on expectations, team composition, special concerns, and trainees?</b> |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| (Explain)  |  |
| <b>2.</b>  | <b>Did the IMT assume command of the incident in a manner acceptable to the AA?</b>  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| (Explain)  |  |
| <b>3.</b>  | <b>Did the IMT establish and maintain positive interpersonal and interagency working relationships throughout the duration of the incident?</b>  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| (Explain)  |  |

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| <b>4.</b>   | <b>Did the IMT successfully implement the AA leader's intent and provide that intent in a clear manner to all incident activities?</b> |
| <input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span> |  |
| (Explain)   |  |
| <b>5.</b>   | <b>Did the IMT respond in a timely manner to AA concerns and/or information requests?</b>  |
| <input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span> |  |
| (Explain)   |  |
| <b>6.</b>   | <b>Did the IMT provide timely and accurate updates to the AA regarding current and expected incident costs?</b>                        |
| <input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span> |  |
| (Explain)   |  |
| <b>7.</b>   | <b>Did the IMT demonstrate a continuing risk management process keeping risk commensurate with values threatened?</b>                  |
| <input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span> |  |
| (Explain)   |  |
| <b>8.</b>   | <b>Did the IMT foster an environment of mutual respect in interactions with AA, assigned resources, and external partners?</b>         |
| <input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span> |  |
| (Explain)   |  |
| <b>9.</b>   | <b>Please briefly describe any areas that the IMT excelled at during the assignment.</b>   |
| (Describe)  |  |
| <b>10.</b>  | <b>Please briefly describe any areas of suggested improvement for this IMT.</b>  |
| (Describe)  |  |

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| <b>11.</b>  | <b>Please describe any incident activities that gave AA reason for concern regarding the IMT and the management of the incident.</b>                  |  |
| (Describe)  |   |  |
| <b>12.</b>  | <b>Did the IMT transfer command and complete the demobilization process following guidelines in the National and Great Basin Mobilization guides?</b> |  |
| <input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span> |   |  |
| (Explain)   |   |  |
| <b>13.</b>  | <b>Have the IMT and AA discussed a process to evaluate the final financial package and provide follow up back to the IMT within 60-days?</b>          |  |
| <input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span> |   |  |
| (Explain)   |   |  |
| <b>14.</b>  | <b>Would the AA host this IMT again in the future?</b>  |  |
| <input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span> |   |  |
| (Explain)   |   |  |
| <b>15.</b>  | <b>Did you (AA) participate in the Incident In brief for this IMT?</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>16.</b>  | <b>Did you (AA) participate in IMT planning meetings and operational briefings?</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>17.</b>  | <b>Did you (AA) participate in the Incident Close Out?</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>18.</b>  | <b>Was this the first IMT assigned to this incident?</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>19.</b>  | <b>Please provide any additional comments for the GBCG or GBOC.</b>   |  |
| (Explain)   |   |  |

### Signatures

|                                |             |
|--------------------------------|-------------|
| <b>IMT Incident Commander</b>  | <b>Date</b> |
| <b>Agency Administrator(s)</b> | <b>Date</b> |