

Incident Management Team Evaluation Form

Team Incident Commander: _____

Type: _____

Incident Name: _____

Incident Number: _____

Dates: From: _____

To: _____

1. Did the Team place proper emphasis on safety, adhere to the 10 Standard Orders, evaluate the situation in relation to the 18 Situations and incorporate LCES?

yes

no

Comments:

2. Did the Team accomplish the objectives described in the Wildland Fire Situation Analysis (WFSA), the Delegation of Authority, and the Agency Briefing?

yes

no

Comments:

3. Was the Team sensitive to resource limits and environmental concerns?

yes

no

Comments:

4. Was the Team sensitive and responsive to local and social concerns and issues?

yes

no

Comments:

5. Was the Team professional in the manner in which they assumed management of the incident, managed the incident, and returned it to the hosting agency?

yes

no

Comments:

6. Did the Team anticipate and respond to changing conditions in a timely and effective manner?

yes

no

Comments:

7. Did the Team activate and manage the demobilization in a timely, cost-effective manner?

yes

no

Comments:

8. Did the Team attempt to use local resources and trainees and closest available forces to the extent possible?

yes

no

Comments:

9. Was the IC an effective manager of the Team and its activities?

yes

no

Comments:

10. Was the IC obviously in charge of the Team and incident? Was the IC performing a leadership role?

yes

no

Comments:

11. Was the IC effective in assuming responsibility for the incident and initiating action?

yes

no

Comments:

12. Did the IC express a sincere concern and empathy for the hosting unit and local conditions?

yes

no

Comments:

13. Was the Team cost effective in their management of the incident

yes

no

Comments:

Other comments:

Agency Administrator Signature:

Date: _____

Incident Commander Signature:

Date: _____