

APPENDIX E: FQRC REVIEW AND CERTIFICATION DECISION FORM

Responder Information				
Name		Position		
IQCS Empl ID		Unit		
Evaluation Summary				
Incident Name	Incident Location	Duration	Fuel Type	Evaluator
Training Officer Review				
Documentation Review			YES	NO
1. Documentation is complete.			<input type="checkbox"/>	<input type="checkbox"/>
2. Final evaluation complete and final evaluator qualified in position.			<input type="checkbox"/>	<input type="checkbox"/>
3. All trainee assignments have been entered and/or verified in IQCS.			<input type="checkbox"/>	<input type="checkbox"/>
4. Responder meets position requirements; IQCS Responder to Position attached.			<input type="checkbox"/>	<input type="checkbox"/>
Remarks				
FQRC Review and Recommendation				
Committee Member Recommendation			YES	NO
Deputy Fire Staff – Operations			<input type="checkbox"/>	<input type="checkbox"/>
Deputy Fire Staff – Fuels			<input type="checkbox"/>	<input type="checkbox"/>
North Zone FMO			<input type="checkbox"/>	<input type="checkbox"/>
South Zone FMO			<input type="checkbox"/>	<input type="checkbox"/>
Dispatch Center Manager			<input type="checkbox"/>	<input type="checkbox"/>
Incident Business Specialist			<input type="checkbox"/>	<input type="checkbox"/>
Forest Aviation Officer			<input type="checkbox"/>	<input type="checkbox"/>
Line Officer Representative				
NFFE Representative				
Certifying Official				
Certification Decision				
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied		
Rationale				