INCIDENT PERSONNEL PERFORMANCE RATING	*INSTRUCTIONS:* The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the fire. Rating will be reviewed with employee who will sign at the bottom.

THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE

1. Name	2. Fire Name and Number
3. Home Unit (*address*)	4. Location of Fire (*address*)

5. Fire Position	6. Date of Assignment From: To:	7. Acres Burned	8. Fuel Type(s)

9. Evaluation

Enter **X** under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:

0 – Deficient. Does not meet minimum requirements of the individual element
DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.
1 – Needs to improve. Meets some or most of the requirements of the individual element.
IDENTIFY IMPROVEMENT NEEDED IN REMARKS.
2- Satisfactory. Employee meets all requirements of the individual element.
3- Superior. Employee consistently exceeds the performance requirements.

Rating Factors	Hot Line				Mop-Up				Camp				Other (specify)			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Knowledge of the job	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ability to obtain performance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Attitude	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Decisions under pressure	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Consideration for personnel welfare	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Obtain necessary equipment and supplies	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Physical ability for the job	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Safety	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other (*specify*)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

10. Remarks

11. Employee (*signature*) This rating has been discussed with me			12. Date
13. Rated by (*signature*)	14. Home Unit (*address*)	15. Position on Fire	16. Date