

CREW PERFORMANCE RATING (instructions on back)

1. Crew Name and Designator	2. Incident Name and Number	3. Location of Incident
4. Crew Home Unit and Address	5. Dates Assigned to Incident	6. Number of Operational Periods (Shifts) _____ No. of Shifts Constructing Hotline _____

7. Evaluation Criteria

Crew Type: (check one) IHC/T1___ T2IA___ T2___ Engine___ Helitack___ Other___ Agency Crew ___ Contract Crew ___ Contract Number _____ <p style="text-align: center;">Rating Factors (not all criteria apply to all crews)</p>	Superior	Satisfactory	Needs Improvement	Not Applicable
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LEADERSHIP (CREW OVERHEAD) PERFORMANCE

Communications (Inter- and Intra-crew)				
Coordination, Supervision, and Finance/Administration				
Risk Management and Decision Making				
Training and Mentoring				
Crew Conduct (Fireline / Camp or Off Fireline)	/	/	/	/
Work and Tasks Completed as Assigned (Quantity and Quality of Work)				

TACTICS

Safety Practices				
Line Construction / Hotline Construction or Direct Attack	/	/	/	/
Lookouts and Scouting				
Fire Weather and Fire Behavior Observations				
Chainsaw Operations and Felling Trees Operations				
Spot Fire Attack				
Mop Up				
Spot Grid Organization				
Portable Pump and Hose Lay Setup and Operations				

SPECIALIZED OPERATIONS

Initial Attack Organization				
Firing and Holding Organization				
Wildland Urban Interface (WUI) Operations				
Map, Compass, and GPS Navigation				
Incident Within an Incident				

AVIATION OPERATIONS

Safe Operations Around Aviation Assets				
Helispot Specifications and Construction				
Directing Aviation Assets and Drops by Radio				
Longline and Sling Load Operations				
Coordination with Aerial Supervision and Air Resources				

MISCELLANEOUS

Physical Condition				
Other (specify)				
All Hazard Incident (specify incident type and assignment in Remarks section)				

Remarks (use separate sheet if necessary and attach)

8. Crew Supervisor (printed name)	Crew Supervisor (signature)	<input type="checkbox"/> This rating has been discussed with me.	Date
9. Rated by (printed name)	Rated by (signature)		Date
Position on Incident	Home Unit Identifier and Phone Number		

CREW PERFORMANCE RATING FORM KEY AND INSTRUCTIONS

Rating crew performance is an important task for all fireline supervisors. When completed correctly and thoroughly, the ICS-224 form will provide useful information for determining crew effectiveness and efficiency and document incident performance. The form allows the fireline supervisor to rate crews in four primary areas: Leadership (Crew Overhead) Performance, Tactics, Specialized Operations, and Aviation Operations. Other factors can be rated in the Miscellaneous category. Below is a key for filling out the form along with the primary rating factors. Together, they define satisfactory performance by a crew. Ratings of other than satisfactory, either higher or lower, must be explained in the Remarks section. The completed rating will be given to the Planning Section before the rater leaves the incident.

LEADERSHIP (CREW OVERHEAD) PERFORMANCE:

Communications (Inter- and Intra-crew) – Uses radio properly; communicates leaders intent; information transfer is timely.

Coordination, Supervision, and Finance/Administration – Takes charge; motivates crew; coordinates with other crews, DIVS, STLD, and TFLD; is prompt (on time); crew is equipped and ready to work (per contract, mob guide, IIBMH); adheres to operational and business management protocols; provides copy of contract/ROSS order; fills out daily CTRs properly; leads crew to completion of assigned tasks.

Risk Management and Decision Making – Identifies hazards and communicates to subordinates; identifies safety zones and routes and communicates to crew; decisions are timely; instructions to crew are understood; understands ICS system; positive interactions with others.

Training and Mentoring – Uses CRWB(T) and squad bosses; sets up for success.

Crew Conduct (Fireline / Camp or Off Fireline) – Crew camaraderie and cohesion; interaction with other crews or resources; deals appropriately with conduct issues. Rate both fireline, and camp or off fireline.

Work and Tasks Completed as Assigned (Quantity and Quality of Work) – Crew completes work assignments within given timeframes and to the expected standards.

TACTICS:

Safety Practices – Uses LCES; uses PPE properly for all operations; uses proper spacing on line; uses hand tools safely.

Line Construction / Hotline Construction or Direct Attack – Uses proper type of berm and cup trench; production rate meets standard for fuel and crew type; tools and equipment are maintained; hotline and direct attack methods proper for fire behavior and fuel type. Rate both line construction, and hotline construction or direct attack.

Lookouts and Scouting – Lookouts are properly spaced and posted; hazards are identified; crew watches for spot fires and reports them.

Fire Weather and Fire Behavior Observations – Personnel are kept informed; updates are passed along to crew and squads.

Chainsaw Operations and Felling Trees Operations – Personnel qualified; conducts safe cutting/falling operations; maintains equipment.

Spot Fire Attack – Crew structure is adapted to spot fire attack needs; suppresses spot fires quickly and effectively.

Mop Up – Most threatening areas are prioritized; searches for hotspots; uses water properly.

Spot Grid Organization – Sets up grid properly for area and fuel type; conducts thorough searches for hotspots.

Portable Pump and Hose Lay Setup and Operations – Sets up and operates pump properly; checks fuel system; maintains pump; acquires and sets up appropriate hose and hardware; pumps and spacing are adequate for length and terrain; uses water properly.

SPECIALIZED OPERATIONS:

Initial Attack Organization – Follows LCES; sizeup and briefing are adequate.

Firing and Holding Organization – Firing methods and device are appropriate for fuel type; holding crew understands assignment.

Wildland Urban Interface Operations – Accomplishes assigned WUI tasks safely and effectively; crew is aware of WUI hazards and procedures.

Map, Compass, and GPS Navigation – Crew is able to navigate using tools provided; relays GPS coordinates accurately and timely.

Incident Within an Incident – Medical and injury response; hazardous materials; shelter deployment; burn victim.

AVIATION OPERATIONS:

Safe Operations Around Aviation Assets – Organizational preparedness; takes direction from the Air Attack, Helitack, or Pilot.

Helispot Specifications and Construction – Approach and departure paths are adequate; landing pads are adequate.

Directing Aviation Assets and Drops by Radio – Uses panel markers properly; verbal descriptions identify needs.

Longline and Sling Load Operations – Cargo loads are properly weighed, marked, manifested, and directed following procedures.

Coordination with Aerial Supervision and Air Resources – Uses appropriate air/ground frequencies; properly clears fireline for drops.

MISCELLANEOUS:

Physical Condition – Overall crew fitness allows for completion of assigned tasks; if fitness is an issue, explain in Remarks.

Other (specify) – Complexity of assignment; steep terrain; high winds; equipment issues; business management issues.

All Hazard Incident – If All Hazard Incident, specify incident type and assignment in Remarks.

REMARKS:

Focus on tasks and jobs the crew spent the majority of their time on and/or any issues related to job performance, timeliness, and contract requirements. Cite specific examples that support the performance rating. The rater should take into account the capabilities of the entire crew (not just those of the crew leadership), and the complexity of the assignment (fuel type, terrain, environmental factors, etc.). Any rating of “Needs Improvement” requires explanation and recommendations for correction in Remarks. Issues related to business management must be explained.

RATINGS:

Superior – Performance level is significantly in excess of expectations and is an example for others. Rating must be explained in Remarks.

Satisfactory – Meets all standards, quality of work, timeliness, and production, or administrative issues did not affect overall Performance.

Needs Improvement – Crew did not fully meet standards in one or more of the above measures. Outline recommended corrective actions needed. Rating must be explained in Remarks.

Incident Management Team Evaluation Form

Team Incident Commander:	
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Type:	
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Incident Name:		Incident Number:	
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Dates:	From:		To:	
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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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Comments:
3.	Was the Team sensitive to resource limits and environmental concerns? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
4.	Was the Team sensitive and responsive to local and social concerns and issues? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Comments:

6.	<p>Did the Team anticipate and respond to changing conditions in a timely and effective manner? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
7.	<p>Did the Team activate and manage the demobilization in a timely, cost-effective manner? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
8.	<p>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 <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
9.	<p>Was the IC an effective manager of the Team and its activities? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
10.	<p>Was the IC obviously in charge of the Team and incident? Was the IC performing a leadership role? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
11.	<p>Was the IC effective in assuming responsibility for the incident and initiating action? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
12.	<p>Did the IC express a sincere concern and empath for the hosting unit and local conditions? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>

13.	<p>Was the Team cost effective in their management of the incident?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
	<p>Other Comments:</p>

Agency Administrator Signature:		Date:	
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Incident Commander Signature:		Date:	
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