

EFF Non-Crew Performance Rating		Instructions: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to Area Forester/ FMO before the rater leaves the assignment. Rating will be reviewed with employee who will sign the bottom.			
1. Name:		2. Incident Name and Number:			
4. Home Unit Address:		5. Incident/Assignment Agency and Address:			
6. Position Held on Incident/Assignment:	7. Trainee Position: <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Incident Complexity: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		9. Date of Assignment From: To:	
10. Enter X opposite rating factors and under proper heading for each category listed					
Rating Factors	Did Not Apply on This Assignment	Unacceptable	Needs to Improve	Fully Successful	Exceeds Successful
Knowledge of the Job					
Attitude/Interpersonal Relationship					
Initiative					
Quantity and Quality of Work Product					
Decisions/Work under Stress					
Safety					
Consideration for Personnel (<i>Supervisors Only</i>)					
Ability to Obtain Performance (<i>Supervisors Only</i>)					
Other (Specify)					
11. Recommendations for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, Explain in Remarks)					
12. Remarks					
13. Emergency Fire Fighter (<i>Signature</i>)				14. Date	
15. Rated By (<i>Signature</i>)	16. Home Unit	17. Position		18. Date	

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 the employee who will sign at the bottom.															
THIS RATING IS TO BE USED FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE																			
1. Name				2. Fire Name and Number															
3. Home Unit (<i>address</i>)				4. Location of Fire (<i>address</i>)															
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 (<i>specify</i>)			
				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 stress																			
Initiative																			
Consideration for personnel welfare																			
Obtain necessary equipment and supplies																			
Physical ability for the job																			
Safety																			
Other (<i>specify</i>)																			
10. Remarks																			
11. Employee (<i>signature</i>) This rating has been discussed with me												12. Date							
13. Rated by (<i>signature</i>)			14. Home Unit			15. Position on Fire			16. Date										

CREW PERFORMANCE RATING		INSTRUCTIONS: This rating is to be used only for determining an individual's fire fighting qualifications. All blocks must be completed. Crew will be rated by the immediate supervisor not crew representative. If deficiencies are indicated for items 9 and 10, explain in item 11.				
1. Crew Name and Number		2. Fire Name and Number		3. Crew Boss (<i>name</i>)		
4. Crew Home Unit and Address			5. Location of Fire (<i>complete address</i>)			
6. Crew Representative		7. Dates on Fire		8. Number of Shifts Worked		
9. Crew Evaluation				11. Areas Needing Improvement		
Rating Factors	Excellent	Satisfactory	Deficient			Needs To Improve
Physical Condition						
Hot Line Construction						
Mop-Up						
Off Line Conduct						
Use of Safe Practices						
Crew Organization and Equipment						
Other (<i>specify</i>)						
10. Supervisory Performances						
Crew Boss						
Squad Boss						
Crew Representative						
12. Names of Outstanding Workers (<i>comment</i>)			13. Names of individuals Needing Improvement (<i>indicate area(s)</i>)			
14. Remarks						
15. Crew Boss (<i>signature</i>) This rating has been discussed with me					16. Date	
17. Rated By (<i>signature</i>)		18. Home Unit (<i>address</i>)		19. Position on Fire	20. Date	