

POSITION EVALUATION RECORD

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Trainee Information

Printed Name: _____ Virtual Assignment: Yes No
Position on Incident/Event: _____

Evaluator Information

Printed Name: _____ Evaluator Position on Incident/Event: _____
Home Unit/Agency: _____ Evaluator IQCS/IQS #: _____
Home Unit /Agency Address and Phone Number: _____

Incident/Event Information

Incident/Event Name: _____ Reference (Incident Number/Fire Code): _____
Duration: _____
Location (include Geographic Area, Agency, and State): _____
Incident Kind: Wildfire Prescribed Fire All Hazard Other (specify): _____
Management Type: Type 5 Type 4 Type 3 Type 2 Type 1 Complex Area Command
OR Prescribed Fire Complexity Level: Low Moderate High
FBPS Fuel Model: Grass Brush Timber Slash

Evaluator's Recommendation

(Initial only one line as appropriate)

- _____ 1) The trainee meets or exceeds satisfactory performance of all tasks under my supervision and/or on a prior trainee experience, as documented on position evaluation records. I have completed the final evaluator's verification section and recommend the trainee be considered for agency certification.
- _____ 2) The tasks indicated on the evaluation table have been performed under my supervision. However, either opportunities were not available for all tasks to be performed and evaluated on this assignment or prior position evaluation records, or the trainee did not meet satisfactory performance on at least one task and needs additional evaluation.
- _____ 3) The trainee does not display satisfactory performance of the tasks for the position and additional training, guidance, and/or experience are recommended prior to another training assignment.

Remarks on Individual Performance (Use additional sheets as necessary)

Trainee's Signature: _____ Date: _____

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____