

CREW PERFORMANCE RATING (instructions on next page)

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 _____ Rating Factors (not all criteria apply to all crews)	Superior	Satisfactory	Needs Improvement	Not Applicable
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)	☐ 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		