



## TPE 10 Notice of Proposed Task Performance Evaluation

Email: [DPSST.Fire@dpsst.oregon.gov](mailto:DPSST.Fire@dpsst.oregon.gov)

Mail: 4190 Aumsville Hwy SE, Salem OR 97317 Fax: 503-378-4600

Questions?: 503-378-2100

### TASK PERFORMANCE EVALUATION INFORMATION

This form must be sent to the District Liaison Officer no Later than 15 days prior to conducting the Task Performance Evaluations. Failure to submit this may result in the task performance evaluation being invalid. DLOs may submit their home agency TPE requests to DPSST Staff or other DLOs.

<b>Date of Evaluation:</b>	
<b>Certification Level of Evaluation:</b>	
<b>Location of Evaluation:</b>	
<b>Sponsoring Agency:</b>	

### EVALUATOR INFORMATION

Task Performance Evaluations require at least three certified evaluators. If your agency does not have any certified individuals to participate in a Task Performance Evaluation, please contact your DLO or DPSST Staff for assistance. DLOs please review IRIS to confirm that each evaluator holds required certification prior to approval.

	Name of Evaluator	DPSST #
<b>Evaluator 1:</b>		
<b>Evaluator 2:</b>		
<b>Evaluator 3:</b>		

### TASKS FOR EVALUATION

The Sponsoring Agency may request specific tasks for their evaluation, approval is subject to DLO discretion.

<b>Task 1:</b>	
<b>Task 2:</b>	
<b>Task 3:</b>	
<b>Task 4:</b>	
<b>Task 5:</b>	
<b>Task 6:(Optional)</b>	

### SIGNATURES

I, as the Agency Training Officer, Department Head or Designee have verified that each of the evaluators currently holds the level of certification that qualifies them to evaluate this task performance. As the requestor, I understand that intentional falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0120.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Training Officer or Authorized Agency Signer (Signature)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Training Officer or Authorized Agency Signer (Printed)	Date: _____
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> District Liaison Officer (Signature)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> District Liaison Officer (Printed)	Date: _____