

**OREGON STATE FIRE MARSHAL
TASK FORCE / STRIKE TEAM
PERFORMANCE EVALUATION**

INSTRUCTIONS: The immediate supervisor, Division Supervisor or Operations Chief shall complete this form for each task force / strike team. This evaluation shall be reviewed with the TF/ST Leader, who will acknowledge such by signing at the bottom of the form. The supervisor shall deliver this form to the planning section before leaving the incident. A copy of this report will be sent to the TF/ST Leader's home department and Fire Defense Board.

*****THESE RATINGS ARE TO BE USED ONLY FOR DETERMINING TASK FORCE / STRIKE TEAM PERFORMANCE*****

1. Task Force / Strike Team County and Department Number	5. Fire Name
2. Task Force / Strike Team Leader and Department	6. Location of Fire (complete address or nearest town)
3. Assistant Task Force / Strike Team Leader and Department	7. Date of Assignment From: _____ To: _____
4. Departments Represented (List all departments in Task Force / Strike Team)	8. Number of Shifts / Hours Worked

SFM Task Force / Strike Team Performance Evaluation

<p>Rating Factors Place an "X" in the box that best describes the performance of the task force / strike team. * Deficiencies and areas for improvement must be explained in remarks</p>	Excellent	Above Average	Satisfactory	Needs Improvement	Unacceptable	Not Observed	<p>Positive performance / general comments (attach additional sheets as needed)</p>
	<p>9. Task Force / Strike Team Performance</p>						

Physical Condition / Able to Perform						
Meets Training Qualifications / Standards						
Meets Engine and Equipment Standards						
Proper PPE for ALL Members						
Follows Directions and Works as a Team						
Use of Safe Practices						
Fireline Conduct						
Off Line Conduct						
Other (specify)						

*** Deficiencies and areas for improvement**
(attach additional sheets as needed)

10. Supervisory Performance

Task Force / Strike Team Leader						
Assistant Task Force / Strike Team Leader						
Engine Bosses						

11. Names of Outstanding Workers or Crews (include comments)	12. Performance of the Task Force / Strike Team as a whole (indicate areas of excellence and areas that need improvement)
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By signing below, the Task Force / Strike Team Leader acknowledges reviewing the contents / comments on this form.

13. Task Force / Strike Team Leader (signature)	14. Task Force / Strike Team Leader (print name)	15. Date
16. Evaluated By (signature)	17. Evaluated By (print name)	18. ICS Position
		19. Date