

**OREGON STATE FIRE MARSHAL
ENGINE COMPANY / CREW
PERFORMANCE EVALUATION**

INSTRUCTIONS: The immediate supervisor, TF/ST Leader or Assistant shall complete this form for each engine company / crew. This evaluation shall be reviewed with the Company Officer / Crew Boss, 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 crew's home department through their county Fire Defense Board Chief.

*****THESE RATINGS ARE TO BE USED ONLY FOR DETERMINING ENGINE COMPANY / CREW PERFORMANCE*****

1. Engine Company / Crew Name (department)	5. Fire Name
2. Engine Company Officer / Crew Boss	6. Location of Fire (complete address or nearest town)
3. Engineer / Assistant Crew Boss	7. Date of Assignment From: _____ To: _____
4. Crew Members (List all members in the company / crew)	8. Number of Shifts / Hours Worked

SFM Engine Company / Crew Performance Evaluation

Rating Factors Place an "X" in the box that best describes the performance of the engine company / crew. * Deficiencies and areas for improvement must be explained in remarks	Excellent	Above Average	Satisfactory	Needs Improvement	Unacceptable	Not Observed	Positive performance / general comments (attach additional sheets as needed)
9. Engine Company / Crew Performance							
Physical Condition / Able to Perform							* Deficiencies and areas for improvement (attach additional sheets as needed)
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)							
10. Supervisory Performance							
Engine Company Officer / Crew Boss							
Engineer / Assistant Crew Boss							
11. Names of Outstanding Workers (include comments)							12. Performance of the Engine Company / Crew as a whole (indicate areas of excellence and areas that need improvement)

By signing below, the Engine Company Officer / Crew Boss acknowledges reviewing the contents / comments on this form.

13. Engine Company Officer / Crew Boss (signature)	14. Engine Company Officer / Crew Boss (print name)	15. Date
16. Evaluated By (signature)	17. Evaluated By (print name)	18. ICS Position
		19. Date