

	<p align="center">OFFICE OF STATE FIRE MARSHAL</p> <p align="center"><i>INCIDENT MANAGEMENT TEAMS</i></p> <p align="center">STANDARD OPERATING GUIDELINES</p>	<p>Number: SOG-I-1003 Adoption Date: Nov 2011 Author: Mariah Rawlins Review/Revision Date: September, 2019</p>
<p><i>Jim Walker</i> Jim Walker, State Fire Marshal</p>	<p align="right">Date <u>9/10/19</u></p> <p><i>Mariana Ruiz-Temple</i> Mariana Ruiz-Temple, Chief Deputy State Fire Marshal</p> <p align="right">Date <u>9/10/19</u></p>	
<p>SUBJECT: Evaluations of personnel and resources during OSFM mobilizations</p> <p>OBJECTIVE: To describe the process and handling of performance evaluations</p>		

I. SCOPE

This SOG applies to all OSFM mobilized resources deployed under the Oregon State Fire Service Mobilization Plan. The Incident Commander is responsible for assuring this SOG is followed and all evaluations are conducted and completed prior to demobilizing from an incident. Supervisors will oversee the process and assure that evaluations are conducted for all units and personnel under their direction.

II. COMPLETION OF EVALUATIONS

Prior to demobilization, all personnel under the OSFM IMT authority will receive evaluations. This includes:

- Incident Commander - evaluated by Agency Administrator
Use Attachment 1: Overhead Personnel Performance Evaluation
- All IMT Members - evaluated by direct supervisor
Use Attachment 1: Overhead Personnel Performance Evaluation
- Strike Teams/Task Forces - evaluated by DIVS
Use Attachment 2: Task Force/Strike Team Performance Evaluation
- Strike team/task force members - evaluated by ST/TFL
Use Attachment 3: Engine Company/Crew Performance Evaluation

Evaluation forms will be reviewed with the personnel being evaluated. After an in-person review of the form is completed, both parties should sign and date. The original forms are submitted to the Planning Section for inclusion in the incident documentation.

III. AGENCY HANDLING OF EVALUATIONS

Upon receipt of the Doc Box, OSFM staff will handle the evaluations in the following manner:

IMT Member evaluations:

The original evaluation will be scanned for retention and stored with the other electronic documents for the respective Incident. The original form will be stored in the hard copy documentation for the incident.

The IMT member will receive a copy of their evaluation via email. If there are outstanding issues to be addressed, OSFM staff will work with team members to discuss corrective action.

Strike Team and Task Force evaluations:

The original evaluations will be scanned for retention and stored with the other electronic documents for the respective Incident. The original forms will be stored in the hard copy documentation for the incident.

The Fire Defense Board Chief who mobilized the resources will receive a copy of the evaluations via email. If there are outstanding issues to be addressed, OSFM staff will work with the appropriate parties to discuss corrective action.

ATTACHMENT 1

OREGON STATE FIRE MARSHAL OVERHEAD PERSONNEL PERFORMANCE EVALUATION	INSTRUCTIONS: The immediate supervisor shall complete this form for each subordinate. This evaluation shall be reviewed with the subordinate, 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.						
THESE RATINGS ARE TO BE USED ONLY FOR DETERMINING THE PERFORMANCE OF AN OVERHEAD TEAM MEMBER							
1. Name (subordinate)	4. Fire Name						
2. Home Unit (address)	5. Location of Fire (complete address or nearest town)						
3. Overhead Team Position	6. Date of Assignment						
	From:		To:				
SFM Overhead Performance Evaluation							
Rating Factors Place an "X" in the box that best describes the performance of the subordinate. * 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)
7. Management Skills (Overall Rating)							
Professional approach to the job							* Deficiencies and areas for improvement (attach additional sheets as needed)
Decisions under stress							
Initiative							
Consideration for personnel welfare							
Attends all required meetings							
Physical ability for the job							
Safety considerations							
Other (specify)							
8. Leadership Skills (Overall Rating)							
Ability to obtain performance							
Coaches and mentors subordinates							
Assumes and maintains leadership role							
Other (specify)							
9. Communication (Overall Rating)							
Attitude							
Effective communication skills (oral & written)							
Other (specify)							
10. Technical Ability (Overall Rating)							
Knowledge of the job							
Obtain necessary equipment and supplies							
Follows SFM procedures							
Other (specify)							
By signing below, the subordinate acknowledges reviewing the contents / comments on this form.							
11. Subordinate Evaluated (signature)			12. Subordinate Evaluated (print name)			13. Date	
14. Evaluated By (signature)		15. Evaluated By (print name)		16. ICS Position		17. Date	

ATTACHMENT 2

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.
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*****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 align="center">Rating Factors</p> <p>Place an "X" in the box that best describes the performance of the task force / strike team.</p> <p>* 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>
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9. Task Force / Strike Team Performance

Physical Condition / Able to Perform							<p>* Deficiencies and areas for improvement (attach additional sheets as needed)</p>
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

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

ATTACHMENT 3

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.
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*****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

<p align="center">Rating Factors</p> <p>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</p>	Excellent	Above Average	Satisfactory	Needs Improvement	Unacceptable	Not Observed	<p>Positive performance / general comments (attach additional sheets as needed)</p>
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9. Engine Company / Crew Performance

Physical Condition / Able to Perform							<p>* Deficiencies and areas for improvement (attach additional sheets as needed)</p>
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)
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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