

## STRIKE TEAM LEADER PERFORMANCE RATING BY ENGINE COMPANY

THIS RATING IS TO BE USED ONLY FOR DETERMINING A STRIKE TEAM LEADERS PERFORMANCE

1. Strike Team Leader Name and Rank		2. Identifier/Strike Team ID	
3. Department Name and Address		4. Name of Fire	
5. Location of Fire ( <i>address</i> )	6. Date of Assignment From:                      To:	7. Fuel Type(s)	

### 8. Evaluation

Enter **X** under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:

- 0 - Deficient. Does not meet minimum requirements of the of that individual element.  
*DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.*
- 1 - Needs to improve. Meets some or most of the requirements of the individual element.  
*IDENTIFY IMPROVEMENT NEEDED IN REMARKS.*
- 2 - Satisfactory. Employee meets all requirements of the individual element.
- 3 - Superior. Employee consistently exceeds the performance requirements.

Rating Factors	0	1	2	3
Were you given adequate briefing at rendezvous point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration for personnel welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate briefing of strike team leaders expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Display of command presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Briefed on assignments and change of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of job/role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Display of initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety considerations during incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>specify</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Remarks

10. Rated By	11. Department Name and Address	12. Date
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