



**OFFICE OF STATE FIRE MARSHAL**  
*INCIDENT MANAGEMENT TEAMS*  
**STANDARD OPERATING GUIDELINES**

**Number: SOG-I-1003**  
**Adoption Date: Nov 2011**  
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**Review/Revision Date:**

State Fire Marshal

*Mark Wallace*  
Mark Wallace, State Fire Marshal

Date *3/29/12*

ERU Program Manager

*Mariana Ruiz-Temple*  
Mariana Ruiz-Temple, Emergency Response Mgr

Date *3-28-12*

**SUBJECT: IMT personnel evaluations during deployments**

**OBJECTIVE: To describe the process and handling of IMT evaluations given on deployments**

**I. SCOPE**

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

**II. GENERAL**

**A. COMPLETION OF EVALUATIONS**

For all mobilized personnel evaluations are to be performed in the following manner:

The Planning Section will include evaluations as a part of the demobilization plan as well as produce and distribute evaluation forms.

All personnel under the OSFM IMT authority will be evaluated by their immediate supervisor prior to demob. This includes:

- Incident Commander (evaluated by Agency Rep)  
(Form used – ICS-225OH for Overhead. See Attachment 1)
- IMT Members - team, pool and trainee (evaluated by Section Chiefs)  
(Form used – ICS-225OH for Overhead. See Attachment 1)
- Strike team/task force members (evaluated by DIVS)  
(Form used – ICS-224C Engine/Crew performance evaluation. See Attachment 2)
- Mutual aid and local task forces that function under the OSFM IMT authority and demob with the OSFM IMT. (evaluated by DIVS)  
(Form used – ICS-224TF Engine/Crew performance evaluation. See Attachment 3)

Evaluations will be completed by the immediate supervisor of each mobilized individual prior to demobilization. Evaluations are to be reviewed with the individual by the supervisor who completed the evaluation. The evaluator and the person being evaluated will sign and date the evaluation at that time.

A copy of the evaluation should be provided to the individual being evaluated if at all possible. The original is then to be forwarded to the Section Chiefs who should review the evaluations and provide to the OSFM Agency Rep and IC details of any evaluation that indicates less than satisfactory performance as well as exemplary/outstanding performance.

The original forms will then be submitted to the Planning Section for inclusion in the Incident Doc Box.

The Plans Section will sort and group the evaluations by the following categories for placement on the Doc Box:

- IMT members, including the IC
- Task forces & strike teams by county
- Local and mutual aid units/personnel
- Pool members
- Trainees

#### B. POST INCIDENT HANDLING OF EVALUATIONS

Upon receipt of the Doc Box the IMT Program Coordinator will handle the evaluations in the following manner:

IMT Member evaluations, (team members, pool members and trainees):  
The original evaluation will be scanned for retention and stored with the other electronic documents placed in the Mobilizations folder on the T: drive for the respective Incident. The original will be placed in the Doc Box Binder and a copy will be placed in the individual's OSFM IMT file folder.

Mobilized personnel, (strike teams, task forces, mutual aid and single local resources): The original evaluation will be scanned for retention and stored with the other electronic documents placed in the Mobilizations folder on the T: drive for the respective incident. The original will be placed in the Doc Box Binder and a copy will be emailed by the ERU Manager to the Fire Defense Board Chief that mobilized the individual.

Performance evaluations are considered confidential documents and are to be handled accordingly.

**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**

<b>Rating Factors</b> 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	<b>Positive performance / general comments</b> (attach additional sheets as needed)
	<input type="checkbox"/>						

**9. Engine Company / Crew Performance**

Physical Condition / Able to Perform	<input type="checkbox"/>	<b>* Deficiencies and areas for improvement</b> (attach additional sheets as needed)					
Meets Training Qualifications / Standards	<input type="checkbox"/>						
Meets Engine and Equipment Standards	<input type="checkbox"/>						
Proper PPE for ALL Members	<input type="checkbox"/>						
Follows Directions and Works as a Team	<input type="checkbox"/>						
Use of Safe Practices	<input type="checkbox"/>						
Fireline Conduct	<input type="checkbox"/>						
Off Line Conduct	<input type="checkbox"/>						
Other (specify)	<input type="checkbox"/>						

**10. Supervisory Performance**

Engine Company Officer / Crew Boss	<input type="checkbox"/>					
Engineer / Assistant Crew Boss	<input type="checkbox"/>					

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

**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\*\*\***

<b>1.</b> Name (subordinate)	<b>4.</b> Fire Name
<b>2.</b> Home Unit (address)	<b>5.</b> Location of Fire (complete address or nearest town)
<b>3.</b> Overhead Team Position	<b>6.</b> Date of Assignment From: _____ To: _____

**SFM Overhead Performance Evaluation**

<b>Rating Factors</b> 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	<b>Positive performance / general comments</b> (attach additional sheets as needed)
	<b>7. Management Skills (Overall Rating)</b>						
Professional approach to the job							
Decisions under stress							
Initiative							
Consideration for personnel welfare							
Attends all required meetings							
Physical ability for the job							
Safety considerations							
Other (specify)							
<b>8. Leadership Skills (Overall Rating)</b>							
Ability to obtain performance							<b>* Deficiencies and areas for improvement</b> (attach additional sheets as needed)
Coaches and mentors subordinates							
Assumes and maintains leadership role							
Other (specify)							
<b>9. Communication (Overall Rating)</b>							
Attitude							
Effective communication skills (oral & written)							
Other (specify)							
<b>10. Technical Ability (Overall Rating)</b>							
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.

<b>11.</b> Subordinate Evaluated (signature)	<b>12.</b> Subordinate Evaluated (print name)	<b>13.</b> Date
<b>14.</b> Evaluated By (signature)	<b>15.</b> Evaluated By (print name)	<b>16.</b> ICS Position
		<b>17.</b> Date

**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**

<b>Rating Factors</b> 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	Excellent	Above Average	Satisfactory	Needs Improvement	Unacceptable	Not Observed	<b>Positive performance / general comments</b> (attach additional sheets as needed)
	<input type="checkbox"/>						

**9. Task Force / Strike Team Performance**

Physical Condition / Able to Perform	<input type="checkbox"/>	<b>* Deficiencies and areas for improvement</b> (attach additional sheets as needed)					
Meets Training Qualifications / Standards	<input type="checkbox"/>						
Meets Engine and Equipment Standards	<input type="checkbox"/>						
Proper PPE for ALL Members	<input type="checkbox"/>						
Follows Directions and Works as a Team	<input type="checkbox"/>						
Use of Safe Practices	<input type="checkbox"/>						
Fireline Conduct	<input type="checkbox"/>						
Off Line Conduct	<input type="checkbox"/>						
Other (specify)	<input type="checkbox"/>						

**10. Supervisory Performance**

Task Force / Strike Team Leader	<input type="checkbox"/>					
Assistant Task Force / Strike Team Leader	<input type="checkbox"/>					
Engine Bosses	<input type="checkbox"/>					

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)

**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