

**INCIDENT PERSONNEL
PERFORMANCE RATING**

INSTRUCTIONS: The immediate supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the incident or event. Rating will be reviewed with employee who will sign at the bottom. A copy of this form shall remain with the members Task Book.

THIS RATING TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE

1. Name		Position Held for this Operation		
3. Host Agency:		4. Location of Incident/Event/Training		
5. Module Assignment	6. Date of Assignment From: _____ To: _____	7. Type of I/E/T	8. D4H IR#	

9. 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 individual statement.
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	MedOps				Logistics				Planning				Other (Specify)			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Knowledge of the job																
Ability to obtain performance																
Attitude																
Decisions under stress																
Initiative																
Consideration for personnel welfare																
Obtain necessary equipment and supplies																
Physical ability for the job																
Safety																
Other (specify)																

10. Remarks

11. Employee (signature) This rating has been discussed with me			12. Date		
13. Rate By (signature)	14. Home Unit	15. Position	16. Date		

Original keep with PTB; Copy to NJEMSTF Planning; Copy to DOCL in Incident Planning Section