Probationary Firefighter Shift Evaluation

Shift: _____ **Station:** _____ **Date:** _____

Name: _____ **Evaluator:** _____

Competency Rating

N.O.	**1**	**2**	**3**
Not Observed/applicable	Unsatisfactory	Needs Improvement	Satisfactory

Performance Criteria	Rating	Notes
Reporting for Duty:		
Hygiene		
Uniform		
Punctuality		
Demonstrates Preparedness (*Provisions, Planning, PPE*)		
Professionalism:		
Attitude toward tasks		
Self-Initiated Tasks (*Cleaning, Rig Checks, Fixing Things*)		
Acceptance of Feedback / Self Critique		
Time Management		
Peer/Crew Synergy (*How well they interacted with the crew*)		
Follows Direction/Orders of Supervisor/Crew Lead/Officer		
Adheres to District Policies & Guidelines		
Communication:		
Communicates With Off-going Members During Shift Change		
Participates During Shift Conference		
Communication With Public		
Operational Communication		
Documentation		

Knowledge – Skill – Ability

Proficient in Fireground Core Skills (*Hose, Ladders, SCBA, PPE, Radio*)	
Proficient in EMS Core Skills (*Vitals, Assessment, Treatment*)	
Knowledgeable of Response Expectations	
Knowledgeable of Equipment Location, Name & Use	
Proficient in Operating Equipment	
Participated in Crew/Shift Training	

Strengths or Noted Improvements:

Areas Identified for Improvement:

Training Plan for Next Shift:

Supervisor Comments:

Evaluator/Supervisor Signature: _____ **Date:** _____

Evaluated Member Signature: _____ **Date:** _____

Received By Assigned Shift Officer: _____ **Date:** _____