		Evaluation Record #	
Trainee Information			
Printed Name:			
Trainee Position on Incident/Event:			
Home Unit/Agency:			
Home Unit /Agency Address and Phone Number:			
Evaluator Information			
Printed Name:			
Evaluator Position on Incident/Event:			
Home Unit/Agency:			
Home Unit /Agency Address and Phone Number:			
Incident/Event Information			
Incident/Event Name: Reference (Incident Number/		ce (Incident Number/Fire Code):	
Duration:			
Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify):			
Location (include Geographic Area, Agency, and State):			
Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command			
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High			
FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash			
Evaluator's Recommendation (Initial only one line as appropriate)			
1)	The tasks initialed and dated by me on a satisfactory manner. The trainee has a completed the Final Evaluator's Verific certification.	successfully performed all tasks in the	e PTB for the position. I have
2)	The tasks initialed and dated by me on a satisfactory manner. However, oppor performed and evaluated on this assign	tunities were not available for all task	ss (or all uncompleted tasks) to be
3)	3) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.		
4)	4) The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.		
Comments			

Evaluator's Relevant Qualifications

Date:_____