

Trainee Information

Printed Name:
 Trainee ICS Position on Incident / Event / Exercise:
 Home Unit / Agency:
 Home Unit / Agency Address and Phone Number:

Verifying Officer Information

Printed Name:
 Verifying Officer ICS Position on Incident / Event / Exercise:
 Home Unit / Agency:
 Home Unit / Agency Address and Phone Number:

Incident/Event/Exercise Information

Incident/Event/Exercise Name: _____ Reference (Incident Number): _____
 Duration (Dates during which the trainee was evaluated): _____
 Incident Kind (Specify Search and Rescue, Oil Spill, Hazmat, Flood, Simulation / Exercise, Event, Other): _____
 Location (include geographic area, agency, and state): _____
 Management Type (circle one): Type 5 Type 4 Type 3 Type 2 Type 1 Area Command
 Number, Types, and Kinds of Resources assigned to incident: _____

Verifying Officer's Recommendation

(Initial only one line as appropriate)

- _____ 1) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PQS for the position. The trainee is ready for a final qualification board.
- _____ 2) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ 3) The trainee did not complete certain tasks in the PQS in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ 4) The individual is severely deficient in the performance of tasks in the PQS for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks / recommendations on an Individual Performance Evaluation (ICS-225), on reverse or by attaching an additional sheet to the evaluation record.

Verifying Officer's Signature: _____ Initials: _____ Date: _____

Verifying Officer's Relevant Qualification (or agency certification): _____