Incident Management Team Performance Evaluation

Lone Star State Incident Management Team	Incident Type:
Incident Name:	Incident Number:
Assignment Dates:	Evaluation Date:

COMPLETE THE FOLLOW EVALUATION NARRATIVES AND RATING FOR EACH QUESTION
(0 – did not achieve, 5 – excelled)

1.	How well did the Team accomplish the objectives described the Delegation of Authority, and the Agency Administrator Briefing?				
Circle one	0	1	2	3	4	5
(Explain)					

2.	How did the Team demonstrate sensitivity to resource limits/constraints and environmental concerns?				
Circle one	0	1	2	3	4	5
(Explain)					

3.	How well did the Team deal with sensitive political and social concerns?				
Circle one	0	1	2	3	4	5
(Explain)					

4.	Was the Team professional in the manner in which they assumed management of the incident and how they managed the total incident? How did the Team handle transition either to another IMT or in returning the incident the hosting agency?				
Circle one	0	1	2	3	4	5
(Explain)					

5.	How well did the Team anticipate and respond to changing conditions, was the response timely and effective?					
Circle one	0	1	2	3	4	5
(Explain)						

6.	How well did the Team place the proper emphasis on safety?					
Circle one	0	1	2	3	4	5
(Explain)						

7.	Was the IC engaged and in charge of the Team and the Incident? How well did the team function and operate?					
Circle one	0	1	2	3	4	5
(Explain)						

8.	Other Comments:
(Explain)	

Agency Administrator or Representative:		Date:	
Team Lead or Incident Commander:		Date:	