Columbia Fire Rescue

Quarterly Performance Evaluation
Captain

Name _____ Date _____
Last First

Factor Check List
1= Less than competent
2= Competent
3= Better than competent
4= Exceptional
5= Outstanding

1. ____ Tracking departmental goals
2. ____ Managing people
3. ____ Effective delegation of responsibility
4. ____ Technical knowledge
5. ____ Training of subordinates
6. ____ Evaluation of subordinates
7. ____ Leadership abilities
8. ____ Communicative skills
9. ____ Safety and physical condition
10. ____ Working under pressure
11. ____ Attendance and punctuality
12. ____ Self discipline

Overall Performance Review _____

Comments:
Strengths

Improvements needed:

_____
Captain Date

_____
Battalion Date