Columbia Fire Rescue

Quarterly Performance Evaluation

Name _____ Date _____
Last First

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

1. ____ Applying firefighter procedures
2. ____ Maintaining fire equipment
3. ____ Caring for personal equipment
4. ____ Learning skills
5. ____ Driving skills (SFF & FEO)
6. ____ Operating firefighter equipment
7. ____ Dealing with public
8. ____ Working with fellow employees
9. ____ Following supervisory directions
10. ____ Appropriate personal appearance & conduct
11. ____ Performance during company inspections
12. ____ Completing routine station assignments
13. ____ Attendance and punctuality
14. ____ Self discipline
15. ____ Safety and physical condition

Overall Performance Review _____

Comments:
Strengths

Improvements needed:

_____
Employee Date

_____
Captain Date