Incident Management Team Evaluation Form

Team Incident Commander: ________________________________

Type: __________________

Incident Name: ____________________ Incident Number: ____________________

Dates: From: ________________ To: _______________

1. Did the Team place proper emphasis on safety, adhere to the 10 Standard Orders, evaluate the situation in relation to the 18 Situations and incorporate LCES?

   yes

   no

   Comments:

2. Did the Team accomplish the objectives described in the Wildland Fire Situation Analysis (WFSA), the Delegation of Authority, and the Agency Briefing?

   yes

   no

   Comments:

3. Was the Team sensitive to resource limits and environmental concerns?

   yes

   no

   Comments:
4. Was the Team sensitive and responsive to local and social concerns and issues?

   yes

   no

   Comments:

5. Was the Team professional in the manner in which they assumed management of the incident, managed the incident, and returned it to the hosting agency?

   yes

   no

   Comments:

6. Did the Team anticipate and respond to changing conditions in a timely and effective manner?

   yes

   no

   Comments:

7. Did the Team activate and manage the demobilization in a timely, cost-effective manner?

   yes

   no

   Comments:
8. Did the Team attempt to use local resources and trainees and closest available forces to the extent possible?
   yes
   no
   Comments:

9. Was the IC an effective manager of the Team and its activities?
   yes
   no
   Comments:

10. Was the IC obviously in charge of the Team and incident? Was the IC performing a leadership role?
    yes
    no
    Comments:

11. Was the IC effective in assuming responsibility for the incident and initiating action?
    yes
    no
    Comments:
12. Did the IC express a sincere concern and empathy for the hosting unit and local conditions?

   yes

   no

   Comments:

13. Was the Team cost effective in their management of the incident

   yes

   no

   Comments:

Other comments:

Agency Administrator Signature:

_______________________________________________

Date:  _____________________

Incident Commander Signature:

_______________________________________________

Date:  _____________________