

## ICS 224 Crew Performance Rating

**Purpose.** The Crew Performance Rating (ICS 224) gives supervisors the opportunity to evaluate crews on wildland fire assignments. THIS RATING IS TO BE USED ONLY FOR DETERMINING A CREWS PERFORMANCE ON AN INCIDENT/EVENT. If crew rating is required for an "All Hazard" incident, then the IMT can edit the rating factors to reflect activities significant to the incident.

**Preparation.** The ICS 224 is normally prepared by the supervisor for each crew, using the evaluation standard given in the form. The ICS 224 will be reviewed with the Crew Leader, who will sign at the bottom. It will be delivered to the Planning Section before the rater leaves the incident

**Distribution.** The ICS 224 is provided to the Planning Section Chief before the rater leaves the incident.

### Notes:

- Use a blank ICS 224 for each crew.
- Additional pages can be added based on need.

| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 1            | <b>Crew Name and Number</b>   | Enter the "C" number of the crew and crew name of crew being  |
| 2            | <b>Incident Name and Number</b>   | Enter the name and number assigned to the incident.   |
| 3            | <b>Crew Leader</b>  | Enter the name of the Crew Leader   |
| 4            | <b>Home Unit Address</b>  | Enter the physical address of the home unit for the individual being rated.                                   |
| 5            | <b>Location of Incident</b>   | Enter the name and address of the authority having jurisdiction for the incident, or the incident coordinates |
| 6            | <b>Agency Representative</b>  | Enter the name of the agency's representative if one was present with the crew                                |
| 7            | <b>Date(s) of Assignment</b> <ul style="list-style-type: none"> <li>• From</li> <li>• To</li> </ul> | Enter the date(s) (month/day/year) the individual was assigned to the incident.                               |
| 8            | <b>Number of Shifts Worked</b>  | Enter the number of shifts the crew worked. Indicate if number is the number for "day" or "night" shifts.     |
| 9            | <b>Crew Evaluation</b>  | Enter "X" under the appropriate column indicating the crew's level of performance for each duty listed.       |
| 10           | <b>Supervisory Performance</b>  | Enter a general comment regarding supervisory performance.  |
| 11           | <b>Areas Needing Improvement</b>  | Enter any areas needing improvement based on "crew" performance   |
| 12           | <b>Names of Outstanding Workers</b>   | List names of outstanding workers and short comments on each  |
| 13           | <b>Names of Individuals Needing Improvement</b>   | List names of individuals needing improvement and specify areas for each                                      |
| 14           | <b>Remarks</b>  | Enter any other remarks to be included in this performance assessment   |
| 15           | <b>Crew Leader</b>  | Enter signature of the Crew Leader  |
| 16           | <b>Date</b>   | Enter date as Month/Day/Year signed by Crew Leader  |
| 17           | <b>Rated By</b>   | Enter name of person performing the evaluation  |
| 18           | <b>Date</b>   | Enter date as Month/Day/Year form completed by evaluator  |
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