

Acting Shift Chief Requirements

Trainee Name

Trainee Position

Subject	Coordinating Shift Chief	Protégé	Date Completed
Access the Staffing Program			
<u>Accident Forms</u>			
Alcohol and Drug Testing Policy			
Correct Staffing Deficiencies			
Disciplinary Actions SOP			
Duty Officer Command Car Response SOP			
Emergency Leave SOP/Form			
FH Closing out the Day			
FH Journal Entry			
FH Overtime Entry			
FH Payroll			
FH QC Reports			
FH Trade Entry			
FH Vacation/Holiday Data Entry			
Report of Call in/ Leave Form			
Sick Leave Supplemental Form			
Understand Minimum Staffing			
Vacation/Holiday SOP Review			
Workplace Injury/Exposure Reporting			
Ride Time			

Evaluation Record

Demonstrate the Ability to:

Trainee Name

Trainee Position

<u>Objectives:</u>	<u>Evaluator's Name:</u>
1. Daily Routine	1. <input type="checkbox"/>
2. Understand Minimum Staffing Needs	2. <input type="checkbox"/>
3. Coordinate and Schedule Companies	3. <input type="checkbox"/>
4. Notify Personnel as Necessary	4. <input type="checkbox"/>
5. Battalion Chief Vehicle and Equipment Checks	5. <input type="checkbox"/>
6. Operations of Contents, Driving Components, Emergency Equipment	6. <input type="checkbox"/>
7. Interpret Dispatch Circumstances	7. <input type="checkbox"/>
8. Ensure all Recommended companies are dispatched and responding	8. <input type="checkbox"/>
9. Assume command of Incident	9. <input type="checkbox"/>
10. Size up	10. <input type="checkbox"/>
11. Assign Companies as Appropriate	11. <input type="checkbox"/>
12. Call for Resources	12. <input type="checkbox"/>
13. Performs IC Responsibilities	13. <input type="checkbox"/>
14. Identify Special Resources Needed	14. <input type="checkbox"/>
15. Conduct a Post Incident Analysis	15. <input type="checkbox"/>
16. FH Overtime Entry	16. <input type="checkbox"/>
17. FH Trade Entry	17. <input type="checkbox"/>
18. FH Payroll	18. <input type="checkbox"/>
19. FH QC Report	19. <input type="checkbox"/>
20. Overall Operations	20. <input type="checkbox"/>

Comments: _____

Date: _____ Evaluators' Title: _____

Evaluator's Signature: _____

Evaluation Record

Trainee Name	Trainee Position
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The above named trainee has performed under my supervision and in a satisfactory manner, the tasks initiated and dated by me. I recommend further development of this trainee.

_____ The individual has successfully performed all tasks for the position and should be considered for applicable position certification.

_____ The individual was not able to complete certain tasks; additional guidance is recommended. Additional guidance shall be scheduled and directed under my supervision.

_____ Not all tasks were evaluated and additional assignment is needed to “complete” the evaluation. All additional assignments shall be assigned under my guidance and supervision.

_____ The individual is severely deficient in the performance of these tasks and must complete further training, assignments, and guidance. Further training, and assignments shall be provided under my guidance.

Comments: _____

Date: _____ Evaluators' Title: _____

Evaluator's Signature: _____