



This document contains forms to be used  
by those seeking a Cal OES credentialed  
EOC position

# EOC Position Credentialing Program Resource Guide

Version 3

Revised: January 2022



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## POLICIES

Participation in the Cal OES EOC Position Credentialing Program is voluntary. However, credentialing EOC staff helps to ensure that personnel possess the minimum knowledge, skills, and experience necessary to execute emergency management EOC safely and effectively.



### Documentation Standards

Documentation of training (i.e. course certificates or transcripts) submitted to the state EOC Credentialing Program must be issued by any of the National Domestic Preparedness Consortium members referenced on the Cal OES website as being training partners of CSTI.

- Training Partners of CSTI
  - Center for Domestic Preparedness
  - The Energetic Materials Research and Testing Center (EMRTC)
  - National Center for Biomedical Research and Training (NCBRT)
  - Texas Engineering Extension Service, National Emergency Response and Rescue Training Center (TEEX-NERRTC)
  - National Nuclear Security Administration/CTOS-Center for Radiological/Nuclear Training (NNSA/CTOS)
  - National Disaster Preparedness Training Center (NDPTC)
  - Security Emergency Response Training Center (SERTC)
    - <https://www.caloes.ca.gov/cal-oes-divisions/california-specialized-training-institute/training-delivery/training-partners-state-training-officer>

Initial documentation considered for credentialing must have been obtained within the past five (5) years. CSTI reserves the right to approve coursework older than 5 years during the initial submission period provided the request is made in writing. Requests will be considered on a case by case basis. CSTI reserves the right to request course syllabus, description, and certificate of completion for individual assessment of courses submitted for approval.

### Recertification

The recertification requirement may be met by documenting actual incident experiences in a position, filling equivalent local EOC section/positions, drills, exercises, or other refresher training in subject matter, position, and/or function listed within the EOC Position Credentialing Program. Recertification timelines vary by Type level:

<u>TYPE III</u> Year 1 ↑↓ Year 5	Continuing Education offered by Cal OES training partners	+	<b>2</b> Functional or Full-Scale Exercises <i>or</i> <b>1</b> Complex, multi-agency actual incident or planned event
<u>TYPE II</u> Year 1 ↑↓ Year 4	Continuing Education offered by Cal OES training partners	+	<b>2</b> Complex, multi-agency actual incidents or planned events
<u>TYPE I</u> Year 1 ↑↓ Year 3	Continuing Education offered by Cal OES training partners	+	<b>3</b> Complex, multi-agency actual incidents or planned events

### Job Shadowing

Although job shadowing for the EOC Position Credentialing Program is strongly encouraged, this process is voluntary and at the sole discretion of the hosting EOC/jurisdiction. Job shadowing provides a direct benefit to increase the quantity and quality of staff to fill EOC positions for future or long term disasters. However, each disaster is unique and many variables such as EOC size, layout, equipment, tempo/pace, security, staffing requirements, etc., can sometimes make job shadowing impractical. For those who are willing and able to participate in the process, the following voluntary guidelines are provided to candidates participating in job shadowing:

- Job shadowing intends to provide an individual with an opportunity to increase his or her knowledge and skill level to competently fill the EOC position for which the candidate plans to seek a credential.
- Job shadowing is defined as the opportunity for a candidate to be allowed to watch and learn from an experienced person fulfilling the role and to learn the responsibilities and duties of an EOC position during a real incident or a multi-agency, operations-based functional or full-scale exercise. The candidate is in a passive observing role and does not interfere in any way with the operations of the person filling the position. Job shadowing provides an indirect training opportunity for a candidate and is documented with a modified 225 review form.
- If the candidate is allowed to job shadow, specific requirements and limitations should be provided and agreed to by the candidate during a briefing before operations start.
- If the candidate is allowed to job shadow, he/she should only observe and not interact with, the person fulfilling the position unless allowed to by that person.
- In no case should a job shadowing disrupt EOC operations or decrease the efficiency of the person assigned to fulfill the position.
- The cost of travel and personal expenses are the responsibility of the candidate requesting a job shadowing opportunity.

For jurisdictions willing to offer the opportunity for candidates to participate in the EOC job shadowing process for a scheduled exercise, the positions being offered for job shadowing should be registered with CSTI ahead at least one month ahead of the date of the exercise. A *Job Shadowing Offer Request Form* has been provided in this resource guide, for this purpose.

For jurisdictions willing to offer the opportunity for candidates to participate in the EOC job shadowing process during a real event, the positions being offered for job shadowing should follow the Cal OES EMMA request process. Following the EMMA request process will ensure that candidates have the necessary information for their deployment.

Jurisdictions providing job shadowing during real events should refer to the following guidelines:

- Determination to allow a candidate to participate in job shadowing should be left up the EOC Director or his/her designated alternate (e.g. EOC Coordinator).
- If appropriate and safe, and the candidate is allowed hands-on experience, he/she must follow the directions and instructions as determined by the person assigned to the position. The person assigned to the position can stop the candidate's direct operations/ practice at any time and for any reason (i.e. inappropriate or unsafe acts, etc.).
- Ideally, the person doing mentoring should be credentialed in the specific EOC position, and at the appropriate Type. If this is not possible, the person should be fully competent and comfortable with the position and be able to impart the appropriate knowledge and skills to the candidate.
- At the end of the event, the person who has mentored a candidate should complete the EOC Position Evaluation Form 225 and provide it to the EOC Documentation Unit and the candidate. It is the candidate's responsibility to ensure the 225 is submitted with the credential application.

At any time, at the direction of the EOC Director or his/her designee, the candidate can be removed from the job shadowing process and directed to leave the EOC.

**Approved G-611 Substitution Courses**

The following courses have been approved by CSTI as substitutes for the G-611 *Essentials of EOC Section/Position Course*:

	CICCS Courses	FEMA Courses
EOC Director	S-400	G/E/L-950
Safety Officer	S-404	G/E/L-954
Public Information Officer	S-403	G/E/L-952
Liaison Officer	S-402	G/E/L-956
Operations Chief/Coord.	S-430	G/E/L-958
Fire Branch Director	S-339	G/E/L-958
Planning & Intelligence Chief/Coord.	S-440	G/E/L-962
Situation Analysis Unit Leader	S-346	G/E/L-964
Documentation Unit Leader	J-342	
Resource Status/Programming Unit Leader	S-349	G/E/L-965
Demobilization Unit Leader	S-349	
GIS Specialist	S-341	E0190
Logistics Chief/Coord.	S-450	G/E/L-967
Communications/IS Unit Leader	S-358	G/E/L-969
Personnel Unit Leader	S-340	
Supply/Procurement Unit Leader	S-356 & S-360	G/E/L-970
Facilities Unit Leader	S-354	G/E/L-971
Food Unit Leader	S-357	
Finance & Administration Chief/Coord.	S-460	G/E/L-973
Time Keeping Unit Leader	S-360 & S-260	
Cost Accounting Unit Leader	S-260	
Compensation & Claims Unit Leader	S-360	

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## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>EOC Director</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Established appropriate staffing levels for the EOC					
Exercised overall management responsibility for coordination between emergency response agencies in the jurisdiction					
Set jurisdictional priorities for response efforts					
Ensured that inter-agency coordination is accomplished					
Directed appropriate emergency public information actions					
Approved the issuance of public information materials					
Liaised with the Policy, MAC Group and/or elected officials					
Ensured staff schedule matches EOC planning and Op Cycle					
Provided staff with appropriate EOC support assignments					
Ensured internal and external EOC communication & coordination					
Managed & coordinated EOC support operations per SEMS/NIMS					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

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Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>EOC Coordinator</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Provided knowledge and guidance of the activation and internal functions of the EOC and ensure compliance with jurisdiction's emergency plans					
Provided good working knowledge and guidance of systems, equipment, and processes used in the EOC					
Assisted the Liaison Officer in ensuring proper procedures are in place for directing Agency Representatives					
Ensured policies and procedures within the EOC are maintained including security procedures and accurate and appropriate display of identification and section-specific identifiers					
Assisted EOC Director in ensuring coordinated and effective EOC support operations, consistent with SEMS/NIMS guidelines					
Ensured internal and external EOC communication & coordination					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

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Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Safety Officer</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Reviewed or initiated Safety Plan and all Safety Messages</b>					
<b>Participated in Strategy / Tactics meetings and complete an Incident Safety Analysis</b>					
<b>Consulted with the EOC Director and General Staff Coordinators on the need to prepare and present an EOC Safety Message and Site-Safety Plan</b>					
<b>Assessed the need to prepare an EOC Medical Plan</b>					
<b>Monitored and ensured safe EOC operations during Op period, including the health and welfare of all EOC staff</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Liaison Officer</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Assisted the EOC Director and EOC Coordinator in conducting briefings for inter-agency coordination and with distribution of the current Action plan					
Worked with the other EOC sections and branches/groups/units to obtain information and ensured that all relevant information was disseminated in a timely manner					
Acted as the point of contact for Agency Representatives and maintained a roster of Agency Representatives					
Oversaw all special events, dignitary visits, and field liaison positions					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)			Date:		
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

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Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Public Information Officer</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Served as the central point for the agency or jurisdiction for all press and media releases					
Ensured that the public within the affected area receive complete, accurate, timely and consistent information about life safety procedures					
Coordinated media releases with PIOs at command posts or field incidents, or the JIC (if established) and/or those representing other affected emergency response agencies					
Developed the format for press conferences, in conjunction with the EOC Director					
Maintained a positive relationship with the media representatives					
Supervised the Public Information function					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

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Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Legal Affairs Officer</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Advised the Multi-Agency Coordination/Policy Group and/or EOC Director, and the Management and General Staff on the legality and/or legal implications of contemplated emergency actions and policies					
Established areas of legal responsibility and/or potential liabilities					
Prepared documents relative to evacuations, curfews, and demolition of hazardous structures or conditions					
Developed emergency rules, regulations, and laws required for acquisition and/or control of critical resources					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	



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Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Private Sector Coordinator</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Interacted with Private industry to organize resources/capabilities within the affected area</b>					
<b>Relayed information to and from Private industry to ensure their internal response is coordinated and supportive of the emergency/disaster</b>					
<b>Gathered the needs of private industry to sustain the economy within the affected area</b>					
<b>Ensured the efficient and effective use of available resources</b>					
<b>Developed and enhanced the plans and protocols for emergency response, assessment, resource-sharing, etc.</b>					
<b>Shared critical information during the response to the incident</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

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Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Operations Chief/Coordinator</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Ensured effective supervision of the Operations Section, including the safety and welfare of Section personnel					
Ensured an Operations "coordination & support" (vs. tactics) role					
Activated, briefed, directed and ensured internal coordination between Operations Section Branches and Groups					
Provided regular Section Status Reports to the EOC Director					
Ensured that the Plans & Intel Section was provided with status reports and major incident reports as they were occurring					
Worked with Plans & Intel to program all resources					
Attended and participated in EOC Action Planning meetings, including providing appropriate support (not tactical) objectives					
Authorized resource requests and forward critical resource requests to the EOC Director for approval					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

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Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Fire Branch Director</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reported fire-related field and tactical operations to the Operations Chief/Coord., and other EOC Staff as needed					
Coordinated the prevention, control, and suppression of fires and hazardous-materials incidents					
Coordinated with the Logistics Section for the provision of resources					
Coordinated with the Fire Mutual Aid Coordinator for requests from emergency response agencies					
Coordinated with the Public Information Officer to disseminate information to the public					
Coordinated resources to facilitate tactical operations of triage, emergency medical care, and treatment of the injured					
Ensured effective supervision of assigned Branch personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

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Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Law Enforcement Branch Director</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reported law enforcement related field and tactical operations to the Operations Chief/Coord., and other EOC Staff as needed					
Maintained contact with established DOCs to coordinate resources and response personnel					
Coordinated with the appropriate units of the Logistics Section for resource requests					
Ensured that all Law Enforcement Branch resources are Programmed and accounted for					
Coordinated with the Law Enforcement Mutual Aid Coordinator for requests from emergency response agencies					
Coordinated with Fire Branch on search and rescue activities					
Ensured effective supervision of assigned Branch personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Care and Shelter Branch Director</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reported appropriate mass care operations and issues, including shelter locations and status, to the Operations Chief/Coord., and other EOC Staff as needed					
Ensured that the Care and Shelter Branch function was carried out in a coordinated and effective manner					
Ensured that all Care & Shelter Branch resources were programmed and accounted for					
Coordinated directly with the American Red Cross and other volunteer organizations to provide Mass Care					
Met regularly with Care & Shelter Branch staff to reach consensus on Operations Section objectives for forthcoming operational periods					
Ensured effective supervision of assigned Branch personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Animal Services Group Supervisor</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Coordinated with the Care and Shelter Branch to identify animal sheltering locations and issues if needed					
Coordinated with the field and branches within the EOC Operations Section to facilitate the movement of large and small animals if needed					
Ensured that all Animal Services resources were programmed and accounted for					
Coordinated with local veterinarians and non-profit groups to provide services to animals being evacuated and/or sheltered					
Met regularly with Care & Shelter Branch staff to reach consensus on Operations Section objectives for forthcoming operational periods					
Ensured effective supervision of assigned Group personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Medical/Health Branch Director</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Reported appropriate medical and health operations and issues, to the Operations Chief/Coord., and other EOC Staff as needed</b>					
<b>Effectively supervised assigned Medical/Health Branch personnel</b>					
<b>Continuously monitor the effectiveness of the branch, including identifying and resolving any medical and/or health issues</b>					
<b>Ensured coordination of hospitals, health units, continuing care, mental health, EMS and environmental health within the jurisdiction, as well as the County Health Officer</b>					
<b>Ensured Medical and Health Branch resources were programmed and accounted for</b>					
<b>Met regularly with Medical and Health Branch staff and work to reach consensus on Operations Section objectives for forthcoming operational needs</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)			Date:		
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:  <b>Agriculture &amp; Natural Resources Branch Director</b>	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Reported appropriate ag and natural resource-related operations, to the Operations Chief/Coord., and other EOC Staff as needed</b>					
<b>Effectively supervised assigned Medical/Health Branch personnel</b>					
<b>Continuously monitored the organizational effectiveness of the branch in coordinating and resolving ag related problems &amp; issues</b>					
<b>Ensured coordination local farmers, local ranchers, natural resources agencies and the county Agriculture Department for the jurisdiction</b>					
<b>Ensured Ag and Natural Resources information and response resources were programmed and accounted for</b>					
<b>Coordinated information needs from resource subject matter experts and state agencies (e.g. BLM, etc.)</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	



## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Construction &amp; Engineering Branch Director</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reported appropriate Construction & Engineering operations, to the Operations Chief/Coord., and other EOC Staff as needed					
Ensured that the Construction and Engineering Branch function was carried out in a coordinated and effective manner					
Coordinated the Surveying of jurisdictional infrastructure systems, such as streets, roads, and bridges					
Coordinated the Assistance to law enforcement for road closures					
Met regularly with Construction and Engineering Branch and activated Group staff in order to work to reach consensus on Operations Section objectives for forthcoming operational periods					
Coordinated the Surveying and restoration of jurisdictional utility systems which may have been disrupted					
Ensured effective supervision of assigned Branch & Group staff					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Damage/Safety Assessment Group Supervisor</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Provided communication with the field level and/or coordinated the Preliminary Damage Assessments (PDAs)</b>					
<b>Coordinated with public and private sector representatives to identify damages</b>					
<b>Coordinated with Public Works and Planning Departments of jurisdictions</b>					
<b>Coordinated with insurance companies</b>					
<b>Provided valid and coordinated information from the above sources to the Operations Chief/Coord. and the Recovery Unit</b>					
<b>Ensured effective supervision of assigned Group personnel</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Debris Management Group Supervisor</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Developed and coordinated a response plan for debris management and removal, involving appropriate agencies</b>					
<b>Identified and coordinated debris management and removal criteria in order to facilitate FEMA eligibility</b>					
<b>Coordinated procurement and contracts with Logistics and Finance/Administration</b>					
<b>Kept Operations Chief/Coord. and other appropriate EOC staff informed on the status of debris removal</b>					
<b>Ensured effective supervision of assigned Group personnel</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)			Date:		
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held: <b>Public Works Group Supervisor</b>	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Evaluated and assessed the safety and condition of roadways, bridges and other public works infrastructure</b>					
<b>Assisted law enforcement with traffic control</b>					
<b>Assisted fire and law enforcement with search and rescue with the use of heavy equipment</b>					
<b>Assisted the transportation unit with transportation route development</b>					
<b>Assisted as directed with any other public works related activity or resource (such as sandbag operations)</b>					
<b>Kept Operations Chief/Coord. and other appropriate EOC staff informed on the status of public work field operations</b>					
<b>Ensured effective supervision of assigned Group personnel</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Utilities Representative</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Coordinated with public and private utilities, including electric, gas, water, and waste to receive an assessment of the systems					
Coordinated with utility companies to develop a restoration plan					
Kept Operations Chief/Coord. and other appropriate EOC staff informed on the status of involved utility field operations, including estimated restoration times provided by the impacted utility					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held: <b>Plans &amp; Intelligence Chief/Coord.</b>	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Ensured effective supervision of the Planning/Intelligence Section, including the safety and welfare of Section personnel</b>					
<b>Ensured that the Planning/Intelligence function is performed consistent with SEMS/NIMs guidelines</b>					
<b>Provided regular Section Status Reports to the EOC Director</b>					
<b>Ensured that EOC &amp; Op Area reports were submitted as scheduled</b>					
<b>Ensured EOC Action Planning &amp; effective EOC Action Plan(s)</b>					
<b>Determined reporting scheduled for all EOC elements</b>					
<b>Prepared work objectives for Section staff</b>					
<b>Directed the collection &amp; display of a common operating picture, as well as the collection &amp; organization of all documentation</b>					
<b>Reviewed, approved and submitted situation status reports</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Situation Analysis Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Developed a system to post common operating picture elements within the EOC and kept the P/I Chief/Coord. updated					
Collected, organized and analyzed data from other EOC sections					
Provided an authentication process for conflicting status reports					
Met with P&I section chief and EOC Director to determine needs for planning meetings, briefings, and significant events					
Directed the collection of photographs, videos, and/or sound recordings or disaster events, as appropriate					
Met with PIO to determine the best methods for developing media and other briefings					
Ensured that all maps, status boards, other displays, and electronic records contain current, accurate and validated information					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant assigned position related tasks:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Action Planning Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Effectively supervised assigned staff to perform Unit functions</b>					
<b>Developed an Action Planning meeting schedule</b>					
<b>Collected, organized and analyzed data from other EOC sections</b>					
<b>Assisted with the facilitation of Action Planning meetings</b>					
<b>Drafted the EOC Action Plan</b>					
<b>Followed the Planning "P"</b>					
<b>Collected resource data and incorporated it into the Action Plan</b>					
<b>Other significant assigned position related tasks:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	



## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Documentation Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Collected and organized all written forms, logs, journals and reports at the completion of each shift from all sections					
Provided documentation services to the EOC staff					
Compiled, copied, published and distributed the EOC Action Plan					
Met with P&I Section Coord. to determine what EOC materials should be maintained and filed for official records					
Assisted in the preparation of any written action plan and/or procedures					
Ensured all branches/units were submitting and updating accurate and complete status reports and any other records					
Assisted the Advanced Planning Unit with completing the EOC Action Plan					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant assigned position related tasks:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Advanced Planning Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Effectively supervised assigned staff to perform Unit functions</b>					
<b>Developed an Advanced Plan identifying future policy-related issues, social and economic impacts, and significant recovery resource needs during the next 36-72 hours</b>					
<b>Reviewed all available situation reports, action plans, and other significant documents to determine future impacts</b>					
<b>Provided periodic briefings for the Plans/Intel Chief/Coord., EOC Director and Management Team addressing advanced Planning issues</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant assigned position related tasks:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
EOC Position Held:	Number of Operational Periods Completed:					
<b>Resources Status/Programming Unit Leader</b>						
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position						
<b>Performance Levels</b>						
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
<b>Effectively supervised assigned staff to perform Unit functions</b>						
<b>Attended strategy meetings to determine EOC resource needs</b>						
<b>Completed resource request forms for personnel, supplies, services, and equipment</b>						
<b>Verified proper check-in and check-out of personnel in the EOC</b>						
<b>Provided resource information to the Plans &amp; Intel Chief/Coord., Situation Analysis Unit, Demobilization Unit, and Logistics section</b>						
<b>Assisted in preparation of the Org Chart and Assignment List</b>						
<b>Maintained and displayed a master list of resources assigned</b>						
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>						
<b>Other significant assigned position related tasks:</b>						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)				Date:		
Rated by (signature):		E-Mail:		Date:		
Name (printed):		Phone:		Agency:		

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Demobilization Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Effectively supervised assigned staff to perform Unit functions</b>					
<b>Established time tables for deactivating or downsizing units and tentative release list and kept the P/I Chief/Coord. updated</b>					
<b>Determined if any special needs exist for personnel demobilization</b>					
<b>Developed a check out procedure, to ensure all deactivated personnel have cleared their operating position</b>					
<b>Coordinated the release of all resources closely with all sections</b>					
<b>Maintained a master list of resources demobilized</b>					
<b>Worked closely with Logistics to ensure all personnel, equipment, and excess supplies were demobilized and properly released and/or accounted for</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant assigned position related tasks:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Technical Specialist (General)</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Provided valid technical expertise related to the specialty</b>					
<b>Developed a system to post significant events information, health concerns, property damage, fire status, size of risk area, scope of hazard to the public, number of evacuees, etc., per specialty</b>					
<b>Assisted Planning &amp; Intelligence Section with the collection, organization, and analysis of data from the field and other EOCs</b>					
<b>Provided for an authentication process in case of conflicting status reports on events</b>					
<b>Met with Section Coordinator to determine needs for technical planning meetings &amp; briefings</b>					
<b>Provided coherent and understandable technical briefings</b>					
<b>Determined if there were any special information needs</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Access &amp; Functional Needs Specialist</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Provided valid technical expertise related to AFN</b>					
<b>Determined the scope of the incident and the impact on AFN populations</b>					
<b>Provided consult and assistance with other Sections as they manage resources and activities</b>					
<b>Monitored and assisted with message development/translation, as needed, including alert and warning messages to ensure they are reaching all elements of the access and functional needs populations</b>					
<b>Assisted in developing ordinances and regulations for evacuations</b>					
<b>Provided coherent and understandable AFN technical briefings</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant technical AFN assignment tasks:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>GIS Specialist</b> Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Provided valid technical expertise related to GIS</b>					
<b>Worked with all sections to obtain data on all impacts (Utilities, Destroyed/Damaged property, Critical Infrastructure, Financial Impacts, etc.)</b>					
<b>Ensured that necessary maps and data pertinent to the operations were kept current</b>					
<b>Mapped areas that may have been rezoned, destroyed, reconstructed and/or modified</b>					
<b>Works with the Situation Analysis Unit to create displays and reports from the data in GIS</b>					
<b>Participated in Planning &amp; Intelligence Section meetings and development of the EOC Action Plan</b>					
<b>Provided coherent and understandable GIS technical briefings</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant technical GIS assignment tasks:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:			

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Social Media Technical Specialist</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Provided valid technical expertise related to Social Media</b>					
<b>Assisted the Public Information Officer and/or the Joint Information Center with information monitoring and dissemination</b>					
<b>Worked with all sections to identify rumors, gather intelligence, and identify multiple social media outlets to be monitored</b>					
<b>Gathered, stored and cataloged video, photographic and print media resources for use in message development</b>					
<b>Provided coherent and understandable Social Media technical briefings</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant technical Social Media assignment tasks:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	



## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Logistics Chief/Coord.</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Ensured effective supervision of the Logistics Section, including the safety and welfare of Section personnel					
Ensured the Supply Unit coordinated closely with the Purchasing Unit and that all required documents and procedures were completed					
Ensured the Supply and Personnel Units coordinated relevant activities with appropriate EOC Section staff					
Ensured all resources were programmed and accounted for					
Ensured transportation requirements, in support of EOC and response operations, are met					
Ensured that all requests for facilities and facility support were addressed					
Regularly coordinates with Resources Status/Programming					
Provided regular Section Status Reports to the EOC Director					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Communications/IS Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Effectively supervised assigned staff to perform Unit functions</b>					
<b>Determined what communications equipment was necessary</b>					
<b>Provided technical information as required</b>					
<b>Provided Support for all EOC information Systems and ensured automated information links with partner EOC/DOC's are maintained</b>					
<b>Managed data and telephone services for the EOC</b>					
<b>Received and prioritized special requests</b>					
<b>Provided communications briefings and technology status reports as requested coherently and understandably, and kept the Logistics Chief/Coord. updated</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Transportation Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Effectively supervised assigned staff to perform Unit functions</b>					
<b>Coordinated with the Public Works Branch Director to determine the progress of routes</b>					
<b>Coordinated transportation activities and needs with the Supply and Procurement and Personal Units, Operations Branches, Public information, and Liaison Officers</b>					
<b>Kept the Logistics Section Chief/Coord. informed of significant issues affecting the Transportation Unit</b>					
<b>Coordinated with the Finance and Administration Section to develop contracts with transportation vendors-as needed</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Personnel Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Developed EOC organization chart & staffing pattern for Op Period					
Reviewed DSW policies/agreements and programmed/ensured that DSW responsibilities were coordinated					
Identified, recruited and registered volunteers as required					
Coordinated with Liaison & Safety Officers to ensure that all EOC staff, received a situation and safety briefing upon check-in					
Programed, recorded, and reported staff-time for all personnel/ volunteers and kept the Logs Chief/Coord. informed					
Assisted, in coordination with the Safety & Security Officers, to support employees and their families who are also disaster victims (i.e. crisis counseling, mental health specialists, etc.)					
Coordinated with the Operational Area EOC to activate the Emergency Management Mutual Aid System if required					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>EMMA Coordinator</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively resource requested EMMA personnel through CalOES					
Programed EMMA personnel assignments					
Organized lodging and food for EMMA personnel					
Programed, recorded, and reported staff-time for all personnel/ volunteers and kept the Logs Chief/Coord. informed					
Coordinated with Liaison & Safety Officers to ensure that all EOC staff, received a situation and safety briefing upon check-in					
Completed Demobilization packets for all EMMA personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Supply/Procurement Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Determined if the requested types and quantities of supplies, materials, and equipment were available in inventory					
Coordinated vendor contracts not previously addressed by existing approved vendor lists					
Coordinated donated goods and services from community groups and private organizations with the Donations Management Unit					
Coordinated with Resource Status/Programming Unit to facilitate all Resources Request and coordinated the update of the resource Programing system in use at the EOC					
Coordinated the acquisition and allocation of supplies, materials, and equipment not normally provided through mutual aid or normal agency channels and kept the Logs Chief/Coord. informed					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held: <b>Facilities Unit Leader</b>	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Effectively supervised assigned staff to perform Unit functions</b>					
<b>Accessed the needs of the EOC and field ICP's for facility resources</b>					
<b>Ensured all facilities are safe for occupancy, secured and that they comply with ADA requirements</b>					
<b>Developed and maintained a status board/reference depicting the location of each facility; description of furnishings, supplies, and equipment at the site; hours of operation, and the name and phone number of the Facility manager</b>					
<b>Assisted the EOC Coordinator and Communications/Information Systems Unit personnel with any facility-related issues</b>					
<b>Ensured the EOC facility is maintained in a clean and sanitary condition and that the facility infrastructure (power, water, HVAC system, Restrooms, etc.) operate satisfactorily</b>					
<b>As facilities were vacated, coordinated with the facilities manager to return the location to its original state</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Food Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Obtained necessary equipment, supplies, and facilities to establish food service (to include cold and/or hot storage and /or handling)					
Ensured food service areas meet appropriate health and safety measures and were maintained in a clean condition					
Ordered sufficient food and water from or through the Supply Unit					
Maintained an inventory of food, water, condiments, and supplies					
Coordinated with the Procurement Unit to ensure all purchases were pre-approved					
Kept Logistics Chief/Coord. informed regarding any foodservice problems or issues					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	



## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Donations Management Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Communicated and coordinated with exterior stakeholders and NGOs to support effective donations management					
In coordination with the Private Sector Coordinator, served as a point of contact for private sector agencies wishing to donate goods and services					
Maintained consistent public messaging regarding donations through coordination with Public Information function, including the Joint Information Center (JIC) if activated					
Kept Logistics Chief/Coord. & EOC Director (as needed) informed regarding donations management problems or issues					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)			Date:		
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Volunteer Coordination Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
<b>Effectively supervised assigned staff to perform Unit functions</b>					
<b>Staffed Volunteer Team in the EOC and supported the Planning Section Resource Unit and the Logistics Section Supply Unit</b>					
<b>Established one or more assembly and staging sites for volunteers to report to for credential screening, registration and potential assignment (Volunteer Reception Centers)</b>					
<b>Coordinated with the Personnel Unit to the manage volunteer DSW process including document management</b>					
<b>Kept Logistics Chief/Coord. informed regarding any volunteer problems or issues</b>					
<b>Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner</b>					
<b>Other significant position related tasks assigned:</b>					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Finance &amp; Admin Chief/Coord.</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Ensured effective supervision of the Finance/Admin Section, including the safety and welfare of Section personnel					
Ensured that the Finance/Admin function was performed consistent with SEMS/NIMS guidelines					
Activated units within the Finance/Admin section as required					
Ensured on-duty time is recorded and collected for all personnel					
Ensured that there is a continuum of the payroll process for all employees responding					
Ensured that workers' compensation claims, resulting from the response, are processed within a reasonable time					
Determined any necessary spending limits and burn rates					
Provided financial and cost analysis information as requested					
Provided regular Section Status Reports to the EOC Director					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Timekeeping Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Programed, recorded and reported staff time for all personnel/volunteers, including hired and contracted					
Ensured that hired and contracted personnel time records, travel expense claims and other related forms were prepared and submitted to budget and payroll office					
Established and maintained a file for each employee/volunteer					
Coordinated the recording of time for all equipment assigned					
Submitted cost estimates to the Cost Accounting Unit					
Assisted other units in a system for collecting personnel and/or equipment time reporting					
Distributed information to all resources through Section Chiefs/Coordinators via memorandum in EOC Action Plan					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Cost Accounting Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Worked with the Documentation Unit to collect and maintain documentation of all information for reimbursement (i.e. position logs, journals, status reports, and Action Plans, etc.)					
Gathered fiscal recovery information from agencies providing emergency response, support and assistance					
Made cost analysis, estimates, summaries and cost-saving recommendations to the Finance/Admin Section Chief					
Prepared disaster financial assistance documentation necessary to recover all allowable emergency response funds and financial assistance from FEMA					
Acted as the liaison with FEMA's adjusters and coordinators					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Compensation &amp; Claims Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Maintained files of illnesses, injuries or deaths of personnel, and damages to the property or equipment including results of investigations and kept the Finance & Admin Chief informed					
Coordinated the investigation of injuries or deaths of personnel, and damages to property or equipment arising out of the emergency and document any incomplete investigations and follow-up actions required of the jurisdiction					
Coordinated incident personnel and volunteer injury claims with appropriate entities (e.g., Agency's worker's compensation provider or state Disaster Service Worker Volunteer Program)					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b>Purchasing Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Coordinated vendor contracts not previously addressed by existing approved vendor list					
Coordinated with the Logistics Section and Operations Section on all matters involving the purchase, hire, contract, rental and leases of resources					
Verified cost data in pre-established vendor contract/agreements					
In coordination with the Logistics Section, ensured that purchase orders and contracts are developed in a timely manner					
Ensured that all contracts identified the scope of work and specific site locations					
Negotiated rental rates not already established, or purchase price with vendors as needed and kept Finance & Admin Chief informed					
Performed quality control of vendors as necessary (e.g., unethical business practices, inflating prices or rental rates, etc.)					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

## POSITION PERFORMANCE RATING FORM (EOC 225)

<b>Position Credentialing Incident Response and Exercise Performance Rating</b>  <b>Revised EOC form 225</b>	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
EOC Position Held:	Number of Operational Periods Completed:				
<b style="color: #0056b3;">Recovery Unit Leader</b>					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
<b>Performance Levels</b>					
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Coordinated with all sections to collect and maintain documentation of all disaster information for reimbursement					
Prepared and maintained a cumulative cost report					
Ensured that the Budget Office established a disaster accounting system, to include an exclusive cost code for the response					
Acted as the liaison for the neighboring jurisdictions, Operational Areas, State, Federal, and disaster assistance agencies, to coordinate the cost recovery process					
Prepared all required state and federal documentation as necessary to recover all allowable disaster response costs					
Organized and prepared records for final audit					
Kept Finance & Admin Chief/Coord., Advanced Planning Unit and EOC Director updated on recovery issues					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)			Date:		
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	



## TYPE III APPROXIMATE TRAINING HOURS

### Management Type III

		<i>EOC Director</i>	<i>EOC Coord</i>	<i>Safety Officer</i>	<i>Public Information Officer</i>	<i>Liaison</i>	<i>Private Sector Coord</i>	<i>Legal Affairs Officer</i>	
Training	G606	4	4	4	4	4	4	4	
	ICS100	3	3	3	3	3	3	3	
	ICS200	3	3	3	3	3	3	3	
	IS368 or L197	2	2	2	2	2	2	2	
	IS700	3	3	3	3	3	3	3	
	IS706	2.5	2.5	2.5	2.5	3	3	3	
	IS800	3	3	3	3	3	3	3	
	IS230.d	6	6	6	6	6	6	6	
	G626E	16	16	16	16	16	16	16	
	Sub Cal OES/ CSTI EMC	G775	16	16	16	16	16	16	16
		G191	8	8	8	8	8	8	8
	G611	8	8	8	8	8	8	8	
	IS29	2.5	2.5		2.5				
	IS35			2					
	IS42				3				
	IS660						2		
	IS662						2		
	G205 (Formerly G270.4)		24						
	L0105				24				
	<b>Total Approximate Hours of Training</b>		<b>77</b>	<b>101</b>	<b>77</b>	<b>104</b>	<b>75</b>	<b>79</b>	<b>75</b>

Operations Type III

		<i>Ops Section Ch.</i>	<i>Fire Branch</i>	<i>Law Branch</i>	<i>Care &amp; Shelter</i>	<i>Animal Services</i>	<i>Med/Health</i>	<i>Ag &amp; Nat Res</i>	<i>Const &amp; Eng</i>	<i>Damage/Safety Assmt</i>	<i>Debris Mgt</i>	<i>Public Works</i>	<i>Utilities Rep</i>
Training	G606	4	4	4	4	4	4	4	4	4	4	4	4
	ICS100	3	3	3	3	3	3	3	3	3	3	3	3
	ICS200	3	3	3	3	3	3	3	3	3	3	3	3
	IS368 or L197	2	2	2	2	2	2	2	2	2	2	2	2
	IS700	3	3	3	3	3	3	3	3	3	3	3	3
	IS706	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
	IS800	3	3	3	3	3	3	3	3	3	3	3	3
	IS230.d	6	6	6	6	6	6	6	6	6	6	6	6
	G626E	16	16	16	16	16	16	16	16	16	16	16	16
	Sub Cal OES/ G775	16	16	16	16	16	16	16	16	16	16	16	16
	CSTI EMC G191	8	8	8	8	8	8	8	8	8	8	8	8
	G611	8	8	8	8	8	8	8	8	8	8	8	8
	IS632	2									2		
	G205 (Formerly G270.4)										24	24	
	G393								24				
	Cal OES MHOCSA course						16						
	CalOES SAP Evaluator Trng									8			
CalOES SAP Program									1.5				
<b>Total Approximate Hours of Training</b>		<b>76.5</b>	<b>74.5</b>	<b>74.5</b>	<b>74.5</b>	<b>74.5</b>	<b>90.5</b>	<b>74.5</b>	<b>98.5</b>	<b>84</b>	<b>100.5</b>	<b>98.5</b>	<b>74.5</b>

Planning & Intelligence Type III

			<i>P&amp;I Sec Ch.</i>	<i>Action planning</i>	<i>Advanced Plans</i>	<i>Demob</i>	<i>Documentation</i>	<i>Resource Status</i>	<i>SitStat</i>	<i>A&amp;FN</i>	<i>G/S</i>	<i>Social Media</i>
Training	G606		4	4	4	4	4	4	4	4	4	4
	ICS100		3	3	3	3	3	3	3	3	3	3
	ICS200		3	3	3	3	3	3	3	3	3	3
	IS368 or L197		2	2	2	2	2	2	2	2	2	2
	IS700		3	3	3	3	3	3	3	3	3	3
	IS706		2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
	IS800		3	3	3	3	3	3	3	3	3	3
	IS230.d		6	6	6	6	6	6	6	6	6	6
	G626E		16	16	16	16	16	16	16	16	16	16
	Sub Cal OES/ G775		16	16	16	16	16	16	16	16	16	16
	CSTI EMC G191		8	8	8	8	8	8	8	8	8	8
	G611		8	8	8	8	8	8	8	8	8	8
	IS42		3									3
	IS103		2								2	
	IS703.a		3.5	3.5				3.5				
	IS922										3	
	G205 (Formerly G270.4)				24							
	G235				16							
	G393				24							
	G557 (Formerly G250.7)		16	16					16			
PER 304											8	
<b>Total Approximate Hours of Training</b>			<b>99</b>	<b>94</b>	<b>138.5</b>	<b>74.5</b>	<b>74.5</b>	<b>78</b>	<b>90.5</b>	<b>74.5</b>	<b>79.5</b>	<b>85.5</b>

Logistics Type III

		<i>Logs Sec Ch.</i>	<i>Deputy Logs Ch.</i>	<i>Service Branch Coord</i>	<i>IT Coord</i>	<i>Food UL</i>	<i>Volunteers</i>	<i>Donations</i>	<i>Comms UL</i>	<i>Support Branch Coord</i>	<i>Facilities</i>	<i>Personnel</i>	<i>EMMA Coord</i>	<i>Mission Tasking Coord</i>	<i>Supply/Proc.</i>	<i>Business Ops Coord</i>	<i>Check-in/Check-Out</i>	<i>Transportation</i>	<i>External Support Coord</i>	<i>Staging UL</i>	<i>Housing UL</i>	<i>Mass Care UL</i>	
Training	G606	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	ICS100	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	ICS200	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	IS368 or L197	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	IS700	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	IS706	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	
	IS800	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	IS230.d	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
	G626E	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	
	Sub Cal OES/ CSTI EMC	G775	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	
		G191	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
	G611	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
	IS288						10	10															
	IS703.a	3.5						3.5															
	G205 (formerly G270.4)						24					24											
	ARC Basic Food Safety					2.5																	
	EMMA Coordinator Training												1										
	<b>Total Approximate Hours of Training</b>		<b>78</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>77</b>	<b>109</b>	<b>88</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>99</b>	<b>76</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>75</b>

Finance & Administration Type III

		<i>F&amp;A Section Ch.</i>	<i>Comp Claims</i>	<i>Cost Acct</i>	<i>Purchasing</i>	<i>Recovery</i>	<i>Timekeeping</i>
Training	G606	4	4	4	4	4	4
	ICS100	3	3	3	3	3	3
	ICS200	3	3	3	3	3	3
	IS368 or L197	2	2	2	2	2	2
	IS700	3	3	3	3	3	3
	IS706	2.5	2.5	2.5	2.5	2.5	2.5
	IS800	3	3	3	3	3	3
	IS230.d	6	6	6	6	6	6
	G626E	16	16	16	16	16	16
	Sub Cal OES/ G775	16	16	16	16	16	16
	CSTI EMC G191	8	8	8	8	8	8
	G611	8	8	8	8	8	8
	G205 (Formerly G270.4)	24	24	24	24	24	24
	<b>Total Approximate Hours of Training</b>	<b>98.5</b>	<b>98.5</b>	<b>98.5</b>	<b>98.5</b>	<b>98.5</b>	<b>98.5</b>

## TYPE II APPROXIMATE TRAINING HOURS

### Management Type II

		<i>EOC Director</i>	<i>EOC Coord</i>	<i>Safety Officer</i>	<i>PIO</i>	<i>Liaison</i>	<i>Private Sector Coord</i>	<i>Legal Affairs Officer</i>
Training	IS120.a	5	5	5	5	5	5	5
	IS235.b	5	5	5	5	5	5	5
	IS240.b	3	3	3	3	3	3	3
	IS241.b	2	2	2	2	2	2	2
	IS242.b	8	8	8	8	8	8	8
	IS244.b	4	4	4	4	4	4	4
	ICS300	21	21		21			
	ICS400	15	15		15			
	IPIO				24			
	G205 (Formerly G270.4)	24						
<b>Total Approximate Hours of Training</b>		<b>87</b>	<b>63</b>	<b>27</b>	<b>87</b>	<b>27</b>	<b>27</b>	<b>27</b>

Operations Type II

		<i>Ops Section Ch.</i>	<i>Fire Branch</i>	<i>Law Branch</i>	<i>Care &amp; Shelter</i>	<i>Animal Services</i>	<i>Med/Health</i>	<i>Ag &amp; Nat Res</i>	<i>Const &amp; Eng</i>	<i>Damage/Safety Assmt</i>	<i>Debris Mgt</i>	<i>Public Works</i>	<i>Utilities Rep</i>
Training	IS120a	5	5	5	5	5	5	5	5	5	5	5	5
	IS235b	5	5	5	5	5	5	5	5	5	5	5	5
	IS240.b	3	3	3	3	3	3	3	3	3	3	3	3
	IS241.b	2	2	2	2	2	2	2	2	2	2	2	2
	IS242b	8	8	8	8	8	8	8	8	8	8	8	8
	IS244b	4	4	4	4	4	4	4	4	4	4	4	4
	IS10	3.5			3.5	3.5							
	IS111.a	3.5				3.5		3.5					
	ICS300	21	21	21					21				
	IS366	6			6								
	ICS400	15	15	15					15				
	IS554	3							3			3	
	IS556	3							3			3	
	IS558	3							3			3	
	IS559	2								2		2	
	G205 (Formerly G270.4)						24		24	24			
	G393												24
	E202								32		32		
	CalOES SAP Evaluator Trng								8				
	CDSS FAST Trng				16								
	IAWTI Animal Shelter Course					8							
	Agroterrorism Course							6.5					
	Letter certifying knowledge of the State Ambulance Strike Teams & Mobile Medical Asset Program System						X						
	Letter certifying 5 years' experience in the Utilities Emergency Management Field												X
	<b>Total Approximate Hours of Training</b>	<b>87</b>	<b>63</b>	<b>63</b>	<b>53</b>	<b>42</b>	<b>51</b>	<b>37</b>	<b>136</b>	<b>53</b>	<b>59</b>	<b>62</b>	<b>27</b>

Planning & Intelligence Type II

		<i>P&amp;I Sec Ch.</i>	<i>Action Planning</i>	<i>Advanced Plans</i>	<i>Demob</i>	<i>Documentation</i>	<i>Resource Status</i>	<i>SitStat</i>	<i>A&amp;FN</i>	<i>GIS</i>	<i>Social Media</i>
Training	IS120	5	5	5	5	5	5	5	5	5	5
	IS235b	5	5	5	5	5	5	5	5	5	5
	IS240.b	3	3	3	3	3	3	3	3	3	3
	IS241.b	2	2	2	2	2	2	2	2	2	2
	IS242.b	8	8	8	8	8	8	8	8	8	8
	IS244.b	4	4	4	4	4	4	4	4	4	4
	ICS300	21	21				21	21			
	IS366	6							6		
	ICS400	15	15	15			15	15			
	IS632.a	2		2							
	G205 (Formerly G270.4)					24					
	PER 344										8
	CDSS FAST Trng								16		
	Letter certifying experience with records retention practices					X					
	Letter certifying at least two years' experience in the GIS field (specify Desktop, Server and/or On-line)									X	
	<b>Total Approximate Hours of Training</b>	<b>71</b>	<b>63</b>	<b>44</b>	<b>27</b>	<b>51</b>	<b>63</b>	<b>63</b>	<b>49</b>	<b>27</b>	<b>35</b>



Logistics Type II

		<i>Logs Sec Ch.</i>	<i>Comms/IS</i>	<i>Donations</i>	<i>Facilities</i>	<i>Food</i>	<i>Personnel</i>	<i>EMMA Coord</i>	<i>Supply/Proc.</i>	<i>Transportation</i>	<i>Volunteers</i>
Training	IS120	5	5	5	5	5	5	5	5	5	5
	IS235.b	5	5	5	5	5	5	5	5	5	5
	IS240.b	3	3	3	3	3	3	3	3	3	3
	IS241.b	2	2	2	2	2	2	2	2	2	2
	IS242.b	8	8	8	8	8	8	8	8	8	8
	IS244.b	4		4							4
	IS288	10		10							10
	IS300	21									
	IS400	15									
<b>Total Approximate Hours of Training</b>		<b>73</b>	<b>23</b>	<b>37</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>37</b>

Finance & Administration Type II

		<i>F&amp;A Section Ch.</i>	<i>Comp Claims</i>	<i>Cost Acct</i>	<i>Purchasing</i>	<i>Recovery</i>	<i>Timekeeping</i>
Training	IS120.a	5	5	5	5	5	5
	IS235.b	5	5	5	5	5	5
	IS240.b	3	3	3	3	3	3
	IS241.b	2	2	2	2	2	2
	IS242.b	8	8	8	8	8	8
	IS244.b	4	4	4	4	4	4
	ICS300	21					
	ICS400	15					
	IS403	2				2	
	IS29000.a	3				3	
<b>Total Approximate Hours of Training</b>		<b>68</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>32</b>	<b>27</b>

## TYPE I APPROXIMATE TRAINING HOURS

All Positions Type I

		<i>EOC Director</i>	<i>EOC Coord</i>	<i>P/O</i>	<i>Operations Chief/Coord</i>	<i>Planning &amp; Intel Chief/Coord.</i>	<i>Logistics Chief/Coord.</i>	<i>Finance &amp; Admin Chief/Coord.</i>
Training	G393	24	24	24	24	24	24	24
	G205 (Formerly G270.4)	24	24	24	24	24	24	24
	G235	16	16	16	16	16	16	16
	L0388			40				
<b>Total Approximate Hours of Training</b>		<b>64</b>	<b>64</b>	<b>104</b>	<b>64</b>	<b>64</b>	<b>64</b>	<b>64</b>

## TYPE III CREDENTIAL REQUEST SUBMISSION FORM

Personal Information		
First Name:	Last Name:	E-Mail:
Job Title/Position:		Telephone:
Organization:		
Mailing Address (please enter the address you want your credential card mailed to):		
Type III Position Credential Requested:		
Core Curriculum Training		
Course	Completion Date	Certificate Attached
G-606		<input type="checkbox"/> Yes
IS-100		<input type="checkbox"/> Yes
IS-200		<input type="checkbox"/> Yes
IS-230.d		<input type="checkbox"/> Yes
IS-368 or G-197		<input type="checkbox"/> Yes
IS-700		<input type="checkbox"/> Yes
IS-706		<input type="checkbox"/> Yes
IS-800		<input type="checkbox"/> Yes
G-626E		<input type="checkbox"/> Yes
G-775		<input type="checkbox"/> Yes
G-191		<input type="checkbox"/> Yes
G-611		<input type="checkbox"/> Yes
<input type="checkbox"/> I am substituting the Emergency Management course for G-191, G-611, and G-775.		<input type="checkbox"/> Yes
Program Manager Verification Form		<input type="checkbox"/> Yes
Position Specific Training		
Course	Completion Date	Certificate Attached
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
EOC Activation/Exercises (choose one)		
I filled this position during an activation for an emergency/planned event	I filled this position during two functional or full-scale exercises	
Date(s) of experience:	Date of exercise #1:	
Evaluation or EOC 225 Form attached: <input type="checkbox"/> Yes	Evaluation or EOC 225 Form attached: <input type="checkbox"/> Yes	
	Date of exercise #2:	
	Evaluation or EOC 225 Form attached: <input type="checkbox"/> Yes	

## PROGRAM MANAGER VERIFICATION FORM TYPE III

Program Manager Verification Form		
First Name:	Last Name:	E-Mail:
Job Title/Position:		Telephone:
Organization:		
Mailing Address (please enter the address you want your credential card mailed to):		
Jurisdiction Served:		
Type III Position Credential Requested:		

This form is to be signed by the applicant's immediate supervisor or agency training officer to certify that the applicant has met the documentation requirements of the credentialing Program. In the absence of either of these<sup>1</sup>, the applicant can substitute the signature of a supervisory level staff member currently working for any Emergency Management agency/department within the State of California.

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I certify that I am the immediate supervisor or agency training officer for the applicant named above. I support the application for an EOC credential.

I have reviewed this individual's application packet and certify that it is valid and complete.

---

Signature

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Printed/Typed Name

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Email

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Telephone

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<sup>1</sup> Private contractors and/or those who are currently not in a paid position may use this option.

### Type II Credential Request Submission Form

Personal Information		
First Name:	Last Name:	E-Mail:
Job Title/Position:		Telephone:
Organization:		
Mailing Address (please enter the address you want your credential card mailed to):		
Type II Position Credential Requested:		
Core Curriculum Training		
Course	Completion Date	Attachment
IS-120.c		<input type="checkbox"/> Yes
IS-235.c		<input type="checkbox"/> Yes
IS-240.b		<input type="checkbox"/> Yes
IS-241.b		<input type="checkbox"/> Yes
IS-242.b		<input type="checkbox"/> Yes
IS-244.b		<input type="checkbox"/> Yes
Program Manager Verification Form		<input type="checkbox"/> Yes
Letter attached indicating EMMA & EMAC tasks have been completed		<input type="checkbox"/> Yes
Position Specific Training		
Course	Completion Date	Certificate Attached
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
Certification Letters		Attached
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
EOC Activations		
I filled this position during an activation for an emergency/ planned event for at least two Operational Periods	I filled this position during an activation for an emergency/ planned event for at least two Operational Periods	
Event #1 Name:	Event #2 Name:	
Date(s) of experience:	Date(s) of experience:	
Evaluation or EOC 225 Form attached: <input type="checkbox"/> Yes	Evaluation or EOC 225 Form attached: <input type="checkbox"/> Yes	

## PROGRAM MANAGER VERIFICATION FORM TYPE II

Program Manager Verification Form		
First Name:	Last Name:	E-Mail:
Job Title/Position:		Telephone:
Organization:		
Mailing Address (please enter the address you want your credential card mailed to):		
Jurisdiction Served:		
Type II Position Credential Requested:		

This form is to be signed by the applicant's immediate supervisor or agency training officer to certify that the applicant has met the documentation requirements of the credentialing Program. In the absence of either of these<sup>2</sup>, the applicant can substitute the signature of a supervisory level staff member currently working for any Emergency Management agency/department within the State of California.

---

I certify that I am the immediate supervisor or agency training officer for the applicant named above. I support the application for an EOC credential.

I have reviewed this individual's application packet and certify that it is valid and complete.

---

Signature

---

Printed/Typed Name

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Email

---

Telephone

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<sup>2</sup> Private contractors and/or those who are currently not in a paid position may use this option.

## TYPE I CREDENTIAL REQUEST SUBMISSION FORM

Personal Information		
First Name:	Last Name:	E-Mail:
Job Title/Position:		Telephone:
Organization:		
Mailing Address (please enter the address you want your credential card mailed to):		
Type I Position Credential Requested:		
Core Curriculum Training		
Course	Completion Date	Certificate Attached
G205		<input type="checkbox"/> Yes
G235		<input type="checkbox"/> Yes
G393		<input type="checkbox"/> Yes
Program Manager Verification Form		<input type="checkbox"/> Yes
Position Specific Training		
Course	Completion Date	Certificate Attached
L0388		<input type="checkbox"/> Yes
EOC Activations		
I filled this position during an activation for an emergency/planned event for at least two Operational Periods.	I filled this position during an activation for an emergency/planned event for at least two Operational Periods.	
Event #1 Name:	Event #2 Name:	
Date(s) of experience:	Date(s) of experience:	
Evaluation or EOC 225 Form attached: <input type="checkbox"/> Yes	Evaluation or EOC 225 Form attached: <input type="checkbox"/> Yes	
I filled this position during an activation for an emergency/planned event for at least two Operational Periods.	<p>E-mail this form and all supporting documentation to: <a href="mailto:credentialing.coordinator@caloes.ca.gov">credentialing.coordinator@caloes.ca.gov</a></p>	
Event #3 Name:		
Date(s) of experience:		
Evaluation or EOC 225 Form attached: <input type="checkbox"/> Yes		



## PROGRAM MANAGER VERIFICATION FORM TYPE I

Program Manager Verification Form		
First Name:	Last Name:	E-Mail:
Job Title/Position:		Telephone:
Organization:		
Mailing Address (please enter the address you want your credential card mailed to):		
Jurisdiction Served:		
Type I Position Credential Requested:		

This form is to be signed by the applicant's immediate supervisor or agency training officer to certify that the applicant has met the documentation requirements of the credentialing Program. In the absence of either of these<sup>3</sup>, the applicant can substitute the signature of a supervisory level staff member currently working for any Emergency Management agency/department within the State of California.

---

I certify that I am the immediate supervisor or agency training officer for the applicant named above. I support the application for an EOC credential.

I have reviewed this individual's application packet and certify that it is valid and complete.

---

Signature

---

Printed/Typed Name

---

Email

---

Telephone

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<sup>3</sup> Private contractors and/or those who are currently not in a paid position may use this option.

## JOB SHADOWING OFFER REQUEST FORM

This form is to be submitted as per the instructions contained within the [Submission Instructions section](#) of this resource guide when offering an EOC job shadowing opportunity during an operations-based functional exercise or full-scale exercise.

CSTI will forward the opportunity to those requesting job shadowing opportunities. The host EOC can coordinate with persons wishing to shadow directly.

Host EOC Contact Information		
First Name:	Last Name:	E-Mail:
Organization:		
Mailing Address:		
Exercise Information		
Exercise Name:	Exercise Type: <input type="checkbox"/> Functional <input type="checkbox"/> Full-Scale	
Exercise Start Date & Time:		
Exercise End Date & Time:		
Exercise Reporting Instructions:		
EOC Positions Being Offered for Job Shadowing:		
Minimum Training Requested of Candidate		

### IMPORTANT!

This form is NOT to be used for real-world, job shadowing offerings. Please follow the Cal OES EMMA request process and indicate that the requested position is for job shadowing purposes only.

## SUBMISSION INSTRUCTIONS

All forms contained within this resource guide accompany the Cal OES & CSTI EOC Position Credentialing Program. For more information regarding specific courses and requirements of the Program, please refer to the Type I, II, and III Standards Books.

Forms and supporting documentation must be submitted to CSTI for review. It is recommended that forms be submitted electronically. However due to file size restrictions on some systems, forms may be submitted via snail mail as well.

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Forms and all supporting documentation should be zipped and emailed to:

[credentialing.coordinator@caloes.ca.gov](mailto:credentialing.coordinator@caloes.ca.gov)

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If E-mail submission is not possible, forms can be sent to:

California Specialized Training Institute  
10 Sonoma Ave, Building 901  
San Luis Obispo, CA 93405  
Attn: Credentialing Coordinator

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