

INCIDENT TRAINEE DATA FORM

Trainee Data

Supervisor or Training Officer: Agency/Home Unit: Work Address: Phone:		Trainee Name:	
		Trainee Position:	
		Date Assigned:	
		Date Released:	

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|----|--|---|---|
| 1. | Valid red card or agency certification card? | Y | N |
| 2. | Trainee has current position task book issued by home unit? | Y | N |
| 3. | Trainee has incident issued task book with concurrence by home unit. | Y | N |

Incident Data

Incident Name and Number:		Type of Incident:				
Incident Location:	Acres/Size:			Fuel Type:		
Complexity Type:	Area Command	1	2	3	4	5
Training Specialist:	Agency:	Home Unit:	Phone:			

Trainer/Evaluator Data

Name:	Position:
Agency & Home Unit:	
Address:	
Phone:	

Trainee Goals (tasks to be evaluated on this incident)

1.	
2.	
3.	

Trainee Progress Reviews:

Date	Time	Comments