

## INCIDENT TRAINING SUMMARY

Incident Name: \_\_\_\_\_

Number: \_\_\_\_\_

Training Specialist(s): \_\_\_\_\_

Date: \_\_\_\_\_

Number of trainees per section and agency						
Agency	Command	Operations	Plans	Logistics	Finance	Total
USFS						
BLM						
BIA						
NPS						
FWS						
STATE						
<b>TOTAL</b>						

### NUMBER OF TRAINEES WITH THE FOLLOWING RATINGS

- \_\_\_\_\_ A. The individual has successfully performed all tasks for the position and should be considered for certification.
  
- \_\_\_\_\_ B. The individual was not able to complete certain tasks (comments below) or additional guidance is required.
  
- \_\_\_\_\_ C. Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.
  
- \_\_\_\_\_ D. The individual is severely deficient in the performance of tasks for the position and needs all future training (both required and knowledge and skills needed) prior to additional assignment(s) as a trainee.
  
- \_\_\_\_\_ E. Other: \_\_\_\_\_

Remarks: \_\_\_\_\_