Ocean City Department of Emergency Services
Fire/EMS Division-Field Training Program
Observation Report-Seasonal/Part-Time Employees

Instructions:

1. An Observation Report for Seasonal/Part-Time Employees shall be completed for each field training shift.

2. Scores for each item shall be assigned using the following criteria:

   5 – Outstanding:
   Employee performs in a superior manner. Demonstrates in-depth knowledge; improvises when appropriate, self-motivated, is consistent, organized.

   4 – Above Average Performance:
   Demonstrates above average knowledge; tasks and skills are performed at above average competency.

   3 – Satisfactory:
   Performs function, skill, etc. correctly and completely without FTO assistance. Employee has the minimum level of knowledge needed to perform in an acceptable manner.

   2 – Needs improvement:
   Performs function, skill, etc. but requires preceptor intervention and or assistance.

   1 – Unsatisfactory:
   Performs below an acceptable level; insufficient knowledge.

   Acceptable:
   Employee performs at or above the minimum acceptable level.

   Unacceptable:
   Performance or knowledge is unsatisfactory. Improvement knowledge and/or skills must improve to meet the minimum accept level of performance.

3. By the end of the field training shift, the FTO shall complete the observation report and review it with the seasonal/part-time employee. The form must be signed by the employee and the FTO.

4. The completed form shall be placed in a sealed envelope and forwarded to A/Captain Barton.

Observation Report-Seasonal/Part-Time Employees

FF/EMS Provider_____ Date_____

FTO/Lieutenant _____

* Any area that is scored unacceptable or 5 or <3 shall be accompanied by an explanation. Highest Score=5. Lowest Score=1. NA=Not observed.

1.	General Appearance	Acceptable			Unacceptable		
2.	Attitude	5	4	3	2	1	NA
3.	Knowledge of SOP's	5	4	3	2	1	NA
4.	Knowledge of Protocols	5	4	3	2	1	NA
5.	Driving Skill	5	4	3	2	1	NA
6.	Utilization of Maps	Acceptable			Unacceptable		
7.	Patient Contact & Care	5	4	3	2	1	NA
8.	Initiative to Perform Daily Duties	5	4	3	2	1	NA
9.	Safety	Acceptable			Unacceptable		
10.	Control of the Scene	5	4	3	2	1	NA
11.	Problem Solving/Decision Making	5	4	3	2	1	NA
12.	Performance of Firefighting Duties	5	4	3	2	1	NA
13.	Promptness (Arrives to work on-time.)	Acceptable			Unacceptable		
14.	Quality of Documentation (PCR's)	5	4	3	2	1	NA
15.	Reports to work with required gear/equipment.	Acceptable			Unacceptable		

Professional Relations

16.	Patient	5	4	3	2	1	NA
17.	Family/Bystanders	5	4	3	2	1	NA
18.	Interaction with staff from other agencies.		5	4	3	2	1 NA
19.	Hospital Staff	5	4	3	2	1	NA
20.	Cultural Differences	5	4	3	2	1	NA
21.	Works well with other Fire/EMS Personnel	5	4	3	2	1	NA

Observation Report-Seasonal/Part-Time Employees

Evaluator's Comments: _____

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FF/EMS Provider Comments: _____

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Follow-up Planned: _____

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FTO Signature:_____ Date:_____

FF/EMS Provider Signature:_____ Date:_____

Lieutenant's Signature:_____ Date:_____

Division Captain's Signature:_____ Date:_____

Emergency Services Director Signature:

_____ Date:_____

Revised 5/2005