

County of Orange Department of Fire & EMS Employee Performance Evaluation Firefighter Medic/EMT

Name:	Employee #:	
Hire Date:		
Period Covered: From:	To:	
numbers which best reflects your	Evaluation and Criteria ale, assign the appropriate value to the tasks listed below. Select the appraisal of the individual's performance and place it on the line. An writing. Comments are encouraged for each section.	
5-Exceptional 4-Above Satisfactory 3-Satisfactory 2-Below Satisfactory 1-Unsatisfactory N/A – Not Applicable		
	PERSONAL PERFORMANCE	
members The individual's knowledge is	professional manner both to the public and other department s current with respect to both departmental and county	
	bmitted complete, accurate and on time. ordance with OEMS regulations and the department's quality	
departmental forms. Contributes to environment of	to quality assurance reviews generated from completion of for proactivity during working hours.	
Seeks additional tasks and resAcknowledges areas of weaks	ponsibilities beyond minimum job requirements. ness and accepts constructive criticism. decisions without supervisory input. Knows when supervisory	

Can effectively manage patient care and follow departmental medical SOG's in the absence

Comments:

of direct supervision.

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COMMITMENT TO DEPARTMENTAL GOALS, PROGRAMS AND OBJECTIVES

Works with supervisor and co-workers in planning and building an effective team.
 Is willing to obey instructions of superiors. Follows the chain of command. Is tactful when raising objections to orders. Does not openly object to orders or criticize the
county, department or superiors in the presence of the public or other staff.
Is willing to accept unpleasant assignments.
Accepts and implements change to improve the effectiveness of the department.
Work time is directed toward the needs of the citizens and the department.
Comments:
RESPONSE TO CALLS
Response is made within department response guidelines.
Radio transmissions are clear, concise, and courteous.
Is able to navigate to calls using a map book and/or other navigation aids.
Is familiar with areas/locations of high call volume.
Proper radio procedures are followed.
Comments
Comments:
SAFETY AND WORKPLACE ENVIRONMENT
SAFETT AND WORKI LACE ENVIRONMENT
Provide a safe and non-threatening work environment.
Wears/uses appropriate safety equipment in the work place.
Takes immediate action to prevent incidences of unsafe or hostile work conditions. Reports
any incidents to direct supervisor.
Assures the safe operation of all department equipment and vehicles.
Assures that any work related injury is reported and documented in accordance with policy.
Comments:

PERFORMANCE ON CALLS

Provides service in a customer oriented manner. Demonstrates compassion/empathy.			
Promotes a customer oriented environment when dealing with the public.	Initials		
	IIII		
Adheres to department policies while on fire scenes.			
Promotes positive interaction with other agencies.			
Complies with the county transport policy.			
Comments:			
INITIATIVE, ATTITUDE, DEPENDABILITY			
Takes initiative to solve day-to-day issues.			
Meets deadlines and schedules.			
Has a positive attitude and demeanor.			
Does not complain about work or work assignments.			
Requires minimal supervision to function in job.			
Follows instructions.			
Performs tasks as directed.			
Comments:			
PERFORMANCE UNDER STRESSFUL, UNUSUAL OR EMERGENCY CONDIT	ΓΙΟΝ <u>S</u>		
When under unusual circumstances, no serious deviations from expected performance are	2		
demonstrated. Self-reporting when deviations occur.			
Composure is maintained under stress.Handles difficult situations in a very confident and professional manner.			
Uses good judgment by evaluating all reasonable options available.			
oses good judgment by evaluating an reasonable options available.			
Comments:			
EXTERNAL PUBLIC RELATIONS			
Has had no substantiated complaints during the rating period			
Courtesy is demonstrated at all times to all people.			
Works well with other departments and agencies.			
Comments:			

Orange County
Policy 2.3 [pg. 42]

Initials____ INTERNAL COMMUNICATION AND COOPERATION Problems which occur in the work place relationships are promptly resolved. Readily assists others to resolve problems in a supportive manner. Trains, guides, and mentors less experienced personnel and students assigned to him/her. **Comments:** REPORT PREPARATION, SUBMISSION AND PRESENTATION _ Reports are submitted on time. ____ Fire, EMS, and department reports are legible, concise, and grammatically correct containing all required information. Reports are rarely returned for correction. Reports contain all applicable paperwork, and attachments as necessary. **Comments:** USE, CARE AND MAINTENANCE OF EQUIPMENT Vehicles are not abused through poor driving habits. ____ Equipment is not lost or damaged due to carelessness. ____ Specified operating and safety procedures are followed in the use and maintenance of specialized equipment. ____ Department vehicles are kept clean and stocked daily. Equipment is checked and document as required. ____ Equipment is kept clean, well taken care of, and always in working condition.

Work area is kept clean and organized. Station duties are performed.

Comments:

COMPLIANCE TO POLICIES, PROCEDURES AND REGULATIONS

All county and department policies, general orders, procedures, etc., are followed as
directed or exceptions are approved by supervisor. Sick leave is not abused.
Leave time is used only as authorized or specified.
Does not report late for assigned work.
Comments:
Initials
PHYSICAL CONDITION AND APPEARANCE
Uniform and equipment are well kept and pride is taken in appearance. Department uniform policy is followed.All physical standards set forth by the department are met.
 Corrective measures recommended by physician or other designated health representative are followed in a timely manner. Complies with all requests made by the department designated infection control officer and
attends yearly mandatory infection control training. (date)
Comments:
PROMOTION OF DEPARTMENTAL GOALS, PROGRAMS AND ACTIVITIES
Seeks out additional tasks.
Supports and responds to the department's goals, programs, and activities.
The department's needs, plans, and goals are participated in and produce the intended
results.
Clearly communicates with supervisors.
Comments:
TRAINING MAINTENANCE AND OF REQUIRED CERTIFICATIONS
Attends all mandatory training.
Is individually responsible for and completes all training required for job position and
certification that is not provided by the department.
Demonstrates a proactive approach to expansion of professional knowledge and performance.
Comments:

Orange County Policy 2.3 [pg. 44]

PERSONNEL ASSIGNMENT AND SUPERVISION

Complies with the department standard of professionalism.
Limits avoidable overtime use.
Assures work records are accurate and complete and that all supplemental documentation is
attached and correct prior to submission to the supervisors. Submits work records on time.
Comments:
Initials
CORE VALUES: Assign a numeric to each line, then list examples or actions that demonstrate how the employee embodies each core value. Complete all sections.
Integrity: Employee's actions are guided by ethical and honest conduct.
Leadership: Employee is an example to others.
Service: Employee is responsive and service-oriented to meet customer needs.
Comments:

CALCULATION OF RATING

- A. TOTAL SCORES
- **B. NUMBER OF CATEGORIES**
- C. RATING DETERMINATION (A/B)

Development and growth potential:

Include comments on employee's major strengths, and accomplishments made during this review period and development achieved since the last performance evaluation.

Completed goals and objectives:

Review the results of goals and objectives completed within this performance cycle.

New goals and objectives:

List the objectives to be accomplished within the next performance cycle. Arrange in order of priority.

Additional comments by Rating Official:

Comments by Rated Employee:

By my signature, I acknowledge that I have received this performance evaluation. I understand that I may respond in writing if I disagree with any part of this evaluation.			
Employee:			
Rating Official:			
Operations Chief:	_ Date:		
Chief:	_ Date:		
Merit Pay Increase (if any) \$			
Approved by County Administrator:	Date:		