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

Name: ____________________________  Employee #:____________

Hire Date: ______________

Period Covered:  From: ____________  To: ______________

Evaluation and Criteria
Using the following numerical scale, assign the appropriate value to the tasks listed below. Select the numbers which best reflects your appraisal of the individual’s performance and place it on the line. A rating of 5 or 1 must be justified in 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
___ Presents himself/herself in a professional manner both to the public and other department members.
___ The individual’s knowledge is current with respect to both departmental and county policies and procedures.
___ Assures that all reports are submitted complete, accurate and on time.
___ Reports are completed in accordance with OEMS regulations and the department’s quality assurance plan.
___ Responds in a timely manner to quality assurance reviews generated from completion of departmental forms.
___ Contributes to environment of proactivity during working hours.
___ Seeks additional tasks and responsibilities beyond minimum job requirements.
___ Acknowledges areas of weakness and accepts constructive criticism.
___ Is able to make position level decisions without supervisory input. Knows when supervisory input is required.
___ Can effectively manage patient care and follow departmental medical SOG’s in the absence of direct supervision.

Comments:

Orange County
Policy 2.3 [pg. 40]  Form 2.3.7
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:

SAFETY AND WORKPLACE 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__

___ 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 CONDITIONS

___ When under unusual circumstances, no serious deviations from expected performance are 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.  

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:
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

Assures:
___ 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:
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)**

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**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.

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

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**New goals and objectives:**
List the objectives to be accomplished within the next performance cycle. Arrange in order of priority.

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**Additional comments by Rating Official:**

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**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: ___________________________ Date: ____________

Rating Official: ___________________________ Date: ____________
Operations Chief: ___________________________ Date: ____________
Chief: ___________________________ Date: ____________

Merit Pay Increase (if any) $_____________________

Approved by County Administrator: ___________________________ Date: ____________