



# INNOVATIVE TACTICAL CONCEPTS

## SAFETY TEAM PERFORMANCE EVALUATION FORM

### Team performance:

1. Training sessions held From Date: \_\_\_\_\_ To Date: \_\_\_\_\_
2. Training sessions missed \_\_\_\_\_
3. Have Any incidents that have happened and if so, how did the team respond?
4. Does the team bond well together? \_\_\_Yes \_\_\_ No. If not, why? Is there some sort of problem amongst team members? Who is it?
5. Is the team providing adequate coverage at ALL events?
  - What's the average attendance of team members?
  - Are people not showing up?
6. Is the Team following written procedures?

### Individual Performance

1. Attitude in training: serious, semi-serious, needs serious improvement
2. Number of services on duty \_\_\_\_\_ From Date: \_\_\_\_\_ To Date: \_\_\_\_\_
3. Number of services off duty \_\_\_\_\_ From Date: \_\_\_\_\_ To Date: \_\_\_\_\_
4. Ave time arrived and left each service.(how long were they on duty? \_\_\_\_\_
5. Understands tactics (verbal and physical) \_\_\_Yes \_\_\_No
  - a. If not, what needs immediate attention?
6. Contributes to the team: \_\_\_Yes \_\_\_No If yes how does he/she do so? If no, why is that?