

**Lincoln Fire & Rescue Form**

**Probationary Firefighter Daily Evaluation Form (05/12/16)**

Probationary Firefighter Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preceptor: \_\_\_\_\_ Captain: \_\_\_\_\_

		N/A	Satisfactory	Unsatisfactory
1	Effective Use of Down Time			
2	Firefighter Skills Performance (If precepting mark NA & see individual Field Evaluation)			
3	Work Ethic			
4	Appearance			
5	Physical Ability			
6	Attitude/Teamwork			
7	Performance Under Stress (If precepting –see field evaluation for performance under stress on incidents)			
8	Care of Equipment			
9	Arrival Time			
10	Medical Call Performance (If precepting mark NA & see individual Field Evaluation)			
11	Reviewed Daily Log. It is Accurate?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Preceptor/Captain Comments:

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Preceptor/Captain Comments Continued:

Paramedic Intern/Probationary Firefighter Comments'