



TRIP COMPANY PERFORMANCE EVALUATION

Incident Performance Review

EVALUATION INFORMATION	
Company Name	Incident ID
Invoice #	Incident Date
AIR Date:	Manager
Review Period	to

RATINGS (START WITH A 7 RATING; ITS OK TO GIVE 2 DINGS FOR SAFETY/PERF)					
	3 = Poor	5 = Unsatisfactory	7 = Satisfactory	8 = Good	10 = Excellent
Operator Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Operators follow Quick Clearance practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Operators follow scene safety guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Attitude and responsiveness of management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Extent and clarity of records/document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Dispatcher/Operator communication/cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Operator response and service with motorists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Total Rating (add rating numbers) =					
Multiple total by 10 =					
Divide by number of items rated =					
SCORE (based on 100 point base) =					

EVALUATION DATE / APPROVAL