|  |  |
| --- | --- |
| *Incident Name/Type* |  |
| *Location Evaluated* |  |
| *Evaluator Date:* |
|

|  |  |
| --- | --- |
| **Major Concerns** | * *Performance of command tasks.*
 |
| **Look For:** | * *Establishment of strategic priorities.*
* *Initial determination, and continued assessment of goals, objectives and current capabilities.*
* *Development of an Incident Action Plan.*
* *Overall coordination of hospital response.*
 |

**Instructions for Evaluator*** Interpret the criteria only as it applies to the function that you are evaluating.
* For each item, check the appropriate box. “Not Seen” does not mean that the action never occurred; only that the assigned Evaluator didn’t actually see it occur.
* For each “No” response, make an attempt to identify a reason why the applicable criteria were not met. Prepare a short statement on the last page of the packet recommending a corrective action. Base your findings on a “root cause” analysis.
* If you know that your assessment will require additional information on either of the last two pages, check the “Notes” box to remind you of this.
* Your recommendations may or may not be implemented, but may provide guidance for others who will be involved in making decisions. **Your input is vital!**
* Record positives too, especially if others may benefit from knowledge of “best practices.”
* Any criteria that ask for additional information, such as “Describe the process…” or “How was this done?” should be recorded in paragraph form if it cannot be quickly noted in the provided space.
* **Do not let the process of recording detailed information distract you from observing your assigned function. Make quick notes. Elaborate later.**
 |
| **Evaluation Criteria**

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| --- | --- | --- | --- |
| **Incident Command**  | Yes | No | Not Seen or Not Applicable |
| 1 | Facility personnel were notified in a timely manner |  |  |  |
| 2 | Facility’s Emergency Response/Operations plan was activated and followed |  |  |  |
| 3 | Incident Command was established within 30 minutes |  |  |  |
| 4 | Incident Commander took control of facility according to established procedures |  |  |  |
| 5 | Call down or other notifications were effective |  |  |  |
| 6 | The Incident Commander effectively coordinated and disseminated information among key personnel |  |  |  |
| 7 | An initial Incident Action Plan and Operational briefing was developed and shared with command staff outlining objectives |  |  |  |
| 8 | External communication between the IC and outside entities was effective |  |  |  |
| 9 | Job Action Sheets and HICS forms were distributed and utilized effectively |  |  |  |
| 10 | Staff exhibited coordination and teamwork |  |  |  |
| 11 | Staff and processes were identified to assess facility damage |  |  |  |
| 12 | Progress/status reports were relayed to appropriate agencies. |  |  |  |
| 13 | The IC conducted operations from a designated location or in accordance with the facility’s plan. |  |  |  |
| 14 | The IC was properly trained and equipped to perform this function. |  |  |  |
| 15  | What HICS positions were initially activated: |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time | Position |  | Time  | Other (please list) |
|  | Incident Commander |  |  |  |
|  | Operations Section Chief |  |  |  |
|  | Planning Section Chief |  |  |  |
|  | Logistics Section Chief |  |  |  |
|  | Finance/Admin Section Chief |  |  |  |

 |
| *Describe any issues and evaluate overall incident command:* |  |



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Did you observe any noteworthy practices or strengths?
*If yes, please describe:*

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Did you observe any noteworthy areas for improvement?.
*If yes, please describe:*

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# Please use this space to provide any additional observations or timeline:

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