

# FARMINGTON HILLS FIRE DEPARTMENT

## PERSONNEL PROCEDURE

*PRIORITY: 3*

### PAID-ON-CALL PROBATIONARY EVALUATION PROCESS/ REQUIREMENTS



No: 415.1

EFFECTIVE: 08/01/02

PAGE: 1 OF 2

(Rescinds version: 11/15/95)

FIRE CHIEF APPROVAL:

A handwritten signature in black ink, appearing to read "R. A. ...", is written over a horizontal line.

### PURPOSE

To outline the requirements and expectations of a member hired by the Department and serving during the recruit school and probationary period. Each member is encouraged to become completely familiar with this procedure utilizing its provisions and objectives to learn his or her responsibilities as a measure of personal growth with the Department.

### PROCEDURE

- I. Definitions - For purposes of this procedure, the following definitions are established.
  - A. **Applicant/Candidate** - Any person who is seeking employment as a Paid-on-Call fire fighter during the selection process.
  - B. **Recruit Member** - Any person selected by the Department for employment and assigned to the Farmington Hills Fire Department recruit school having been appointed by the Fire Chief and taken the probationary oath.
  - C. **Probationary Paid-on-Call Fire Fighter** - Any new member under review who performs basic functions while learning, having satisfactorily met the requirements of recruit member, and assigned to station response for a period not less than 12 months or greater than 18 months. This shall be known as the probationary period.
  - D. **Probationary Paid-Call Fire Fighter Review** - The final process of review and evaluation conducted during the probationary period prior to the recommendation for promotion to the rank of Fire Fighter.
- II. Evaluation Process
  - A. Recruit and probationary members of the Fire Department shall be evaluated at 5, 11, and 17 months from date of employment. The Assistant to the Fire Chief shall be responsible for coordinating the reviews of all probationary Paid-on-Call members.
  - B. Evaluations shall be completed by the station's officer cadre to which the member is assigned and Department Training Division utilizing the appropriate Departmental forms and shall be submitted to Fire Headquarters for approval and filing with the member's employment records.

1. More frequent evaluations will be conducted with employees whose performance is below an acceptable level.
  2. This is particularly important if you contemplate releasing a probationer for unsatisfactory performance. It is necessary that releases of this type be fully documented with performance ratings, which show written evidence of attempts to motivate the employee to perform satisfactorily. Please contact the Chief's office should you desire to make such a review.
- C. The progressive evaluations shall be completed on the appropriate Probationary Member Progress Evaluation form by the Training Division and an officer from the probationer's station. After the review form has been prepared, it should be signed by the preparer and submitted to the District Chief for review and approval prior to discussion with the employee.
- D. Following the District Chief's approval, an interview shall be conducted in private with the probationary member. This interview should be more of a counseling session whereby strengths and weaknesses can openly be discussed and a satisfactorily agreed upon course of improvement established. Schedule the interview in advance. The member should be told that the purpose of the meeting is to discuss his/her performance. The meeting should be held in private, and it should not be interrupted, barring emergency response.
- E. After the interview, the employee should read over the review form, write his/her comments, if any, and sign the form.
- F. The completed evaluation shall then be forwarded to the Fire Chief's office by the established due date.

### III. Promotion to Fire Fighter Rank

All probationary fire fighters shall be required to complete the F.H.F.D. probationary fire fighter review no less than 12 months and no greater than 18 months from date of employment.

- A. The final evaluation shall include a probationary fire fighter review and an annual performance review form. This shall be the sole means by which the station officer cadre and Training Division may recommend promotion to the rank of Fire Fighter.
- B. A District Chief may make a recommendation to the Fire Chief for the promotion of a Probationary Paid-on-Call Fire Fighter after no less than 12 months from date of employment. Such consideration must be based upon:
1. Previously obtained training certification beyond the Department's minimum training requirement.
  2. Previous non-probationary fire service experience with Farmington Hills Fire – Rescue or other similar emergency response agency.

#### *Attachments*

*First Review Form*

*Second Review Form*

*Final Review Form*

**FARMINGTON HILLS FIRE DEPARTMENT  
FIRST PROGRESS EVALUATION**

**MEMBER:** \_\_\_\_\_

**STATION NO:** \_\_\_\_\_

**DATE OF EMPLOYMENT:** \_\_\_\_\_

**STATION ASSIGNMENT DATE:** \_\_\_\_\_

**RETURN EVALUATION TO TRAINING DIVISION BEFORE:** \_\_\_\_\_

**TO THE SATISFACTION OF THE TRAINING DIVISION AND ITS EVALUATORS WITHIN THE ESTABLISHED PROCEDURE (No. 600.2), THE PROBATIONARY EMPLOYEE SHALL HAVE COMPLETED THE FOLLOWING OBJECTIVES AT THE TIME OF THE FIRST PROGRESS EVALUATION.**

REQUIREMENTS	COMPLETE	INCOMPLETE
1. EMPLOYEE HAS COMPLETED A REVIEW OF THE EMPLOYEE HANDBOOK AND ORIENTATION		
2. EMPLOYEE HAS OBTAINED A VALID MDCI-EMS LICENSE AS A <input type="checkbox"/> (MFR)MEDICAL FIRST RESPONDER <input type="checkbox"/> EMT <input type="checkbox"/> PARAMEDIC		
3. EMPLOYEE HAS COMPLETED MFFTC FIRE SUPPRESSION TRAINING AS <input type="checkbox"/> FF-1 A, <input type="checkbox"/> FF 1; <input type="checkbox"/> FF 2		
4. EMPLOYEE HAS DEMONSTRATED MINIMUM COMPETENCE IN CITY WIDE ADDRESSING AND MAPPING USEAGE.		
5. EMPLOYEE HAS COMPLETED MFFTC CLASSROOM INSTRUCTION <input type="checkbox"/> FROM FM-123		
6. EMPLOYEE HAS MAINTAINED ACCEPTABLE RECRUIT SCHOOL ATTENDANCE, KNOWLEDGE AND SKILL PERFORMANCE		

**AS OF THIS DATE, THE PROBATIONARY EMPLOYEE'S PERFORMANCE AND PROGRESS WITH REGARD TO THE ABOVE LISTED OBJECTIVES HAS BEEN:**

- SATISFACTORY. RECOMMEND CONTINUATION OF EMPLOYMENT
- IMPROVEMENT REQUIRED. CONTINUED EMPLOYMENT CONTINGENT UPON SATISFACTORY DEVELOPMENT IN AREAS IDENTIFIED ABOVE  
RECOMMEND SPECIAL REVIEW HELD ON \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE).
  - UNSATISFACTORY. MINIMUM OBJECTIVES FOR JOB NOT MET.
  - RECOMMEND TERMINATION OR RE-ASSIGNMENT (SPECIFY).

TRAINING DIVISION: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO THE SATISFACTION OF THE STATION OFFICER CADRE AND WITHIN AN ESTABLISHED DEPARTMENTAL PROCEDURE, THE PROBATIONARY EMPLOYEE SHALL HAVE COMPLETED THE FOLLOWING OBJECTIVES AT THE TIME OF THE PROBATIONARY MEMBER'S FIRST PROGRESS EVALUATION.**

REQUIREMENTS	COMPLETE	INCOMPLETE
7. SHALL DEMONSTRATE FAMILIARITY WITH DEPARTMENT RULES AND REGULATIONS, SPECIAL ORDERS, AND PROCEDURES AS WELL AS STORAGE BINDER FILING, AND LOCATION WHERE THE BINDERS ARE FOUND.		
8. BE ABLE TO IDENTIFY AND NAME THE CHIEF OF DEPARTMENT, DEPUTY CHIEF, FIRE MARSHAL, BATTALION CHIEFS AND ALL DEPARTMENT STAFF OFFICERS AND CLERICAL PERSONNEL.		
9. KNOW THE NAMES AND RANKS OF ALL ADMINISTRATIVE, STAFF OFFICERS, BATTALION CHIEFS AND STATION OFFCIERS AT ASSIGNED STATION.		
10. KNOW THE LOCATION OF ALL FARMINGTON HILLS FIRE STATIONS AND THE CITY OF FARMINGTON DEPARTMENT OF PUBLIC SAFETY.		

REQUIREMENTS	COMPLETE	INCOMPLETE
11. LIST THE BASIC ADDRESSING SCHEME IN THE CITY OF FARMINGTON HILLS AT EACH MILE ROAD, NORTH TO SOUTH, AND EACH CROSS ROAD, EAST TO WEST.		
12. RECRUIT MUST IDENTIFY THE LOCATION OF TARGET OCCUPANCIES WITHIN FIRST ALARM AREA WHEN GIVEN EITHER ADDRESS OR OCCUPANCY NAME.		
13. DEMONSTRATE KNOWLEDGE OF THE DEPARTMENT'S SAFETY PROCEDURES REGARDING PROTECTIVE CLOTHING AND THE WEARING OF SELF-CONTAINED BREATHING APPARATUS.		
14. DEMONSTRATE PROPER CARE AND INSPECTION AND MAINTENANCE OF ASSIGNED STRUCTURAL FIRE FIGHTING PROTECTIVE CLOTHING		
15. DEMONSTRATE PERFORMANCE OF WEEKLY, MONTHLY, AND AFTER USE SERVICING AND RECORDING USE OF SCBA. STATE PROCESS OF OBTAINING SERVICE FOR SELF-CONTAINED BREATHING APPARATUS ACCORDING TO DEPARTMENT PROCEDURE.		
16. DEMONSTRATE THE SAFE AND PROPER OPERATION OF BREATHING AIR COMPRESSORS AND CASCADE SYSTEMS (AT ASSIGNED STATION AND ASIGNED APPRATUS) FOR THE REFILLING OF SELF-CONTAINED BREATHING APPARATUS CYLINDERS.		
17. PROPERLY PERFORM REFILLING OF BOTH PORTABLE "D" AND "M" CYLINDER OXYGEN BOTTLES AND SERVICING OF THE STATION OXYGEN CASCADE.		
18. DEMONSTRATE KNOWLEDGE OF THE LOCATION, CAPABILITY, AND PROPER USE OF ALL MEDICAL EQUIPMENT ASSIGNED TO HIS/HER STATION AND APPARATUS.		
19. BE FAMILIAR WITH THE DIFFERING MEDICAL APPARATUS /EQUIPMENT ASSIGNED TO ALL OTHER FARMINGTON HILLS FIRE STATIONS.		
20. DEMONSTRATE KNOWLEDGE OF THE MEDICAL CAPABILITIES OF THE FIRE DEPARTMENTS AND PRIVATE AMBULANCE COMPANIES WITHIN THE IMMEDIATE SURROUNDING COMMUNITIES.		
21. DEMONSTRATE THE PROPER OPERATION AND RELEASE OF A STANDARD COT AND STRETCHER.		
22. PROPERLY DEMONSTRATE MAKING A HYDRANT AND HOSE CONNECTION AS WELL AS ANY SIGNALING INVOLVED.		
23. HAVE OBTAINED CERTIFICATION IN PUBLIC SAFETY RESPONDER CPR AND HS1000-S DEFIBRILLATOR		
24. PROPERLY DEMONSTRATE OPERTATION OF STANDARD COT STRETCHER FROM FHFD MEDICS AND PRIVATE AMBULANCES.		
25. BE FAMILIAR WITH AND DEMONSTRATE KNOWLEDGE OF ANY SPECIAL STATION PROCEDURES, I.E., MAINTENANCE AND CLEANUP ASSIGNMENTS, VEHICLE OR STATION RESPONSIBILITIES, ETC.		
26. PROPERLY NAME THE STORAGE LOCATION OF ALL EQUIPMENT CARRIED ON APPARATUS OR LOCATED IT WITHIN HIS/HER ASSIGNED FIRE STATION.		
27. DEMONSTRATES PROPER GROOMING AND WEARING OF UNIFORM ACCORDING TO DEPARTMENT RULES AND PROCEDURES.		
28. MAINTAIN A PACE OF INCEDENT RESPONSE TO ACHIEVE MINIMUM RESPONSE PERCENTAGE OF 45% AS DEFINED BY DEPARTMENTAL PROCEDURES. NOTE NUMBER OF RESPONSES: ENTER APPROXIMATE PERCENTAGE OR COUNT		
29. ON SCENE _____ ON 1 <sup>ST</sup> DUE APPRATUS _____ ON 2 <sup>ND</sup> DUE APPARATUS _____ AT STATION ONLY _____		
30. ATTEND 80% OF ALL REGULARLY SCHEDULED DRILLS AFTER DATE OF STATION ASSIGNEMENT.		

<p style="text-align: center;">AREAS OF PERFORMANCE</p> <p style="text-align: center;">PLACE YOUR COMMENTS REGARDING EACH AREA DIRECTLY UNDER THE CATEGORY</p>	<p style="text-align: center;">BELOW MINIMUM</p>	<p style="text-align: center;">NEEDS IMPROVEMENT</p>	<p style="text-align: center;">MEETS REQUIREMENTS</p>	<p style="text-align: center;">EXCEEDS REQUIREMENTS</p>
<p><b>KNOWLEDGE OF REQUIRED WORK :</b> <i>Comments</i></p>				
<p><b>TECHNICAL OR FUNCTIONAL PROFICIENCY:</b> <i>COMMENTS</i></p>				
<p><b>CONTACT WITH PUBLIC:</b> <i>COMMENTS</i></p>				
<p><b>COMMUNICATION WITH EMPLOYEES:</b> <i>COMMENTS</i></p>				
<p><b>OVERALL WORK PERFORMANCE:</b> <i>COMMENTS</i></p>				
<p><b>PARTICIPATION/ATTENDANCE: (INCLUDING RIDE-ALONG, RECRUIT SCHOOL, INCIDENT RESPONSE)</b> <i>COMMENTS</i></p>				
<p><b>PUNCTUALITY/RESPONSE:</b> <i>COMMENTS</i></p>				
<p><b>PROGRESS TOWARD MEETING DEPARTMENT EXPECTATIONS:</b> <i>COMMENTS</i></p>				
<p><b>DECISIVENESS AND JUDGMENT:</b> <i>COMMENTS</i></p>				

AS OF THIS DATE, THE PROBATIONARY EMPLOYEE'S PERFORMANCE AND PROGRESS WITH REGARD TO THE ABOVE LISTED OBJECTIVES HAS BEEN:

- SATISFACTORY. RECOMMEND CONTINUATION OF EMPLOYMENT
- IMPROVEMENT REQUIRED. CONTINUED EMPLOYMENT CONTINGENT UPON SATISFACTORY DEVELOPMENT IN AREAS IDENTIFIED ABOVE.  
RECOMMEND SPECIAL REVIEW BE HELD ON \_\_\_\_\_ (ENTER DATE).
- UNSATISFACTORY. MINIMUM OBJECTIVES FOR JOB NOT MET. RECOMMEND TERMINATION OR RE-ASSIGNMENT REQUIRES A MEMO OF EXPLANATION TO  
FIRE CHIEFS OFFICE

STATION OFFICER \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

I HAVE SEEN AND DISCUSSED THIS PERFORMANCE WITH THE EVALUATOR.

- I HAVE NO COMMENTS TO MAKE
- I REQUEST A DISCUSSION OF MY REVIEW WITH (SELECT ONE) DISTRICT CHIEF  FIRE CHIEF
- I HAVE THE FOLLOWING COMMENTS. (USE ADDITIONAL PAPER IF NECESSARY.)

MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DISTRICT CHIEF'S COMMENTS:

DISTRICT CHIEF \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED:

FIRE CHIEF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FARMINGTON HILLS FIRE DEPARTMENT  
SECOND PROGRESS EVALUATION**

MEMBER: \_\_\_\_\_

STATION NO: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_

STATION ASSIGNMENT DATE: \_\_\_\_\_

RETURN EVALUATION TO TRAINING DIVISION BEFORE: \_\_\_\_\_

**TO THE SATISFACTION OF THE TRAINING DIVISION AND ITS EVALUATORS WITHIN THE ESTABLISHED PROCEDURE (NO. 600.2), THE PROBATIONARY EMPLOYEE SHALL HAVE COMPLETED THE FOLLOWING OBJECTIVES AT THE TIME OF THE SECOND PROGRESS EVALUATION.**

REQUIREMENTS	COMPLETE	INCOMPLETE
1. EMPLOYEE HAS OBTAINED A VALID MDCIS-EMS LICENSE AS A <input type="checkbox"/> (MFR)MEDICAL FIRST RESPONDER <input type="checkbox"/> EMT <input type="checkbox"/> PARAMEDIC		
2. EMPLOYEE HAS CERTIFIED MFFTC FIRE SUPPRESSION TRAINING AS <input type="checkbox"/> FF-1 A, <input type="checkbox"/> FF 1; <input type="checkbox"/> FF 2: ____/____/____		
3. EMPLOYEE HAS CERTIFIED AS MFFTC: <input type="checkbox"/> HMRA: ____/____/____ <input type="checkbox"/> HMRO: ____/____/____		
<b>EMPLOYEE HAS COMPLETED THE FOLLOWING ELEMENTS OF THE DEPARTMENT DRIVER AUTHORIZATION PROGRAM:</b>		
4. MFFTC CLASSROOM INSTRUCTION <input type="checkbox"/> FORM FM-123: ____/____/____		
5. NON-EMERGENCY DRIVING REQUIRMENTS FOR VEHICLES AT ASSIGNED STATION <input type="checkbox"/> MEDIC <input type="checkbox"/> RESCUE <input type="checkbox"/> SQUAD <input type="checkbox"/> ENGINE		
6. LOW SPEED SKILLS COURSE (RODEO) <input type="checkbox"/> MEDIC <input type="checkbox"/> RESCUE <input type="checkbox"/> SQUAD <input type="checkbox"/> ENGINE: ____/____/____		
7. EMPLOYEE HAS COMPLETED MFFTC-FHFR APO 1 AND 2 (APPARATUS PUMP OPERATORS): ____/____/____		
8. EMPLOYEE HAS MAINTAINED ACCEPTABLE RECRUIT SCHOOL ATTENDANCE, KNOWLEDGE AND SKILL PERFORMANCE		

AS OF THIS DATE, THE PROBATIONARY EMPLOYEE'S PERFORMANCE AND PROGRESS WITH REGARD TO THE ABOVE LISTED OBJECTIVES HAS BEEN:

- SATISFACTORY. RECOMMEND CONTINUATION OF EMPLOYMENT
- IMPROVEMENT REQUIRED. CONTINUED EMPLOYMENT CONTINGENT UPON SATISFACTORY DEVELOPMENT IN AREAS IDENTIFIED ABOVE
- RECOMMEND SPECIAL REVIEW HELD ON \_\_\_\_\_ (DATE).
- UNSATISFACTORY - RECOMMEND TERMINATION (SPECIFY).

TRAINING DIVISION: _____ DATE: ____/____/____		
<b>TO THE SATISFACTION OF THE STATION OFFICER CADRE AND WITHIN AN ESTABLISHED DEPARTMENTAL PROCEDURE, THE PROBATIONARY EMPLOYEE SHALL HAVE COMPLETED THE FOLLOWING OBJECTIVES AT THE TIME OF THE PROBATIONARY MEMBER'S SECOND PROGRESS EVALUATION.</b>		
THE FOLLOWING ARE SPECIFIC OBJECTIVES COMPLETED BEFORE ELEVEN MONTHS FROM DATE OF HIRE.	<b>SATISFACTORY</b>	<b>UNSATISFACTORY</b>
<b>THE PROBATIONARY FIRE FIGHTER MUST HAVE MAINTAINED THE 45% RESPONSE PERCENTAGE TO ALL ALARMS AS DEFINED IN DEPARTMENT PROCEDURE.</b>		
<b>THE PROBATIONARY FIRE FIGHTER MUST HAVE MAINTAINED 100% ATTENDANCE OF ALL ASSIGNED STATION DRILLS AT HIS/HER STATION</b>		
<b>THE PROBATIONARY MEMBER MUST COMPLETE ALL OBJECTIVES OF THE FIRST EVALUATION.</b>		
BE FAMILIAR WITH AND DEMONSTRATE THE USE OF EMERGENCY POWER GENERATORS AND OTHER EMERGENCY BACKUP SYSTEMS WITHIN THE STATION (I.E., MANUALLY OPERATE OVERHEAD BAY DOORS).		
STATE THE LOCATION OF AREA HOSPITALS ( <input type="checkbox"/> BOTSFORD, <input type="checkbox"/> PROVIDENCE, SOUTHFIELD; <input type="checkbox"/> PROVIDENCE-PARK, NOVI; <input type="checkbox"/> HENRY FORD-WEST BLOOMFIELD; <input type="checkbox"/> HURON VALLEY, COMMERCE, <input type="checkbox"/> WILLIAM BEUAMONT, ROYAL OAK; AND <input type="checkbox"/> ST. MARY LIVONIA) AND THE LOCATION BY CLOSEST MILE ROADS AND THE BEST ROUTES TO BE USED TO REACH THEM FROM THE MEMBER'S RESPONSE DISTRICT.		
DEMONSTRATE THE PROPER, SAFE OPERATION OF ALL VEHICLE-MOUNTED AND PORTABLE RADIOS ASSIGNED TO HIS/HER STATION.		
BE ABLE TO STATE THE PROPER CHANNEL ASSIGNMENT FOR ALL FREQUENCIES UTILIZED IN VEHICLE-MOUNTED AND PORTABLE RADIOS ASSIGNED AT HIS/HER STATION. INCLUDING 800 MHZ MED-COM UNITS.		
BE ABLE TO DEMONSTRATE THE LOCATION AND SAFE OPERATION OF ALL VEHICLE-MOUNTED POWER EQUIPMENT ON APPARATUS ASSIGNED TO HIS/HER STATION.		
BE ABLE TO NAME THE PROPER STORAGE LOCATION OF ALL EQUIPMENT CARRIED ON APPARATUS OR LOCATE IT WITHIN HIS/HER ASSIGNED FIRE STATION.		
BE ABLE TO DEMONSTRATE THE PROPER AND SAFE OPERATION OF ALL EQUIPMENT CARRIED ON THE APPARATUS OR ASSIGNED TO HIS/HER FIRE STATION.		
IDENTIFY THE HAZARDOUS MATERIAL TRANSPORTATION IDENTIFICATION RESOURCES PROVIDED ON DEPARTMENT APPARATUS AND DEMONSTRATE CORRECT USAGE OF THE NAERG GUIDEBOOK AND PRE-EMERGENCY INFORMATION SHEETS.		
IDENTIFY THE HAZARDOUS MATERIALS MONITORING/MITIGATION RESOURCES ON DEPARTMENT APPARATUS AT THE ASSIGNED STATION. DEMONSTRATE CORRECT OPERATION AND PROPER DOCUMENTATION OF USE PER DEPARTMENT PRACTICE/PROCEDURE		

<p style="text-align: center;">AREAS OF PERFORMANCE</p> <p style="text-align: center;">PLACE YOUR COMMENTS REGARDING EACH AREA DIRECTLY UNDER THE CATEGORY</p>	<p style="text-align: center;">BELOW MINIMUM</p>	<p style="text-align: center;">NEEDS IMPROVEMENT</p>	<p style="text-align: center;">MEETS REQUIREMENTS</p>	<p style="text-align: center;">EXCEEDS REQUIREMENTS</p>
KNOWLEDGE OF WORK (COMMENT HERE)				
TECHNICAL OR FUNCTIONAL PROFICIENCY (COMMENT HERE)				
CONTACT WITH PUBLIC (COMMENT HERE)				
COMMUNICATION WITH EMPLOYEES (COMMENT HERE)				
WORK PERFORMANCE (COMMENT HERE)				
PARTICIPATION/ATTENDANCE (COMMENT HERE)				
PUNCTUALITY/RESPONSE (COMMENT HERE)				
PROGRESS (COMMENT HERE)				
DECISIVENESS AND JUDGMENT (COMMENT HERE)				

AS OF THIS DATE, THE PROBATIONARY EMPLOYEE'S PERFORMANCE AND PROGRESS WITH REGARD TO THE ABOVE LISTED OBJECTIVES HAS BEEN:

- SATISFACTORY. RECOMMEND CONTINUATION OF EMPLOYMENT
- IMPROVEMENT REQUIRED. CONTINUED EMPLOYMENT CONTINGENT UPON SATISFACTORY DEVELOPMENT IN AREAS IDENTIFIED ABOVE.
- RECOMMEND SPECIAL REVIEW BE HELD ON \_\_\_\_\_ (ENTER DATE).
- UNSATISFACTORY. MINIMUM OBJECTIVES FOR JOB NOT MET. RECOMMEND TERMINATION OR REASSIGNMENT (MUST SPECIFY).

SIGNATURE OF STATION OFFICER: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

I HAVE SEEN AND DISCUSSED THIS PERFORMANCE WITH THE EVALUATOR.

- I HAVE NO COMMENTS TO MAKE
- I REQUEST A DISCUSSION OF MY REVIEW WITH (SELECT ONE)  DISTRICT CHIEF  FIRE CHIEF
- I HAVE THE FOLLOWING COMMENTS. (USE ADDITIONAL PAPER IF NECESSARY.)

MEMBER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DISTRICT CHIEF'S COMMENTS:

SIGNATURE & APPROVAL OF DISTRICT CHIEF: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

FIRE CHIEF COMMENTS

APPROVAL AND SIGNATURE OF FIRE CHIEF: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FARMINGTON HILLS FIRE DEPARTMENT  
FINAL PROBATIONARY EVALUATION**

**MEMBER NAME:** \_\_\_\_\_

**STATION NO:** \_\_\_\_\_

**DATE OF EMPLOYMENT:** \_\_\_\_\_

**STATION ASSIGNMENT DATE:** \_\_\_\_\_

**RETURN EVALUATION TO TRAINING DIVISION BEFORE:** \_\_\_\_\_

**IN ACCORDANCE WITH FARMINGTON HILLS FIRE DEPARTMENT PROCEDURE 415.1, ALL PROBATIONARY FIRE FIGHTERS SHALL BE REQUIRED TO COMPLETE THE FHFD PROBATIONARY FIRE FIGHTER REVIEW DURING THE FINAL PROBATIONARY PERIOD. THIS SHALL BE THE SOLE MEANS BY WHICH THE STATION OFFICER CADRE MAY RECOMMEND PROMOTION TO THE RANK OF FIRE FIGHTER I.**

**THE FOLLOWING ARE SPECIFIC OBJECTIVES THE PROBATIONARY MEMBER SHALL HAVE COMPLETED BY THE FINAL PROBATIONARY REVIEW. SINCE THE LAST PROBATIONARY REVIEW, THE PROBATIONARY FIRE FIGHTER MUST HAVE MAINTAINED THE 45% RESPONSE PERCENTAGE TO ALL ALARMS AS DEFINED IN DEPARTMENTAL PROCEDURE. THE PROBATIONARY FIRE FIGHTER MUST HAVE MAINTAINED AN 80% ATTENDANCE OF ALL ASSIGNED STATION DRILLS AT HIS/HER STATION.**

REQUIREMENTS	SATISFACTORY	UNSATISFACTORY
1. SATISFACTORILY COMPLETED THE FIRST PROBATIONARY EVALUATION. ____/____/____.		
2. SATISFACTORILY COMPLETED THE SECOND PROBATIONARY EVALUATION. ____/____/____.		
3. OBTAINED MFFTC FIRE FIGHTER-I CERTIFICATE. SCHOOL #: _____ ON ____/____/____.		
4. DEMONSTRATES THE ABILITY TO ACCURATELY COMPLETE A FIRE AND EMS INCIDENT REPORT UTILIZING CURRENT FHFD COMPUTERIZED REPORTING PROCEDURE.		
5. OBTAINED EMS FIRST RESPONDER TRAINING COURSE CERTIFICATE. <b>DATE ISSUED:</b> ____/____/____. <b>AND</b>		
6. ARC AND/OR AHA PUBLIC SAFETY RESCUER CPR/BLS CERTIFICATION. <b>DATE ISSUED:</b> ____/____/____. <b>OR</b>		
7. OBTAINED OR MAINTAINED A VALID MDCIS <input type="checkbox"/> EMT, <input type="checkbox"/> SPECIALIST, OR <input type="checkbox"/> PARAMEDIC LICENSE. <b>(PLEASE PROVIDE COPY)</b>  <b>LICENSE NUMBER:</b> _____ <b>EXPIRATION DATE:</b> ____/____/____.		
8. COMPLETED EMERGENCY VEHICLE OPERATOR AUTHORIZATION FOR <input type="checkbox"/> AMBULANCE; ____/____/____; <input type="checkbox"/> RESCUE: ____/____/____; <input type="checkbox"/> ENGINE: ____/____/____		
9. COMPLETED 6 HOURS OF PUBLIC FIRE EDUCATION ACTIVITY (PARTICIPATED IN KIDS' DAY, FOUNDERS FESTIVAL, SCHOOL PROGRAMS, ETC.).		
10. PARTICIPATED IN THE ANNUAL FIRE PREVENTION OPEN HOUSE DURING FIRE PREVENTION WEEK AT FIRE HEADQUARTERS.		

REQUIREMENTS	YES	NO
<i>REQUIREMENT FOR SHIFT FILL-IN AT STATION # 5. TO BE ELIGIBLE FOR SHIFT FILL-IN, THE PROBATIONARY MEMBER MUST COMPLETE SIX – (6) RIDE-ALONG EXPERIENCES ACTING AS THIRD RIDER (PROCEDURE # 423.0)</i>		
<b>OPTIONAL REQUIREMENT FOR CAREER (DUTY CREW) FILL-IN AT SATELLITE STATIONS.</b> TO BE ELIGIBLE FOR DUTY CREW FILL-IN ASSIGNMENT, THE PROBATIONARY MEMBER MUST COMPLETE 42 HOURS OF FILL-IN TRAINING, WORKING AS A THIRD MEMBER. (PROCEDURE 423.0).		
HAS THE PROBATIONARY MEMBER BEEN UNABLE TO OR RESTRICTED FROM PARTICIPATING IN DEPARTMENT ACTIVITIES AND PROGRAMS FOR ANY LENGTH OF TIME DUE TO SICKNESS, INJURY, PERSONAL LEAVE OF ABSENCE, DISCIPLINARY ACTION, ETC. DURING THE PROBATIONARY PERIOD? IF YES, PLEASE EXPLAIN:  _____  _____		
HAS THE MEMBER RECEIVED ANY DEPARTMENT, CIVILIAN, OR PERSONAL COMMENDATIONS (I.E., RECRUIT FIRE FIGHTER OF THE YEAR, MEDAL OF VALOR, DISTINGUISHED SERVICE AWARD, CERTIFICATE OF MERIT, LETTER OF APPRECIATION) DURING THE PROBATIONARY PERIOD? IF YES, PLEASE EXPLAIN:  _____  _____		

TOPIC	RATING 1	RATING 2	RATING 3
SAFETY  USING EQUIPMENT PROPERLY AND SAFELY; PROMOTING SAFE OPERATIONS.	<input type="checkbox"/> UNSAFE PRACTICES OR FAILS TO FOLLOW SAFETY STANDARDS AND REGULATIONS. (SPECIFY) _____ _____ _____	<input type="checkbox"/> CONSISTENTLY PERFORMS IN SAFE MANNER OF OPERATION AND FOLLOWS SAFETY STANDARDS/REGULATIONS	<input type="checkbox"/> USES INTUITION IN ELIMINATING POTENTIAL SAFETY HAZARDS; ENCOURAGES OTHERS TO WORK SAFELY. (SPECIFY) _____ _____ _____
DEPENDABILITY  FOLLOWING INSTRUCTIONS AND CARRYING OUT ASSIGNED TASKS.	<input type="checkbox"/> INSTRUCTIONS AND PROCEDURES NOT ADEQUATELY FOLLOWED; DOES NOT RESPOND IN A TIMELY MANNER TO REQUESTS FROM SUPERVISOR. (SPECIFY) _____ _____ _____	<input type="checkbox"/> CARRIES OUT ASSIGNED DUTIES IN A TIMELY MANNER.	<input type="checkbox"/> EXCEPTIONAL RELIABILITY; EXCEEDS SUPERVISOR'S EXPECTATIONS IN CARRYING OUT REQUESTS. (SPECIFY) _____ _____ _____

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TOPIC	RATING 1	RATING 2	RATING 3
<p><b>HOUSEKEEPING</b></p> <p>KEEPING WORK AREA AND EQUIPMENT CLEAN AND MAINTAINED.</p>	<p><input type="checkbox"/> NEGLECTS ROUTINE STATION HOUSEKEEPING AND EQUIPMENT/APPARATUS MAINTENANCE. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> PERFORMS REQUIRED STATION HOUSEKEEPING AND EQUIPMENT/APPARATUS MAINTENANCE.</p>	<p><input type="checkbox"/> SELF-MOTIVATED TO PERFORM ROUTINE HOUSEKEEPING AND MAINTENANCE AND USES PURPOSEFUL TASK TIME EFFICIENTLY. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>CONTACT WITH PUBLIC</b></p> <p>MANNER IN WHICH EMPLOYEE INTERACTS WITH PUBLIC.</p>	<p><input type="checkbox"/> OCCASIONALLY EXHIBITS INEFFECTIVE COMMUNICATION SKILLS WITH THE PUBLIC; MAY EXHIBIT LACK OF COMPOSURE OR TACTLESSNESS. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> EXHIBITS POISE, TACT, SELF-CONTROL, AND BUSINESSLIKE MANNER.</p>	<p><input type="checkbox"/> PROJECTS OPTIMISM, CONFIDENCE, AND ENTHUSIASTIC ATTITUDE. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>WORKING WITH OTHERS</b></p> <p>MAINTAINING POSITIVE WORKING RELATIONSHIP WITH PEERS AND SUPERIORS; ACCEPTING INSTRUCTIONS AND ASSIGNMENTS; ASSISTING OTHERS TO ACCOMPLISH WORK GROUP ACTIVITIES.</p>	<p><input type="checkbox"/> INDIFFERENT TOWARD WORK OBJECTIVES AND ASSISTING OTHERS; MAY PLACE WORK GROUP OBJECTIVES BEHIND PERSONAL OR SOCIAL OBJECTIVES; MAY BE A SOURCE OF CONFLICT. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> GETS ALONG WELL WITH SUPERVISORS AND PEERS; STRIVES TO ACHIEVE WORK GROUP OBJECTIVES.</p>	<p><input type="checkbox"/> RESPECTS AND IS RESPECTED BY OTHERS, REGULARLY PROVIDES ASSISTANCE, REINFORCEMENT, AND SUPPORT TO OTHERS. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>JOB KNOWLEDGE</b></p> <p>APPLICATION OF TECHNICAL AND PROCEDURAL KNOW-HOW TO GET THE JOB</p>	<p><input type="checkbox"/> KNOWLEDGE IS LIMITED TO CERTAIN AREAS; INSUFFICIENT TO HANDLE MOST TASKS. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> GENERAL KNOWLEDGE IS SUFFICIENT TO HANDLE MOST TASKS.</p>	<p><input type="checkbox"/> BROAD GENERAL KNOWLEDGE AND IN DEPTH EXPERTISE IN MOST AREAS; CAN HANDLE ADVANCED AND UNUSUAL TASKS (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p>

DONE.			
TOPIC	RATING 1	RATING 2	RATING 3
<p>MOTIVATION TO ACHIEVE</p> <p>BEING RESULTS-ORIENTED; DESIRE TO EXCEL ON THE JOB; WORKING STEADILY AND ACTIVELY.</p>	<p><input type="checkbox"/> TAKES ACTION ONLY WHEN INSTRUCTED; MUST BE PRODDED TO KEEP WORKING. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> DOES ASSIGNED TASKS DILIGENTLY; ACCEPTS RESPONSIBILITY FOR WORK BEYOND REGULAR DUTIES WHEN NECESSARY.</p>	<p><input type="checkbox"/> ACCEPTS RESPONSIBILITY FOR GETTING THE JOB DONE; INITIATES INDEPENDENT ACTION. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>FUNCTIONAL PROFICIENCY</p> <p>BASIC SKILLS AND PRECISION IN WORKING WITH APPARATUS/EQUIPMENT.</p>	<p><input type="checkbox"/> EMPLOYEE IS UNABLE TO USE JOB-REQUIRED EQUIPMENT AND REQUIRED SKILLS. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> EMPLOYEE IS PROFICIENT IN THE USE OF ALL EQUIPMENT AND REQUIRED SKILLS; PROVIDES ALL THE FUNCTIONAL PROFICIENCY EXPECTED OF THIS JOB.</p>	<p><input type="checkbox"/> EMPLOYEE HAS EXCEPTIONAL SKILLS AND VERSATILITY IN WORKING WITH EQUIPMENT. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>DECISIVENESS AND JUDGMENT</p> <p>ABILITY TO MAKE PRODUCTIVE DECISIONS BASED ON ALL AVAILABLE FACTS.</p>	<p><input type="checkbox"/> EMPLOYEE IS UNABLE TO MAKE REQUIRED JOB DECISIONS OR DECISIONS ARE INCORRECT. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> EMPLOYEE CAN BE CONSISTENTLY RELIED UPON TO MAKE DECISIONS THAT REQUIRE MINIMUM REVIEW, AMENDMENT OR CORRECTION.</p>	<p><input type="checkbox"/> EMPLOYEE MAKES INDEPENDENT DECISIONS WITHIN SCOPE OF RESPONSIBILITY. DECISIONS ARE BASED ON SOUND JUDGMENT AND EVALUATION OF PERTINENT DATA. DECISIONS ARE TIMELY AND FIRM. (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>RUN PERCENTAGE</p> <p>ANNUAL RUN PERCENTAGE OF ALL TONED-OUT RUNS.</p>	<p><input type="checkbox"/> BELOW 35% (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> BETWEEN 35% - 45%</p>	<p><input type="checkbox"/> ABOVE 45% (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

TOPIC	RATING 1	RATING 2	RATING 3
<b>TRAINING INVOLVEMENT</b>  ATTENDANCE OF STATION DRILLS AND OTHER AVAILABLE TRAINING.	<input type="checkbox"/> BELOW 80% DRILL ATTENDANCE. (SPECIFY) _____ _____ _____ _____	<input type="checkbox"/> 80% DRILL ATTENDANCE; PARTICIPATES IN REQUIRED DEPARTMENT TRAINING AND MAINTAINS REQUIRED LICENSES.	<input type="checkbox"/> EXCEEDS REQUIRED DRILL ATTENDANCE AND PARTICIPATES IN ADDITIONAL TRAINING OPPORTUNITIES. (SPECIFY) _____ _____ _____
<b>PERSONAL APPEARANCE</b>  UNIFORM USAGE AND APPEARANCE TO THE PUBLIC.	<input type="checkbox"/> CONSISTENTLY OUT OF UNIFORM AND HAS UNKEMPT APPEARANCE. (SPECIFY) _____ _____ _____	<input type="checkbox"/> MEETS REQUIREMENT FOR UNIFORM USAGE AND HAS GENERALLY NEAT APPEARANCE.	<input type="checkbox"/> EXCEEDS DEPARTMENT REQUIREMENT FOR UNIFORM USAGE; WELL GROOMED AND HAS PRIDE IN HIS APPEARANCE. (SPECIFY) _____ _____ _____
<b>ATTITUDE</b>  FEELING TOWARD WORK ASSIGNMENTS AND OVERALL DEPARTMENT.	<input type="checkbox"/> INDIFFERENT TOWARD WORK ASSIGNMENTS. GENERALLY HAS A NEGATIVE OPINION OF OVERALL DEPARTMENT OR IS DISRUPTIVE TO OTHERS. (SPECIFY) _____ _____ _____	<input type="checkbox"/> GOOD OVERALL ATTITUDE TOWARD DEPARTMENT AND RELATED ACTIVITIES; HAS BALANCE BETWEEN GOOD SENSE OF HUMOR AND THE NEED TO TAKE JOB SERIOUSLY.	<input type="checkbox"/> PERFORMS ASSIGNMENTS DILIGENTLY; SHOWS EXCEPTIONAL INTEREST AND COMMITMENT; IS A POSITIVE MOTIVATING FORCE TO OTHERS. (SPECIFY) _____ _____ _____

AS OF THIS DATE, THE PROBATIONARY EMPLOYEE'S PERFORMANCE AND PROGRESS WITH REGARD TO THE ABOVE LISTED OBJECTIVES HAS BEEN:

SATISFACTORY. RECOMMEND MEMBER BE PROMOTED TO THE RANK OF FIRE FIGHTER I EFFECTIVE: \_\_\_\_/\_\_\_\_/\_\_\_\_

IMPROVEMENT REQUIRED. CONTINUED EMPLOYMENT CONTINGENT UPON SATISFACTORY DEVELOPMENT IN AREAS IDENTIFIED ABOVE.

RECOMMEND THAT PROBATIONARY PERIOD IS EXTENDED UNTIL \_\_\_\_/\_\_\_\_/\_\_\_\_. (ANY EXTENSION OF THE PROBATIONARY PERIOD MUST BE ACCOMPANIED BY A COMPLETE EXPLANATION INCLUDING TERMS AND CONDITIONS.)

UNSATISFACTORY. RECOMMEND THE PROBATIONARY MEMBER BE TERMINATED AT THIS TIME. (ANY TERMINATION RECOMMENDATION MUST BE ACCOMPANIED BY A FULL AND DETAILED EXPLANATION.)

REVIEWING STATION OFFICER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**I HAVE SEEN AND DISCUSSED THIS PERFORMANCE WITH THE EVALUATOR.**

- I HAVE NO COMMENTS TO MAKE
- I REQUEST A DISCUSSION OF MY REVIEW WITH (SELECT ONE)  DISTRICT CHIEF;  FIRE CHIEF
- I HAVE THE FOLLOWING COMMENTS. (USE ADDITIONAL PAPER IF NECESSARY.)

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**MEMBER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DISTRICT CHIEF'S COMMENTS:**

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**DISTRICT CHIEF:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_.

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**APPROVED BY THE FIRE CHIEF'S OFFICE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_.