

**DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD  
INCIDENT PERSONNEL PERFORMANCE RATING**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST M3010.24; Management of Domestic Incidents, Homeland Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40 C.F.R. § 300.125(a)(b); 14 U.S.C. § 504, Commandant; general powers.  
**PURPOSE:** USCG collects the information to document an Incident Command System (ICS) personnel's performance during an incident, planned event, or exercise.  
**ROUTINE USES:** USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may be disclosed externally pursuant to DHS/USCG-014 Military Pay and Personnel, October 28, 2011, 76 FR 66933.  
**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. In order to assist with maintaining confidentiality respondents are advised not to disclose any additional personally identifiable information (PII) in their free-form responses.

**Instructions:** Immediate supervisor will prepare this form for each person working under their direction. The supervisor doing the rating will review this form with person being rated before that person demobilizes from incident. Both the person doing the rating and the person being rated will sign this form. The completed ICS 225-CG is delivered to the Planning Section – Documentation Unit.

**FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT OR EVENT ONLY**

<b>1. Name of Rated Individual:</b>		<b>2. Incident Name:</b>		
<b>3. Rated Individual's Phone Number/Email:</b>		<b>4. Location of Incident:</b>		
<b>5. Position Assigned:</b>	<b>6. Dates of Assignment</b>	<b>7. Incident Start Date:</b>	<b>8. Incident Type:</b>	<b>9. Incident Kind:</b>
	From:                      To:			

**10. EVALUATION**

Rating Factors	Rating Standard	Measured Standards		
		Failed	Met	Exceeded
A. ICS Familiarity	Understands & properly employs NIMS ICS principles & guidance; follows ICS procedures, terminology, organizational structure & chain of command.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Positional Competence	Knowledgeable of position roles & responsibilities; assumed position & took appropriate action; produced desirable results; helped achieve incident objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Judgement & Decision-making	Makes informed, accurate decisions; ensured legal & ethical compliance; understands socio-economic, political, and cultural consideration; use pertinent analysis to make recommendations/set priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Situational Awareness	Able to accurately gather, apply, assess, & disseminate situational information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Collaboration & Coordination	Establishes inclusive, effective, working relationships with personnel & stakeholders; coordinates well with others; able to gain concurrence through collaboration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Adaptability	Modifies actions/efforts as necessary; adjusts well to changing incident complexity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Leadership & Supervision	Provides support; model leadership values/principles; effectively leads others in crisis; properly establishes & monitors assignments & performance expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Communication	Effectively disseminates & processes information; provides clear/concise messaging; able to express priorities objectives, operations & expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Resourcefulness	Employs the right tools & resources; use networks to locate resources; use initiative to overcome challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Unity of Effort	Emphasizes teamwork to achieve objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Safety, Well-being & Risk Management	Anticipates, recognizes & mitigates unsafe situations; consistently ensures personnel safety/well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. <b>Overall Performance in Assigned Position</b>	Satisfactorily performs standard position-specific responsibilities according to the USCG Incident Management Handbook (CG-IMH).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Responsibilities and Notable Accomplishments:**

<b>12. Rated Person (Signature).</b> This rating has been discussed with me:			<b>13. Date:</b>
<b>14. Supervisor Position:</b>	<b>15. Supervisor: (Printed Name)</b>	<b>16. Supervisor: (Signature)</b>	<b>17. Date:</b>

## GENERAL INSTRUCTIONS

**Purpose.** The Incident Personnel Performance Rating (ICS 225-CG) gives supervisors the opportunity to evaluate subordinates on incident assignments. THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT.

**Preparation.** The ICS 225-CG is normally prepared by the supervisor for each subordinate using the evaluation standard given in the form. The ICS 225-CG will be reviewed with the subordinate who will sign at the bottom of the form.

**Distribution.** The completed ICS 225-CG is duplicated and a copy is given to both the supervisor and the person being rated. All original forms MUST be given to the Planning Section – Documentation Unit.

Item #	Item Title	Description
1.	Name	Enter the name of the person being evaluated.
2.	Incident Name	Enter the name assigned to the incident.
3.	Rated Individual's Phone Number / Email	Enter the phone number and email of the person being evaluated.
4.	Location of Incident	Enter the location of the incident / City and State or Country if applicable.
5.	Position Assigned	Enter the ICS position the person was assigned and being evaluated for.
6.	Dates of Assignment	Enter the starting date and end date of the person's assignment.
7.	Incident Start Date	Enter the date the incident started.
8.	Incident Type	Enter the Incident Type (size) / ICS Types 3, 2, or 1.
9.	Incident Kind	Enter the kind of incident: Oil/Hazmat, SAR, Fire, Hurricane, etc.
10.	Evaluation	<p>Enter X in the appropriate rating for each category using the scale provided. The scale consists of :</p> <p>1. Failed to Meet Standard – Needs Improvement – may meet some of the requirements of the individual element. Identify areas of improvement in comments in Box 11.</p> <p>2. Met Standard – Satisfactory – Subordinate met all requirements of the individual standard.</p> <p>3. Exceeded Standard – Superior – Person being evaluated consistently exceeds the performance requirements.</p>
11.	Responsibilities and Notable Accomplishments	Provide brief summary of person's performance identifying strengths, areas for improvement, and notable accomplishments.
12.	Rated Person ( <i>Signature</i> )	Review the ICS 225-CG with the person being rated and have the rated person sign the form.
13.	Date	Enter the date that the person being rated signed the form.
14.	Supervisor Position	Enter the position the supervisor doing the rating held on the incident.
15.	Supervisor ( <i>Printed Name</i> )	Enter the full name of the supervisor doing the rating.
16.	Supervisor ( <i>Signature</i> )	The supervisor should sign the form after the rated person is reviews the form.
17.	Date	Enter the date the supervisor signs the form.