**OUTFITTER GUIDE PERFORMANCE EVALUATION**

**Permit Holder**

**National Forest District**

**Evaluation Period From To**

**Type of Operation**

**Location(s)**

**Dates(s) of Field Inspection(s)**

**Field Inspector(s)**

**Camp(s) in operation during inspection: Yes No**

**Holder Representative present during inspection**

**This evaluation is: Midseason Final**

**CHECK APPROPRIATE BOX**

**Checks in the boxes and comments must be**

**based on factual objective information O = OUTSTANDING U = UNACCEPTABLE**

**observed by inspectors and/or verified through A = FULLY ACCEPTABLE NC = NOT CHECKED**

**investigation. NI = NEEDS IMPROVEMENT NA = NOT APPLICABLE**

**EVALUATION CATEGORIES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A. SERVICE TO PUBLIC** | **O** | **A** | **NI** | **U** | **NC** | **NA** | |
| 1. Rates, services, and accommodations provided as represented |  |  |  |  |  |  | |
| 2. Holder shows courtesy to non-outfitted public. |  |  |  |  |  |  | |
| 3. Operations properly coordinated with other landowner, if required |  |  |  |  |  |  | |
| 4. Compliance with requirements of Title VI of the Civil Rights Act. |  |  |  |  |  |  | |
| 5. Clients received educational and interpretive information about area and its values |  |  |  |  |  |  | |
| **B. COMPLIANCE WITH PERMIT CONDITIONS** | **O** | **A** | **NI** | **U** | **NC** | **NA** | |
| 1. Application, certificate of insurance, signing of permit and payments submitted  on time and properly completed. |  |  |  |  |  |  | |
| 2. Use reports submitted accurately and on time. |  |  |  |  |  |  | |
| 3. Compliance with Federal, State and County laws and regulations  as required by permit |  |  |  |  |  |  | |
| 4. Compliance with other terms and conditions. |  |  |  |  |  |  | |
| **C. COMPLIANCE WITH OPERATING PLAN** | **O** | **A** | **NI** | **U** | **NC** | **NA** | |
| 1. Holder participation in operating plan preparation. |  |  |  |  |  |  | |
| 2. Holder's employees are knowledgeable of operating plan contents |  |  |  |  |  |  | |
| 3. Adherence to operating plan, schedules, and itineraries, notification of changes. |  |  |  |  |  |  | |
| 4. Adherence to camp management plans, permitted structures, use of site(s) |  |  |  |  |  |  | |
| **D. EQUIPMENT & LIVESTOCK** | **O** | **A** | **NI** | **U** | **NC** | **NA** | |
| 1. Equipment provided as advertised. |  |  |  |  |  |  | |
| 1. Equipment safe & well-maintained |  |  |  |  |  |  | |
| 2. Boats, aircraft, or vehicles licensed or certified when required |  |  |  |  |  |  | |
| 3. Livestock treated properly and humanely |  |  |  |  |  |  | |
| 4. Stock properly contained and no resource damage occurring |  |  |  |  |  |  | |
| **E. SAFETY** | **O** | **A** | **NI** | **U** | **NC** | **NA** | |
| 1. Holder exhibits a concern for health and safety of guest, employees,  and general public. |  |  |  |  |  |  | |
| 2. Staff current with first aid and knowledgeable of safety procedures. |  |  |  |  |  |  | |
| 3. Guests receive a safety orientation to the operation. |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **F. RESOURCE PROTECTION** | **O** | | **A** | | **NI** | | **U** | | **NC** | | **NA** | |
| 1. Holder uses minimum impact techniques |  | |  | |  | |  | |  | |  | |
| 2. Operation neat and orderly |  | |  | |  | |  | |  | |  | |
| 3. Compliance with fire regulations, Fish and Game regulations, protection of  Cultural Resources. |  | |  | |  | |  | |  | |  | |
| 4. Following appropriate procedures for human waste management and garbage |  | |  | |  | |  | |  | |  | |
| 5. Protection of threatened and endangered species |  | |  | |  | |  | |  | |  | |
| **G. MAJOR INCIDENTS, IF ANY** | **O** | | **A** | | **NI** | | **U** | | **NC** | | **NA** | |
| 1. This category relates to handling of unusual incidents, accidents, death,  significant resource damage, serious violation of law, or confrontations.  (Describe in separate attachments to this form.) | |  | |  | |  | |  | |  | |  |

**COMMENTS:**

**Special Efforts Worthy of Commendation**

**Prior Performance Deficiencies, if any, corrected**

**OVERALL RATING: Outstanding Acceptable Probationary Unacceptable**

**Outfitter-Guide Licensing board notified, if required? Date**

**Board Comments Attached: Yes No**

**This performance rating constitutes a decision which is subject to appeal pursuant to Secretary of Agriculture regulation 36 CFR 251, Subpart C. Any such appeal and a statement of reasons must be submitted within 45 days of the date of this rating to the Forest Service Official next higher to the authorized officer.**

**SIGNATURES:**

**Authorized Officer Holder/Holder Rep. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Date**

**Holder's Comments:**