

Prospectus Appendix D

USDA Forest Service

R10-2700-16 (1/99)

ALASKA REGION OUTFITTER/GUIDE PERFORMANCE EVALUATION

Mid-Season Evaluation (circle one) Annual Evaluation

This evaluation is to be done on each permit holder. This evaluation is to be presented to the holder of the special use permit or transmitted by cover letter shortly after completion of the evaluation.

Name of Holder: _____

District: _____ Type of Operation: _____

Location and/or Camp Number: _____ Date Inspected: _____

Circle Appropriate Responses:

Holder Representative Present: Yes No Camp in Operation: Yes No

Evaluation:

A - Acceptable; **UN** - Unacceptable; **NI** - Needs Improvement; **NC** - Not Checked; **NA** - Not Applicable

A. Site:	A	UN	NI	NC	NA
1. All improvements are authorized by permit, location and development as authorized.					
2. Clean up and sanitation in accordance with permit.					

Comments:

B. Permit Compliance:	A	UN	NI	NC	NA
1. Compliance with terms of permit and operating plan.					
2. Insurance submitted on time and complete.					
3. Signed permit submitted on time and complete.					
4. Payments received by due date.					
5. Holder submitted/dated/corrected operating plan.					
6. Actual use reports completed and submitted on time.					
7. Compliance with Federal, State, Borough, laws and regulations					
8. Compliance with Title VI, Nondiscrimination (Clause B-1)					
9. Holders advertising refers to use on National Forest lands (Clause X-30)					

Comments:

C. Public Service:	A	UN	NI	NC	NA
1. Number and qualifications of employees meets permit specifications.					
2. Clients provided with health and safety standards as provided in the approved operating plan/safety plan.					

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3. Equipment provided meets health and safety standards as required in the approved operating plan.					
4. Rates, services, and/or accommodations provided as submitted in the approved operating plan					
5. Clients, peers, and other forest users are treated in a respectful and courteous manner.					
6. Relationships with the public and State, Local and Federal agencies are conducted in a professional and courteous manner.					

Comments:

Tally of comments received from clients/Public: _____Positive comments _____Negative Comments

Evaluator(s) _____ Date _____

Prior Performance (if applicable):

Are items from last performance evaluation corrected? Yes No (circle one)

Comments and/or Corrective Action Needed:

Mid Season Rating: Acceptable Probationary Unacceptable **(circle one)**

Annual Rating: Acceptable Probationary Unacceptable **(circle one)**

The annual rating is subject to appeal under 36 CFR 251 Subpart C. The District Ranger is willing to meet with the holder to discuss any concerns, or issues related to this evaluation. Any appeal and a statement be submitted to the Chugach Forest Supervisor at 601 E. 1st Ave Door 8, Anchorage, AK 99501 within 45 days of the date of the annual rating.

Comments on Rating (Space is available for Forest Service and Holders comments):

District Ranger: _____ Date _____

Holder: _____ Date _____