



6.	Prepares, submits & signs the Operating Plan as required by the Forest Service. <b>(1-5 points)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Annual itinerary and actual use report is submitted and accurate as scheduled in the Operating Plan. <b>(1-5 points)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Other administrative requirements of Operating Plan and Permit are followed (list in comments below). Employees are in compliance with Permit requirements. <b>(1-20 points)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments and Corrective Action:

**C. Safety and Public Service**

		YES	NO	UNKNOWN OR N/A	POINTS ASSESSED
1.	Followed health, safety, and rescue procedures as required in Operating Plan. <b>(1-10 points)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Rescue plan is in place as outlined in the Operating Plan. Provided adequate safety, first aid, and equipment as outlined in the Operating Plan. <b>(1-10 points)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	In the event that the guide is injured, the clients are instructed on procedures (maps marked with routes and locations, vehicle and key locations, etc.). <b>(1-10 points)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Clients received a safety orientation to the operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A. OTHER COMMENTS AND RATINGS (complaints, DOW recommendations, state licensing board, Colorado Outfitter Guide Assoc., etc. attach documentations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Annual Evaluation: ( ) ACCEPTABLE ( ) PROBATIONARY ( ) UNACCEPTABLE

Outfitter/guide licensing board notified, if required? \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL POINTS ACCUMULATED THROUGH CONTINUOUS 5 YEAR PERIOD:** \_\_\_\_\_

<u>Removed</u>	<u>Year</u>	<u>Points Assessed</u>	<u>Points</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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.

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Outfitter/Guide Administrator

Approved by  
Authorized Officer: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
District Ranger

Outfitter Comments: