

Standard Performance Evaluation

USDA Forest Service

R10-2700-16 (1/99)

OUTFITTER/GUIDE PERFORMANCE EVALUATION

For Operating Year 20_____, covering the months of _____ - _____.

Name of Holder: _____

District/Monument: _____ Type of Operation: _____

Circle Appropriate Responses

Guide Name:

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:

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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					
9. Holders advertising refers to use on National Forest lands					

Comments:

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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.					
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					

Comments:

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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 ____ N/A ____

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 of reasons must be submitted to the Area Manager at 4701 N. Torrey Pines Drive, Las Vegas, NV 89130 within 45 days of the date of the annual rating.

Area Manager: _____

Date: _____