

GAWG ES TRAINING FEEDBACK FORM

EVALUATORS NAME: _____ DATE: _____

MISSION #: _____ EVENT LOCATION: _____

INCIDENT COMMANDER: _____

PROJECT OFFICER: _____

SAFETY OFFICER: _____

1. TRAINING OBJECTIVES: *(Training scenario and objectives briefed to everyone at the General Briefing? Were all Command Post personnel briefed on the purpose of the event? Were goals communicated?)*

Were training scenario and objectives briefed to everyone at the General Briefing?

Were all Command Post personnel briefed on the purpose of the event?

Were goals communicated?

2. TRAINING/OPERATIONS PLAN: *(Was a written training and/or operations plan developed for the activity? Was it relevant to training objectives? Is it in compliance with directives? Did it achieve stated objectives?)*

Was a written training and/or operations plan developed for the activity?

Was it relevant to training objectives?

Is it in compliance with directives?

Did it achieve stated objectives?

3. SAFETY CONSIDERATIONS: *(Did the IC stress safety? Was an ES Qualified Safety Officer designated? Were thorough briefings given to all members? Was the Safety Officer monitoring all aspects of the mission throughout the entire day? Was risk assessment used?)*

Did the IC stress safety?

Was an ES Qualified Safety Officer designated?

Were thorough Safety briefings given to all members?

Was the Safety Officer monitoring all aspects of the mission throughout the entire day?

Was risk assessment used?

4. APPROPRIATE USE OF FEDERAL FUNDS: *(Was training in accordance with CAP regulations/directives? Were resources used appropriately? Was the training listed on the approved GAWG Form 6-02 (and CAP Form 10 accomplished?)*

Was training in accordance with CAP regulations/directives?

Were resources used appropriately?

Was the training listed on the approved GAWG Form 6-02 accomplished?

5. UTILIZATION OF CORPORATE AIRCRAFT: *(Were corporate aircraft fully utilized before member owned aircraft? Were aircraft assigned missions appropriate to capabilities? What is the overall condition of corporate aircraft?)*

Were corporate aircraft fully utilized before member owned aircraft?

Were aircraft assigned missions appropriate to capabilities?

What is the overall condition of corporate aircraft?

6. STAFF EFFECTIVENESS: *(How well did the staff interact? Was communication between staff effective, as measured by mission accomplishment? Were periodic staff meetings held? Was training effective? Did the IC incorporate ICS into the event? Was ICS fully developed and implemented? Were POD's properly calculated? During a SAR exercise, could the staff determine the number of sorties needed to achieve an 80% POD?)*

How well did the staff interact?

Was communication between staff effective, as measured by mission accomplishment?

Were periodic staff meetings held?

Was training effective?

Did the IC incorporate ICS into the event?

Was ICS fully developed and implemented? (Circle ICS Command & General Staff positions used.)

COMMAND STAFF: Incident Commander, Liaison Officer, Safety Officer, Information Officer

*GENERAL STAFF: Operations Section Chief, Planning Section Chief, Logistics Section Chief,
Finance/Administration Section Chief*

Were POD's properly calculated?

During a SAR exercise, could the staff determine the number of sorties needed to achieve an 80% POD?

7. MISCELLANEOUS: *(Were checklists utilized? Were mission dollars accurately tracked? Was Operations Risk Management used? Were crew rest/duty day limitations in CAPR 60-1 followed? Were weight & balance calculations performed correctly? What staff position was not filled and why?)*

Were checklists utilized?

Were mission dollars accurately tracked?

Was Operations Risk Management used?

Were crew rest/duty day limitations in CAPR 60-1 followed?

Were weight & balance calculations performed correctly?

*What staff position was **not** filled and why?*

Were digital cameras available for aerial photography?

8. RESOURCES:

Total Seniors:

Total Cadets:

Total Non-CAP Members:

Total Corporate Vehicles: (List # & Type)

Total Aircraft:

Corporate:

Private:

Total Number of Aircrews Available: (Pilot, Observer, Scanner)

Total Number of Ground Teams Available: (Minimum of 4 people per team.)

How many Qualified GTL's?

How many Qualified GTM's?

Seniors:

Cadets:

How many GT Trainees?

Seniors:

Cadets:

9. TTT PERSONNEL: *(List approved TTT Personnel present and ES Specialty Qualifications. List "Monitored" Trainers present and their ES Specialty Qualifications.)*

TTT Personnel present:

ES Specialty Qualifications:

"Monitored" Trainers present:

ES Specialty Qualifications:

10. COMMUNICATIONS: *(List equipment/capability available at mission base, i.e. # of radios, frequencies, radio operators, etc.)*

Was a written Communications Plan published?

Was the Communications Plan briefed in the General Briefing and individual crew briefings?

Was the Communications Plan used as published?

Was a qualified Communications Unit Leader assigned?

Number of Radio Operators on duty:

VHF Radios & Frequencies used:

HF Radios and Frequencies used:

Was Packet used?

Was the Internet used?

Was the telephone used?

Command Post Telephone No:

Was a portable/Airborne repeater available?

Were Radio Relay stations utilized?

Were airborne video transmissions made?

11. ADDITIONAL COMMENTS: *(Any other comments of value that can be used during subsequent training activities / exercises to improve the overall performance of the wing?)*

12. ATTACHMENTS:

Communications Plan:

Training/Operations Plan: