

SPRINGDALE FIRE DEPARTMENT

Acting Captain Certification Program Daily Activity Log

Acting Captain Candidate: _____

Company Officer: _____

Unit/Shift: _____

Date: _____

Shift #: _____

Instructions: This evaluation form is to be filled out at the end of each shift. The evaluation should reflect a sound and objective opinion of the Acting Captain Candidate's performance during the review period. Place comments in the spaces provided below. The A.C.C. should have his/her sections filled out prior to giving the form to the reviewing Company Officer.

Rating: BS: Below Standard

MS: Meets Standard

ES: Exceeds Standard

	Type of call	Duties performed	ACC rating	CO rating	Comments/Observations
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

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SUMMARY OF ACTIVITY AND PERFORMANCE:

DRILLS

PLANS FOR IMPROVEMENT:

Acting Captain Candidate:

Company Officer: