



**BRIGADE ANNUAL ASSESSMENT REPORT**

|   |             |                            |              |                        |
|---|-------------|----------------------------|--------------|------------------------|
| BTS Level Evaluated<br>1    2    3                        |             | Course Date(s)             | Course No.   | Page _____<br>of _____ |
| Brigade Unit(s)   |             |                            |              |                        |
| Mailing Address   |             |                            | City/Town    |                        |
| Province  | Postal Code | Telephone                  | Fax          |                        |
| Supervising Officer (Print name and sign on back of page) |             | Appointment                | Headquarters |                        |
| Evaluators (Print name and sign)                          |             | Evaluator Level and Number | Headquarters |                        |
| 1.  |             |                            |              |                        |
| 2.  |             |                            |              |                        |
| 3.  |             |                            |              |                        |
| 4.  |             |                            |              |                        |
| 5.  |             |                            |              |                        |
| 6.  |             |                            |              |                        |
| 7.  |             |                            |              |                        |
| 8.  |             |                            |              |                        |
| 9.  |             |                            |              |                        |
| 10.   |             |                            |              |                        |

**Instructions for Completion**

1. Complete course information area above. Please PRINT in ink or TYPE.
2. List all candidates on reverse side.
3. Indicate performance for each candidate for each area (written, CPR, practical and overall).
4. Supervising officer and all evaluators must SIGN the form.
5. Supervising officer (or designate) sends original of this form to Area Training Officer.
6. Area Training Officer send copy to Provincial Training Officer.

|                                    |                |            |                     |
|------------------------------------|----------------|------------|---------------------|
| BTS Level Evaluated<br>1    2    3 | Course Date(s) | Course No. | Page _____ of _____ |
|------------------------------------|----------------|------------|---------------------|

| #  | I.D. Number | Member Name | Unit | CPR | Written | Practical | A/U |
|----|-------------|-------------|------|-----|---------|-----------|-----|
| 1  |             |             |      |     |         |           |     |
| 2  |             |             |      |     |         |           |     |
| 3  |             |             |      |     |         |           |     |
| 4  |             |             |      |     |         |           |     |
| 5  |             |             |      |     |         |           |     |
| 6  |             |             |      |     |         |           |     |
| 7  |             |             |      |     |         |           |     |
| 8  |             |             |      |     |         |           |     |
| 9  |             |             |      |     |         |           |     |
| 10 |             |             |      |     |         |           |     |
| 11 |             |             |      |     |         |           |     |
| 12 |             |             |      |     |         |           |     |
| 13 |             |             |      |     |         |           |     |
| 14 |             |             |      |     |         |           |     |
| 15 |             |             |      |     |         |           |     |
| 16 |             |             |      |     |         |           |     |
| 17 |             |             |      |     |         |           |     |
| 18 |             |             |      |     |         |           |     |
| 19 |             |             |      |     |         |           |     |
| 20 |             |             |      |     |         |           |     |

|   |  |
|---|--|
| Number of Members Acceptable .....      |  |
| Number of Members Unacceptable .....    |  |
| Total Number of Members Evaluated ..... |  |

Signature of Supervising Evaluator \_\_\_\_\_