

Single Engine Airtanker Pilot Evaluation

Airtanker #:	Assigned Base:		
Aircraft Make and Model:			
Incident Name:		Incident #:	
Geographic Location:			Date:
Pilot:		Company:	
Fire Operations:			
Did resource meet the expectation?			
Initial Response Time:		Turnaround Time:	
Terrain Type (steep, flat, etc.):			
Fuel Type:			
Was the Drop Pattern Acceptable?			
Was the coverage level uniform?			
Tank system (constant flow or gravity):			
Product dispensed (retardant, foam, or gel):			
Gallons Delivered:		Number of Drops:	
Comments:			
Evaluator Name:		Position:	
Phone #:		Email:	
Organization:			
Address:			

Please forward one copy to:

National SEAT Program Manager
 National Interagency Fire Center
 3833 South Development Ave
 Boise, ID 83705

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