TEAP III TERSP Standard Performance Feedback

Incident Event Date: Year____ Month ____ Day ____

Incident Location: _____ **Material Involved: _____**

TERSP Company: _____

1) Who activated you? Client Carrier Other

If other, state who: _____

2) Was an On-Scene Technical Advisor requested? Yes No

3) Was a Technical Advisor present? Yes No Not Applicable

4) Was the technical support provided adequate? Yes No

If no, please state why: _____
_____

5) Did you send at least one registered Team Leader? Yes No

6) Did you send at least one registered team member? Yes No

7) Did you have the appropriate resources to resolve the incident in an effective manner?
Yes No

If no, please state why (for example: untrained, insufficient, incompatible, unreliable manpower, equipment, etc.): _____
_____

8) Were there any safety issues during the response? Yes No

If yes, please state the nature: _____

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Your name: _____

Date completed: Year____ Month ____ Day ____

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