AIRAS Chiao 2016 Controller Evaluation form Station:							•						
Name of TEAM:			Name of Controller :										
Start time:		Fini	Finish Time : Total								al r	nins:	
		1	2	3	4	5	6	7	8	9	<u>10</u>	Remark	
Leader	Anchor Selection												
	Rescue Plan Described												
	Control Performance												
	Rescue Plan Selected												
								sub.:			/20		
		1	2	3	4	5	6	7	8	9	<u>10</u>	Remark	
Team Member	Safety Concept(Eq. operating	<u>)</u>											
	Technical Performance												
	Energy Performance												
	Carabiner Situation												
	Ropes Protection												
	Team-Work Performance												
								sub.: /30			/30		
		1	2	3	4	5	<u>6</u>	7	8	9	<u>10</u>	Remark	
Victim	Victim acompanied immediately												
	Victim Safety												
	Victim attended to Continuously												
								su	o.:		/15		
		1	2	3	4	5	6	7	8	9	10	Remark	
overall Review	Team understanding, control, professional, anti-stress							su	· ·		/5		
·													
Operation Sub-Total Score		/70											
		1	2	3	4	<u>5</u>	<u>6</u>	<u>7</u>	8	9	<u>10</u>	Remark	
Time	Operation Time							小計			/10		
		Describe:											
Penalty		=											
Total Score													
		Со	ntro		Left blank must be								
	Signature	Leader Signature:										signed	
*Safety officer and controller should check the Victim/Attendant safety before lifting Victim/Attendant and operation time can be stopped.									im/Attendant,				
			ller Sign. : Leader Sign. :								n. :		
Safety Officer Sign. : Contro		oller S	oller Sign. :						Leader Sign. :				

<sup>\*</sup>Over the operation time (90 mins) for each station, the team score is ZERO.
\*High danger issues on victim, and confirmed by safety officer/controller, the team score is ZERO.
\*Many times reminders announced by safety officer/controller, the team score can be reduced 10.

<sup>\*</sup>Shortage of Signature on the above, the team score is ZERO.`

<sup>\*</sup>If necessary, on conflict issue during the competition, please call Jay 0953 016 206