

**Task Book for the Positions of**

###### ALL-HAZARDS

**FACILITIES UNIT LEADER (FACL-AH)**

**COMMUNICATIONS UNIT LEADER (COML-AH)**

**FOOD UNIT LEADER (FDUL-AH)**

**GROUND SUPPORT UNIT LEADER (GSUL-AH)**

**MEDICAL UNIT LEADER (MEDL-AH)**

**SUPPLY UNIT LEADER (SPUL-AH)**

*This Position Task Book has direct entry positions and includes tasks for the following positions;*

**Base/Camp Manager**

**Ordering Manager**

**Receiving/Distribution Manager**

**Version: July 2016**

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| *Text Box for adopting State name, logo, etc.* |

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| **POSITION TASK BOOK ASSIGNED TO** |
| INDIVIDUAL’S NAME |
| DUTY STATION |
| PHONE NUMBER |
| E-MAIL |
| **Provide PTB Initiation information on following page(s) for appropriate position.** |

The All-Hazards Incident Management Teams Association (AHIMTA) was founded in 2010, as a grassroots 501(c) (6) professional association comprised of several hundred incident management practitioners from multiple disciplines representing Federal, State and local agencies, nongovernmental organizations (NGOs), and the private sector. The main driving factor for the creation of the Association was the critical need for standardized qualifications for All-Hazards Incident Management Teams (AHIMTs), particularly at the Type 3 complexity level for interstate deployment. In 2013 The AHIMTA formed the Incident Qualifications System Committee (IQS) to further the ICS qualifications guidance work started at the Federal level. After a year of development, stakeholder input, and vetting the first edition of the Interstate Incident Management Team Qualifications Systems (IIMTQS) Guide was published in March of 2014.

This Position Task Book (PTB) was developed and is owned and maintained by the AHIMTA as one of the components of its *Interstate Incident Management Team Qualifications System*. Any comments, corrections, or suggestions to this PTB or to any component of its *Interstate Incident Management Team Qualifications System* should be emailed to the All-Hazards Incident Management Teams Association. AHIMTA@AHIMTA.org

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|  *Common Tasks Section needs to be completed only once after the PTB is initiated the first time.*  |
| **All-Hazards Facilities Unit Leader (FACL-AH) Section**  |
| **Was initiated by** |
| Trainee’s Name |
| Official’s Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **Was initiated at** |
| Location |
| Date |
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| *Common Tasks Section needs to be completed only once after the PTB is initiated the first time.* |
| **All-Hazards Communications Unit Leader (COML-AH) Section**  |
| **Was initiated by** |
| Trainee’s Name |
| Official’s Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **Was initiated at** |
| Location |
| Date |

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| *Common Tasks Section needs to be completed only once after the PTB is initiated the first time.* |
| **All-Hazards Food Unit Leader (FDUL-AH) Section** |
| **Was initiated by** |
| Trainee’s Name |
| Official’s Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **Was initiated at** |
| Location |
| Date |
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| *Common Tasks Section needs to be completed only once after the PTB is initiated the first time.* |
| **All-Hazards Ground Support Unit Leader (GSUL-AH) Section** |
| **Was initiated by** |
| Trainee’s Name |
| Official’s Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **Was initiated at** |
| Location |
| Date |

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| **All-Hazards Medical Unit Leader (MEDL-AH) Section** |
| **Was initiated by** |
| Trainee’s Name |
| Official’s Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **Was initiated at** |
| Location |
| Date |
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| *Common Tasks Section needs to be completed only once after the PTB is initiated the first time.* |
| **All-Hazards Supply Unit Leader (SUPL-AH) Section** |
| **Was initiated by** |
| Trainee’s Name |
| Official’s Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **Was initiated at** |
| Location |
| Date |

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| VERIFICATION/CERTIFICATION OF COMPLETED POSITION TASK BOOK FOR THE POSITION OF: |
| **ALL-HAZARDS FACILITIES UNIT LEADER (FACL-AH)** |
| Trainee Name:  |
| ***FINAL EVALUATOR’S VERIFICATION:*** |
| *Evaluator: DO NOT complete this unless you are recommending the trainee for certification.* |
| I verify all tasks have been performed and are documented with appropriate initials. |
| I also verify the trainee should be considered for certification in this position. |
| Evaluator’s Signature |
| Date |
| Evaluator’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **CERTIFYING OFFICIAL FOR CERTIFICATION** |
| Trainee Name: |
| Has met all requirements for qualification in this position is certified for the position. |
| Official’s Signature: |
| Date |
| Official’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| Email |

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| VERIFICATION/CERTIFICATION OF COMPLETED POSITION TASK BOOK FOR THE POSITION OF: |
| **COMMUNICATIONS UNIT LEADER (COML-AH)** |
| Trainee Name:  |
| ***FINAL EVALUATOR’S VERIFICATION:*** |
| *Evaluator: DO NOT complete this unless you are recommending the trainee for certification.* |
| I verify all tasks have been performed and are documented with appropriate initials. |
| I also verify the trainee should be considered for certification in this position. |
| Evaluator’s Signature |
| Date |
| Evaluator’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **CERTIFYING OFFICIAL FOR CERTIFICATION** |
| Trainee Name: |
| Has met all requirements for qualification in this position is certified for the position. |
| Official’s Signature: |
| Date |
| Official’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| Email |

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| VERIFICATION/CERTIFICATION OF COMPLETED POSITION TASK BOOK FOR THE POSITION OF: |
| **ALL HAZARDS FOOD UNIT LEADER (FDUL-AH)** |
| Trainee Name:  |
| ***FINAL EVALUATOR’S VERIFICATION:*** |
| *Evaluator: DO NOT complete this unless you are recommending the trainee for certification.* |
| I verify all tasks have been performed and are documented with appropriate initials. |
| I also verify the trainee should be considered for certification in this position. |
| Evaluator’s Signature |
| Date |
| Evaluator’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **CERTIFYING OFFICIAL FOR CERTIFICATION** |
| Trainee Name: |
| Has met all requirements for qualification in this position is certified for the position. |
| Official’s Signature: |
| Date |
| Official’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| Email |

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| VERIFICATION/CERTIFICATION OF COMPLETED POSITION TASK BOOK FOR THE POSITION OF: |
| **ALL HAZARDS GROUND SUPPORT UNIT LEADER (GSUL-AH)** |
| Trainee Name:  |
| ***FINAL EVALUATOR’S VERIFICATION:*** |
| *Evaluator: DO NOT complete this unless you are recommending the trainee for certification.* |
| I verify all tasks have been performed and are documented with appropriate initials. |
| I also verify the trainee should be considered for certification in this position. |
| Evaluator’s Signature |
| Date |
| Evaluator’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **CERTIFYING OFFICIAL FOR CERTIFICATION** |
| Trainee Name: |
| Has met all requirements for qualification in this position is certified for the position. |
| Official’s Signature: |
| Date |
| Official’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| Email |

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| VERIFICATION/CERTIFICATION OF COMPLETED POSITION TASK BOOK FOR THE POSITION OF: |
| **ALL HAZARDS MEDICAL UNIT LEADER (MEDL-AH)** |
| Trainee Name:  |
| ***FINAL EVALUATOR’S VERIFICATION:*** |
| *Evaluator: DO NOT complete this unless you are recommending the trainee for certification.* |
| I verify all tasks have been performed and are documented with appropriate initials. |
| I also verify the trainee should be considered for certification in this position. |
| Evaluator’s Signature |
| Date |
| Evaluator’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **CERTIFYING OFFICIAL FOR CERTIFICATION** |
| Trainee Name: |
| Has met all requirements for qualification in this position is certified for the position. |
| Official’s Signature: |
| Date |
| Official’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| Email |

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| VERIFICATION/CERTIFICATION OF COMPLETED POSITION TASK BOOK FOR THE POSITION OF: |
| **ALL HAZARDS SUPPLY UNIT LEADER (SPUL-AH)** |
| Trainee Name:  |
| ***FINAL EVALUATOR’S VERIFICATION:*** |
| *Evaluator: DO NOT complete this unless you are recommending the trainee for certification.* |
| I verify all tasks have been performed and are documented with appropriate initials. |
| I also verify the trainee should be considered for certification in this position. |
| Evaluator’s Signature |
| Date |
| Evaluator’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| **CERTIFYING OFFICIAL FOR CERTIFICATION** |
| Trainee Name: |
| Has met all requirements for qualification in this position is certified for the position. |
| Official’s Signature: |
| Date |
| Official’s Printed Name |
| Title  |
| Duty Station |
| Phone Number |
| Email |

**NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)**

**INCIDENT COMMAND SYSTEM (ICS)**

**POSITION TASK BOOKS (PTBs)**

Position Task Books (PTBs) are designed to be used by any individual (trainee) interested in becoming certified under the National Incident Management System (NIMS). The PTB’s are intended to be used to document experiences that indicate successful completion of tasks specific to an Incident Command System (ICS) position. The performance requirements for each position are associated with core ICS competencies, behaviors and tasks as suggested to the Federal Emergency Management Agency (FEMA) by a multi-disciplined, highly experienced expert panel.

Trainees are evaluated during this process by qualified evaluators, and the trainee’s performance is documented in the PTB for each task by the evaluator’s initials and date of completion. An Evaluation Record will be completed by all evaluators documenting the trainee’s progress after each evaluation opportunity.

Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the “authority having jurisdiction” (of the trainee), that the trainee be certified in that position. Evaluation and confirmation of the trainee’s performance while completing all tasks will normally require more than one training assignment and several different evaluators. Incidents lasting several days may involve multiple evaluators. Tasks may be evaluated on incidents, simulation/tabletop exercise, planned events, in training and HSEEP compliant functional or full-scale exercises and in other work situations as long as there is a qualified evaluator.

It is important performances be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated.

The Interstate Incident Management Team Qualifications System [IIMTQS] Guide lists the definitions for trainee, evaluator, training officer and authority having jurisdiction.

***Responsibilities:***

1. **Authority having jurisdiction (AHJ)**:
* Select trainees based on the needs of their organization or to fulfill their obligations to contribute to Incident Management Teams or other Mutual Aid agreements.
* Provide opportunities for evaluation and/or making the trainee available for evaluation.
1. **Training Officer:**
* Providing the correct version of the PTB to the individual in order to document performance.
* Explaining to the trainee the purpose and processes of the PTB as well as the trainee’s responsibilities.
* Tracking progress of the trainee.
* Identifying incidents or situations where the trainee may have evaluation opportunities.
* Identifying and assigning an evaluator who can provide a positive experience for the trainee, when the evaluation opportunity is within the AHJ’s jurisdiction.
* Receiving and filing documentation from the assignment.
1. **The Individual/ Trainee:**
* Reviewing and understanding instructions in the PTB.
* Identifying desired objectives/goals whenever an opportunity for evaluation is recognized.
* Providing background information to an evaluator.
* Assuring the evaluation record is complete.
* Completing all tasks for an assigned position within the timeframe allowed for that position. All tasks with an approval older than the allowed timeframe must be reevaluated.
* Notifying the local AHJ /training officer when the PTB is completed, and obtaining the appropriate signature recommending certification.
* Retaining the original PTB and provide a copy of the PTB to the appropriate individual for review by the State Qualification Review Committee (SQRC) (refer to the current edition of the *IIMTQS Guide*).
1. **Evaluator(s)**:
* Being qualified and proficient in the evaluated position.
* Meeting with the trainee and determining past experience, current qualifications and desired objectives/goals.
* Reviewing tasks with the trainee.
* Explaining to the trainee the evaluation procedures that will be utilized and which tasks may be performed during the evaluation period.
* Accurately evaluating and recording demonstrated performance of tasks. Dating and initialing completion of the task to indicate satisfactory performance. Unsatisfactory performance should also be documented.
* Evaluate the numbered tasks only. Do not evaluate bullets as they are provided as examples or additional clarification.
* Completing the Evaluation Record found at the end of each PTB.
* Completing an Incident Personnel Performance Rating (ICS 225) form.
1. The **Final Evaluator:**
* Being qualified and proficient in the position being evaluated.
* Reviewing the trainee’s record to ensure completeness.
* Signing the appropriate verification statement found in the beginning of the PTB when all tasks have been initialed.
* Ensuring all tasks have been completed within the three years prior to submission for final approval.
1. **Incident Training Specialist**
* Issue the PTB with concurrence of employing/sponsoring organization to document task performance.
* Identify incident evaluation opportunities.
* Assist trainees, coaches/trainers and evaluators with proper documentation.
* Conduct progress reviews and answer questions.
* Ensure that coach/trainer and evaluators are qualified and can make accurate and honest appraisal of the trainee’s performance.

***Position Tasks and Associated Task Book Codes***

Each Position Task Book lists the performance requirements (tasks) for specific positions set by the latest version of ICS competencies and behaviors recognized by FEMA’s National Integration Center and posted to the NIMS Resource Center Web site, <http://www.fema.gov/>media-library/assets/documents/11685.

The tasks required of a position range in criticality. A Trainee must demonstrate competency at critical tasks while functioning in the target position on an incident. The IIMTQS recognizes that the nature of some less critical tasks may be performed on planned events, in exercises, or in other situations and be sufficient demonstration of competency upon which to base qualification.

Each task in this Position Task Book has at least one code associated with the situation(s) within which the task MUST be completed. Performance of any task in a situation(s) other than that required by the task’s code(s) is not valid for qualification.

If more than one code is listed, the task may be completed in any of the situations (e.g. If code **I1**, **I2**, and **O1** are listed, the task may be completed in any of the three situations). The evaluator should circle the evaluation code for which the task was evaluated.

**Definitions for these codes are:**

**I1** = Task must be performed on an incident which meets the following criteria:

* Is managed under the Incident Command System (ICS)
* Requires a written Incident Action Plan (IAP)
* Requires using the Planning P to plan for multiple operational periods
* Matches or is higher complexity level (see IIMTQS Appendix A – Incident Complexity Analysis Chart) than the type rating being pursued

**I2** = Task can be performed in the following situations:

* Incident
* Incident within an Event or Incident

 The situation must meet the following criteria:

* + Is a critical time-pressured, high-consequence incident managed under the Incident Command System (ICS)
	+ Matches or is higher complexity level (see IIMTQS Appendix A – Incident Complexity Analysis Chart) than the type rating being pursued

**O1** = Task can be performed in the following situations:

* Planned Event
* “Full Scale Exercise” or “Functional Exercise” as defined by HSEEP (see IIMTQS Section XIII. Qualifying Incident, Event, and Exercise Guidelines; Qualifying Exercise Attributes)

 This situation must meet the following criteria:

* + Is managed under the Incident Command System (ICS)
	+ Matches or is higher complexity level (see IIMTQS Appendix A – Incident Complexity Analysis Chart) than the type rating being pursued
	+ Requires a formal written Incident or Event Action Plan (IAP/EAP)
	+ Requires using the Planning P to plan for multiple operational periods
	+ For an Event, requires contingency planning for an Incident within the Event.

**O2** = Task can be performed in the following situations if the situation affords the opportunity to evaluate the knowledge/skills associated with the ICS position:

* Planned Event not meeting the requirements in O1.
* Exercise not meeting the requirements in O1.
* Training
* Daily Job

**R** = Rare events seldom occur and opportunities to evaluate Trainee performance in real settings are limited. Examples of rare events include accidents, injuries, vehicle and aircraft crashes. Through interviews, the evaluator may be able to determine if the trainee could perform the task in a real situation.

There are numerous bullet statements listed under each task. The bullet statements are listed as guidelines/examples for the evaluator to consider when insuring the intent of the task has been completed. Not all bullet statements for a task are required to be completed if the overall intent of the task has been satisfied.

**This task book contains tasks for the All Hazards positions of**

#### Facilities Unit Leader (COML-AH)

#### Communications Unit Leader (MEDL-AH)

#### Food Unit Leader (FDUL-AH)

#### Ground Support Unit Leader (SPUL-AH)

#### Medical Unit Leader (FACL-AH)

#### Supply Unit Leader (GSUL-AH)

#### The common tasks for these positions are listed first

#### These tasks only need to be completed once

#### The tasks specific to each position are listed following the common tasks

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| **Common Tasks** | **Pages 19-25** | **(Tasks 1 –44)** |
| **Facilities Unit Leader Specific Tasks (FACL-AH)** | **Pages 26-28** | **(Tasks 45-58)** |
| **Communications Unit Leader Specific Tasks (COML-AH)** | **Pages 29-33** | **(Tasks 59-83)** |
| **Food Unit Leader Specific Tasks (FDUL-AH)** | **Pages 34-36** | **(Tasks 84-93)** |
| **Ground Support Unit Leader Specific Tasks (GSUL-AH)** | **Pages 37-39** | **(Tasks 94-106)** |
| **Medical Unit Leader Specific Tasks (MEDL-AH)** | **Pages 40-42** | **(Tasks 107-120** |
| **Supply Unit Leader Specific Tasks (SUPL-AH)** | **Pages 43-45** | **(Tasks 121-139)** |

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*The following Competencies, Behaviors, and Tasks (1 through 43) are common for all the Unit Leader positions in this task book and need to be evaluated once unless the evaluator of an additional Unit Leader position feels the trainee needs to be reevaluated on some or all the Common Task and is noted on the Evaluation Record.*

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| **Competency: Assume position responsibilities.** |
| Description: Successfully assume role of All Hazards Unit Leader within the Logistics Section and initiate position activities at the appropriate time according to the following behaviors. |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Ensure readiness for assignment.** |
| 1. Obtain and assemble information and materials needed for a response kit prior to receiving an assignment, including critical items needed for the assignment and items needed for functioning during the first 48 hours. The following items are suggested as basic information and materials kept in a go bag:
	* *ICS forms and logs applicable to position*
	* *Tools and supplies applicable to position*
 | I1I2O1O2 |  |  |
| 1. Obtain information prior to deployment.
	* *Incident type, name, and number*
	* *Travel authorization number*
	* *Specific job assignment*
	* *Name and phone of supervisor if available*
	* *Reporting time and location*
	* *Transportation arrangements*
	* *Contact procedures during travel*
	* *Expected duration of assignment*
	* *Expected working conditions*
 | I1I2O1O2 |  |  |
| 1. Check in at designated incident check-in location and complete check-in documentation.
 | I1I2O1O2 |  |  |
| 1. Report to the Planning Section Chief or Training Specialist (if staffed) to check in as a trainee.
 | I1O1O2 |  |  |
| Organize workspace and keep unit operating.* + *Order staff, materials and supplies using procedures established by the section chief.*
	+ *Maintain quantities of forms, supplies, equipment, and materials at a level to prevent shortage of any basic needed items.*
	+ *Track orders and confirm time of arrival*
 | I1I2O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.** |
| 1. Determine unit support needs and staffing requirements to meet the Incident Action plan (IAP) or other relevant plans.
	* *Request and document additional staffing established by the section chief*
 | I1O1O2 |  |  |
| Ensure that unit subordinates are qualified to perform assigned positions.  | I1O1 |  |  |
| Develop Unit Operating Plan.* + *Include Continuity of Operations*
 | I1O102 |  |  |
| **Behavior: Gather, update, and apply situational information relevant to the assignment.** |
| Obtain initial briefing and information from Incident Supervisor.* + *Policies and operating procedures (e.g., ordering resources and supplies, work schedule, timelines and priorities).*
	+ *Operational work period.*
	+ *Current unit staffing levels.*
	+ *General orientation to the Incident Command Post and/or incident base.*
	+ *Incident briefing; Incident Action Plan (IAP) or other relevant plan.*
	+ *Expectations for attending meetings/briefings*
	+ *Safety concerns/hazards.*
	+ *Political/sensitive information considerations*
 | I1O1O2 |  |  |
| Establish situation awareness pertinent to unit.* + *Determine EOC or other support*
	+ *Organizational contacts (e.g., counterparts, host unit personnel).*
	+ *Supporting documentation (e.g., maps; digital information; Resource Orders).*
 | I1I2O1O2 |  |  |
| **Behavior: Establish effective relationships with relevant personnel.** |
| 1. Establish and maintain positive interpersonal and interagency working relationships.
	* *Federal, State, Local, Tribal, Non-Governmental Organizations*
 | I1O1 |  |  |
| **Behavior: Establish organization structure, reporting procedures, and chain of command of assigned resources.** |
| Organize assigned personnel to meet the needs of the unit. | I1O1O2 |  |  |
| **Behavior: Understand and comply with ICS concepts and principles.** |
| 1. Coordinate with functional areas within the ICS structure.
 | I1I2O1 |  |  |

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| Competency: Lead assigned personnel. |
| Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment. |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Model leadership values and principles.** |
| 1. Exhibit principles of duty.
	* *Be proficient in your job, both technically and as a leader.*
	* *Make sound and timely decisions.*
	* *Ensure tasks are understood, supervised and accomplished.*
	* *Develop your subordinates for the future.*
 | I1I2O1O2 |  |  |
| 1. Exhibit principles of respect.
	* *Know your subordinates and look out for their well- being.*
	* *Keep your subordinates informed.*
	* *Build the team.*
	* *Employ your subordinates in accordance with their capabilities.*
 | I1I2O1O2 |  |  |
| 1. Exhibit principles of integrity.
	* *Know yourself and seek improvement.*
	* *Seek responsibility and accept responsibility for your actions.*
	* *Set the example.*
 | I1I2O1O2 |  |  |
| **Behavior: Ensure the safety, welfare, and accountability of assigned personnel.** |
| 1. Provide for the safety and welfare of assigned resources.
	* *Be alert to, and monitor the health and welfare of assigned resources.*
	* *Account for assigned resources.*
	* *Provide for care of assigned personnel and notify supervisor in event of sickness, injury, or accident.*
	* *Ensure adequate rest, hydration, and nutrition is provided to all unit personnel.*
	* *Recognize any special medical needs of all unit personnel.*
	* *Recognize, mitigate and communicate potentially hazardous situations*
	* *Recognize, mitigate and communicate potentially hazardous situations.*
	* *Provide safety and identifying equipment, such as vests identifying the communications function, flashlights, and glow sticks.*
	* *Ensure that special precautions are taken when extraordinary hazards exist*
 | I1I2O1O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Establish work assignments and performance expectations, monitor performance, and provide feedback.** |
| 1. Ensure subordinates understand assignment for operational period.
 | I1I2O1O2 |  |  |
| 1. Ensure subordinates have the ability to clearly understand and give instructions in the incident’s common language.
 | I1I2O1O2 |  |  |
| 1. Develop units’ schedule/assignments based on IAP or relevant plan.
 | I1O1O2 |  |  |
| 1. Review unit’s staffing requirements.
	* *Ensure adequate personnel*
 | I1O1 |  |  |
| 1. Evaluate subordinate’s performance.
	* *Communicate deficiencies immediately and take corrective action.*
	* *Provide training opportunities where available.*
	* *Complete personnel performance evaluations according to agency guidelines.*
 | I1I2O1O2 |  |  |
| **Behavior: Emphasize teamwork.** |
| 1. Establish cohesiveness among assigned resources.
	* *Provide for open communication.*
	* *Seek commitment.*
	* *Set expectations for accountability.*
	* *Focus on the team result.*
 | I1I2O1 |  |  |

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| Competency: Communicate effectively. |
| Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment. |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| Behavior: Ensure relevant information is exchanged during briefings and debriefings. |
| 1. Brief and keep subordinates informed and updated.
	* *Ensure unit leader expectations are communicated and understood.*
 | I1I2O1O2 |  |  |
| 1. Participate in incident operational briefings and meetings as directed.
	* *Record corrections to documents (e.g., IAP, maps).*
	* *Provide information as requested.*
 | I1I2O1O2 |  |  |
| 1. Participate in functional area briefings.
 | I1I2O1O2 |  |  |
| 1. Conduct unit After Action Reviews (AARs).
 | I1I2O1O2 |  |  |
| Behavior: Ensure documentation is complete and disposition is appropriate. |
| 1. Review and approve subordinate time reports.
 | I1I2O1O2 |  |  |
| 1. Submit documentation to Documentation Unit Leader or appropriate host agency representative within established timeframes
	* *General Message, ICS 213*
	* *Activity Log, ICS 214*
 | I1O1O2 |  |  |
| 1. Compile unit documentation for final incident package.
 | I1O1 |  |  |
| 1. Prepare units input for transition plan as requested.
 | I1O1 |  |  |
| 1. Prepare units input for final narrative as requested.
 | I1O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient. |
| 1. Prepare unit information for briefings and meetings.
 | I1O1 |  |  |
| Behavior: Communicate and ensure understanding of work expectations within the chain of command and across functional areas. |
| 1. Coordinate across functional areas.
	* *Provide timely feedback in response to requests.*
	* *Communicate, Cooperate, and Coordinate*
 | I1I2O1O2 |  |  |
| 1. Establish protocols and set time frames for information exchange to appropriate section to complete work assignments.
	* *IAP inputs*
	* *Incident Status Summary (ICS 209)*
	* *Tentative releases*
 | I1O1O2 |  |  |
| Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public. |
| 1. Support the development of plans.
	* *Incident Action Plan (IAP)*
	* *Contingency/Continuity of Operations (COOP)*
	* *Equipment breakdown*
	* *Power outages*
	* *Unexpected staffing shortages*
	* *Incident within the incident.*
 | I1O1 |  |  |
| Competency: Ensure completion of assigned actions to meet identified objectives. |
| Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe. |
| Behavior: Follow established procedures and/or safety procedures relevant to given assignment. |
| 1. Ensure established guidelines are followed.
	* *Work/rest*
	* *Personal protective equipment (PPE) when required for field assignments.*
	* *Communication (e.g., radio, cell phone).*
 | I1O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity. |
| 1. Coordinate an efficient transfer of position duties when mobilizing (e.g., host agency/outgoing Incident Management Team (IMT).
	* *Inform subordinate staff and supervisor as appropriate.*
	* *Document follow-up action needed and submit to supervisor.*
 | I1O1 |  |  |
| 1. Coordinate an efficient transfer of position duties when demobilizing [e.g., incoming Incident Management Team (IMT), host agency].
	* *Inform subordinate staff and supervisor as appropriate.*
	* *Document follow-up action needed and submit to supervisor.*
 | I1O1 |  |  |
| Behavior: Plan for unit demobilization and ensure demobilization procedures are followed. |
| 1. Anticipate demobilization of unit resources.
	* *Identify excess resources.*
	* *Prepare schedule for demobilization.*
 | I1O1 |  |  |
| 1. Ensure demobilization of unit resources.
	* *Brief subordinate staff on demobilization procedures and responsibilities.*
	* *Ensure incident and host agency demobilization procedures are followed.*
 | I1O1 |  |  |
| 1. Demobilize and check out.
	* *Receive demobilization instructions from incident supervisor.*
	* *If required, complete Demobilization Check-out, ICS 221 and submit completed form to the appropriate person*
 | I1O1 |  |  |
| 1. Demobilize equipment as needed.
	* *Documentation of lost/missing equipment or supplies*
 | I1O1 |  |  |
| Behavior: Take appropriate action based on assessed risk. |
| 1. Apply a risk management process.
	* *Situation Awareness*
	* *Hazard Assessment*
	* *Hazard Control*
	* *Decision Point*
	* *Evaluate*
 | I1I2O1 |  |  |

*The following competencies, Behaviors, and Tasks (44 through 57) are specific to the position of Facilities Unit Leader and should be completed only by those individuals who are working towards becoming qualified in that Position.*

#### Competency: Demonstrate knowledge and ability to perform subordinate ICS positions.

*Description:* ***Direct Entry*** *positions allow an individual to train and be qualified in this Unit Leader position without being qualified in subordinate positions.**This behavior and associated task(s) are not required if the trainee is already qualified in the subordinate position.*

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Behavior: Demonstrate knowledge and ability to perform the Base and/or Camp Manager that is subordinate to the unit**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Manage or perform Base and/or Camp Manager functions.
	* *Coordinate with other functions to set camp layout*
	* *Ensure incident facilities/support areas are set up and functioning properly*
	* *Determine or establish special requirements or restrictions on incident facilities*
	* *Supervise the set-up of sanitation facilities for incident personnel*
	* *Portable toilets***,** *Wash stations*
	* *Supervise the set-up of sleeping area/facility for incident personnel*
	* *Supervise the set-up/availability of shower facilities for incident personnel*
	* *Supervise the set-up of outdoor lighting for the incident*
	* *Base, Camp, Parking area(s)*
	* *Supervise the set-up of incident support electrical equipment/service*
	* *Support generator(s), Power distribution, Cell phone charging stations for incident operations personnel*
 | I1O1O2 |  |  |
| 1. Supervise Camp Crews
 | I1O1 |  |  |
| 1. Ensure compliance with applicable safety requirements for incident facilities.
 | I1O1 |  |  |

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| **Competency: Assume position responsibilities.***Description: Successfully assume role of the All Hazards Facilities Unit Leader within the Logistics Section and initiate position activities at the appropriate time according to the following behaviors.* |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.** |
| 1. Ensure appropriate personnel to support the unit.
	* *Base/Remote Camp Manager*
	* *Overnight support personnel*
	* *Security*
	* *Camp Crews*
 | I1O1 |  |  |
| **Behavior: Gather, update, and apply situational information relevant to the assignment** |
| 1. Ensure adequate signage is posted for unit’s work locations.
	* *Base*
	* *Camp*
	* *Security, etc.*
	* *Base flow patterns*
 | I1O1 |  |  |
| **Competency: Lead assigned personnel***Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.* |
| **Behavior: Coordinate interdependent activities.** |
| 1. Coordinate with host Agency Administrator or designee, and Logistics Section Chief to identify location for incident facilities.
	* *Incident Command Post*
	* *Base/Remote Camp(s)*
	* *Heli base*
	* *Staging areas*
	* *Contingency/expansion sites*
	* *Points of distribution (POD)*
	* *Contracts/agreements*
 | I1O1 |  |  |
| 1. Coordinate with other functions to layout and set-up the incident facilities.
	* *Base*
	* *Camp*
	* *ICP*
	* *Parking locations*
	* *Feeding/Catering location*
 | I1O1 |  |  |
| 1. Interact and coordinate with appropriate unit leaders and operations personnel
	* *Receive and transmit needed information*

  | I1O1 |  |  |
| 1. Ensure necessary maintenance of incident support electrical equipment / service is conducted
 | I1O1 |  |  |
| 1. Ensure incident facilities/support area(s) are restored to pre incident condition

  | I1O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Competency: Communicate effectively.***Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.* |
| **Behavior: Ensure documentation is complete and disposition is appropriate.** |
| 1. Complete invoices and/or shift tickets for contracted equipment and submit according to established protocol.
	* *Daily shower invoices*
	* *Portable toilets*
	* *Office units*
	* *Tents*
	* *Generators*
 | I1O1 |  |  |
| **Competency: Ensure completion of assigned actions to meet identified objectives.***Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.* |
| **Behavior: Administer and/or apply agency policy, contracts and agreements.** |
| 1. Perform project inspector duties for the management/administration of incident facilities/contracts.
	* *Ensure assigned resources provide equipment and supplies specified in contract.*
	* *Conduct periodic inspections and adjust as necessary.*
	* *Review, approve and submit invoices to appropriate payment office.*
	* *Establish appropriate schedules for assigned resources*
 | I1O1 |  |  |
| **Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.** |
| 1. Evaluate facility status, perform maintenance, and make recommendations as necessary to support the incident.
	* *Additional camps*
	* *Caterer capabilities*
	* *Parking*
	* *Sanitation*
	* *Showers*
	* *Mobile laundry service*
 | I1O1 |  |  |
| 1. Evaluate the need for repair/maintenance of incident facilities and ensure that needed repairs/maintenance has been performed or documented before the unit is demobilized or transition to another IMT
 | I1O1 |  |  |

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| *The following competencies, Behaviors, and Tasks (58 through 82) are specific to the position of Communications Unit Leader and should be completed only by those individuals who are working towards becoming qualified in that Position.* |
| **Competency: Assume position responsibilities.***Description: Successfully assume role of the All Hazards Communications Unit Leader within the Logistics Section and initiate position activities at the appropriate time according to the following behaviors.* |
| **TASK** | **CODE** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behaviors: Ensure readiness for assignment.** |
| 1. Obtain and assemble information and materials needed for a response kit prior to receiving an assignment, including critical items needed for the assignment and items needed for functioning during the first 48 hours. The following items are suggested as basic information and materials kept in a go bag:
	* *Appropriate ICS forms and logs*
	* *Current Tactical Interoperable Communications Plan (TICP) and Statewide Communications*
	* *Interoperability Plan (SCIP), if available*
	* *Inventories or other lists of local and regional communications response equipment*
	* *Preplanned local system coverage maps*
	* *Contact, capability, and availability information for local and regional Communications Technicians and Specialists*
	* *Field Operation Guide (NIFOG)*
	* *COML Mobilization Guide (specific to locality)*
	* *Portable radio(s) as appropriate for the region*
	* *Radio programming equipment (cloning cable or computer), adapters, and suitable tools*
	* *GPS*
	* *24-hour clock*
	* *Multi-purpose knife*
 | I1O1O2 |  |  |
| **Behavior: Ensure availability, qualifications, and capabilities or resources to complete assignment.** |
| 1. Order AM air-to-air and FM air-to-ground frequencies following proper procedures
	* *Coordinate with Communications Duty Officer or Communications Coordinator*
 | R |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Gather, update, and apply situational information relevant to the assignment.** |
| 1. Ensure adequate signage for work locations
	* *Dispatch*
	* *Batteries*
 | I1O1O2 |  |  |
| 1. Gather information to assess the incident assignment. This is an ongoing task throughout all phases of the incident. Include assigned in a draft Incident Radio Communications Plan (ICS 205). Important information includes:
	* *Frequencies and/or talk groups already assigned*
	* *Other mutual aid channels or equipment already in use*
	* *Gateway or other interoperability devices already in use*
	* *Other current incidents or events that may create conflicts communications plans or tax resources*
 | I1O1O2 |  |  |
| **Behavior: Establish effective relationships with relevant personnel.** |
| 1. Contact appropriate communications coordinator
	* *Provide contact information*
	* *Determine frequencies and equipment assigned*
	* *Identify other known incident conflicts*
 | I1O1 |  |  |
| **Competency: Lead Assigned Personnel***Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.* |
| **Behavior: Coordinate interdependent activities.** |
| 1. Coordinate Incident Communications.
	* *Operations*
	* *Logistical Support*
	* *Air Operations*
	* *Medical Unit*
	* *New incidents, incidents within the incidents*
	* *Emergency Communications*
 | I1O1O2 |  |  |
| 1. Coordinate frequencies, activities, and resources with communications resource coordinators outside of the incident
	* *Contact communications coordinators and notify them of incident frequency, talk group, mutual aid channel, dispatch center, or other shared resource assignments, as appropriate.*
	* *Identify resources as to type/qualifications, quantity, and location.*
	* *Provide a copy of the ICS Form 205 to other agencies or to the COML at any nearby incidents as necessary to avoid interference or other conflicts.*
 | I1O1O2 |  |  |
| 1. Notify appropriate local, county, regional, State and/or Federal agencies on adjacent incident(s) of system design and frequency allocations.
 | I1O1O2 |  |  |

**Competency: Communicate effectively.**

*Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.*

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Behavior: Ensure relevant information is exchanged during briefings and debriefings.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Provide highlighted communications information from the IAP during the Operational Period Briefing
	* *Pencil changes needed*
 | I1O1O2 |  |  |
| 1. Participate in incident planning meetings as the technical expert for communications needs.
	* *Determine the feasibility of providing the required communications support.*
	* *Provide operational and technical information on communications equipment available for the incident.*
	* *Provide operational and technical information on communications equipment and systems capabilities and restrictions.*
 | I1O1O2 |  |  |

**Behavior: Ensure documentation is complete and disposition is appropriate.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Initiate and maintain accurate records of communications equipment
	* *Initiate and maintain accountability system*
 | I1O1O2 |  |  |
| 1. Document geographic locations of equipment and transfer this information to local maps
	* *UTM*
	* *Latitude/Longitude*
	* *Legal*
 | I1O1 |  |  |
| 1. Submit documentation to Documentation Unit Leader or appropriate host agency representative within established timeframes
	* *Radio/telephone logs*
 | I1O1 |  |  |

**Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Provide the Communications Plan (ICS 205 form) to the Planning Section within the timeframe required to be included in the IAP
	* *Ensure plan is independent of local frequencies to prevent conflict*
	* *Frequencies and/or talk groups already assigned*
	* *Other current incidents or events that may create conflicts communications plans or tax resources.*
 | I1O1O2 |  |  |

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| --- |
| **Competency: Ensure completion of assigned actions to meet identified objectives.***Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.* |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Provide logistical support as necessary.** |
| 1. Design radio communications systems to meet incident needs.
	* *Determine locations for radio equipment to be installed*
	* *Determine additional resource needs and order necessary equipment and personnel.*
	* *Prepare Incident Radio Communications Plan, ICS 205.*
	* *Request any additional communications vendor services; e.g., telephone, satcom, microwave and identify costs associated with equipment.*
	* *Coordinate, through the chain of command, the locations for equipment to be installed; e.g., repeaters, satellite telephones, telephone lines, etc.*
	* *Provide communications support for external and internal data operations.*
	* *Order frequencies following the proper procedures.*
	* *Create diagrams of current communication system(s).*
	* *Determine optimal locations for any future expansion of communications equipment using topographical maps to evaluate elevation and separation needs.*
 | I1O1O2 |  |  |
| 1. Design telephone/data networks to meet incident needs.
	* *Determine locations for telephone/data networks to be installed*
	* *Coordinate, through the chain of command, the locations for equipment to be installed; e.g., satellite telephones, telephone lines, etc.*
 | I1O1O2 |  |  |
| 1. Request additional telephone communications services
	* *Identify cost and option associated with equipment/services*
	* *Determine if service can be provided in a timely manner*
 | I1O1O2 |  |  |
| 1. Request additional cellular communications services (e.g. COW, COLT etc.)
	* *Identify cost and option associated with equipment/services*
	* *Determine if service can be provided in a timely manner*
 | I1O1O2 |  |  |
| 1. Request additional data/internet communications services.
	* *Identify cost and options associated with equipment/services*
	* *Determine if services can be provided in a timely manner*
 | I1O1O2 |  |  |
| 1. Assign communications equipment.
	* *Identify types and quantity of communications equipment based on the IAP or other relevant plan.*
	* *Maintain equipment inventory to provide accountability*
 | I1O1O2 |  |  |
| 1. Provide basic training as needed for equipment being fielded.
 | I1O1O2 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Behavior: Ensure functionality of equipment.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Ensure installation of communications systems.
	* *Prioritize needs in the Operations function*
	* *Obtain equipment from supply unit.*
	* *Install and test all components of the communications equipment to ensure the incident’s systems are operational, for example:*
		+ *Command repeater*
		+ *Logistics repeater*
		+ *Links (radio and wire-based)*
		+ *Remotes*
		+ *Gateways*
		+ *Aircraft and other special needs*
	* *Develop installation priorities, while adhering to safety standards regarding communications needs of tactical personnel; i.e., operations before logistics.*
 | I1O1 |  |  |
| 1. Perform operational tests of communications systems throughout the duration of the incident.
	* *Identify and take necessary action to accomplish minor field repair or place orders for replacement of equipment.*
	* *Monitor all gateways in use.*
	* *Plan for battery replacement.*
	* *Act decisively to minimize interruptions in system operation.*
 | I1O1 |  |  |
| 1. Clone or program radios as necessary and authorized
 | I1I2O1O2 |  |  |
| **Behavior: Plan for demobilization and ensure demobilization procedures are followed.** |
| 1. Ensure demobilization of communications equipment.
	* *Inventory and seal equipment for return.*
	* *Complete waybill.*
 | I1O1 |  |  |

*The following competencies, Behaviors, and Tasks (83 through 92) are specific to the position of Food Unit Leader and should be completed only by those individuals who are working towards becoming qualified in that Position.*

**Competency: Assume position responsibilities.**

*Description: Successfully assume role of the All Hazards Food Unit Leader within the Logistics Section and initiate position activities at the appropriate time according to the following behaviors.*

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Ensure adequate signage for work locations
	* *Dining*
	* *Hand wash station*
	* *Lunches*
 | I1O1 |  |  |
| 1. Ensure Food Services understands food needs of incident
 | I1O1 |  |  |

**Competency: Lead assigned personnel.**

*Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.*

**Behavior: Coordinate interdependent activities.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Coordinate with Facilities Unit Leader.
	* *Space and facilities for kitchen and feeding area setup.*
	* *Hand washing facilities and portable toilet locations.*
	* *Garbage and black/gray water removal.*
	* *Potable water delivery.*
	* *Hazardous materials disposal (e.g., grease).*
	* *Dust abatement around the Food Unit*
 | I1O1 |  |  |
| 1. Coordinate with Ground Support Unit Leader.
	* *Refueling government procured equipment.*
 | I1O1 |  |  |
| 1. Coordinate with Supply Unit Leader.
	* *Initial and supplemental food and drink orders as determined by agency protocol.*
 | I1O1 |  |  |

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| **Competency: Communicate effectively.***Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.* |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public.** |
| 1. Develop plans to ensure continuing food service when a Mobile Food Services unit is not used, or under adverse conditions.
	* *Identify various options.*
	* *Determine which options are appropriate.*
 | I1O1 |  |  |
| **Competency: Ensure completion of assigned actions to meet identified objectives.***Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.* |
| **Behavior: Administer and/or apply agency policy, contracts and agreements.** |
| 1. Perform inspector duties of Food Services.
	* *Review Food Unit layout with Food Services representative to determine needs and/or changes.*
	* *Review and approve menus to determine if menu content, variety, and serving sizes meet incident needs.*
	* *Obtain feedback from incident personnel on food service.*
	* *Provide Food Services with meal scheduling, number of meals ordered, and actual meals served.*
	* *Ensure food service unit has equipment and supplies needed for incident.*
	* *Review kitchen unit contract, including past performance evaluations, quality control plans, and equipment specifications.*
	* *Review, approve and submit invoices to appropriate payment office.*
	* *Establish a donated food policy.*
 | I1O1 |  |  |
| **Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.** |
| 1. Gather information for daily meal orders.
	* *IAP*
	* *Incident Status Summary, ICS 209*
	* *Unit Briefing*
	* *Resources Unit Leader*
 | I1O1 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Follow established procedures and/or safety procedures relevant to given assignment.** |
| 1. Ensure appropriate health and safety measures are met.
	* *Ensure Medical Unit reports illnesses that could be related to food service*
	* *Provide safe food handling and sanitation rules to personnel at base/camp(s), staging areas, and other incident feeding locations*
	* *Contact local health authority and request assistance*
 | I1O1 |  |  |
| **Behavior: Provide logistical support as necessary.** |
| 1. Ensure food delivery to line personnel (e.g., hot/cold food containers, sack lunches).
	* *Remote camps*
	* *Heli-bases*
	* *Staging areas*
 | I1O1 |  |  |

*The following competencies, Behaviors, and Tasks (93 through 105) are specific to the position of Ground Support Unit Leader and should be completed only by those individuals who are working towards becoming qualified in that Position.*

***NOTE****: Some qualification systems have the Equipment Time Recorder in the Ground Support Unit and others in the Procurement Unit; the IIMTQS has retained this position and Personnel Time Recorder in the Time Unit.*

**Competency: Lead assigned personnel.**

*Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.*

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| --- | --- | --- | --- |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Behavior: Establish work assignments and performance expectations, monitor performance, and provide feedback.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Provide clear and concise direction to operators/contractors.
	* *Kind and duration of assignment*
	* *Interim supervisor for assignment*
	* *Travel routes*
	* *Communication procedures*
	* *Safety requirements (e.g., hour limitations, personal protective equipment (PPE), special instructions)*
 | I1O1 |  |  |

**Behavior: Coordinate interdependent activities.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Coordinate with Facilities Unit Leader to establish layout of Ground Support Unit.
	* *Parking*
	* *Fueling*
	* *Maintenance*
	* *Loading/unloading of heavy equipment*
	* *Incident base/camp traffic flow pattern*
	* *Space for expansion*
	* *Shelter*
	* *Location for vehicle inspections*
	* *Decontamination*
 | I1O1 |  |  |
| 1. Coordinate with other units to manage hazardous materials (e.g., fuel, oil, foam) according to applicable regulations.
	* *Environmental requirements*
	* *Shipping/handling*
	* *Storage/disposal/containment*
 | I1O1 |  |  |
| 1. Coordinate with Safety Officer and agency representative to ensure driver familiarity with conditions.
	* *Ensure operator has current licenses and proper certifications*
 | I1O1 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Competency: Communicate effectively.**

*Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.*

**Behavior: Ensure documentation is complete and disposition is appropriate.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Collect and record information on rental, contract, and agency equipment.
	* *Ensure resource identification (“E”) numbers are displayed.*
	* *Maintain and update ICS 218, Support Vehicle Inventory, and provide information to Resources Unit.*
	* *Complete Emergency Equipment Shift Ticket, and submit to Finance/Administration.*
	* *Review agreements and contracts.*
	* *Track contractor use of government furnished supplies, parts, fuels, and repairs and submit to Finance/Administration.*
	* *Ensure fuel issues/supplies/maintenance costs are submitted to Finance/Administration.*
 | I1O1 |  |  |
| 1. Develop incident Transportation Plan.
	* *Coordinate with appropriate command and general staff*
	* *Provide approved transportation plan for IAP and update as needed.*
 | I1O1 |  |  |

**Competency: Ensure completion of assigned actions to meet identified objectives.**

*Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.*

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Behavior: Provide logistical support as necessary**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Post signage and flagging on incident roads.
	* *Drop points*
	* *Road junctions*
	* *Water sources*
	* *Routes*
 | I1O1 |  |  |
| 1. Provide ground transportation of resources and supplies for incident personnel and for impacted public, when appropriate.
	* *Order vehicles/equipment based on anticipated needs.*
	* *Ensure vehicle/equipment is appropriate for job and terrain.*
	* *Reassign vehicles/support equipment based on priorities.*
 | I1O1 |  |  |
| 1. Provide fuel, service, maintenance, and repair of vehicles and other equipment
 | I1O1 |  |  |
| 1. Coordinate maintenance and repair of incident roads.
	* *Coordinate maintenance schedules with host agency representative.*
	* *Conduct incident road system survey (e.g., bridge conditions, weight limits, surface condition)*
	* *Coordinate dust abatement with appropriate units*
 | I1O1 |  |  |

**Behavior: Ensure functionality of equipment**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Establish a facility for maintenance of equipment as needed.
 | I1O1 |  |  |
| 1. Ensure pre-inspections are completed and submitted to the Finance section.
 | I1O1 |  |  |
| 1. Ensure post-inspections are completed and submitted to the Finance section.
 | I1O1 |  |  |

*The following competencies, Behaviors, and Tasks (106 through 119) are specific to the position of Medical Unit Leader and should be completed only by those individuals who are working towards becoming qualified in that Position.*

**Competency: Assume position responsibilities.**

*Description: Successfully assume role of the All Hazards Medical Unit Leader within the Logistics Section and initiate position activities at the appropriate time according to the following behaviors.*

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Verify required medical certification of personnel.
	* *Emergency Medical Technician (EMT)*
	* *Paramedic (EMT-P)*
	* *Physician Assistant (PA)*
 | I1O1 |  |  |
| 1. Obtain and assemble information and material needed for Unit. Suggested items:
	* *Medical Unit Leader Field Reference Guide*
	* *Medical Plan, ICS 206*
	* *Daily Summary, Field First Aid Station*
	* *Medical Unit Record of Issues*
	* *Patient Evaluation Log*
	* *Employee’s Notice of Injury and Claim for Continuation of Pay/Compensation*
	* *Employee’s Notice of Occupational Disease*
	* *Authorization for Examination and/or Treatment*
	* *Agency Provided Medical Care Authorization/Medical Report*
	* *Other agency/area specific medical forms*
 | I1O1O2 |  |  |
| 1. Ensure adequate signage for work locations (e.g. Medical).
 | I1O1 |  |  |

**Behavior: Gather, update, and apply situational information relevant to the assignment.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Gather information relevant to medical operations.
	* *Assigned contractors/cooperators (e.g., ambulance)*
	* *Assigned Safety Officers*
	* *Medical Activity Log*
	* *Injury/illness log*
	* *Patient evaluations*
	* *Health Insurance Portability and Accountability Act (HIPAA) considerations*
 | I1O1O2 |  |  |

**Competency: Lead assigned personnel.**

*Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.*

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Behavior: Coordinate interdependent activities.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Coordinate with necessary units to establish and maintain Medical Unit operations.
	* *Communications*
	* *Facilities (e.g., utilities, space, shelter, hand washing stations, portable toilets)*
	* *Ground Support (e.g., Basic Life Support or Advanced Life Support transport)*
	* *Air Operations*
	* *Special needs (e.g., diet, personnel, supplies, and equipment)*
	* *Biohazard handling and disposal procedures*
	* *Security*
 | I1O1O2 |  |  |
| 1. Coordinate with Safety Officer regarding medical issues.
	* *Brief Safety Officer on medical trends in reported illnesses and injuries.*
 | I1O1O2 |  |  |
| 1. Coordinate with Compensation/Claims Unit Leader regarding medical issues.
	* *Inform compensation/claims personnel of injuries/illnesses requiring medical attention and request follow-up regarding patient status.*
 | I1O1O2 |  |  |

**Competency: Communicate effectively.**

*Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.*

**Behavior: Ensure documentation is complete and disposition is appropriate.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Complete required documents.
	* *Medical Unit Record of Issues*
	* *First Aid Field Station Log*
	* *Patient Evaluation*
	* *Host agency-specific forms*
 | I1O1O2 |  |  |
| 1. Submit required information to appropriate units.
	* *Compensation/Claims Unit (completion of patient evaluation/follow-up)*
	* *Documentation Unit Leader*
	* *Host Agency*
 | I1O1O2 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Establish Medical Unit procedures.
	* *Major medical emergency*
	* *Non-emergency transport*
	* *Patient return from medical facility*
 | I1O1O2 |  |  |

**Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Prepare Medical Plan, ICS 206.
	* *Establish contact with local medical services and include their capabilities when developing the Medical Plan (e.g., fire department(s), hospital(s), clinic(s), ambulance services, air ambulances).*
	* *Have plan reviewed and signed by Safety Officer.*
 | I1O1 |  |  |

**Competency: Ensure completion of assigned actions to meet identified objectives.**

*Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.*

**Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Evaluate Medical Unit’s ability to perform patient assessment and care.
 | I1O1 |  |  |

**Behavior: Take appropriate action based on assessed risks.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Ensure appropriate and timely response to requests at the Medical Unit.
 | I1O1 |  |  |

**Behavior: Provide logistical support as necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Provide immediate basic medical supplies to incident personnel.
 | I1O1 |  |  |

*The following competencies, Behaviors, and Tasks (120 through 138) are specific to the position of Supply Unit Leader and should be completed only by those individuals who are working towards becoming qualified in that Position.*

**Competency: Demonstrate knowledge and ability to perform subordinate ICS positions.**

*Description****: Direct Entry*** *positions allow an individual to train and be qualified in this Unit Leader position without being qualified in subordinate positions.**This behavior and associated task(s) are not required if the trainee is already qualified in the subordinate position.*

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| --- | --- | --- | --- |
| **TASK** | **CODE** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |

**Behavior: Demonstrate knowledge and ability to perform the Ordering Manager (ORDM-AH) and Receiving/Distribution Manager (RCDM-AH) that is subordinate to your unit**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Manage or perform the Ordering Manager function.
	* *Obtain necessary agency(s) order forms*
	* *Place approved orders in a timely manner*
	* *Consolidate approved orders when possible*
	* *Identify incident personnel who have ordering authority*
	* *Obtain name and telephone numbers of agency(s) personnel receiving orders*
	* *Identify times and locations for delivery of supplies and equipment*
	* *Resolve ordering problems as they occur*
 | I1O1O2 |  |  |
| 1. Manage or perform the Receiving/Distribution Manager function.
	* *Submit necessary reports the Supply Unit Leader*
	* *Notify Ordering Manager of supplies and equipment received*
	* *Notify Finance Section of supplies and equipment received*
	* *Ensure safety practices are followed*
	* *Implement security requirements for the supply area*
	* *Lights, Barricades*
	* *Organize physical layout of supply area*
	* *Establish procedures for operating supply area*
	* *Establish appropriate record system*
	* *of hazardous waste generated by incident support activities*
	* *Implement a system for the accountability of accountable supplies and equipment*
	* *Sign out tools and equipment*
	* *Ensure reusable tools and equipment are returned to the supply area and checked in*
	* *Ensure supplies and equipment are returned to appropriate cache/vendor/contractor*
 | I1O1O2 |  |  |

|  |
| --- |
| **Competency: Assume position responsibilities.***Description: Successfully assume role of the All Hazards Supply Unit Leader within the Logistics Section and initiate position activities at the appropriate time according to the following behaviors.* |
| **TASK** | **CODE** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.** |
| 1. Develop and maintain effective working relationship with local EOC, dispatch center, or other supply chain.
 | I1O1 |  |  |
| 1. Establish ordering procedures.
 | I1O1 |  |  |
| 1. Recognize and appreciate variability and differences of policies and procedures of local jurisdictions for acquiring supplies, materials and personnel.
 | IO1 |  |  |
| **Competency: Lead assigned personnel.***Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.* |
| **Behavior: Coordinate interdependent activities.** |
| 1. Coordinate with Facilities Unit to establish layout of Supply Unit.
	* *Ordering*
	* *Receiving and distribution*
	* *Space for expansion*
	* *Shelter*
 | I1O1O2 |  |  |
| 1. Coordinate with local cache or ordering center to ensure that supplies, materials, and equipment are returned in a timely manner.
 | I1O1 |  |  |
| 1. Determine the type and amount of supplies needed to support the incident
 | I1O1O2 |  |  |
| **Competency: Communicate effectively.***Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.***Behavior: Ensure documentation is complete and disposition is appropriate.** |
| 1. Ensure order forms are filled out correctly
 | I1O1O2 |  |  |

|  |
| --- |
| **Competency: Ensure completion of assigned actions to meet identified objectives.***Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.* |
| **TASK** | **CODE** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Take appropriate action based on assessed risks.** |
| 1. Supervise the ordering function.
	* *Internal and external ordering procedures are implemented.*
	* *Establish system of resources/supplies to be ordered, ordered, in route, and received.*
	* *Incident specific, uncommon resources/supplies*
	* *Identify and order critical/priority items for the incident*
 | I1O1O2 |  |  |
| 1. Supervise the receiving and distribution function.
 | I1O1 |  |  |
| 1. Develop and implement safety requirements for the Supply Unit
	* *Fork Lift*
	* *Lifting*
 | I1O1O2 |  |  |
| 1. Develop and supervise security requirements for the Supply Unit
 | I1O1O2 |  |  |
| **Behavior: Provide logistical support as necessary** |
| 1. Coordinate with command and general staff regarding resource needs.
	* *Immediate*
	* *Proactive ordering of resources for future operational periods*
	* *Coordinate with Resource and other Unit Leaders/Managers*
 | I1O1O2 |  |  |
| 1. Maintain inventory of expendable supplies and equipment
 | I1O1 |  |  |
| 1. Develop host agency approved procedures for the disposal of expendable supplies and equipment
 | I1O1O2 |  |  |
| 1. Develop host agency approved procedures for the disposal of hazardous waste generated by incident support activities
 | I1O1O2 |  |  |
| 1. Develop procedures to service reusable equipment
 | I1O1O2 |  |  |
| 1. Coordinate with Aviation
	* *Ordering procedures*

  | R |  |  |

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**INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD**

A separate Evaluation Record needs to be completed for each incident, event, full-scale exercise, functional exercise, tabletop, daily duties, or in a classroom where a Trainee can be evaluated and is required for any task signed off in the PTB. If additional Evaluation Records are needed, a page can be copied from a blank task book and attached.

**Each Evaluation Record will need to have the following information provided:**

**Evaluation Record #:** *The number at the top of the evaluation record which identifies a particular incident or group of incidents. This number should be placed in the column labeled “Evaluation Record #” on the PTB for each task performed satisfactorily. This number enables reviewers of the completed PTB to ascertain the qualifications of the different evaluators prior to making the appropriate sign-off on the PTB.*

***Trainee Name*:** *Insert the Trainee’s full name.*

***Trainee Position*:** *Insert the Trainee’s ICS Trainee position.*

**Evaluator’s Information:**

***Evaluator’s Name:*** *Insert the Evaluator’s full name.*

***Incident Position/Assignment:*** *Identify the ICS position the Evaluator selected during this evaluation.*

***Evaluator’s Agency/Organization:*** *Identify the**agency/organization the Evaluator is representing*

***Evaluator’s Office Title:*** *Identify the position or title the Evaluator has within their home agency/organization.*

***Agency/Organization Address:*** *Insert the mailing address of the Agency/Organization where the Evaluator receives US mail service.*

***Phone and E-mail:*** *Insert the Evaluator’s phone number and e-mail address.*

***Evaluator’s Relevant Certification Qualification System:*** *List the evaluator’s NIMS ICS certification relevant to the Trainee position supervised and the Qualification System (i.e., IIMTQS, NWCG, USCG).*

***Name and Location of Exercise/Event/Incident:*** *Identify the name and location where the tasks were evaluated.*

***Exercise/Event/Incident Kind and Complexity:*** *Enter type of incident (hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.) and* complexity of incident or sub-incident that the evaluation is for by Type (Type 1, 2, 3, etc).

***Number and Type of Resources:*** *Enter the number and type of resources assigned to the incident pertinent to the Trainee’s position.*

***Duration:*** *Enter inclusive dates during which the Trainee was evaluated and number of operational periods in Trainee status. This block may indicate a span of time covering small incidents/events considered (or managed) as one on-going incident if the Trainee has been evaluated on that basis.*

***Recommendation:***  *Check as appropriate and/or make comments regarding the future needs for development of this Trainee.*

***Recommendations/Comments:*** *Provide comments and observations of the Trainee while they were assigned to the incident/event/exercise. The ICS 225 can also be completed and used as an accompanying document to record the incident experience or it can be used as guidance on the type of information that is necessary in this section of the Evaluation Record.*

***Evaluator’s Signature:*** *Evaluator signs here.*

***Date:*** *Indicate* *the calendar date the record is being completed.*

***Evaluator’s Initial:*** *Initial here to authenticate recommendations and to allow for comparison with initials in the PTB.*

**Evaluation Record # 1**

|  |  |
| --- | --- |
|  |  |
| TRAINEE NAME | TRAINEE POSITION |
| **Evaluator’s Information** |
| Evaluator’s Name:  |
| Incident Position/Assignment  |
| Evaluator’s Agency/Organization:  |
| Evaluator’s Office Title:  |
| Agency/Organization Address:  |
| Phone and Email**:**  |
| Evaluator’s Relevant Certification and Qualification System:  |
| Name and Location of Exercise/Event/Incident Kind: |
| Exercise/Event/Incident Type (*hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.) and Complexity (Type 1, 2, 3, etc.):* |
| Number and Type of Resources Pertinent to Trainee’s Position: *(number of personnel being supervised, number of resources by type and kind)* |
| Duration: *(inclusive dates in Trainee status and number of operational periods in Trainee status)* |
| **Recommendation:** The tasks initialed and dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee.\_\_\_\_\_\_ The individual has successfully performed all tasks for the position and should be considered for certification.\_\_\_\_\_\_ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.\_\_\_\_\_\_ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.\_\_\_\_\_ The individual is deficient in the performance of tasks for the position and needs further training in both required knowledge and skills prior to additional assignment(s) as a Trainee (comments below).Recommendations/Comments *(Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating)*: |
|  |
|  |
|  |
| Evaluator’s Signature: Date:  |
| Evaluator’s Initials:  |

**Evaluation Record # 2**

|  |  |
| --- | --- |
|  |  |
| TRAINEE NAME | TRAINEE POSITION |
| **Evaluator’s Information** |
| Evaluator’s Name:  |
| Incident Position/Assignment  |
| Evaluator’s Agency/Organization:  |
| Evaluator’s Office Title:  |
| Agency/Organization Address:  |
| Phone and Email**:**  |
| Evaluator’s Relevant Certification and Qualification System:  |
| Name and Location of Exercise/Event/Incident Kind: |
| Exercise/Event/Incident Type (*hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.) and Complexity (Type 1, 2, 3, etc.):* |
| Number and Type of Resources Pertinent to Trainee’s Position: *(number of personnel being supervised, number of resources by type and kind)* |
| Duration: *(inclusive dates in Trainee status and number of operational periods in Trainee status)* |
| **Recommendation:** The tasks initialed and dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee.\_\_\_\_\_\_ The individual has successfully performed all tasks for the position and should be considered for certification.\_\_\_\_\_\_ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.\_\_\_\_\_\_ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.\_\_\_\_\_ The individual is deficient in the performance of tasks for the position and needs further training in both required knowledge and skills prior to additional assignment(s) as a Trainee (comments below).Recommendations/Comments *(Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating)*: |
|  |
|  |
|  |
| Evaluator’s Signature: Date:  |
| Evaluator’s Initials:  |

**Evaluation Record # 3**

|  |  |
| --- | --- |
|  |  |
| TRAINEE NAME | TRAINEE POSITION |
| **Evaluator’s Information** |
| Evaluator’s Name:  |
| Incident Position/Assignment  |
| Evaluator’s Agency/Organization:  |
| Evaluator’s Office Title:  |
| Agency/Organization Address:  |
| Phone and Email**:**  |
| Evaluator’s Relevant Certification and Qualification System:  |
| Name and Location of Exercise/Event/Incident Kind: |
| Exercise/Event/Incident Type (*hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.) and Complexity (Type 1, 2, 3, etc.):* |
| Number and Type of Resources Pertinent to Trainee’s Position: *(number of personnel being supervised, number of resources by type and kind)* |
| Duration: *(inclusive dates in Trainee status and number of operational periods in Trainee status)* |
| **Recommendation:** The tasks initialed and dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee.\_\_\_\_\_\_ The individual has successfully performed all tasks for the position and should be considered for certification.\_\_\_\_\_\_ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.\_\_\_\_\_\_ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.\_\_\_\_\_ The individual is deficient in the performance of tasks for the position and needs further training in both required knowledge and skills prior to additional assignment(s) as a Trainee (comments below).Recommendations/Comments *(Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating)*: |
|  |
|  |
|  |
| Evaluator’s Signature: Date:  |
| Evaluator’s Initials:  |

**Evaluation Record # 4**

|  |  |
| --- | --- |
|  |  |
| TRAINEE NAME | TRAINEE POSITION |
| **Evaluator’s Information** |
| Evaluator’s Name:  |
| Incident Position/Assignment  |
| Evaluator’s Agency/Organization:  |
| Evaluator’s Office Title:  |
| Agency/Organization Address:  |
| Phone and Email**:**  |
| Evaluator’s Relevant Certification and Qualification System:  |
| Name and Location of Exercise/Event/Incident Kind: |
| Exercise/Event/Incident Type (*hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.) and Complexity (Type 1, 2, 3, etc.):* |
| Number and Type of Resources Pertinent to Trainee’s Position: *(number of personnel being supervised, number of resources by type and kind)* |
| Duration: *(inclusive dates in Trainee status and number of operational periods in Trainee status)* |
| **Recommendation:** The tasks initialed and dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee.\_\_\_\_\_\_ The individual has successfully performed all tasks for the position and should be considered for certification.\_\_\_\_\_\_ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.\_\_\_\_\_\_ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.\_\_\_\_\_ The individual is deficient in the performance of tasks for the position and needs further training in both required knowledge and skills prior to additional assignment(s) as a Trainee (comments below).Recommendations/Comments *(Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating)*: |
|  |
|  |
|  |
| Evaluator’s Signature: Date:  |
| Evaluator’s Initials:  |

