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**Task Book for the Position of**

**Type 3 ALL-HAZARDS**

**OPERATIONS SECTION CHIEF (OSC3-AH)**

*This Position Task Book allows “direct entry” and includes tasks for the following positions;*

**Division or Group Supervisor**

**An individual who is qualified in one or more of these subordinate positions can be recorded as having completed the associated task(s) in this position task book.**

**Version: December 2016**

Text box for adapting State name, logo, etc.

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| |  | | --- | | **All-Hazards Operations Section Chief (OSC3-AH)** | | **Position Task Book Assigned to** | | Trainee’s Name | | Duty Station | | Phone Number | | E-Mail | |  | | **Was initiated by** | | Official’s Name | | Title | | Duty Station | | Phone Number | | E-Mail | |  | | **Was initiated at** | | Location | | Date | |

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](mailto:xxxxx@AHIMTA.org)

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| **ALL-HAZARDS OPERATIONS SECTION CHIEF (OSC3-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*** |
| 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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**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.

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| **Competency: Demonstrate knowledge and ability to perform subordinate ICS positions.**  *Description****: Direct Entry*** *positions allow an individual to train and be qualified in this Staff 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.* | | | |
| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| **Behavior: Demonstrate knowledge, understanding and ability to perform the positions in the Operations Function that are subordinate to the unit.** | | | |
| 1. Demonstrate the ability to perform the duties and skills of a Division or Group Supervisor according to the most current version of the Position Task Book for this position.  * *Implement assigned portions of the IAP.* * *Assign resources within the Division or Group.* * *Report on the progress or control of operations.* * *Report on status of resources within the Division or Group.* | I1  I2  O1 |  |  |
| **Competency: Assume position responsibilities**  *Description: Successfully assume role of Planning Section Chief and initiate position activities at the appropriate time according to the following behaviors.* | | | |
| **Behavior: Ensure readiness for assignment.** | | | |
| 1. Obtain and assemble information and materials needed for kit. Kit assembled and prepared prior to receiving an assignment. Kit contains critical items needed for the assignment and items needed for functioning during the assignment. Kit is easily transportable. The basic information and materials needed may include, but is not limited to, any of the following:   **Reference Materials**   * *References appropriate for the incident type and agencies involved* * *Functional Guidelines relative to incident type (e.g. Agency guidance and/or functional guidelines)* * Coast Guard “*Incident Management Handbook”* * Incident Management Training Consortium “*Response and Planning Guide”* * EMSI ICS Institute “*Operations Section Chief”,* Job Aid * *IMT contact information*   **Forms**   * *ICS 201, Incident Briefing* * *ICS 209, Incident Status Summary* * *ICS 213, General Message* * *ICS 214, Activity Log* * *ICS 215, Operation Planning Worksheet* * *ICS 220 (as applicable), Air Operations Summary Worksheet* * *Agency specific forms appropriate to the function*   **Supplies**   * *Office supplies appropriate to the function* * *Maps* | I1  I2  O1  O2 |  |  |
| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| 1. Arrive properly equipped at incident assigned location within acceptable time limits. | I1  I2  O1  O2 |  |  |
| 1. Check in according to receiving agency/organization guidelines. | I1  I2  O1  O2 |  |  |
| **Behavior: Ensure availability, qualifications and capabilities of resources to complete assignment.** | | | |
| 1. Identify kind, type and number of resources required to achieve objectives.  * *Consider topography, weather, kinds and types of resources, resource availability and health and safety factors.* * *Calculate resources needed using mathematical calculations (where applicable) and the intuitive method.* | I1  I2  O1 |  |  |
| 1. Order necessary personnel and equipment. | I1  I2  O1  O2 |  |  |
| **Behavior: Gather, update, and apply situational information relevant to the assignment.** | | | |
| 1. Obtain complete information from dispatch upon activation.  * *Incident name.* * *Incident order number.* * *Request number.* * *Reporting location.* * *Reporting time.* * *Transportation arrangements/travel routes.* * *Contact procedures during travel (telephone/radio).* | I1  I2  O1 |  |  |
| 1. Gather information necessary to assess incident assignment and determine immediate needs and actions.  * *Incident Commander’s name and agency /organization contact information.* * *Type of incident.* * *Current resource commitments.* * *Current situation.* * *Expected duration of assignment.* * *Topography.* * *Weather.* | I1  I2  O1  O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| 1. Obtain briefing from Agency Administrator/ outgoing Incident Commander.  * *Receive Incident Commander’s ICS 201 (Incident Briefing). Receive special instructions.* | I1  I2  O1 |  |  |
| 1. Obtain briefing from Incident Commander (May be one-on-one or an Incident Management Team (IMT) meeting.).  * *Receive Incident Commander’s priorities, goals and objectives for the IMT.* * *Receive Incident Commander’s priorities, goals and objectives for the incident.* | I1  O1  O2 |  |  |
| 1. Collect information from outgoing Operations Section Chief, initial Incident Commander or other personnel responsible for incident prior to your arrival.  * *Obtain status of incident and assigned resources.* * *Obtain status of existing operations section, including air operations if applicable.* * *Obtain information on special hazards or threats.* * *Order necessary personnel and equipment.* | I1  O1 |  |  |
| **Behavior: Establish effective relationships with relevant personnel.** | | | |
| 1. Establish and maintain positive interpersonal and interagency working relationships.  * *Local agencies.* * *Hosting unit.* * *Public.* * *Division/Group Supervisors.* * *Command and General Staff.* | I1  I2  O1  O2 |  |  |
| 1. Create a work environment that provides mutual respect and equal opportunity for all personnel assigned to the incident. | I1  I2  O1  O2 |  |  |
| **Behavior: Establish organization structure, reporting procedures and chain of command of assigned resources.** | | | |
| 1. Supervise and adjust operations organization and tactics as needed, based on changes in incident situation and resource status.  * *Ensure priorities and tactics are communicated and understood throughout the operations section.* * *Ensure health and safety procedures are established and maintained throughout the operations section.* * *Ensure any changes in priorities or tactics are communicated and understood.* * *Provide for functional and geographical supervision as needed.* * *Ensure effective use and coordination of all assigned resources.* * *Maintain appropriate span of control.* * *Establish staging areas as needed.* | I1  I2  O1  O2 |  |  |
| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| **Behavior: Understand and comply with ICS concepts and principles.** | | | |
| 1. Maintain appropriate span of control. | I1  I2  O1  O2 |  |  |
| 1. Demonstrate knowledge of ICS structure, principles, positions and ICS forms. | I1  I2  O1  O2 |  |  |
| 1. Understand scope, roles, responsibilities, jurisdiction and authority of responder agencies. | I1  I2  O1 |  |  |
| 1. Assure execution of appropriate administrative requirements (to include documentation, ICS forms, personnel and equipment time records, performance ratings). | I1  O1  O2 |  |  |
| **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:** **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.* * *Train and mentor assigned subordinates.* | I1  I2  O1  O2 |  |  |
| 1. Exhibit principles of respect.  * *Know your subordinates and look out for their well-being.* * *Keep your subordinates informed.* * *Build the team.* * *Assign your subordinates in accordance with their capabilities.* | I1  I2  O1  O2 |  |  |
| 1. Exhibit principles of integrity.  * *Know yourself and seek improvement.* * *Seek responsibility and accept responsibility for your actions.* * *Set the example.* | I1  I2  O1  O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| **Behavior:Ensure the safety, welfare, and accountability of assigned personnel.** | | | |
| 1. Recognize potentially hazardous situations. | I1  I2  O1 |  |  |
| 1. Inform subordinates of hazards. | I1  I2  O1 |  |  |
| 1. Control positions and function of resources. | I1  I2  O1 |  |  |
| 1. Ensure special precautions are taken when extraordinary hazards exist. | I1  I2  O1 |  |  |
| 1. Ensure adequate rest is provided to all assigned personnel. | I1  I2  O1 |  |  |
| 1. Provide and support a hostile-free work environment. | I1  I2  O1  O2 |  |  |
| 1. Comply with agency/organization health and safety requirements.  * *Develop tactical plans based on health and safety consideration/guidelines.* * *Spot check tactical operations to ensure compliance with safety considerations.* | I1  I2  O1  O2 |  |  |

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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. Periodically evaluate resource status and tactical needs to determine if resource assignments are appropriate.   (**TASK MUST BE COMPLETED TWICE AS A MINIMUM ON TWO (2) DIFFERENT INCIDENTS/EVENTS)**   * *Determine kind and number of resources required to complete tactics.* * *Assign single resources, task forces or strike teams depending on the needs of the Division/Group Supervisors.* * *Approve assembly and disassembly of strike teams and task forces.* * *Provide for functional and geographical supervision as needed.* * *Establish staging areas as needed.* | I1  I2  O1 | **[Two evaluation records]** |  |
| 1. Prepare and discuss performance ratings with subordinates | I1  I2  O1 |  |  |
| **Behavior: Emphasize teamwork.** | | | |
| 1. Establish cohesiveness among assigned resources.  * *Establish trust through open communication.* * *Require commitment.* * *Set expectations of accountability.* * *Bring focus to the team result.* | I1  I2  O1  O2 |  |  |
| **Behavior: Coordinate interdependent activities.** | | | |
| 1. Interact and coordinate with all other command staff, general staff and appropriate Unit Leaders.  * *Receive and transmit current and accurate information.* * *Communicate changes to the IAP or relevant plan.* * *Inform appropriate team members of significant changes in operations.* * *Ensure the Resources Unit Leader is advised of all changes in status of resources assigned to the operation. Keep status current.* * *Provide Situation Unit Leader operational status for ICS 209 (Incident Status Summary).* | I1  O1 |  |  |
| 1. Ensure effective use and coordination of all assigned resources. | I1  I2  O1 |  |  |
| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| 1. Coordinate with the replacement Operations Section Chief.  * *Coordinate the preparation of the next operational period’s Incident Action Plan (IAP) or relevant plan.* | I1  O1 |  |  |
| 1. Coordinate with subordinates and provide Planning Section Chief a list of excess personnel, contract equipment, crews, miscellaneous personnel and other resources. List will include:  * *Kind and type.* * *Quantity.* * *Time/date of available release.* * *Review the list daily for accuracy ensuring all units are demobilized in a timely and complete manner.* | I1  O1 |  |  |
| 1. Coordinate with local response agencies (e.g., fire, EMS, law enforcement, public health, public works, etc.).  * *Secure property.* * *Traffic control.* * *Evacuation.* * *Volunteers.* | I1  I2  O1 |  |  |
| **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 relevant information is exchanged during briefings and debriefings.** | | | |
| 1. Participate in the operational period briefing, particularly emphasizing tactical priorities and any special health and safety considerations and changes from the written IAP. | I1  O1 |  |  |
| 1. Brief the relief Operations Section Chief. | I1  O1 |  |  |
| 1. Debrief the Operations Section Chief you are relieving. | I1  O1 |  |  |
| 1. Update Incident Commander on current accomplishments and/or problems.  * *Inform Incident Commander as soon as possible of problems and accomplishments.* | I1  I2  O1 |  |  |
| 1. Participate in the Tactics meeting.  * *Performing the role of Operations Section Chief* | I1  O1 |  |  |
| 1. Participate in Post Incident Analysis as necessary. | I1  I2  O1 |  |  |
| 1. Participate in after-incident review per agency/organization policy. | I1  I2  O1 |  |  |
| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| **Behavior: Ensure documentation is complete and disposition is appropriate.** | | | |
| 1. Ensure incident documentation is completed as required by the Incident Commander.  * *Submit incident narrative to Planning Section Chief.* * *Complete and submit ICS 214 (Activity Log) to Documentation Unit for each operational period.* * *Ensure all personnel and equipment time records are complete and have been submitted to the Time Unit Leader/ Equipment Time Recorder at the end of each operational period.* * *Complete ICS 220 (Air Operations Summary Worksheet) as necessary.* * *Complete and submit performance evaluations for Operations Section resources at conclusion of incident.* | I1  O1 |  |  |
| **Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.** | | | |
| 1. Prepare for and participate in strategy meetings.  * *Share and evaluate operational information with Incident Management Team (IMT) members.* | I1  O1  O2 |  |  |
| 1. Report unexpected occurrences (fires, incidents within an incident, accidents, political contacts, property loss or damage, etc.).  * *Obtain information about special hazards or threats from:*   + *Subordinates.*   + *Personal observation.*   + *Other incident personnel.*   + *Off-incident personnel.* * *Ensure standard information contains nature of event, location, magnitude, personnel involved (do not release names of victims or agency/organization on the radio), initial action taken; e.g., helicopter picking up injured, appropriate subsequent action.* | I1  I2  O1  O2 |  |  |
| **Behavior: Communicate and ensure understanding of work expectations within the chain of command and across functional areas.** | | | |
| 1. Ensure priorities and tactics are communicated and understood throughout the operations section. | I1  I2  O1  O2 |  |  |
| 1. Ensure any changes in priorities or tactics are communicated and understood. | I1  I2  O1  O2 |  |  |
| **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. Participate in preparation of IAP or relevant plan.  * *Update team on current situation.* * *Determine tactical priorities for next operational period.* * *Determine tactics and work assignments for next operational period or periods.* * *Advise on current capabilities and limitations.* * *Determine additional/excess resources.* | I1  O1  O2 |  |  |
| 1. Complete operational portion of IAP as part of ICS 215 (Operational Planning Worksheet).  * *Establish branches, divisions/groups and staging areas.* * *Establish priorities for aviation operations, if necessary.* | I1  O1  O2 |  |  |
| 1. Participate in the preparation of other necessary relevant plans (e.g., evacuation plan, contingency plan). | I1  I2  O1  O2 |  |  |
| **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. Ensure assigned contracted resources meet contract specifications.  * *Take necessary action for those not meeting specifications.* | I1  O1 |  |  |
| 1. Participate in the development of an “Incident within the Incident Plan” based on a potential incident that could occur during incident operations.  * *Review Team’s “Incident within an incident” procedures* | I1  I2  O1  O2 |  |  |
| 1. Designate and request agreements as necessary.  * *Coordinate with Finance Section.* | I1  O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| **Behavior: Gather, analyze and validate information pertinent to the incident or event and make recommendations for setting priorities.** | | | |
| 1. Evaluate and monitor current situation.  * *Determine if present plan of action will meet incident objectives.* * *Determine if the present plan is congruent with the incident strategic plan.* * *Identify problems and concerns (evacuation, sheltering, aviation safety, etc.).* * *Identify priorities and values to be protected (life, property, infrastructure, environment, etc.)* * *Advise Incident Commander and other appropriate incident management team personnel.* | I1  I2  O1  O2 |  |  |
| **Behavior: Prepare clear and concise assessments regarding hazards, hazard behavior, weather and other relevant events.** | | | |
| 1. Assist in completing and validate health and safety ICS 215A (Incident Action Plan Safety Analysis). | I1  O1  O2 |  |  |
| **Behavior: Make appropriate decisions based on analysis of gathered information.** | | | |
| 1. Personally observe and review current operations to prepare tactics for the next operational period planning meeting considering:  * *Resource status.* * *Situation status.* * *Weather.* * *Communications capability.* * *Environmental impact.* * *Resources to be protected.* * *Cost constraints.* * *Aviation capabilities, limitations.* | I1  O1  O2 |  |  |
| 1. Periodically evaluate resource status and tactical needs to determine if resource assignments are appropriate.  * *Determine kind and number of resources required to complete tactics.* * *Assign single resources, task forces or strike teams.* * *Assemble and disassemble strike teams and task forces.* | I1  I2  O1  O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| **Behavior: Take appropriate action based on assessed risks.** | | | |
| 1. Ensure the Risk Management Process is established and maintained throughout the operations section.   **(TASK MUST BE COMPLETED TWICE AS A MINIMUM ON TWO (2) DIFFERENT INCIDENTS /EVENTS)** | I1  I2  O1  O2 |  |  |
| **Behavior: Modify approach based on evaluation of incident situation.** | | | |
| 1. Evaluate effectiveness of IAP or relevant plan and adjust as necessary.  * *Evaluate progress of operations based on situation reports and evaluations from operations personnel.* * *Estimate immediate and long-range operational resources and logistical requirements.* * *Order or release resources as needed, providing appropriate lead time.* | I1  O1 |  |  |
| **Behavior: Plan for demobilization and ensure demobilization procedures are followed.** | | | |
| 1. Assist in development, approval, and implementation of Incident Demobilization Plan.  * *Consider demobilization early in the incident.* * *Coordinate with the Demobilization Unit/Planning Section Chief during development and implementation of Demobilization Plan.* * *Coordinate during development and implementation with local agency/organization concerning functional demobilization procedures.* * *Brief staff on demobilization responsibilities.* * *Ensure all units are demobilized in a timely and complete manner.* * *If required, complete ICS 221 (Demobilization Checkout) and turn in to the appropriate person.* * *Brief replacement if necessary.* | I1  O1  O2 |  |  |

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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 the development, approval and implementation of transfer of duties when incident escalates/deescalates.  * *Consider transition early in the incident.* | I1  I2  O1  O2 |  |  |
| 1. Determine time of transfer with replacement. | I1  I2  O1  O2 |  |  |
| 1. Communicate transfer of duties to assigned resources and command staff. | I1  I2  O1  O2 |  |  |
| 1. If necessary, coordinate with agencies about transfer of command back to local jurisdiction. | I1  I2  O1  O2 |  |  |

**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.*

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| **Evaluation Record # 1** | |
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| 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)*: | |
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| Evaluator’s Signature: Date: | |
| Evaluator’s Initials: | |

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| **Evaluation Record # 2** | |
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| 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)*: | |
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|  | |
| 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)*: | |
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| Evaluator’s Signature: Date: | |
| Evaluator’s Initials: | |
| **Evaluation Record # 4** | |
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| 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)*: | |
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| Evaluator’s Signature: Date: | |
| Evaluator’s Initials: | |

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