

NWCG Task Book for the Position of:

**COST UNIT LEADER
(COST)**



PMS 311-48

MAY 2008

Task Book Assigned To:

Trainee's Name: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Task Book Initiated By:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Home Unit Address: _____

Date Initiated: _____

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

**Verification/Certification of Completed Task Book
for the Position of:**

COST UNIT LEADER

Final Evaluator's Verification

*To be completed **ONLY** when you are recommending the trainee for certification.*

I verify that (trainee name) _____ has successfully performed as a trainee by demonstrating all tasks for the position listed above and should be considered for certification in this position. All tasks are documented with appropriate initials.

Final Evaluator's Signature: _____

Final Evaluator's Printed Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____ Date: _____

Agency Certification

I certify that (trainee name) _____ has met all requirements for qualification in the above position and that such qualification has been issued.

Certifying Official's Signature: _____

Certifying Official's Printed Name: _____

Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____ Date: _____

Additional copies of this publication are available through:
NWCG, Publications Management System at <http://www.nwcg.gov/pms/taskbook/taskbook.htm>

NATIONAL WILDFIRE COORDINATING GROUP (NWCG) POSITION TASK BOOK

NWCG Position Task Books (PTBs) have been developed for designated National Interagency Incident Management System (NIIMS) positions. Each PTB lists the competencies, behaviors and tasks required for successful performance in specific positions. Trainees must be observed completing all tasks and show knowledge and competency in their performance during the completion of this PTB.

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 agency that the trainee be certified in that position. Evaluation and confirmation of the trainee's performance while completing all tasks may occur on one or more training assignments and may involve more than one evaluator during any opportunity.

INCIDENT/EVENT CODING

Each task has a code associated with the type of training assignment where the task may be completed. The codes are: O = other, I = incident, WF = wildland fire, W = wildfire, RX = prescribed fire, WFU = wildland fire use, and R = rare event. The codes are defined as:

- O = Task can be completed in any situation (classroom, simulation, daily job, incident, prescribed fire, etc.).
- I = Task must be performed on an incident managed under the Incident Command System (ICS). Examples include wildland fire, structural fire, oil spill, search and rescue, hazardous material, and an emergency or non-emergency (planned or unplanned) event.
- WF = Task must be performed on a wildland fire incident (the term *wildland fire* includes wildfire/W, prescribed fire/RX, or wildland fire use/WFU).
- W = Task must be performed on a wildfire incident.
- RX = Task must be performed on a prescribed fire incident.
- WFU = Task must be performed on a wildland fire use incident.
- R = Rare events such as accidents, injuries, vehicle or aircraft crashes occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation.

While tasks can be performed in any situation, they must be evaluated on the specific type of incident/event for which they are coded. For example, tasks coded W must be evaluated on a wildfire; tasks coded WFU must be evaluated on wildland fire use, and so on. Performance of any task on other than the designated assignment is not valid for qualification.

Tasks within the PTB are numbered sequentially; however, the numbering does NOT indicate the order in which the tasks need to be performed or evaluated.

The bullets under each numbered task are examples or indicators of items or actions related to the task. The purpose of the bullets is to assist the evaluator in evaluating the trainee; the bullets are not all-inclusive. Evaluate and initial ONLY the numbered tasks. DO NOT evaluate and initial each individual bullet.

A more detailed description of this process and definitions of terms are included in the *Wildland Fire Qualification System Guide*, PMS 310-1. This document can be found at <http://www.nwcg.gov/pms/docs/docs.htm>.

RESPONSIBILITIES

The responsibilities of the Home Unit/Agency, Trainee, Coach, Training Specialist, Evaluator, Final Evaluator and Certifying Official are identified in the *Wildland Fire Qualification System Guide*, PMS 310-1. It is incumbent upon each of these individuals to ensure their responsibilities are met.

INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD

Evaluation Record #

Each evaluator will need to complete an evaluation record. Each evaluation record should be numbered sequentially. Place this number at the top of the evaluation record page and also use it in the column labeled "Evaluation Record #" for each numbered task the trainee has satisfactorily performed.

Trainee Information

Print the trainee's name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

Evaluator Information

Print the Evaluator's name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

Incident/Event Information

Incident/Event Name: Print the incident/event name.

Reference: Enter the incident code and/or fire code.

Duration: Enter inclusive dates during which the trainee was evaluated.

Incident Kind: Enter the kind of incident (wildfire, prescribed fire, wildland fire use, search and rescue, flood, hurricane, etc.).

Location: Enter the geographic area, agency, and state.

Management Type or Prescribed Fire Complexity Level: Circle the ICS organization level (Type 5, Type 4, Type 3, Type 2, Type 1, Area Command) or the prescribed fire complexity level (Low, Moderate, High).

Fire Behavior Prediction System (FBPS) Fuel Model Group: Circle the Fuel Model Group letter that corresponds to the predominant fuel type in which the incident/event occurred.

G = Grass Group (includes FBPS Fuel Models 1 – 3):

1 = short grass (1 foot); 2 = timber with grass understory; 3 = tall grass (1½ - 2 feet)

B = Brush Group (includes FBPS Fuel Models 4 – 6):

4 = Chaparral (6 feet); 5 = Brush (2 feet); 6 = dormant brush/hardwood slash;

7 = Southern rough

T = Timber Group (includes FBPS Fuel Models 8 – 10)

8 = closed timber litter; 9 = hardwood litter; 10 = timber (with litter understory)

S = Slash Group (includes FBPS Fuel Models 11 – 13)

11 = light logging slash; 12 = medium logging slash; 13 = heavy logging slash

Evaluator’s Recommendation

For 1 – 4, initial only one line as appropriate; this will allow for comparison with your initials in the Qualifications Record.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator’s Signature

Sign here to authenticate your recommendations.

Date

Document the date the Evaluation Record is being completed.

Evaluator’s Relevant Qualification (or agency certification)

List your qualification or certification relevant to the trainee position you supervised.

Note: Evaluators must be either qualified in the position being evaluated or supervise the trainee; Final Evaluators must be qualified in the trainee position they are evaluating.

Cost Unit Leader (COST)

Competency: Assume position responsibilities.

Description: Successfully assume role of Cost Unit Leader and initiate position activities at the appropriate time according to the following behaviors.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure readiness for assignment.			
1. Obtain and assemble information and materials needed for kit.	O		
2. Coordinate with Finance/Administration Section Chief and other functional areas to obtain resources. <ul style="list-style-type: none"> • <i>Order materials and supplies using procedures established by the section chief.</i> • <i>Maintain quantities of forms, supplies, and materials at a level to prevent shortage of any basic needed items.</i> • <i>Acquire equipment (e.g., radio, telephones, faxes, computers).</i> • <i>Ensure appropriate number of personnel to support unit (e.g., night operational period, increase/reduce staffing).</i> • <i>Ensure adequate signage for work locations.</i> 	I		
Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.			
3. Organize work area to facilitate unit operations. <ul style="list-style-type: none"> • <i>Establish filing system.</i> • <i>Establish area to receive documents.</i> 	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Cost Unit Leader (COST)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
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Behavior: Gather, update, and apply situational information relevant to the assignment.

4. Obtain initial briefing from Finance Section Chief or supervisor. <ul style="list-style-type: none"> • <i>Names, contact number, and positions/functions of host unit administrative personnel and cooperating/assisting agencies.</i> • <i>Local administrative guidelines.</i> • <i>Resources assigned and ordered for the incident and the unit.</i> • <i>Logistical information (e.g., eating, sleeping, shower hours).</i> • <i>Expectations and section operating procedures.</i> • <i>Copy of Incident Action Plan (IAP) or other relevant plan.</i> • <i>Unit specific information.</i> 	I		
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Behavior: Establish effective relationships with relevant personnel.

5. Establish and maintain positive interpersonal and interagency working relationships.	I		
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Behavior: Understand and comply with ICS concepts and principles.

6. Apply the ICS. <ul style="list-style-type: none"> • <i>Follow chain of command.</i> • <i>Maintain appropriate span of control.</i> • <i>Use appropriate ICS forms.</i> • <i>Use appropriate ICS terminology.</i> 	I		
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Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Cost Unit Leader (COST)

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	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Model leadership values and principles.			
7. Exhibit principles of duty. <ul style="list-style-type: none"> • <i>Be proficient in your job, both technically and as a leader.</i> • <i>Make sound and timely decisions.</i> • <i>Ensure tasks are understood, supervised and accomplished.</i> • <i>Develop your subordinates for the future.</i> 	I		
8. Exhibit principles of respect. <ul style="list-style-type: none"> • <i>Know your subordinates and look out for their well-being.</i> • <i>Keep your subordinates informed.</i> • <i>Build the team.</i> • <i>Employ your subordinates in accordance with their capabilities.</i> 	I		
9. Exhibit principles of integrity. <ul style="list-style-type: none"> • <i>Know yourself and seek improvement.</i> • <i>Seek responsibility and accept responsibility for your actions.</i> • <i>Set the example.</i> 	I		
Behavior: Emphasize teamwork.			
10. Establish cohesiveness among assigned resources. <ul style="list-style-type: none"> • <i>Provide for open communication.</i> • <i>Seek commitment.</i> • <i>Set expectations for accountability.</i> • <i>Focus on the team result.</i> 	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Cost Unit Leader (COST)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
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Behavior: Coordinate interdependent activities.

11. Coordinate with other units and sections for completion of work assignments. <ul style="list-style-type: none"> • <i>Assist other sections to meet priorities and time frames.</i> • <i>Receive and transmit needed information.</i> 	I		
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Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Cost Unit Leader (COST)

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	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure relevant information is exchanged during briefings and debriefings.			
12. Provide input for the ICS 209, Incident Status Summary.	I		
13. Provide daily cost estimates to appropriate agency personnel.	I		
14. Attend incident operational briefings and meetings as directed. <ul style="list-style-type: none"> • <i>Provide information as requested.</i> • <i>Keep supervisor informed of issues and potential problems.</i> 	I		
15. Participate in functional area briefings and After Action Reviews (AARs).	I		
Behavior: Ensure documentation is complete and disposition is appropriate.			
16. Document incident costs according to direction, timeframes, and regulations.	I		
17. Finalize cost documentation. <ul style="list-style-type: none"> • <i>Coordinate completion of incident finance package with Finance Section Chief.</i> 	I		
18. Submit completed original documents at appropriate time (e.g., each operational period, final package). <ul style="list-style-type: none"> • <i>ICS 213, General Message</i> • <i>ICS 214, Unit Log</i> 	I		
19. Compile unit documentation for final incident package.	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Cost Unit Leader (COST)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.			
20. Prepare information for preplanning/strategy meeting. <ul style="list-style-type: none"> • <i>Display information appropriate for next operational period.</i> 	I		
21. Prepare input to final narrative and transition plan as requested.	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Cost Unit Leader (COST)

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	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
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Behavior: Administer and/or apply agency policy, contracts and agreements.

22. Assist with the development of cost share agreements.	I		
23. Track costs in accordance with established cost share agreements.	I		

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

24. Verify incident resources with Planning Section.	I		
25. Provide appropriate information for cost containment effort.	I		
26. Ensure resources are entered and tracked in the applicable cost reporting program. <ul style="list-style-type: none"> • <i>Validate rates within the applicable cost reporting program for accuracy by geographic area.</i> • <i>Provide projections as necessary.</i> • <i>Obtain aviation cost information from Operations Section.</i> • <i>Obtain costs for national contracts (e.g., showers, caterers).</i> • <i>Obtain other miscellaneous costs (e.g., Buying Team purchases, cache items, mobilization costs, rental vehicles).</i> 	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Cost Unit Leader (COST)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Utilize information to produce outputs.			
27. Ensure cost packages are completed and distributed in accordance with agency policy.	I		
28. Ensure accruals are reported in accordance with agency policy.	I		
Behavior: Follow established procedures and/or safety procedures relevant to given assignment.			
29. Ensure established guidelines are followed. <ul style="list-style-type: none"> • <i>Work/rest</i> • <i>Agency safety standards and procedures</i> 	I		
Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.			
30. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency). <ul style="list-style-type: none"> • <i>Document follow-up action needed and submit to supervisor.</i> 	I		
31. Ensure financial documentation packages are submitted to processing agency.	I		
Behavior: Plan for demobilization and ensure demobilization procedures are followed.			
32. Demobilize and check out. <ul style="list-style-type: none"> • <i>Receive demobilization instructions from incident supervisor.</i> • <i>If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person.</i> 	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Trainee Information

Printed Name:
Trainee Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:
Evaluator Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Incident/Event Information

Incident/Event Name: Reference (Incident Number/Fire Code):
Duration:
Incident Kind: Wildfire, Prescribed Fire, Wildland Fire Use, All Hazard, Other (specify):
Location (include Geographic Area, Agency, and State):
Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High
FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

Evaluator's Recommendation
(Initial only one line as appropriate)

- _____ 1) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- _____ 2) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ 3) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ 4) The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

Trainee Information

Printed Name:
Trainee Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:
Evaluator Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Incident/Event Information

Incident/Event Name: Reference (Incident Number/Fire Code):
Duration:
Incident Kind: Wildfire, Prescribed Fire, Wildland Fire Use, All Hazard, Other (specify):
Location (include Geographic Area, Agency, and State):
Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High
FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

Evaluator's Recommendation
(Initial only one line as appropriate)

- _____ 1) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- _____ 2) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ 3) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ 4) The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____