NWCG Task Book for the Positions of:



INCIDENT BUSINESS ADVISOR TYPE 2 (IBA2)

INCIDENT BUSINESS ADVISOR TYPE 1 (IBA1)

PMS 311-65 MAY 2008

Trainee's Name:	Task Book Assigned To:
Home Unit Phone Number:	Trainee's Name:
Task Book Initiated By: Official's Name: Home Unit Title: Home Unit/Agency:	Home Unit/Agency:
Official's Name: Home Unit Title: Home Unit/Agency:	Home Unit Phone Number:
Official's Name: Home Unit Title: Home Unit/Agency:	
Home Unit/Agency:	Task Book Initiated By:
Home Unit/Agency:	Official's Name:
	Home Unit Title:
Home Unit Phone Number:	Home Unit/Agency:
	Home Unit Phone Number:
Home Unit Address:	Home Unit Address:
Date Initiated:	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:

for the rosition of:				
(position title)				
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 = wildland 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) <u>or</u> 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.

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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)
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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.

Competency: Assume position responsibilities.

Description: Successfully assume role of Incident Business Advisor 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.			
 Obtain and assemble information and materials needed for kit. Suggested items: PMS 410-1, Fireline Handbook NFES 2160, Interagency Incident Business Management Handbook (IIBMH) IIBMH annual supplements Geographic area supplements PMS 926, Agency Administrator's Guide to Critical Incident Management. NFES 2724, Interagency Standards for Fire and Fire Aviation NFES 2002, National Interagency Mobilization Guide Incident Business Coordinators list – Federal and State Local, unit and geographical area telephone listings (obtain from incident unit) Geographic area specific agreements (National Guard, crew, engine/tender, cooperative) State business management guidelines National contracts (Mobile Food Service and Shower, Call When Needed (CWN) Helicopter, Crews and Engines, Mobile Commissary) Buying Team Guide NFES 2175, Military Use Handbook Geographic area mobilization guide and/or local mobilization guide Expanded dispatch plan IBA narrative template IBA evaluation form ICS 213, General Message 	0		

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
 2. Obtain complete information from dispatch unassignment. Incident name Incident order number Request number Incident phone number Reporting time Reporting location Transportation arrangements/travel route Contact procedures during travel (telephonesisginment. 	es one/radio)	s of resource	s to complete
 3. Obtain resources to organize work space and assignments (e.g., computer, printer, and cell Order materials and supplies needed (win approval). 	phone).		
Behavior: Gather, update, and apply situational information relevant to the assignment.			
 4. Assess incident assignment and determine im and actions. Contact host agency to determine specific items needed. 			

	TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
5.	 Obtain initial briefing from Agency Administrator or designee. Agency Administrator's priorities, goals, and objectives for management of the incident Expectations, roles, and responsibilities Initial instructions concerning business management priorities Agency Administrator's guidelines or instructions for cost containment Information about agencies involved and political concerns Agency requirements for regional and/or national reviews Timeframes for briefings, planning meetings, and/or agency staff meetings 	I		
6.	 Obtain copies of incident information from Agency Administrator or designee. Wildland Fire Situation Analysis (WFSA) Delegation of Authority Incident Action Plans (IAP) or other relevant plan Names, contact numbers, and positions/functions of cooperating/assisting agencies 	I		
7.	Collect information from departing personnel (e.g., outgoing Incident Management Team (IMT), initial attack Incident Commander, agency staff). • IMT transition plan • IMT operating guidelines • Fiscal/business issues and concerns • Documentation of expenditures/costs • Controversial issues	I		

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Establish effective relationships with relevant p	pers	onnel.	
 8. Conduct self in a professional manner. Respectful and courteous Respectful of public and private property 	I		
9. Establish and maintain positive interpersonal and interagency working relationships.	I		
Behavior: Understand and comply with ICS concepts and principles.			
 10. Apply the ICS. Follow chain of command. Maintain appropriate span of control. Use appropriate ICS forms. Use appropriate ICS terminology. 	I		

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 duri	ng l	oriefings and	d debriefings.
 11. Evaluate and share with Agency Administrator and other agency staff pertinent information which may affect incident business management. • Review agency guidelines for incident business management with appropriate staff. • Meet with host agency staff and support unit personnel (e.g., buying team, payment team, expanded dispatch, dispatch center manager) throughout the incident assignment to identify and discuss concerns and share information. 	Ι		
 12. Plan and/or participate in briefings, planning meetings, and agency staff meetings to emphasize business management priorities. • Communicate Agency Administrator incident business guidelines, direction, issues and concerns. • Facilitate resolution of incident business management issues. 	I		
 13. Update Agency Administrator on current accomplishments and/or concerns. • Summary information on current incident business management operations. • Decisions made and changes recommended in direction or policy. 	I		
14. Participate in agency administrator close-out/After Action Review (AAR).	I		
 15. Participate in individual close-out meetings. • Agency administrative staff • Incident Finance/Administration Section 	I		

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure documentation is complete and disposit	tion	is appropri	ate.
16. Maintain a daily record of activities.	I		
17. Ensure agency incident finance package requirements are met.	Ι		
 18. Complete narrative and review with Agency Administrator. • Share advice/recommendations/critique. 			
Behavior: Gather, produce and distribute information as guidelines and ensure understanding by recipient.	req	uired by est	ablished
 19. Interact and coordinate with agency staff, IMT, and other support units to receive and provide current information. Provide contact information. Schedule visits to incident command post (ICP), incident agency, and support units. Schedule conference calls as needed. 	I		
 20. Serve as incident business liaison. Area Command Unified Command Multi-Agency Coordinating (MAC) group 	I		

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
Behavior: Gather, analyze, and validate information pert make recommendations for setting priorities.	ineı	nt to the inci	dent or event and
 21. Review incident business reports/documents to ensure agency direction is being met and requested reports are accurate and timely. WFSA and daily certification Contracts Memorandums of understanding Cooperative agreements Cost share agreements Cost reports generated by IMT Agency operating guidelines 	О		
22. Advise Agency Administrator regarding resource needs throughout the assignment (e.g., buying team, payment team).	I		
23. Review incident demobilization plan and provide input to Agency Administrator as necessary.			
Behavior: Transfer position duties while ensuring continuand taking into account the increasing or decreasing incident	•	•	_
 24. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming IMT, host agency). • Inform subordinate staff and IC. • Document follow-up action needed and submit to supervisor (e.g., description of issue, name of contact, and contact telephone numbers). 	I		

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
 Behavior: Plan for demobilization and ensure demobilization: Demobilize and check out. Receive demobilization instructions from incident supervisor. Ensure incident and agency demobilization procedures are followed. 	I I	procedures	s are followed.

		Evaluation Record #
D. C. LAY	Trainee Information	
Printed Name:		
Trainee Position on Incident/Eve	ent:	
Home Unit/Agency:		
Home Unit /Agency Address and	d Phone Number:	
	Evaluator Information	
Printed Name:		
Evaluator Position on Incident/E	vent:	
Home Unit/Agency:		
Home Unit /Agency Address and	d Phone Number:	
	Incident/Event Information	
Incident/Event Name:	Reference (Incident Number/Fire Code	e):
Duration:		
Incident Kind: Wildfire, Prescrib	oed Fire, Wildland Fire Use, All Hazard, Other (s	specify):
Location (include Geographic Ar	rea, Agency, and State):	
	Type 5, Type 4, Type 3, Type 2, Type 1, Area Level (circle one): Low, Moderate, High	a Command
FBPS Fuel Model Letter: G = Gr	rass, $B = Brush$, $T = Timber$, $S = Slash$	
	Evaluator's Recommendation (Initial only one line as appropriate)	
a satisfactory manner. The	d dated by me on the Qualification Record have I he trainee has successfully performed all tasks in luator's Verification section and recommend the	the PTB for the position. I have
a satisfactory manner. H	d dated by me on the Qualification Record have lowever, opportunities were not available for all the don this assignment. An additional assignment is	tasks (or all uncompleted tasks) to be
3) The trainee did not co	omplete certain tasks in the PTB in a satisfactory	manner and additional training,

Evaluator's Relevant Qualification (or agency certification):

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional

training, guidance, or experience is recommended prior to another training assignment.

guidance, or experience is recommended.

Evaluator's Signature:

sheet to the evaluation record.

4) The individual is severely deficient in the performance of tasks in the PTB for the position and additional

Date: _____

	Evaluation Record #
Printed Name:	Trainee Information
Trainee Position on Incident/Evo	ent:
Home Unit/Agency:	
Home Unit /Agency Address an	
Printed Name:	Evaluator Information
	Norman de la Companya
Evaluator Position on Incident/E	vent:
Home Unit/Agency:	IDI W I
Home Unit /Agency Address an	
	Incident/Event Information
Incident/Event Name:	Reference (Incident Number/Fire Code):
Duration:	
Incident Kind: Wildfire, Prescrib	ped Fire, Wildland Fire Use, All Hazard, Other (specify):
Location (include Geographic A	rea, Agency, and State):
	Type 5, Type 4, Type 3, Type 2, Type 1, Area Command Level (circle one): Low, Moderate, High
FBPS Fuel Model Letter: G = G	rass, $B = Brush$, $T = Timber$, $S = Slash$
	Evaluator's Recommendation (Initial only one line as appropriate)
a satisfactory manner. T	d dated by me on the Qualification Record have been performed under my supervision in the trainee has successfully performed all tasks in the PTB for the position. I have cluator's Verification section and recommend the trainee be considered for agency
a satisfactory manner. H	d dated by me on the Qualification Record have been performed under my supervision in lowever, opportunities were not available for all tasks (or all uncompleted tasks) to be d on this assignment. An additional assignment is needed to complete the evaluation.
3) The trainee did not co	omplete certain tasks in the PTB in a satisfactory manner and additional training,

Evaluator's Signature: _____ Date: _____ Date: _____

training, guidance, or experience is recommended prior to another training assignment.

guidance, or experience is recommended.

sheet to the evaluation record.

4) The individual is severely deficient in the performance of tasks in the PTB for the position and additional

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional