



**NWCG Task Book for the Position of:**  
**CREW REPRESENTATIVE**  
**(CREP)**

**PMS 311-12**

**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 positions for which it was developed. Each position task book builds on tasks from previous prerequisite position task books. 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:**

**CREW REPRESENTATIVE**

**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.

## Crew Representative (CREP)

### Competency: Assume position responsibilities.

*Description: Successfully assume role of Crew Representative 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
<b>Behavior: Ensure readiness for assignment.</b>			
1. Obtain information from assigned resources. <ul style="list-style-type: none"> <li>• <i>Copy of crew contract.</i></li> <li>• <i>Resource order with manifests.</i></li> <li>• <i>Resource specific administrative procedures.</i></li> </ul>	O		
2. Inform dispatch of resource status and departure time.	O		
3. Brief assigned crew supervisors. <ul style="list-style-type: none"> <li>• <i>Route and mode of travel</i></li> <li>• <i>Communications</i></li> <li>• <i>Travel procedures</i></li> <li>• <i>Safety</i></li> <li>• <i>Agency procedures</i></li> </ul>	I		
<b>Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.</b>			
4. Inspect and/or monitor resources to ensure they are in a state of readiness (e.g., rest, repairs, tools, fuel) and consult crew supervisor(s).	O		
5. Request additional Crew Representatives if assigned crews are separated by location or operational period and their Crew Representative needs cannot be met.	O/R		

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

## Crew Representative (CREP)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Gather, update, and apply situational information relevant to the assignment.</b>			
6. Obtain initial briefing from supervisor. <ul style="list-style-type: none"> <li>• <i>Organizational structure</i></li> <li>• <i>Weather</i></li> <li>• <i>Fire behavior</i></li> <li>• <i>Communications</i></li> <li>• <i>Resources</i></li> <li>• <i>Safety</i></li> </ul>	I		
<b>Behavior: Establish effective relationships with relevant personnel.</b>			
7. Conduct self in a professional manner. <ul style="list-style-type: none"> <li>• <i>Respectful and courteous.</i></li> <li>• <i>Respectful of public and private property.</i></li> </ul>	I		
8. Establish and maintain positive interpersonal and interagency working relationships.	I		
9. Serve as liaison or advisor between crew(s) and supervisor.	I		
<b>Behavior: Establish organization structure, reporting procedures, and chain of command of assigned resources.</b>			
10. Adhere to appropriate crew management guides.	I		
<b>Behavior: Understand and comply with ICS concepts and principles.</b>			
11. Apply the ICS. <ul style="list-style-type: none"> <li>• <i>Follow chain of command.</i></li> <li>• <i>Maintain appropriate span of control.</i></li> <li>• <i>Use appropriate ICS forms.</i></li> <li>• <i>Use appropriate ICS terminology.</i></li> </ul>	I		

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

## Crew Representative (CREP)

### 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
<b>Behavior: Model leadership values and principles.</b>			
12. Exhibit principles of duty. <ul style="list-style-type: none"> <li>• <i>Be proficient in your job, both technically and as a leader.</i></li> <li>• <i>Make sound and timely decisions.</i></li> <li>• <i>Ensure tasks are understood, supervised and accomplished.</i></li> <li>• <i>Develop your subordinates for the future.</i></li> </ul>	I		
13. Exhibit principles of respect. <ul style="list-style-type: none"> <li>• <i>Know your subordinates and look out for their well-being.</i></li> <li>• <i>Keep your subordinates informed.</i></li> <li>• <i>Build the team.</i></li> <li>• <i>Employ your subordinates in accordance with their capabilities.</i></li> </ul>	I		
14. Exhibit principles of integrity. <ul style="list-style-type: none"> <li>• <i>Know yourself and seek improvement.</i></li> <li>• <i>Seek responsibility and accept responsibility for your actions.</i></li> <li>• <i>Set the example.</i></li> </ul>	I		

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



## Crew Representative (CREP)

### 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
<b>Behavior: Ensure relevant information is exchanged during briefings and debriefings.</b>			
15. Report to Interagency Resource Representative or home unit dispatch. • <i>Give status of assigned resources.</i>	I		
16. Inform Planning and Operations Sections of crew capabilities at time of check-in.	I		
17. Coordinate with home unit dispatch prior to disassembly of crew(s).	I		
<b>Behavior: Ensure documentation is complete and disposition is appropriate.</b>			
18. Coordinate completion of accident and injury forms and other claims.	I/R		
19. Ensure crew supervisor(s) complete personnel evaluations and ICS 214, Unit Log. • <i>Submit to Documentation Unit.</i>	I		
20. Report crews' performance and problems to home unit dispatch.	I		
21. Ensure crew supervisor(s) time reports are retrieved from Time Unit. • <i>Facilitate with crew supervisor.</i>	I		
22. Ensure copy of crew performance evaluation, individual time report and other relevant documentation is given to Crew Bosses upon completion of assignment.	I		

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

## Crew Representative (CREP)

### 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
<b>Behavior: Make appropriate decisions based on analysis of gathered information.</b>			
23. Represent agency in absence of Interagency Resource Representative to make agency specific decisions.	I		
<b>Behavior: Take appropriate action based on assessed risks.</b>			
24. Apply the Risk Management Process found in the IRPG and Fireline Handbook. <ul style="list-style-type: none"> <li>• <i>Step 1: Situation Awareness</i></li> <li>• <i>Step 2: Hazard Assessment</i></li> <li>• <i>Step 3: Hazard Control</i></li> <li>• <i>Step 4: Decision Point</i></li> <li>• <i>Step 5: Evaluate</i></li> </ul>	I		
<b>Behavior: Follow established procedures and/or safety procedures relevant to given assignment.</b>			
25. Ensure established guidelines are followed. <ul style="list-style-type: none"> <li>• <i>Work/rest</i></li> <li>• <i>Agency safety standards and procedures</i></li> </ul>	I		
<b>Behavior: Provide logistical support as necessary.</b>			
26. Advise crew supervisors how to obtain logistical support and/or make necessary arrangements for logistical support. <ul style="list-style-type: none"> <li>• <i>Medical needs</i></li> <li>• <i>Personal needs</i></li> <li>• <i>Supplies</i></li> </ul>	I		
27. Facilitate special transportation needs.	I		

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## Crew Representative (CREP)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Effectively advise and assist in resolving human resource issues that occur during the incident or event.</b>			
28. Resolve problems, conflicts, and complaints.	I		
<b>Behavior: Plan for demobilization and ensure demobilization procedures are followed.</b>			
29. Demobilize and check out. <ul style="list-style-type: none"> <li>• <i>Receive demobilization instructions from incident supervisor.</i></li> <li>• <i>If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person.</i></li> </ul>	O		
30. Brief Interagency Resource Representative and subordinates on demobilization procedures and responsibilities.	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): \_\_\_\_\_  
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**Evaluator's Recommendation**  
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- \_\_\_\_\_ **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): \_\_\_\_\_