

A Publication of the
National Wildfire
Coordinating Group

**NATIONAL INTERAGENCY
INCIDENT MANAGEMENT SYSTEM**

TASK BOOK FOR THE POSITION OF

Sponsored by
United States
Department of Agriculture

**OPERATIONS SECTION CHIEF TYPE 1
(OSC1)**

United States
Department of the Interior

**OPERATIONS SECTION CHIEF TYPE 2
(OSC2)**

National Association of
State Foresters

(WILDFIRE ASSIGNMENT REQUIRED)



**PMS 311-08
NFES 2309**

August 1993

TASK BOOK ASSIGNED TO:
INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER
TASK BOOK INITIATED BY:
OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER
LOCATION AND DATE THAT TASK BOOK WAS 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**

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are complete with signatures. I also verify that

has performed as a trainee and should therefore be considered for certification in this position.

EVALUATOR'S SIGNATURE AND DATE

EVALUATOR'S PRINTED NAME, TITLE, DUTY STATION, AND PHONE NUMBER

AGENCY CERTIFICATION :

I certify that _____
has met all requirements for qualification in this position and that such qualification has been issued.

CERTIFYING OFFICIAL'S SIGNATURE AND DATE

CERTIFYING OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER

Additional copies of this publication may be ordered from:

National Interagency Fire Center, ATTN: Supply
3833 S. Development Avenue
Boise, Idaho 83705-5354

Order NFES # 2309

NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

Position Task Books (PTB) have been developed for designated positions within the National Interagency Incident Management System. Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. 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 individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. Some positions also required that specific tasks be performed on a wildland fire—performance of these tasks on other types of incidents are NOT qualifying. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task which require an action (contain an action verb) must be demonstrated before that task can be signed off.

A more detailed description of this process, definitions of terms, and responsibilities are included in the Wildland Fire Qualification Subsystem Guide 310-1. A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Local Office** is responsible for:
 - Selecting trainees based on the needs of the local office and the geographic area.
 - Ensuring that the trainee meets the training and experience requirements included in the Wildland Fire Qualification Subsystem Guide 310-1.
 - Issuing PTBs to document task performance.
 - Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
 - Providing opportunities for evaluation and/or making the trainee available for evaluation.
 - Providing an evaluator for local assignments.
 - Tracking progress of the trainee.
 - Confirming PTB completion.
 - Determining certification per local policy.
 - Issuing proof of certification.

2. The **individual** is responsible for:
 - Reviewing and understanding instructions in the PTB.
 - Identifying desired objectives/goals.

- Providing background information to an evaluator.
 - Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
 - Assuring the Evaluation Record is complete.
 - Notifying local office personnel when the PTB is completed and providing a copy.
 - Keeping the original PTB in personal records.
3. The **Evaluator** is responsible for:
- Being qualified and proficient in the position being evaluated.
 - 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 objectives may be attained.
 - Identifying tasks to be performed during the evaluation period.
 - Accurately evaluating and recording demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record.
 - Completing the Evaluation Record found at the end of each PTB.
 - Signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. The **Training Specialist** is responsible for:
- Identifying incident evaluation opportunities.
 - Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
 - Providing PTBs to approved trainees on the incident when local agency was unable to provide them.
 - Documenting the assignment.
 - Conducting progress reviews.
 - Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.

QUALIFICATION RECORD

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><u>GENERAL</u></p> <p>1. <u>Obtain and assemble information and materials needed for kit.</u> Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for the assignment and items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitation (per National Mobilization Guide). The basic information and materials needed are:</p> <ul style="list-style-type: none"> • ICS Form 213, General Message. • ICS Form 214, Unit Log. • ICS Form 215, Operation Planning Worksheet. • ICS Form 220, Air Ops Summary Worksheet. • Agency specific forms appropriate to the function. • ICS 420-1, Field Operations Guide. • ICS 410-1, Fireline Handbook. • Position Manuals for the section. • Individual checklists/reminders. • Pens/pencils/note paper/etc. • Office supplies appropriate to the function. 	O		

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 I = task must be performed on an incident (flood, fire, search & rescue, etc.)
 W = task must be performed on a wildfire incident
 /R = Rare event—the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>2. <u>Provide for the safety and welfare of assigned personnel during the entire period of supervision.</u></p> <ul style="list-style-type: none"> • Recognizes potentially hazardous situations. • Informs subordinates of hazards. • Controls positions and function of resources. • Ensures that special precautions are taken when extraordinary hazards exist. • Ensures adequate rest and hydration is provided to all operations personnel. 	I		
<p>3. <u>Follow the Standard Fire Orders, Watch Out Situations, and agency policy.</u></p> <ul style="list-style-type: none"> • Develop plans based on safety guidelines. • Spot check tactical operations to ensure compliance with safety guidelines. • Ensures all tactical operations comply with the principles of LCES. 	W		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>4. <u>Establish and maintain positive interpersonal and interagency working relationships.</u></p> <ul style="list-style-type: none"> • Through briefings, discuss EEO, civil rights, sexual discrimination and other sensitive issues, with assigned personnel. • Recognize cultural language difficulties as it impacts work output and expectations. • Provide equal assignment opportunities based on individual skill level. • Monitor and evaluate progress based on expected work standards not race, color or creed. • Individual agency values and policies are addressed throughout the tenure of the incident. • Differences in agency values and policies that affect the operation are arbitrated in a manner that fosters continuous positive working relationships. • Integrate cultural resource considerations into all management activities. 	O		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<u>MOBILIZATION</u>			
5. <u>Obtain complete information from dispatch upon initial activation.</u> <ul style="list-style-type: none"> • Incident name. • Incident order number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements/travel routes. • Contact procedures during travel (telephone/radio). 	I		
6. <u>Gather information necessary to assess incident assignment and determine immediate needs and actions.</u> <ul style="list-style-type: none"> • Incident Commander's name and address. • Type of incident. • Current resource commitments. • Current situation. • Expected duration of assignment. • Terrain. • Weather. • Agency administrator's briefing requirements (as appropriate). 	I		
<u>INCIDENT ACTIVITIES</u>			
7. <u>Arrive at incident and check in.</u> Arrives properly equipped at incident assigned location within acceptable time limits. Checks in according to agency guidelines.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>8. <u>Obtain briefing from the agency administrator or outgoing incident commander.</u> Receive Incident Commander's ICS Form 201 (Incident Briefing). Receive special instructions.</p> <ul style="list-style-type: none"> • Complete appropriate checklist for takeover of large incidents. 	W		
<p>9. <u>Obtain briefing from your Incident Commander. May be one-on-one or in an Incident Management Team Meeting.</u></p> <ul style="list-style-type: none"> • Receive Incident Commander's priorities, goals and objectives for the Incident Management Team. • Receive Incident Commander's priorities, goals and objectives for the incident. • Obtain initial instructions concerning the tasks expected of the Planning Section. • Receive expected time frames for briefings, planning meetings and team meetings. 	I		
<p>10. <u>Collect information from outgoing Operations Section Chief, Initial Incident Commander or other personnel responsible for incident prior to your arrival.</u></p> <ul style="list-style-type: none"> • Obtain status of incident and assigned resources. • Obtain status of existing operations section. • Order personnel necessary to staff section units prior to publication of your first incident action plan. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
11. <u>Evaluate and share with incident management team members, all information for your section and what is anticipated for incident operations based on expected duration, size and type of incident.</u>	I		
12. <u>Evaluate and monitor current situation.</u> <ul style="list-style-type: none"> • Determine if present plan of action will meet incident objectives. • Determine if the present plan is congruent with the incident strategic plan (Escaped Fire Situation Analysis (EFSA) for wildfire incident). • Identify problems and concerns. • Advise Incident Commander and other appropriate Incident Management Team personnel. 	I		
13. <u>Personally observe and review current operations to prepare tactics for the next operational period planing meeting considering:</u> <ul style="list-style-type: none"> • Resource status. • Situation status. • Weather. • Communications capability. • Environmental impact. • Cost constraints. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>14. <u>Periodically evaluate resource status and tactical needs to determine if resource assignments are appropriate.</u></p> <ul style="list-style-type: none"> • 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. 	I		
<p>15. <u>Participate in preparation of Incident Action Plan.</u></p> <ul style="list-style-type: none"> • Review proposed tactics for next operational period or periods. • Advise on current capabilities, limitation. • Determine additional resources needed. • Discuss long range plans and identify potential or future requirements. • Prepare or review applicable portions of the IAP. • Complete operational portion of Incident Action Plan as part of ICS Form 215 (Operational Planning Worksheet). • Establish branches, divisions/groups and staging areas on incident base map. 	I		
<p>16. <u>Ensure that ICS Form 220 (Air Operations Summary Worksheet) is completed.</u></p>	O		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
17. <u>Participate in the operational period briefing, particularly emphasizing any changes from the written Incident Action Plan.</u>	I		
18. <u>Interact and coordinate with all command and general staff.</u> • Receive and transmit current and accurate information.	I		
19. <u>Supervise and adjust operations organization and tactics as needed, based on changes in incident situation and resource status.</u> • Organization provides for functional and geographical supervision as needed. • Organization maintains appropriate span of control. • Organization includes staging areas as needed.	I		
20. <u>Debrief the Operations Section Chief you are replacing as to previous operational period situation and resource status.</u>	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>21. <u>Evaluate overall effectiveness of Incident Action Plan and adjust as necessary for next operation period.</u></p> <ul style="list-style-type: none"> • Evaluate progress of operations by division/group or branch based on situation reports and evaluations from operations personnel. • Estimate immediate and long-range operational resources and logistical requirements. • Order additional resources as needed to provide lead time for meeting incident objectives. 	W		
<p>22. <u>Use fire behavior prediction information to plan/organize tactical operations.</u></p> <ul style="list-style-type: none"> • Evaluate/adjust tactics based on changing fire behavior to predicted information. • Compare actual fire behavior to predicted behavior at the end of each operational period and advise the fire behavior analyst. 	W		
<p>23. <u>Ensure that incident communications and resources unit are advised of all changes in status of resources assigned to the operation.</u> Keep status current.</p>	O		
<p>24. <u>Interact and coordinate with all command and general staff.</u></p> <ul style="list-style-type: none"> • Receive and transmit current and accurate information. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
25. <u>Update incident commander on current accomplishments and/or problems.</u> Verbally inform incident commander as soon as possible on problems and accomplishments.	W		
26. <u>ICS Form 214.</u> • Submit completed and legible unit logs containing pertinent information to the documentation unit for each operational period.	I		
27. <u>Report special events, i.e., incidents, accidents, political contacts.</u> Obtain information about special events from subordinates, personal observation, ground and air operations personnel. Standard information shall contain nature of event, location, magnitude, personnel involved (do not release names of victims or agency over radio), initial action taken; e.g., helicopter picking up injured, appropriate subsequent action.	O/R		
28. <u>Brief the replacement Operations Section Chief as to operational period situation and resource status.</u>	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
29. <u>Ensure all personnel and equipment time records are complete and have been submitted to the time unit leader at the end of each operational period.</u>	I		
<u>DEMOBILIZATION</u>			
30. <u>Consider demobilization early enough during the incident so that an adequate demobilization plan is in place prior to the actual need to release resources.</u>	I		
31. <u>Assist in development, approval and implementation of Incident Demobilization Plan.</u> <ul style="list-style-type: none"> • Coordinate with the Demobilization Unit Planning/Section Chief during development and implementation of Demobilization Plan. • Coordinate during development and implementation with local agency concerning functional demobilization procedures. • Brief staff on demobilization responsibilities. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & OSC2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>32. <u>Identify excess section resources.</u> Coordinate with subordinates and provide Planning Section Chief a list of excess personnel and other resources. List will include:</p> <ul style="list-style-type: none"> • Name/type. • Quantity. • Time/date of available release. • Review the list daily for accuracy. • Ensure that all units are demobilized in a timely and complete manner. 	I		
<p>33. <u>Ensure that performance ratings are completed as required by the incident commander.</u></p>	I		
<p>34. <u>Demobilization and check-out.</u></p> <ul style="list-style-type: none"> • Receive demobilization instructions from work supervisor. • Subordinate staff are briefed on demobilization procedures and responsibilities. • Ensure that incident and agency demobilization procedures are followed. • If required, ICS Form 221 (Demobilization Check-Out) is completed and turned in to the appropriate person. • Brief Replacement, if necessary. 			
<p>35. <u>Debrief Agency Administrator.</u></p> <ul style="list-style-type: none"> • Participate in debriefing. 	I		

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INSTRUCTIONS for EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, by simulation in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional blocks are needed, a page can be copied from a blank task book and attached.

Evaluator's name, incident/office title & agency: List the name of the evaluator, his/her incident position (on incidents) or office title, and agency.

Evaluator's home unit address & phone: self explanatory

#: The number in the upper left corner of the experience block identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record in order to indicate the circumstances under which a particular task was performed.

Location of Incident/Simulation: Identify the location where the tasks were performed by agency and office.

Incident Type: Enter type of incident, e.g., wildfire, search and rescue, flood, etc.

Number and Type of Resources: Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

Duration: Enter inclusive dates during which the individual was evaluated. This block may indicate a span of time covering several small and similar incidents if the individual has been evaluated on that basis, i.e., several initial attack fires in similar fuel types.

Mgt. Level: Indicate ICS organization level, i.e., Type 4, Type 3, Type 2, Type 1 or Area Command.

NFFL Fuel Model: For wildfire experience, enter number (1-13) of the fuel model in which the incident occurred and under which the individual was evaluated.

- | | |
|---------------------------------|--------------------------------|
| 1. Short Grass (1 foot) | 8. Closed Timber Litter |
| 2. Timber (grass & understory) | 9. Hardwood Litter |
| 3. Tall grass (2 1 & 2 feet) | 10. Timber (litter understory) |
| 4. Chaparral (6 feet) | 11. Light Logging Slash |
| 5. Brush (2 feet) | 12. Medium Logging Slash |
| 6. Dormant brush-Hardwood Slash | 13. Heavy Logging Slash |
| 7. Southern Rough | |

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

Date: List the date the record is being completed.

Evaluator's initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant red card rating: List your certification relevant to the trainee position you supervised.

Evaluation Record

TRAINEE NAME		TRAINEE POSITION			
#1	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
			to		
<p>The tasks initialed & dated by me have been performed under my supervision and in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory & suggested) prior to further assignment as a trainee.</p> <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					

#2	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
			to		
<p>The tasks initialed & dated by me have been performed under my supervision and in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory & suggested) prior to further assignment as a trainee.</p> <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					

Evaluation Record
(Continuation Sheet)

TRAINEE NAME		TRAINEE POSITION			
#3	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
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#4	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
			to		
<p>The tasks initialed & dated by me have been performed under my supervision and in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory & suggested) prior to further assignment as a trainee.</p> <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					