

Incident Management Team Position Task Book

# All-Hazards Planning Section Chief

March 15, 2007



**FEMA**

*Incident Management Team Position Task Book*

# All-Hazards Planning Section Chief

Version: March 15, 2007

**POSITION TASK BOOK ASSIGNED TO:**

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INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER

**POSITION TASK BOOK INITIATED BY:**

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

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LOCATION AND DATE THAT POSITION TASK BOOK WAS INITIATED

# EVALUATOR

*Do **NOT** complete this unless you are recommending the trainee for certification*

VERIFICATION/CERTIFICATION OF COMPLETED POSITION TASK BOOK FOR THE POSITION OF

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## FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials.

I also verify that \_\_\_\_\_  
has performed as a trainee and should therefore be considered for certification in this position.

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FINAL EVALUATOR'S SIGNATURE AND DATE

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

## AGENCY HEAD RECOMMENDATION FOR CERTIFICATION

I certify that \_\_\_\_\_  
has met all requirements for qualification in this position and I recommend that they be certified for  
the position.

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OFFICIAL'S SIGNATURE AND DATE

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

# INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

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Position Task Books (PTBs) were developed for designated positions as described under the National Interagency Incident Management System (NIIMS) and have been incorporated into the National Incident Management System (NIMS). The position task book is used by the authority having jurisdiction to certify that the person to whom the task book belongs meets the standards recommended by the National (NIMS) Integration Center (NIC).

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 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. 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 that require an action (contain an action verb) must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

## RESPONSIBILITIES:

1. The **Agency Management** is responsible for:
  - Selecting trainees based on the needs of their organization or area Incident Management Teams.
  - Providing opportunities for evaluation and/or making the trainee available for evaluation.
  
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 the local agency head when the PTB is completed, and obtaining their signature recommending certification.
  - 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. Dating and initialing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Evaluation Record.
  - Completing the Evaluation Record found at the end of each PTB.
4. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
5. The **Agency Head** or designee is responsible for:
- Issuing the PTB to document task 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 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.
  - Documenting the assignment.
  - Conducting progress reviews.
  - Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.

## Competency 1: 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 1: Ensure readiness for assignment.

| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CODE     | EVALUATION RECORD # | EVALUATOR |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|-----------|
| <p>1. Obtain and assemble information and materials needed for kit. 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. The basic information and materials needed <b>may include</b>, but is not limited to, any of the following:</p> <p><b>Reference Material</b></p> <ul style="list-style-type: none"> <li>• References appropriate for the incident type and agencies involved.</li> <li>• PMS 410-1, Fireline Handbook.</li> <li>• Field Operations Guide ICS 420-1.</li> <li>• Position manuals for the section.</li> <li>• Individual checklists/reminders.</li> <li>• IMT contact information.</li> </ul> <p><b>Forms</b></p> <ul style="list-style-type: none"> <li>• ICS Form 202, Incident Objectives.</li> <li>• ICS Form 203, Organization Assignment List.</li> <li>• ICS Form 204, Division Assignment.</li> <li>• ICS Form 207, Organization Chart.</li> <li>• ICS Form 209, Incident Status Summary.</li> <li>• ICS Form 211, Check-In List.</li> <li>• ICS Form 213, General Message.</li> <li>• ICS Form 214, Unit Log.</li> <li>• ICS Form 215, Operational Planning Worksheet.</li> <li>• ICS Form 215 WS, (wall size).</li> <li>• ICS Form 215a, Incident Safety Analysis.</li> <li>• ICS Form 215a WS, (wall size).</li> <li>• ICS Form 219-1 through 219-19, Resource Status Cards.</li> <li>• ICS Form 220, Air Operations Summary Worksheet.</li> <li>• Agency specific forms appropriate to the function.</li> </ul> <p><i>continued on next page</i></p> | <p>O</p> |                     |           |

Code:

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| TASK                                                                                                                                                     | CODE | EVALUATION RECORD # | EVALUATOR |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| <b>Supplies</b> <ul style="list-style-type: none"> <li>• Pens/pencils/note paper/etc.</li> <li>• Office supplies appropriate to the function.</li> </ul> |      |                     |           |
| 2. Arrive properly equipped at incident assigned location within acceptable time limits.                                                                 | I    |                     |           |
| 3. Check in according to agency guidelines.                                                                                                              | I    |                     |           |

**Behavior 2: Ensure availability, qualifications, and capabilities of resources to complete assignment.**

| TASK                                                                                                                                                                                                                                                                                                                                                   | CODE | EVALUATION RECORD # | EVALUATOR |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Identify Units within the Section to be activated and resources required for Section operations.                                                                                                                                                                                                                                                    | I    |                     |           |
| 2. Utilize technical specialists, operations personnel, and local agency(s) personnel.                                                                                                                                                                                                                                                                 | I    |                     |           |
| 3. Ensure that planning meeting location is well organized. Required resources are in place prior to each meeting. <ul style="list-style-type: none"> <li>• Large ICS Form 215 and ICS Form 215A.</li> <li>• Large scale schematic map of incident.</li> <li>• Flip charts.</li> <li>• Felt tip markers.</li> <li>• Planning meeting Agenda</li> </ul> | I    |                     |           |

**Behavior 3: Gather, update, and apply situational information relevant to the assignment.**

| TASK                                                                                                                                                                                                                                                                                                                                                                         | CODE | EVALUATION RECORD # | EVALUATOR |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Obtain complete information from dispatch upon activation. <ul style="list-style-type: none"> <li>• Incident name.</li> <li>• Incident order number.</li> <li>• Request number.</li> <li>• Reporting location.</li> <li>• Reporting time.</li> <li>• Transportation arrangements/travel routes.</li> <li>• Contact procedures during travel (telephone/radio).</li> </ul> | O    |                     |           |

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| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CODE | EVALUATION RECORD # | EVALUATOR |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| <p>2. Gather information necessary to assess incident assignment and determine immediate needs and actions.</p> <ul style="list-style-type: none"> <li>• Incident Commander’s name and agency address.</li> <li>• Type of incident.</li> <li>• Current resource commitments.</li> <li>• Current situation.</li> <li>• Expected duration of assignment.</li> <li>• Terrain.</li> <li>• Weather.</li> <li>• Agency Administrator’s briefing/other briefing requirements (as appropriate).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                            | I    |                     |           |
| <p>3. Obtain briefing from Agency Administrator/ outgoing Incident Commander and gather information.</p> <ul style="list-style-type: none"> <li>• Ensure that briefings from Agency Administrator/ outgoing Incident Commander are complete and include, as a minimum description: Incident Objectives, ICS Form 201, organizational structure (area command or single organization), special considerations on the incident, the current national situation and Wildland Fire Situation Analysis (if wildland fire incident).</li> <li>• Obtain anticipated incident duration, size, and type.</li> <li>• Complete the appropriate checklist for takeover of incidents.</li> <li>• Obtain initial instructions concerning the tasks expected of the planning section.</li> <li>• Receive expected timeframes for briefings, planning meetings, and team meetings.</li> </ul> | I    |                     |           |
| <p>4. Collect information from outgoing Planning Section Chief, initial Incident Commander or other personnel responsible for incident prior to your arrival.</p> <ul style="list-style-type: none"> <li>• Obtain status of incident and assigned resources.</li> <li>• Obtain status of existing Planning Section.</li> <li>• Obtain information on location situations; e.g., ICP/ base locations, medical facilities, road closures, camp locations, etc.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                       | I    |                     |           |

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**Behavior 4: Establish effective relationships with relevant personnel.**

| TASK                                                                                                                                                                                                                                                                                 | CODE | EVALUATION RECORD # | EVALUATOR |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Establish and maintain positive interpersonal and interagency working relationships. <ul style="list-style-type: none"> <li>• Local agencies.</li> <li>• Hosting unit.</li> <li>• Public.</li> <li>• Division/Group Supervisors.</li> <li>• Command and General Staff.</li> </ul> | I    |                     |           |
| 2. Create a work environment that provides mutual respect and equal opportunity for all personnel assigned to the incident.                                                                                                                                                          | I    |                     |           |

**Behavior 5: Understand and comply with ICS concepts and principles.**

| TASK                                                                                                                                                             | CODE | EVALUATION RECORD # | EVALUATOR |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Maintain appropriate span of control.                                                                                                                         | I    |                     |           |
| 2. Demonstrate knowledge of ICS structure, principles, positions, and ICS forms.                                                                                 | I    |                     |           |
| 3. Understand scope, roles, responsibilities, jurisdiction, and authority of responder agencies.                                                                 | I    |                     |           |
| 4. Assure execution of appropriate administrative requirements (to include documentation, ICS forms, personnel and equipment time records, performance ratings). | I    |                     |           |

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## Competency 2: Lead assigned personnel

*Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.*

### Behavior 1: Model leadership principles of Duty, Respect and Integrity.

| TASK                                                                                                                                                                                                                                                                                                                       | CODE | EVALUATION RECORD # | EVALUATOR |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Exhibit principles of duty. <ul style="list-style-type: none"> <li>• Be proficient in your job, both technically and as a leader.</li> <li>• Make sound and timely decisions.</li> <li>• Ensure that tasks are understood, supervised and accomplished.</li> <li>• Develop your subordinates for the future.</li> </ul> | I    |                     |           |
| 2. Exhibit principles of respect. <ul style="list-style-type: none"> <li>• Know your subordinates and look out for their well-being.</li> <li>• Keep your subordinates informed.</li> <li>• Build the team.</li> <li>• Employ your subordinates in accordance with their capabilities.</li> </ul>                          | I    |                     |           |
| 3. Exhibit principles of integrity. <ul style="list-style-type: none"> <li>• Know yourself and seek improvement.</li> <li>• Seek responsibility and accept responsibility for your actions.</li> <li>• Set the example.</li> </ul>                                                                                         | I    |                     |           |

### Behavior 2: Ensure the safety, welfare, and accountability of assigned personnel.

| TASK                                                                           | CODE | EVALUATION RECORD # | EVALUATOR |
|--------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Recognize potentially hazardous situations.                                 | I    |                     |           |
| 2. Inform subordinates of hazards.                                             | I    |                     |           |
| 3. Control positions and function of resources.                                | I    |                     |           |
| 4. Ensure that special precautions are taken when extraordinary hazards exist. | I    |                     |           |
| 5. Ensure adequate rest is provided to all unit personnel.                     | I    |                     |           |

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| TASK                                                                                                                                                                         | CODE | EVALUATION RECORD # | EVALUATOR |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 6. Ensure that rest, recuperation, and release requirements of resources are tracked and preparations are made to meet them (including requirements by terms of employment). | I    |                     |           |

**Behavior 3: Establish work assignments and performance expectations, monitor performance, and provide feedback.**

| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CODE | EVALUATION RECORD # | EVALUATOR |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Establish priorities and coordinate units within the section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I    |                     |           |
| 2. Perform the duties of a Resources Unit Leader according to the most current version of the Field Operations Guide (ICS 420-1). <ul style="list-style-type: none"> <li>• Maintain status of all assigned resources (primary and support) at an incident.</li> <li>• Oversee check-in of all resources.</li> <li>• Maintain a status-keeping system indicating current location and status of all resources.</li> <li>• Maintain a master list of all resources (e.g, key supervisory personnel, primary and support resources, etc.).</li> </ul> | I    |                     |           |
| 3. Perform the duties of a Situation Unit Leader according to the most current version of the Field Operations Guide (ICS 420-1). <ul style="list-style-type: none"> <li>• Ensure the collection, processing, and organizing of all incident information.</li> <li>• As needed, prepare future projections of incident growth, maps, and intelligence.</li> </ul>                                                                                                                                                                                  | I    |                     |           |
| 4. Perform the duties of a Documentation Unit Leader according to the most current version of the Field Operations Guide (ICS 420-1). <ul style="list-style-type: none"> <li>• Maintain accurate and up-to-date incident files.</li> <li>• Provide duplication services.</li> <li>• Ensure proper storage of incident files for legal, analytical, and historical purposes.</li> </ul>                                                                                                                                                             | I    |                     |           |

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| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CODE | EVALUATION RECORD # | EVALUATOR |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 5. Perform the duties of a Demobilization Unit Leader according to the most current version of the Field Operations Guide (ICS 420-1).<br><ul style="list-style-type: none"> <li>Develop the Incident Demobilization Plan.</li> </ul>                                                                                                                                                                                                                                                                                 | I    |                     |           |
| 6. Communicate job performance requirements to subordinates.                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I    |                     |           |
| 7. Continuously evaluate performance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I    |                     |           |
| 8. Communicate deficiencies immediately and take corrective action.                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I    |                     |           |
| 9. Identify training needs and provide opportunities for training.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I    |                     |           |
| 10. Prepare and discuss formal performance evaluation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I    |                     |           |
| 11. Ensure that necessary support staff is aware of planning meeting assignments.<br><ul style="list-style-type: none"> <li>Situation Unit Leader has accurate and current incident, regional and national situation status.</li> <li>Resources Unit Leader has accurate and current status of resources on the incident as well as regionally and nationally.</li> <li>Technical specialist input is presented.</li> <li>Arrangements are made for documentation and recording of applicable information.</li> </ul> | I    |                     |           |
| 12. Ensure Resources Unit Leader is aware of tactics meeting and operational briefing assignment.                                                                                                                                                                                                                                                                                                                                                                                                                     | I    |                     |           |

**Behavior 4: Emphasize teamwork.**

| TASK                                                                                                                                                                                                                                                                    | CODE | EVALUATION RECORD # | EVALUATOR |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Establish cohesiveness among assigned resources.<br><ul style="list-style-type: none"> <li>Establish trust through open communication.</li> <li>Require commitment.</li> <li>Set expectations of accountability.</li> <li>Bring focus to the team result.</li> </ul> | I    |                     |           |

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**Behavior 5: Coordinate interdependent activities.**

| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CODE | EVALUATION RECORD # | EVALUATOR |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Interact and coordinate with all command and general staff.                                                                                                                                                                                                                                                                                                                                                                                                                       | I    |                     |           |
| 2. Coordinate incident rehabilitation needs. <ul style="list-style-type: none"> <li>• Coordinate with responsible agencies.</li> <li>• Work with technical specialist(s) e.g., hazardous materials specialist, environmental specialists; Burned Area Emergency Rehabilitation Team, and keep updated on their activities.</li> <li>• Review the list of rehabilitation needs daily for accuracy ensuring that all units are demobilized in a timely and complete manner.</li> </ul> | I    |                     |           |

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### Competency 3: 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 1: Ensure all relevant information is exchanged during check-in, briefings and debriefings.

| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CODE | EVALUATION RECORD # | EVALUATOR |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Attend Agency Administrator and/or outgoing Incident Commander briefing. <ul style="list-style-type: none"> <li>• Obtain a completed analysis of the incident; e.g., a Wildland Fire Situation Analysis (WFSA) for a wildland fire, or support the development of an analysis, a written Delegation of Authority, a copy of the most recent ICS Form 209, map(s) of the incident, and a completed ICS Form 20 1.</li> <li>• Complete the appropriate checklist for takeover of large incidents.</li> <li>• Get copies of current resource orders and those resources committed to incident.</li> <li>• Obtain key contact list with phone and fax numbers.</li> </ul> | I    |                     |           |
| 2. Obtain briefing from your Incident Commander. May be one-on-one or at an initial strategy meeting or other team meeting. <ul style="list-style-type: none"> <li>• Receive Incident Commander's priorities, goals, and objectives for the incident management team.</li> <li>• Receive Incident Commander's priorities, goals, and objectives for the incident.</li> <li>• Obtain initial instructions concerning the tasks expected of the planning section.</li> <li>• Receive expected timeframes for briefings, planning meetings, and team meetings.</li> </ul>                                                                                                   | I    |                     |           |
| 3. Collect information from outgoing section chief, initial Incident Commander or other personnel with information relevant to your section. <ul style="list-style-type: none"> <li>• Obtain status of incident and assigned resources.</li> <li>• Obtain status of existing planning section.</li> <li>• Evaluate and replace or order positions in planning section, as needed.</li> </ul>                                                                                                                                                                                                                                                                             | I    |                     |           |

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| TASK                                                                                                                                                                                                  | CODE | EVALUATION RECORD # | EVALUATOR |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 4. Identify who needs to attend operational period briefings.<br><ul style="list-style-type: none"> <li>Post in conspicuous locations time of briefings, location, and required attendees.</li> </ul> | I    |                     |           |
| 5. Facilitate the operational period briefing, particularly emphasizing any changes from the written IAP.                                                                                             | I    |                     |           |
| 6. Debrief Agency Administrator.<br><ul style="list-style-type: none"> <li>Participate in debriefing.</li> </ul>                                                                                      | I    |                     |           |
| 7. Participate in after-incident review per agency policy.                                                                                                                                            | I    |                     |           |

**Behavior 2: Ensure documentation is complete and disposition is appropriate.**

| TASK                                                                                                                                                                                                                                                                                                             | CODE | EVALUATION RECORD # | EVALUATOR |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Ensure an incident summary e.g., ICS Form 209 is completed within established timeframes.<br><ul style="list-style-type: none"> <li>Review for accuracy and completeness, approve, sign, and submit to appropriate office.</li> <li>Make sure priorities and special considerations are specified.</li> </ul> | I    |                     |           |
| 2. Ensure that all personnel and equipment time records are complete and have been submitted to the Time Unit Leader at the end of each operational period.                                                                                                                                                      | I    |                     |           |
| 3. Submit to the documentation unit completed and legible ICS Form 214 Unit Logs containing pertinent information for each operational period.                                                                                                                                                                   | I    |                     |           |
| 4. Ensure all required incident reports and narrative are completed to agreed upon standards prior to leaving incident.                                                                                                                                                                                          | I    |                     |           |
| 5. Properly assemble and file up-to-date incident records.                                                                                                                                                                                                                                                       | I    |                     |           |

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**Behavior 3: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.**

| TASK                                                                                                                                                                                                                                                                                                                                                   | CODE | EVALUATION RECORD # | EVALUATOR |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Establish and maintain incident planning cycle. <ul style="list-style-type: none"> <li>• Publish and post planning cycle at appropriate locations.</li> <li>• Distribute cycle to Incident Commander, command and general staff, and other appropriate personnel.</li> <li>• Facilitate meeting and briefings during the planning cycle.</li> </ul> | I    |                     |           |

**Behavior 4: Communicate and assure understanding of work expectations within the chain of command and across functional areas.**

| TASK                                                                                                                                                                                                                                                                | CODE | EVALUATION RECORD # | EVALUATOR |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. 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, type of incident, potential values to be protected, and jurisdictional involvement. | I    |                     |           |

**Behavior 5: Develop and implement plans and gain concurrence of affected agencies and the public.**

| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CODE | EVALUATION RECORD # | EVALUATOR |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Ensure planning staff completes required elements of the Incident Action Plan (IAP) within required timeframes. <ul style="list-style-type: none"> <li>• Obtain elements from other appropriate sections within established timeframes.</li> <li>• Assemble the elements into an IAP.</li> <li>• Ensure the IAP meets incident objectives and is congruent with approved strategic plan; i.e., WFSA.</li> <li>• Develop contingency plan(s) as needed (evacuation/sheltering, structure protection, etc.).</li> <li>• Obtain the Incident Commander’s approval and signature on IAP.</li> <li>• Identify how many copies of IAP are needed.</li> <li>• Ensure documentation unit makes and distributes appropriate copies of IAP to key people.</li> </ul> <i>continued on next page</i> | I    |                     |           |

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| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CODE | EVALUATION RECORD # | EVALUATOR |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| <ul style="list-style-type: none"> <li>• Identify information from the IAP that needs to be known prior to the operational period briefing and who needs to know.</li> <li>• Provide accurate information to these individuals prior to the operational period briefing; e.g., air operations, ground support, food unit, supply unit, and agency dispatch.</li> </ul>                                                                                                                                                                                                                                                                  | I    |                     |           |
| <p>2. Ensure the agency’s incident strategic plan is appropriate.</p> <ul style="list-style-type: none"> <li>• If it needs revision the Agency Administrator is responsible (may ask the Incident Commander to revise for the Agency Administrator’s approval).</li> </ul>                                                                                                                                                                                                                                                                                                                                                              | I    |                     |           |
| <p>3. Consider demobilization early enough during the incident so that an adequate demobilization plan is in place prior to the actual need to release resources.</p> <ul style="list-style-type: none"> <li>• Ensure demobilization plan is complete and signed.</li> <li>• Develop in coordination with command and general staff and agency dispatch.</li> <li>• Request all sections submit names or lists of surplus or potentially surplus personnel and resources to demobilization unit 48 hours in advance of them becoming surplus.</li> <li>• Schedule surplus resources and personnel for proper demobilization.</li> </ul> | I    |                     |           |

Code:

- O = task can be completed in any situation (classroom, simulation, incident, daily job, etc.)
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**Competency 4: 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 1: Administer and/or apply agency policy, contracts and agreements.**

| TASK                                                                                                                                                                                                                                                                               | CODE | EVALUATION RECORD # | EVALUATOR |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Display, describe, and utilize necessary agency policy, legal and fiscal constraints, and political considerations to be used in the planning meeting to review adequacy of strategic plans (WFSA for wildland fire incident) and in development of Incident Action Plan (IAP). | I    |                     |           |

**Behavior 2: Gather, analyze and validate information pertinent to the incident or event and make recommendations for setting priorities.**

| TASK                                                                                                                                                                                                                                                                                                                                                                                                                          | CODE | EVALUATION RECORD # | EVALUATOR |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Evaluate and monitor current situation. <ul style="list-style-type: none"> <li>Determine if present plan of action will meet incident objectives.</li> <li>Determine if the present plan is congruent with the incident strategic plan; i.e., WFSA.</li> <li>Identify current and potential problems and concerns.</li> <li>Advise Incident Commander and other appropriate incident management team personnel.</li> </ul> | I    |                     |           |
| 2. Collect, evaluate and process resource and situational incident information to provide the basis of the IAP.                                                                                                                                                                                                                                                                                                               | I    |                     |           |

**Behavior 3: Take appropriate action based on assessed risks.**

| TASK                                                                                                                                                                                                                                            | CODE | EVALUATION RECORD # | EVALUATOR |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Establish priorities and coordinate units within the section.                                                                                                                                                                                | I    |                     |           |
| 2. Schedule and conduct planning meetings <ul style="list-style-type: none"> <li>Inform identified planning meeting attendees of the time, location, and information expected of them for the meeting.</li> </ul> <i>continued on next page</i> | I    |                     |           |

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| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CODE | EVALUATION RECORD # | EVALUATOR |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| <ul style="list-style-type: none"> <li>• Define objectives, agenda, and time expectations for the planning meeting.</li> <li>• Agree to and post at appropriate locations, the planning meeting agenda.</li> <li>• Identify or reaffirm incident objectives (Incident Commander [IC] identifies or approves objectives. The IC should address objectives or ask the Planning Section Chief to do so).</li> <li>• Display, describe, and utilize necessary agency policy, legal and fiscal constraints, and political considerations to be used in the planning meeting to review adequacy of strategic plans and in development of Incident Action Plan (IAP).</li> <li>• Present accurate, adequate, and current situation and resource status information with accurate maps.</li> <li>• Ensure that Operations Section Chief identifies incident control lines, values to be protected, division boundaries, and drop points; and prioritizes divisions in the event that choices must be made in allocating scarce resources, on map(s) visible to all attendees.</li> <li>• Ensure that Operations Section Chief identifies tactics, resources needed, and reporting/pickup locations and time by division/groups and that this information is properly displayed on ICS Form 215 or equivalent.</li> <li>• Ensure that the Safety Officer identifies hazards and the mitigation of those hazards by division/group and that this information is displayed on an ICS 215 A or equivalent.</li> <li>• Compare resources needed to implement the Operations Section Chief’s proposed action plan to available resources and reconcile any differences.</li> <li>• Display available resources for IAP on ICS Form 215.</li> <li>• Coordinate all attendees to assure the plan as proposed can be implemented and supported; examples - can air operations provide the needed air support and transportation needs; can logistics accomplish personnel feeding on time, provide necessary ground transportation, and provide required tools; etc.</li> </ul> <p><i>continued on next page</i></p> |      |                     |           |

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| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CODE | EVALUATION RECORD # | EVALUATOR |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| <ul style="list-style-type: none"> <li>• Ensure LCES is incorporated into the planning process.</li> <li>• Resolve concerns and conflicts.</li> <li>• Adjust IAP accordingly.</li> <li>• Identify elements of the IAP required from other sections, and time needed by the planning section; e.g., Safety Message, Communication Plan, Medical Plan, Air Operations Summary, Transportation Plan, and other special messages.</li> <li>• Conduct planning meeting in 30 minutes or less.</li> </ul> |      |                     |           |
| 3. Ensure planning meetings are scheduled as required and all objectives of planning meeting are met in the acceptable time frame.                                                                                                                                                                                                                                                                                                                                                                  | I    |                     |           |

**Behavior 4: Modify approach based on evaluation of incident situation.**

| TASK                                                                                                                                                                                                                                                                                                                               | CODE | EVALUATION RECORD # | EVALUATOR |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Monitor incident status and develop alternative strategies. <ul style="list-style-type: none"> <li>• Document and present potential alternative strategies to command and general staff.</li> <li>• Advise command and general staff of significant changes in incident status that affect them, in a timely manner.</li> </ul> | I    |                     |           |

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**Behavior 5: Plan for demobilization and ensure demobilization procedures are followed.**

| TASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CODE | EVALUATION RECORD # | EVALUATOR |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Consider demobilization and/or transition early enough during the incident so that an adequate Demobilization/ Transition Plan is in place prior to the actual need to release resources or escalate the incident. <ul style="list-style-type: none"> <li>• Ensure demobilization plan is complete and signed.</li> <li>• Develop in coordination with command and general staff and agency dispatch.</li> <li>• Request all sections submit names or lists of surplus or potentially surplus personnel and resources to demobilization unit 48 hours in advance of them becoming surplus.</li> <li>• Schedule surplus resources and personnel for proper demobilization.</li> </ul> | I    |                     |           |
| 2. Implement approved demobilization plan and schedule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I    |                     |           |

**Behavior 6: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.**

| TASK                                                                                            | CODE | EVALUATION RECORD # | EVALUATOR |
|-------------------------------------------------------------------------------------------------|------|---------------------|-----------|
| 1. Monitor and document progress towards incident objectives and prepare for transition.        | I    |                     |           |
| 2. Determine with replacement time of transfer.                                                 | I    |                     |           |
| 3. Communicate transfer of command to command and general staff.                                | I    |                     |           |
| 4. If necessary, coordinate with agencies about transfer of command back to local jurisdiction. | I    |                     |           |

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## INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, simulations 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.

### Complete These Items at the START of the Evaluation Period:

---

**Evaluator's name, incident/office title, and agency:** List the name of the Evaluator, his/her incident position or office title, and agency.

**Evaluator's home unit address and phone:** Self-explanatory

**#:** The number next to the evaluator's name in the upper left corner of the evaluation record 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 will enable reviewers of the completed PTB to ascertain the qualifications of the different evaluators prior to making the appropriate sign-off on the PTB.

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

**Incident Kind:** Enter kind of incident; e.g., Hazmat, wildland fire, structural fire, search and rescue, flood, tornado, etc.

### Complete These Items at the END of the Evaluation Period:

---

**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 Trainee was evaluated. This block may indicate a span of time covering several small and similar incidents if the Trainee has been evaluated on that basis; e.g., several initial attack wildfires in similar fuel types.

**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 PTB.

**Evaluator's relevant certification:** List **your** certification relevant to the Trainee position you supervised.

# Evaluation Record

TRAINEE NAME

TRAINEE POSITION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     |                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Evaluator's name:<br>Incident/office title & agency:                                                                                             |                                                                     |                                                                             |  |
| Evaluator's home unit address & phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                                     |                                                                             |  |
| Name and Location<br>of Incident or<br>Situation<br><i>(agency &amp; area)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Incident Kind<br><i>(Hazmat, tornado, flood,<br/>                 structural fire, wildfire,<br/>                 search &amp; rescue, etc.)</i> | Number & Type of<br>Resources<br>Pertinent to<br>Trainee's Position | Duration<br><i>(inclusive dates<br/>                 in trainee status)</i> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     | to                                                                          |  |
| The tasks initialed & 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.<br>_____ The individual has successfully performed all tasks for the position and should be considered for certification.<br>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.<br>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.<br>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee. |                                                                                                                                                  |                                                                     |                                                                             |  |
| Recommendations: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     |                                                                             |  |
| Date: _____ Evaluator's initials: _____<br>Evaluator's relevant agency certification or rating: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                  |                                                                     |                                                                             |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     |                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Evaluator's name:<br>Incident/office title & agency:                                                                                             |                                                                     |                                                                             |  |
| Evaluator's home unit address & phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                                     |                                                                             |  |
| Name and Location<br>of Incident or<br>Situation<br><i>(agency &amp; area)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Incident Kind<br><i>(Hazmat, tornado, flood,<br/>                 structural fire, wildfire,<br/>                 search &amp; rescue, etc.)</i> | Number & Type of<br>Resources<br>Pertinent to<br>Trainee's Position | Duration<br><i>(inclusive dates<br/>                 in trainee status)</i> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     | to                                                                          |  |
| The tasks initialed & 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.<br>_____ The individual has successfully performed all tasks for the position and should be considered for certification.<br>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.<br>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.<br>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee. |                                                                                                                                                  |                                                                     |                                                                             |  |
| Recommendations: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     |                                                                             |  |
| Date: _____ Evaluator's initials: _____<br>Evaluator's relevant agency certification or rating: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                  |                                                                     |                                                                             |  |

## Evaluation Record

(Continuation Sheet)

\_\_\_\_\_  
TRAINEE NAME

\_\_\_\_\_  
TRAINEE POSITION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     |                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Evaluator's name:<br>Incident/office title & agency:                                                                                             |                                                                     |                                                                             |  |
| Evaluator's home unit address & phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                                     |                                                                             |  |
| Name and Location<br>of Incident or<br>Situation<br><i>(agency &amp; area)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Incident Kind<br><i>(Hazmat, tornado, flood,<br/>                 structural fire, wildfire,<br/>                 search &amp; rescue, etc.)</i> | Number & Type of<br>Resources<br>Pertinent to<br>Trainee's Position | Duration<br><i>(inclusive dates<br/>                 in trainee status)</i> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     | to                                                                          |  |
| The tasks initialed & 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.<br>_____ The individual has successfully performed all tasks for the position and should be considered for certification.<br>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.<br>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.<br>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee. |                                                                                                                                                  |                                                                     |                                                                             |  |
| Recommendations: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     |                                                                             |  |
| Date: _____ Evaluator's initials: _____<br>Evaluator's relevant agency certification or rating: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                  |                                                                     |                                                                             |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     |                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Evaluator's name:<br>Incident/office title & agency:                                                                                             |                                                                     |                                                                             |  |
| Evaluator's home unit address & phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                                     |                                                                             |  |
| Name and Location<br>of Incident or<br>Situation<br><i>(agency &amp; area)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Incident Kind<br><i>(Hazmat, tornado, flood,<br/>                 structural fire, wildfire,<br/>                 search &amp; rescue, etc.)</i> | Number & Type of<br>Resources<br>Pertinent to<br>Trainee's Position | Duration<br><i>(inclusive dates<br/>                 in trainee status)</i> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     | to                                                                          |  |
| The tasks initialed & 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.<br>_____ The individual has successfully performed all tasks for the position and should be considered for certification.<br>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.<br>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.<br>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee. |                                                                                                                                                  |                                                                     |                                                                             |  |
| Recommendations: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                     |                                                                             |  |
| Date: _____ Evaluator's initials: _____<br>Evaluator's relevant agency certification or rating: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                  |                                                                     |                                                                             |  |