



TASK BOOK FOR THE POSITION OF
INCIDENT BUSINESS ADVISOR TYPE 1
(IBA1)
INCIDENT BUSINESS ADVISOR TYPE 2
(IBA2)

**(POSITION PERFORMANCE ON AN INCIDENT
ASSIGNMENT REQUIRED)**

PMS 311-65

May 2005

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

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

EVALUATOR

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION

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

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.

FINAL EVALUATOR'S SIGNATURE AND DATE

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

AGENCY CERTIFICATION

I certify that _____

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

CERTIFYING OFFICIAL'S SIGNATURE AND DATE

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

This task book is available at <http://www.nwcg.gov/pms/pms.htm>

NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

Position Task Books (PTBs) have been developed for designated positions within the National Interagency Incident Management System. Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the agency that the trainee be certified in that position.

Evaluation and confirmation of the trainee's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulations, and in other work situations. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated before recommending certification. All bullet statements within a task which require an action (contain an action verb) must be demonstrated before that task can be signed off.

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

RESPONSIBILITIES:

1. The **Home Unit** is responsible for:
 - Selecting trainees based on the needs of the home unit and higher levels.
 - Ensuring that the trainee meets the training and experience requirements included in the PMS 310-1, NIIMS Wildland Fire Qualification System Guide.
 - Initiating PTBs to document task performance.
 - Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
 - Providing opportunities for evaluation and/or making the trainee available for evaluation.
 - Providing an evaluator for local assignments.
 - Tracking progress of the trainee.
 - Confirming PTB completion.
 - Determining certification per local policy.
 - Issuing proof of certification.
2. The **Trainee** 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 home unit personnel when the PTB is completed and providing a copy.
 - Keeping the original PTB in personal records.
3. The **Evaluator** is responsible for:
- Understanding the Wildland Fire Qualifications System.
 - Being qualified and proficient in the position being evaluated.
 - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
 - Reviewing tasks with the trainee.
 - Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
 - Identifying tasks to be performed during the evaluation period.
 - Accurately evaluating and recording demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record.
 - Completing the Evaluation Record found at the end of this 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 and if the trainee is recommended for certification.
5. The **Incident Training Specialist** is responsible for:
- Identifying incident evaluation opportunities.
 - Assuring that trainees have met prerequisites.
 - Identifying and assigning a qualified evaluator that can provide a positive experience for the trainee, and making an accurate and honest appraisal of the trainee's performance.
 - Providing PTBs to approved trainees on the incident when home unit was unable to provide them.
 - Documenting the assignment.
 - Conducting progress reviews.
 - Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.
 - Notifying trainee's home unit.

QUALIFICATION RECORD

POSITION: INCIDENT BUSINESS ADVISOR TYPE 1 & 2 (IBA1 & 2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><u>GENERAL</u></p> <p>1. <u>Obtain and assemble information and materials needed for kit.</u></p> <p>Kit will be assembled and prepared prior to receiving an assignment. Kit will contain essential items needed for the assignment. Kit will be easily transportable and within weight limitations found in the National Interagency Mobilization Guide. Basic information and materials may include:</p> <p style="padding-left: 40px;"><u>Reference Material:</u></p> <ul style="list-style-type: none"> • NWCG Fireline Handbook, PMS 410-1. • Interagency Incident Business Management Handbook (IIBMH), NFES 2160. • IIBMH annual supplements. • Geographic area supplements. • Agency Administrator’s Guide to Critical Incident Management, PMS 926. • Interagency Standards for Fire and Fire Aviation, NFES 2724. • National Interagency Mobilization Guide, NFES 2002. • Incident Business Coordinators list – Federal and State. 	O		

- *Code: O = task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)
 I = task must be performed on an incident (flood, wildfire, prescribed fire, wildland fire use, search & rescue, planned event, etc.)
 W = task must be performed on a wildfire incident
 /R = Rare event—the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.
 RX = task must be performed on a prescribed fire incident
 WFU= task must be performed on a wildland fire use incident

QUALIFICATION RECORD
Continuation Sheet

POSITION: INCIDENT BUSINESS ADVISOR TYPE 1 & 2 (IBA1 & 2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>Additional kit items to supplement as needed for specific assignment upon dispatch/arrival:</p> <ul style="list-style-type: none"> • Local, unit and geographical area telephone listings (obtain from incident unit). • Geographic area specific agreements (National Guard, crew, engine/tender, cooperative). • State business management guidelines. • National contracts (Mobile Food Service and Shower, Call When Needed (CWN) Helicopter, Crews and Engines, Mobile Commissary). • Buying Team Guide. • Military Use Handbook, NFES 2175. • Geographic area mobilization guide and/or local mobilization guide. • Expanded dispatch plan. <p><u>Forms</u></p> <ul style="list-style-type: none"> • IBA narrative template. • IBA evaluation form. • ICS 213, General Message. <p><u>Supplies</u></p> <ul style="list-style-type: none"> • Office supplies appropriate to the assignment. Inquire prior to travel to determine what the incident agency will provide. 			

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QUALIFICATION RECORD
Continuation Sheet

POSITION: INCIDENT BUSINESS ADVISOR TYPE 1 & 2 (IBA1 & 2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>2. <u>Establish and maintain positive interpersonal and interagency working relationships.</u></p> <ul style="list-style-type: none"> • Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident. • Address individual agency values and policies throughout the tenure of the assignment. 	O		
<p><u>MOBILIZATION</u></p> <p>3. <u>Obtain complete information from dispatch upon initial activation.</u></p> <ul style="list-style-type: none"> • Obtain resource order, transportation needs, agency contacts, time of arrival. 	O		
<p>4. <u>Gather information necessary to assess incident assignment and determine immediate needs and actions.</u></p> <ul style="list-style-type: none"> • Contact incident agency for information to determine what specific reference items are needed for the assignment. • Evaluate available support such as computer, printer, and cell phone. If not available, order equipment and support needed (with incident agency approval). 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: INCIDENT BUSINESS ADVISOR TYPE 1 & 2 (IBA1 & 2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<u>INCIDENT ACTIVITIES</u>			
5. <u>Obtain briefing from the AA or designee.</u> <ul style="list-style-type: none"> • Receive the AA’s priorities, goals, and objectives for management of the incident. • Obtain and clarify expectations, roles, and responsibilities. • Obtain initial instructions concerning business management priorities. • Obtain AA’s guidelines or instructions for cost containment. • Obtain information about agencies involved and political concerns. • Discuss agency requirements for regional and/or national reviews. • Obtain timeframes for briefings, planning meetings, and/or agency staff meetings. 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>6. <u>Attend AA or outgoing Incident Commander (IC) briefing.</u></p> <p>Obtain available incident information and incident agency guidelines and policies:</p> <ul style="list-style-type: none"> • Wildland Fire Situation Analysis (WFSA) • AA delegation of authority to the Incident Management Team (IMT) • Incident Action Plans • Names, contact numbers, and positions/functions of cooperating/assisting agencies 	I		
<p>7. <u>Collect information from departing personnel, i.e. outgoing IMT, initial attack IC, agency staff, etc. For example:</u></p> <ul style="list-style-type: none"> • IMT transition plan • IMT operating guidelines • Fiscal/business issues and concerns • Documentation of expenditures/costs • Controversial issues 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>8. <u>Evaluate and share with the AA and other agency staff pertinent information which may affect incident business management.</u></p> <ul style="list-style-type: none"> • Review agency guidelines for incident business management with appropriate staff. • Meet with incident agency staff and support unit personnel (buying team, payment team, expanded dispatch, dispatch center manager, etc.) throughout the incident assignment to identify and discuss concerns and share information. 	I		
<p>9. <u>Plan and schedule activities.</u></p> <ul style="list-style-type: none"> • Workspace requirements and location for yourself • Meetings with the AA • IMT briefings and other meetings 	I		
<p>10. <u>Review incident business reports/documents to ensure agency direction is being met and that requested reports are accurate and timely.</u></p> <ul style="list-style-type: none"> • WFSA & daily certification • Contracts • Memorandums of understanding • Cooperative agreements • Cost share agreements • Cost reports generated by IMT 	O		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>11. <u>Participate in briefings, planning meetings, and agency staff meetings to emphasize business management priorities.</u></p> <ul style="list-style-type: none"> • Communicate AA incident business guidelines, direction, issues and concerns. • Facilitate resolution of incident business management issues. 	I		
<p>12. <u>Interact and coordinate with agency staff, IMT, and other support units. Receive and provide current information.</u></p> <ul style="list-style-type: none"> • Provide contact information. • Schedule visits to the incident command post (ICP), incident agency, and support units. • Schedule conference calls if needed. 	I		
<p>13. <u>Serve as incident business liaison to one or more of the following:</u></p> <ul style="list-style-type: none"> • Area Command • Unified Command • Multi-Agency Coordinating (MAC) group 	I/R		

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Continuation Sheet

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>14. <u>Interact and coordinate with one or more of the following interagency cooperators:</u></p> <ul style="list-style-type: none"> • Federal Emergency Management Agency (FEMA) • Tribal government • Local, county, and/or state government • National Guard • Military 	O		
<p>15. <u>Update AA on current accomplishments and/or problems.</u></p> <ul style="list-style-type: none"> • Provide summary information on current incident business management operations. • Include written documentation of decisions made and changes recommended in direction or policy. • Maintain a daily record of activities. • Advise AA to address resource needs throughout the assignment (e.g., buying team, payment team). 	I		
<p><u>DEMOBILIZATION</u></p> <p>16. <u>Review the incident demobilization plan and provide input to the AA as necessary.</u></p>	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>17. <u>Complete the debriefing and close out tasks.</u></p> <ul style="list-style-type: none"> • Participate in IMT debriefing with the AA. • Participate in a closeout session with agency administrative staff. • Participate in financial close out with incident finance section and ensure that agency incident finance package requirements are met. • Complete narrative and schedule a time to review with the AA. Share advice/recommendations/critique. • Brief replacement if necessary. • Provide contact information. • Provide key contact information for issues that require follow-up (include description of issue, name of contact, and contact telephone numbers). • Return all borrowed equipment and supplies and clean work area. 	I		

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INSTRUCTIONS FOR EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, 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 in the upper left corner of the Evaluation Record identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily.

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

Incident Kind: Enter kind of incident; e.g., wildfire, prescribed fire, wildland fire use, search and rescue, flood, 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 fires in similar fuel types.

Management Level or Prescribed Fire Complexity Level: Indicates ICS organization level; i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command or prescribed fire complexity level (low, moderate, high).

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

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

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

Date: List the date the record is being completed.

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

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

Evaluation Record

TRAINEE NAME

TRAINEE POSITION

#1	Evaluator's name: Incident/office title & agency:				
Evaluator's home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildfire, prescribed fire, wildland fire use, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
			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. _____ The individual has successfully performed all tasks for the position and should be considered for certification. _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required. _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. _____ 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: _____ _____ Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____					

#2	Evaluator's name: Incident/office title & agency:				
Evaluator's home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildfire, prescribed fire, wildland fire use, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
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**Evaluation Record
(Continuation Sheet)**

TRAINEE NAME		TRAINEE POSITION			
#3	Evaluator's name: Incident/office title & agency:				
Evaluator' home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildfire, prescribed fire, wildland fire use, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
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#4	Evaluator's name: Incident/office title & agency:				
Evaluator' home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildfire, prescribed fire, wildland fire use search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
			to		
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