

A Publication of the
**National Wildfire
Coordinating Group**

Sponsored by
United States
Department of Agriculture

United States
Department of the Interior

National Association of
State Foresters



**NATIONAL INTERAGENCY
INCIDENT MANAGEMENT SYSTEM**

TASK BOOK FOR THE POSITION OF

**SINGLE ENGINE AIR TANKER
MANAGER
(SEMG)**

**(POSITION PERFORMANCE ON A WILDLAND
FIRE ASSIGNMENT REQUIRED)**

**PMS 311-61
NFES 2718**

APRIL 2003

| |
|--|
| 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

Additional copies of this publication may be ordered from:

National Interagency Fire Center
ATTN: Great Basin Cache Supply Office
3833 S. Development Avenue
Boise, Idaho 83705
Order NFES # 2718

NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

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

Evaluation and confirmation of the trainee'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 wildland or prescribed fire. Some positions require that specific tasks be performed on a wildland fire. Performance of these tasks on other kinds of incidents is NOT qualifying.** 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 NIIMS Wildland and Prescribed Fire Qualification System Guide, PMS 310-1. 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 NIIMS Wildland and Prescribed Fire Qualification System Guide, PMS 310-1.
 - 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 instruction 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 and Prescribed 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 close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.
 - Notifying trainee's home unit.

QUALIFICATION RECORD

POSITION: SINGLE ENGINE AIR TANKER MANAGER (SEMG)

| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------------------|------------------------|---|
| <p><u>GENERAL</u></p> <p>1. <u>Obtain and assemble information and materials needed for kit.</u> Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for the assignment and items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitation (per National Interagency Mobilization Guide). The operational SEMG kit should include, but is not limited to the following:</p> <ul style="list-style-type: none"> • Interagency SEAT Operations Guide • Aviation Technical Assistance Directory • National Fire/Aviation Directory. • CWN Contract/Exclusive-Use Contract • Flight Use Reports (OAS-23s) • SEAT Pilot Time/Duty Day Logs • Aircraft Contract Daily Diaries • SEAT Daily Cost Summary Sheets • SEAT Tanker Logs • Pocket calculator • Pens and pencils • Note pads • Flashlight/headlamp • National Mobilization Guide • Clock and/or wrist watch • Eye protection • Ear protection • SAFECOMs | O | | |

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 I = task must be performed on an incident (flood, fire, prescribed fire, search & rescue, planned event, etc.)
 W = task must be performed on a wildland fire 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

QUALIFICATION RECORD
Continuation Sheet

POSITION: SINGLE ENGINE AIR TANKER MANAGER (SEMG)

| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------------------|------------------------|---|
| <p><u>MOBILIZATION</u></p> <p>2. <u>Obtain complete information from dispatch upon initial activation.</u></p> <ul style="list-style-type: none"> • Incident name • Incident order number • Agency specific funding code, fire number • Request number • Reporting location and contact • Reporting time and date • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio) | I | | |
| <p>3. <u>Gather information necessary to determine type of contract.</u></p> <ul style="list-style-type: none"> • Identify differences between CWN and exclusive-use contracts. | 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"> • Incident Commander's/Supervisor's name, location, and contact • Current resource commitments • Current situation; e.g., status of fire: fire size, fuel types • Expected duration of assignment | I | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: SINGLE ENGINE AIR TANKER MANAGER (SEMG)

| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------------------|------------------------|---|
| <u>PRE-OPERATIONAL ACTIVITIES</u> | | | |
| 5. <u>Establish agency contacts and identify chain of command.</u> <ul style="list-style-type: none"> • Fire Management Officer and/or Aviation Manager • Dispatcher • Procurement person • Air Support Group Supervisor or other contact on incident | I | | |
| 6. <u>Develop logistical lines of authority.</u> <ul style="list-style-type: none"> • Ordering supplies • Ordering transportation • Ordering human services; e.g., food, lodging, etc. | I | | |
| 7. <u>Develop financial lines of authority.</u> <ul style="list-style-type: none"> • Setting up equipment rentals • Secure airport agreements. • Obtain charge codes. • Identify procurement authority. | I | | |

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QUALIFICATION RECORD
Continuation Sheet

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------------------|------------------------|---|
| 8. <u>Establish lines of communication.</u> <ul style="list-style-type: none"> • Local dispatch • Incident dispatch • Radio frequencies • Ordering authority • Flight following responsibility | I | | |
| 9. <u>Conduct initial contractor inspection.</u> <ul style="list-style-type: none"> • Validate cards (both pilot and aircraft). • Conduct pre-use inspections of aircraft and support/service equipment. • Verify pilot PPE | W | | |
| 10. <u>Establish layout of SEAT base operations area.</u> <ul style="list-style-type: none"> • Loading pit • Retardant drainage and retention area • Fueling area/fuel sources • Vehicle parking area • Ensure adequate space for expansion. • Jettison area for retardant • Runway adequate for operations • Pilot/crew rest area • Storage facilities | W | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: SINGLE ENGINE AIR TANKER MANAGER (SEMG)

| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------------------|------------------------|---|
| 11. <u>Initiate and complete Aircraft Contract Daily Diary throughout assignment.</u> | I | | |
| 12. <u>Confirm that air-to-air and air-to-ground communication procedures and frequencies are in place.</u> <ul style="list-style-type: none"> • Establish flight following procedures. • Establish air traffic control procedures. | W | | |
| <u>OPERATIONAL ACTIVITIES</u> | | | |
| 13. <u>Provide for the safety and welfare of assigned personnel during the entire assignment.</u> <ul style="list-style-type: none"> • Recognize potentially hazardous situations. • Inform contractor of hazards. • Ensure that special precautions are taken when extraordinary hazards exist. • Ensure adequate rest is provided to all unit personnel. • Develop/acquire and post Flight Hazard Map. • Identify safety equipment needs (e.g., fire extinguishers) and appropriate locations. • Discuss crash rescue procedures with support personnel. | I | | |

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QUALIFICATION RECORD
Continuation Sheet

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------------------|------------------------|---|
| 14. <u>Identify retardant and suppressant use restricted areas and brief pilot.</u> <ul style="list-style-type: none"> • Environmental concerns; e.g., visual, congested areas • Ecological concerns; e.g., wilderness and riparian areas | W | | |
| 15. <u>Conduct pre-flight and post-flight briefings with contractor.</u> <ul style="list-style-type: none"> • Safety • Operations • Communications • Review work performance and provide feedback. • Identify and implement adjustments in operations. | W | | |
| 16. <u>Attend daily briefings with agency/incident personnel.</u> <ul style="list-style-type: none"> • Mission priorities • Operations • Communications • Review work performance and provide feedback. • Identify and implement adjustments in operations. • Weather forecasts | W | | |

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------------------|------------------------|---|
| 17. <u>Continuously monitor flight and/or duty hours of pilots, mechanics, and fuel truck drivers to ensure that hour limitations are not exceeded.</u> <ul style="list-style-type: none"> • Identify need for relief pilot (if available). • Schedule and manage work to ensure limitations are not exceeded. • Identify sunrise and sunset time constraints. | I | | |
| 18. <u>Initiate and maintain administrative forms.</u> <ul style="list-style-type: none"> • Fill out OAS-23s. • Complete SEAT Daily Cost Summary. • Complete SEAT Tanker Log. • Maintain Aircraft Contract Daily Diary. • Complete shift tickets and rental agreements. | W | | |
| 19. <u>Maintain adequate supplies of water and retardants/suppressants at operational base.</u> <ul style="list-style-type: none"> • Secure local water source. • Schedule retardant/suppressant deliveries in a timely manner. | W | | |

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Continuation Sheet

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------------------|------------------------|---|
| 20. <u>Maintain quality control standards during mixing operations of retardant/suppressant products.</u> <ul style="list-style-type: none"> • Understand function of refractometer and its use. • Understand mixing ratios of all products. • Obtain and post MSDS sheets on products. • Conduct and document periodic inspections to maintain quality control standards for retardants and suppressants. | W | | |
| 21. <u>Monitor all ground operations for safety.</u> <ul style="list-style-type: none"> • Loading procedures • Crowd control • Hazardous materials spill cleanup—proper disposal • “Hot” reloading • “Hot” refueling | W | | |
| 22. <u>Coordinate and manage a safe flight environment.</u> <ul style="list-style-type: none"> • Maintain flight following procedures • Ensure sterile cockpit compliance. • Obtain or develop a crash rescue plan. | I | | |

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Continuation Sheet

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------------------|------------------------|---|
| 23. <u>Provide for the logistical needs of the SEAT base facility.</u> <ul style="list-style-type: none"> • Shade • Sanitation facilities • Meals • Portable water (liquid refreshments) • Phones and transportation for pilots | I | | |
| 24. <u>Administer SEAT contract and agency guidelines.</u> <ul style="list-style-type: none"> • Ensure compliance with contract specifications as related to mission required equipment, systems and operation. • Maintain contact with contracting officer. • Establish daily work schedules to ensure work limitations are not exceeded. | W | | |
| 25. <u>Complete accident/incident reports as necessary and submit per agency requirements.</u> | /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><u>DEMOBILIZATION</u></p> <p>26. <u>Plan for demobilization and check-out.</u></p> <ul style="list-style-type: none"> • Receive demobilization instructions from agency/incident supervisor. • Brief contractor on demobilization procedures and responsibilities. • Ensure that agency/incident demobilization procedures are followed. | I | | |
| <p>27. <u>Conduct close-out inspection of aircraft and all support equipment.</u></p> | O | | |
| <p>28. <u>Ensure all procurement related records and documents are accurate and complete at demobilization. Turn in all documentation to agency authority.</u></p> <ul style="list-style-type: none"> • OAS-23s are completed and processed. • Shift tickets and rental agreements are completed and processed. • Aircraft Contract Daily Diaries are up-to-date, completed, and processed. • Complete and process all SEAT Daily Cost Summary sheets. • Complete and process all flight and duty day logs. • Complete Evaluation Report on Contractor Performance. | I | | |

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QUALIFICATION RECORD
Continuation Sheet

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|--|-------------------|------------------------|---|
| 29. <u>Supervise the restoration of the SEAT base of operations areas to pre-incident condition.</u> <ul style="list-style-type: none"> • Coordinate with fixed base operators or airport managers for compliance. • Demobilize all rental equipment. • Arrange for storage of all unused government-owned retardants/suppressants. | O | | |
| 30. <u>Conduct close-out with agency/incident.</u> <ul style="list-style-type: none"> • Debrief with agency/incident. • Debrief with agency/incident dispatch (if necessary). • Complete and submit ICS Form 221 (Demobilization Check-Out) if appropriate. | 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 experience block identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record 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., wildland fire, prescribed fire, 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 wildland fire and prescribed fire 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 (wildland fire, 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 (wildland fire, 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: _____ | | | | | |

**Evaluation Record
(Continuation Sheet)**

TRAINEE NAME

TRAINEE POSITION

| | | | | | |
|--|--|---|---|---|---------------------------|
| #3 | Evaluator's name: Incident/office title & agency: | | | | |
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Incident or Simulation (agency & area) | Incident Kind (wildland fire, 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 | | |
| <p>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.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p> | | | | | |

| | | | | | |
|--|--|---|---|---|---------------------------|
| #4 | Evaluator's name: Incident/office title & agency: | | | | |
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Incident or Simulation (agency & area) | Incident Kind (wildland fire, 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 | | |
| <p>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.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p> | | | | | |