



NWCG Task Book for the Positions of:

**MATERIALS HANDLER
(WHHR)**

March 2009

Task Book Assigned To:

Trainee's Name: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Task Book Initiated By:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Home Unit Address: _____

Date Initiated: _____

**Verification/Certification of Completed Task Book
for the Position of:**

(position title)

Final Evaluator's Verification

*To be completed **ONLY** when you are recommending the trainee for certification.*

I verify that (trainee name) _____ has successfully performed as a trainee by demonstrating all tasks for the position listed above and should be considered for certification in this position. All tasks are documented with appropriate initials.

Final Evaluator's Signature: _____

Final Evaluator's Printed Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____ Date: _____

Agency Certification

I certify that (trainee name) _____ has met all requirements for qualification in the above position and that such qualification has been issued.

Certifying Official's Signature: _____

Certifying Official's Printed Name: _____

Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____ Date: _____

Additional copies of this publication are available through:
NWCG, Publications Management System at <http://www.nwcg.gov/pms/taskbook/taskbook.htm>

NATIONAL WILDFIRE COORDINATING GROUP (NWCG) POSITION TASK BOOK

NWCG Position Task Books (PTBs) have been developed for designated National Interagency Incident Management System (NIIMS) positions. Each PTB lists the competencies, behaviors and tasks required for successful performance in specific positions. Trainees must be observed completing all tasks and show knowledge and competency in their performance during the completion of this PTB.

Trainees are evaluated during this process by qualified evaluators, and the trainee's performance is documented in the PTB for each task by the evaluator's initials and date of completion. An Evaluation Record will be completed by all evaluators documenting the trainee's progress after each evaluation opportunity.

Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the agency that the trainee be certified in that position. Evaluation and confirmation of the trainee's performance while completing all tasks may occur on one or more training assignments and may involve more than one evaluator during any opportunity.

INCIDENT/EVENT CODING

Each task has a code associated with the type of training assignment where the task may be completed. The codes are: O = other, I = incident, WF = wildland fire, W = wildfire, RX = prescribed fire, WFU = wildland fire use, and R = rare event. The codes are defined as:

- O = Task can be completed in any situation (classroom, simulation, daily job, incident, prescribed fire, etc.).
- I = Task must be performed on an incident managed under the Incident Command System (ICS). Examples include wildland fire, structural fire, oil spill, search and rescue, hazardous material, and an emergency or non-emergency (planned or unplanned) event.
- WF = Task must be performed on a wildland fire incident (the term *wildland fire* includes wildfire/W, prescribed fire/RX, or wildland fire use/WFU).
- W = Task must be performed on a wildfire incident.
- RX = Task must be performed on a prescribed fire incident.
- WFU = Task must be performed on a wildland fire use incident.
- R = Rare events such as accidents, injuries, vehicle or aircraft crashes occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation.

While tasks can be performed in any situation, they must be evaluated on the specific type of incident/event for which they are coded. For example, tasks coded W must be evaluated on a wildfire; tasks coded WFU must be evaluated on wildland fire use, and so on. Performance of any task on other than the designated assignment is not valid for qualification.

Tasks within the PTB are numbered sequentially; however, the numbering does NOT indicate the order in which the tasks need to be performed or evaluated.

The bullets under each numbered task are examples or indicators of items or actions related to the task. The purpose of the bullets is to assist the evaluator in evaluating the trainee; the bullets are not all-inclusive. Evaluate and initial ONLY the numbered tasks. DO NOT evaluate and initial each individual bullet.

A more detailed description of this process and definitions of terms are included in the *Wildland Fire Qualification System Guide*, PMS 310-1. This document can be found at <http://www.nwcg.gov/pms/docs/docs.htm>.

RESPONSIBILITIES

The responsibilities of the Home Unit/Agency, Trainee, Coach, Training Specialist, Evaluator, Final Evaluator and Certifying Official are identified in the *Wildland Fire Qualification System Guide*, PMS 310-1. It is incumbent upon each of these individuals to ensure their responsibilities are met.

INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD

Evaluation Record #

Each evaluator will need to complete an evaluation record. Each evaluation record should be numbered sequentially. Place this number at the top of the evaluation record page and also use it in the column labeled "Evaluation Record #" for each numbered task the trainee has satisfactorily performed.

Trainee Information

Print the trainee's name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

Evaluator Information

Print the Evaluator's name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

Incident/Event Information

Incident/Event Name: Print the incident/event name.

Reference: Enter the incident code and/or fire code.

Duration: Enter inclusive dates during which the trainee was evaluated.

Incident Kind: Enter the kind of incident (wildfire, prescribed fire, wildland fire use, search and rescue, flood, hurricane, etc.).

Location: Enter the geographic area, agency, and state.

Management Type or Prescribed Fire Complexity Level: Circle the ICS organization level (Type 5, Type 4, Type 3, Type 2, Type 1, Area Command) or the prescribed fire complexity level (Low, Moderate, High).

Fire Behavior Prediction System (FBPS) Fuel Model Group: Circle the Fuel Model Group letter that corresponds to the predominant fuel type in which the incident/event occurred.

G = Grass Group (includes FBPS Fuel Models 1 – 3):

1 = short grass (1 foot); 2 = timber with grass understory; 3 = tall grass (1½ - 2 feet)

B = Brush Group (includes FBPS Fuel Models 4 – 6):

4 = Chaparral (6 feet); 5 = Brush (2 feet); 6 = dormant brush/hardwood slash;

7 = Southern rough

T = Timber Group (includes FBPS Fuel Models 8 – 10)

8 = closed timber litter; 9 = hardwood litter; 10 = timber (with litter understory)

S = Slash Group (includes FBPS Fuel Models 11 – 13)

11 = light logging slash; 12 = medium logging slash; 13 = heavy logging slash

Evaluator’s Recommendation

For 1 – 4, initial only one line as appropriate; this will allow for comparison with your initials in the Qualifications Record.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator’s Signature

Sign here to authenticate your recommendations.

Date

Document the date the Evaluation Record is being completed.

Evaluator’s Relevant Qualification (or agency certification)

List your qualification or certification relevant to the trainee position you supervised.

Note: Evaluators must be either qualified in the position being evaluated or supervise the trainee; Final Evaluators must be qualified in the trainee position they are evaluating.

This task book contains the tasks for the National Interagency Support Cache position of the Materials Handler.

Competency: Assume position responsibilities.

Description: Successfully assume role of Materials Handler and initiate position activities at the appropriate time according to the following behaviors.

| TASK | C O D E | EVAL. RECORD # | EVALUATOR: Initial & date upon completion of task |
|------|------------------|----------------------|--|
|------|------------------|----------------------|--|

Behavior: Ensure readiness to complete assignment.

| | | | |
|--|---|--|--|
| 1. Obtain complete information from dispatch/cache upon assignment. <ul style="list-style-type: none"> • <i>Incident name or Cache Manager's name</i> • <i>Incident Order number</i> • <i>Request number</i> • <i>Incident/Cache phone number</i> • <i>Reporting time</i> • <i>Reporting location</i> • <i>Transportation arrangements/travel routes</i> • <i>Contact procedures during travel (phone numbers)</i> | O | | |
| 2. Arrive at the Cache/Incident and check-in. <ul style="list-style-type: none"> • <i>Arrive properly equipped at assigned location within acceptable time limits</i> • <i>Report to Cache Manager or if at Incident to Status Check-in Recorder and complete Check-in List (ICS-211)</i> • <i>Report to finance/administration section or Cache Manager and initiate timesheet</i> | O | | |

Additional Evaluation Record Sheets can be downloaded at www.nwcg.gov/pms/taskbook/taskbook.htm

| TASK | C O D E | EVAL. RECORD # | EVALUATOR: Initial & date upon completion of task |
|------|------------------|----------------------|--|
|------|------------------|----------------------|--|

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

| | | | |
|---|---|--|--|
| 3. Obtain initial briefing from Cache Manager or supervisor. <ul style="list-style-type: none"> • <i>Incident Action Plan (IAP) or status of Incidents that Cache is supporting</i> • <i>Resources ordered and assigned</i> • <i>Work space</i> • <i>Work schedule</i> • <i>Operating procedures</i> • <i>Position specific requirements</i> • <i>Safety</i> • <i>Weather forecasts</i> | O | | |
|---|---|--|--|

Behavior: Establish effective relationships with relevant personnel.

| | | | |
|---|---|--|--|
| 4. Conduct self in a professional manner. <ul style="list-style-type: none"> • <i>Respectful and courteous</i> • <i>Respectful of public and private property</i> | O | | |
| 5. Establish and maintain positive interpersonal and interagency working relationships. <ul style="list-style-type: none"> • <i>Recognize cultural language differences as they impact work output and expectations</i> • <i>Arbitrate differences in agency values and policies that affect the operation in a manner that fosters continuous positive working relationships</i> | O | | |

Behavior: Understand and comply with ICS concepts and principles.

| | | | |
|---|---|--|--|
| 6. Coordinate with functional areas within the ICS structure. | I | | |
|---|---|--|--|

Competency: Communicate effectively.

Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

| TASK | C O D E | EVAL. RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|------------------|----------------------|--|
| Behavior: Ensure relevant information is exchanged during briefings and debriefings. | | | |
| 7. Identify and communicate issues of concern to supervisor <ul style="list-style-type: none"> • <i>Ensure work expectations are communicated and understood</i> | I | | |
| 8. Participate in functional area briefings and conduct unit After Action Reviews (AARs). | I | | |

Competency: Endure completion of assigned actions to meet identified objectives.

Description: Identify, analyze, and apply relevant situation information and evaluate actions to complete assignments and meet identified objectives. Complete actions within established timeframe.

Behavior: Ensure accurate inventory management as required by established guidelines and warehouse practices

| | | | |
|--|---|--|--|
| 9. Follow established procedures for shipping of equipment and supplies to Incidents or cache-to-cache orders. <ul style="list-style-type: none"> • <i>Pull equipment/supplies per location on issue documents</i> • <i>Identify transportation needs based upon delivery time, date needed, or quantity to be delivered</i> • <i>Stage items in designated area</i> • <i>Double count order once all pulled prior to loading for transporting</i> • <i>Review issue document and identify hazardous materials</i> • <i>Package and label all hazardous materials as required</i> • <i>Ensure Material Safety Data Sheets (MSDS) are included with all DOT regulated and non-regulated hazardous materials</i> • <i>Load shipment per established procedures</i> • <i>Notify driver/carrier of all hazardous materials</i> • <i>Ensure all documents are complete and accurate before giving to driver/carrier</i> | I | | |
|--|---|--|--|

| TASK | C O D E | EVAL. RECORD # | EVALUATOR: Initial & date upon completion of task |
|------|------------------|----------------------|--|
|------|------------------|----------------------|--|

Behavior: Ensure accurate inventory management as required by established guidelines and warehouse practices

| | | | |
|---|---|--|--|
| <p>10. Follow established procedures for receiving equipment and supplies from vendors, re-supply or from Incidents.</p> <ul style="list-style-type: none"> • <i>Secure/validate accounting data for returns from an Incident, requisition or other documentation</i> • <i>Document any discrepancies on freight bill, GSA document, or incident waybill</i> • <i>Separate “ready to issue”, “used”, and “unserviceable” items for movement to appropriate locations</i> • <i>Initiate appropriate documentation to record all equipment/supplies received</i> • <i>Secure work order as established</i> • <i>Ensure identification of accounting data on pallet, container or gathering of equipment/supplies to be refurbished</i> • <i>Move items for refurbishment to designated areas</i> | I | | |
| <p>11. Follow all established procedures for refurbishment of equipment and supplies.</p> <ul style="list-style-type: none"> • <i>Perform refurbishment of items, using the “Fire Equipment Storage and Refurbishment Standards” handbook</i> • <i>Package/label, as necessary, to meet established standards</i> • <i>Initiate appropriate documentation to record all equipment/supplies to be returned for “ready to issue”</i> • <i>Dispose of unserviceable items in compliance with appropriate regulations</i> | I | | |
| <p>12. Exhibit principles of warehouse inventory management.</p> <ul style="list-style-type: none"> • <i>Receive and transmit data through the use of scan guns/electronic devices</i> • <i>Ensure accuracy of data entered into the scan guns/electronic devices</i> • <i>Be familiar with appropriate written documentation in case of failure of scan guns/ electronic devices</i> | | | |

| TASK | C O D E | EVAL. RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|------------------|----------------------|--|
| Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity. | | | |
| 13. Coordinate an efficient transfer of position duties when mobilizing/demobilizing <ul style="list-style-type: none"> • <i>Document follow-up action needed and submit to supervisor</i> • <i>Communicate pending resource order priorities</i> | I | | |
| 14. Demobilization and check-out. <ul style="list-style-type: none"> • <i>Receive demobilization instructions from supervisor/Cache Manager.</i> • <i>If required, complete ICS 221, Demobilization Checkout and submit form to appropriate person</i> | I | | |

Additional Evaluation Record Sheets can be downloaded at www.nwcg.gov/pms/taskbook/taskbook.htm

Trainee Information

Printed Name:
 Trainee Position on Incident/Event:
 Home Unit/Agency:
 Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:
 Evaluator Position on Incident/Event:
 Home Unit/Agency:
 Home Unit /Agency Address and Phone Number:

Incident/Event Information

Incident/Event Name: _____ Reference (Incident Number/Fire Code): _____
 Duration: _____
 Incident Kind: Wildfire, Prescribed Fire, Wildland Fire Use, All Hazard, Other (specify): _____
 Location (include Geographic Area, Agency, and State): _____
 Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High
 FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

Evaluator's Recommendation
 (Initial only one line as appropriate)

- _____ **1)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- _____ **2)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ **3)** The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ **4)** The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

Trainee Information

Printed Name:
 Trainee Position on Incident/Event:
 Home Unit/Agency:
 Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:
 Evaluator Position on Incident/Event:
 Home Unit/Agency:
 Home Unit /Agency Address and Phone Number:

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Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____