

A Publication of the
National Wildfire
Coordinating Group

**NATIONAL INTERAGENCY
INCIDENT MANAGEMENT SYSTEM**

Sponsored by
United States
Department of Agriculture

TASK BOOK FOR THE POSITION OF

United States
Department of the Interior

**DIVISION/GROUP SUPERVISOR
(DIVS)**

National Association of
State Foresters

(WILDFIRE ASSIGNMENT REQUIRED)



**PMS 311-09
NFES 2310**

August 1993

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

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

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

FINAL EVALUATOR'S VERIFICATION

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

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

EVALUATOR'S SIGNATURE AND DATE

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

AGENCY CERTIFICATION :

I certify that _____

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

CERTIFYING OFFICIAL'S SIGNATURE AND DATE

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

Additional copies of this publication may be ordered from:

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

Order NFES # 2310

NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

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

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. Some positions also required that specific tasks be performed on a wildland fire—performance of these tasks on other types of incidents are NOT qualifying. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task which require an action (contain an action verb) must be demonstrated before that task can be signed off.

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

RESPONSIBILITIES:

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

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

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

QUALIFICATION RECORD

POSITION: DIVISION/GROUP SUPERVISOR (DIVS)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><u>GENERAL</u></p> <p>1. <u>Obtain and assemble information and materials needed for kit.</u> Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for the assignment and items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitation (per National Mobilization Guide). The basic information and materials needed are:</p> <ul style="list-style-type: none"> • Resource listings. • ICS Form 215, Operational Planning Worksheet. • Telephone directory (local, assignment specific). • Notification requirements. • Incident specific reference materials. • ICS-410-1, Fireline Handbook. • ICS 420-1, Field Operations Guide. • Maps. • Documentation materials. 	O		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: DIVISION/GROUP SUPERVISOR (DIVS)

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> <p>a. Through briefings, discuss EEO, civil rights, sexual discrimination, interagency policy and other sensitive issues with assigned personnel.</p> <p>b. Recognize cultural language difficulties as it impacts work output and expectations.</p> <p>c. Provide equal assignment opportunities based on individual skill level.</p> <p>d. Monitor and evaluate progress based on expected work standards not race, color or creed.</p> <p>e. Individual agency values and policies are addressed throughout the tenure of the incident.</p> <p>f. Differences in agency values and policies that affect the operation are arbitrated in manner that fosters continuous positive working relationships.</p> <p>g. Integrate cultural resource considerations into all management activities.</p>	O		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>3. <u>Provide for the safety and welfare of assigned personnel during the entire period of supervision.</u></p> <ul style="list-style-type: none"> • Recognizes potentially hazardous situations. • Informs subordinates of hazards. • Controls positions and function of resources. • Ensures that special precautions are taken when extraordinary hazards exist. • Ensures adequate rest and hydration is provided to all operations personnel. 	I		
<p>4. <u>Follow the Standard Fire Orders, Watch Out Situations, and agency policy.</u></p> <ul style="list-style-type: none"> • Develop plans based on safety guidelines. • Spot check tactical operations to ensure compliance with safety guidelines. • Ensures all tactical operations comply with the principles of LCES. 	W		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<u>MOBILIZATION</u>			
5. <u>Obtain complete information from dispatch upon initial activation.</u> <ul style="list-style-type: none"> • Incident name. • Incident order number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements/travel routes. • Contact procedures during travel (telephone/radio). 	I		
6. <u>Gather information necessary to assess incident assignment and determine immediate needs and actions.</u> <ul style="list-style-type: none"> • Incident Commander's name and address. • Type of incident. • Current resource commitments. • Current situation. • Expected duration of assignment. • Terrain. • Weather. • Agency Administrator's briefing requirements (as appropriate). 	I		
<u>INCIDENT ACTIVITIES</u>			
7. <u>Report to the designated official at the check-in point and provide required information (ICS Form 211).</u>	I		

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Continuation Sheet

POSITION: DIVISION/GROUP SUPERVISOR (DIVS)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>8. <u>Obtain a briefing from the Branch Director or Operations Section Chief.</u></p> <p>a. Request and receive briefing from Branch Director or Operations Section Chief. Includes incident briefing (ICS Form 201), initial instructions concerning work activities, current and expected weather and fire behavior.</p>	W		
<p>9. <u>Identify resources assigned to division/group.</u></p> <p>a. Review division/group assignment to identify resources specifically assigned to the division/group. Review from initial briefing notes, Incident Action Plan for types and quantity of resources assigned.</p> <p>b. Request clarifying information or resolution. Makes requests to immediate supervisor as required.</p> <p>c. Prepares list of assigned resources. Determines their location, status, whether checked in.</p>	I		
<p>10. <u>Review division/group assignments and consider span-of-control.</u></p> <p>a. Review general incident activities with subordinates. Review incident summary and operations section organizational summary.</p> <p>b. Determine specific tasks for resources. Based on Incident Action Plan and on effective use of combination of resources.</p>	W		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>11. <u>Assign tasks to subordinates with time requirements and specific geographic references.</u></p> <p>a. Assure subordinates acceptance of assignment. Determine their ability to complete assignment within timeframe.</p> <p>b. Discuss alternate plan. Based on Incident Action Plan strategies, control objectives and type of resources available.</p> <p>c. Review assignment safety considerations. Include aircraft, ground equipment, hazards, terrain, medical procedures and facilities, adjacent forces.</p> <p>d. Review special weather conditions. Review weather forecasts, current and predicted fire behavior.</p> <p>e. Review Incident Communications Plan. Verify assigned frequencies for medical, air and logistical support operations.</p> <p>f. Review incident map. Verify symbology, division/branch boundary road systems, reference points.</p> <p>g. Discuss traffic plan. Incident Action Plan and alternate routes.</p>	W		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
12. <u>Implement IAP for division/group</u> a. Establish time frame for implementing your portion of IAP. Determine when and where operational period begins and how long it takes to get there. b. Assure resources have met immediate logistical need. Assure resources have started unit log (ICS Form 214) and have it turned in at end of operational period.	W		
13. <u>Obtain briefing from person you are relieving.</u> Determine time, place and transportation for relief. Based on IAP or directions from supervisor.	W		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>14. <u>Supervise division/group resources to include off-shift responsibilities if necessary.</u></p> <p>a. Monitor work progress and evaluate fire situation. Make personal observation by walking, driving or air. Calculate fire behavior and make behavior predictions that would affect tactics in assigned area. Evaluate different uses of single and combined resources based on personal observation of assigned area.</p> <p>b. Obtain periodic reports from subordinates and adjacent resources. Production progress, recommendations for next operational period, unexpected occurrence. Compared to assigned objectives and IAP.</p> <p>c. Ensure general welfare and safety of personnel. Use constant communication, monitor progress, listen carefully to their recommendations and give positive reinforcement.</p> <p>d. Take corrective action as required. Rate of production, unexpected occurrences, accidents, logistical problems, compared to assigned objectives.</p>	W		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>15. <u>Determine need for assistance on assigned work task.</u></p> <p>a. Identify need for additional assistance due to slow progress or unexpected events. Based on reports from subordinates, monitoring work progress, IAP.</p> <p>b. Determine with subordinates appropriate corrective action, e.g., split assignments with another division, request additional resources. Verify assistance required by careful evaluation based on IAP and briefing.</p> <p>c. Determine assistance required to implement corrective action, e.g., split assignments with another division, request additional resources. Compare progress and/or events with IAP and work assignments.</p> <p>d. Coordinate with Operations Section Chief or Branch Director and request assistance. According to procedures discussed in briefing.</p> <p>e. Notify Operations Section Chief of resources not being utilized.</p> <p>f. Ensure resources unit is advised of all changes of resources assigned to division/group. Based on changes approved by Operations Section Chief.</p>	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
<p>16. <u>Coordinate activities with adjacent division/groups and air operations.</u></p> <p>a. Identify divisions working adjacent segments of line, this may include air operations. Based on briefing and IAP.</p> <p>b. Determine communication channels assigned to division/group from current IAP.</p> <p>c. Review division/group assignment to determine specific areas or tasks involving coordination from briefing and IAP.</p> <p>d. Maintain communications with other divisions/groups. Through channels division/group supervisor to operations chief or direct division/group supervisor to counterpart.</p>	W		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>17. <u>Submit situation and resources status information to branch director or operations section chief.</u></p> <p>a. Gather information to include in the report by monitoring work progress, personal observations, and reports from subordinates. The report will contain:</p> <ul style="list-style-type: none"> • Summary of resource utilization. • Work progress. • Changes from assignment. <p>b. Inform Branch Director of the following information as appropriate:</p> <ul style="list-style-type: none"> • Conditions affecting division/group operations. • Hazardous conditions. • Situation status in assigned work area. • Unresolved conflicts with adjacent divisions/groups. • Effectiveness of air operations within division/group area. <p>c. Make appropriate status changes to strike team/task force and single resources as required by the operational situation.</p> <p>d. Ensure that status changes are understood and acknowledged by assigned resources. Verify acknowledgment of changes by assigned resources.</p> <p>e. Transmit status change information on assigned resources to communications center for input to resources unit.</p> <p>f. Report status changes to Branch Director, Operations Section Chief, as appropriate. Based on IAP and briefing.</p>	W		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>18. <u>Report special occurrences or events, e.g., accidents, sickness to immediate supervisor.</u></p> <p>a. Receive reports of events from subordinates or personal observation of events. Items to include:</p> <ul style="list-style-type: none"> • Nature of event. • Location. • Magnitude. • Personnel involved. • Initial action taken. • Appropriate subsequent action. <p>b. Request assistance required from the incident communications center or other source as appropriate, e.g., first aid from medical unit. Based on IAP, briefing and directions from communications center, agency policy.</p> <p>c. Report to Branch Director and/or other incident personnel (to include situation information, as appropriate). Based on IAP, briefing, agency policy.</p>	O/R		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>19. <u>Resolve logistics problems within the division/group.</u></p> <p>a. Identify logistics problems. Review logistics elements of IAP to determine if it meets operational needs; based on reports from subordinates and personal observation.</p> <p>b. Obtain the following information concerning problems. Determine nature and magnitude and description of any involved equipment.</p> <p>c. Submit recommendation for problem resolution through normal channels. Based on IAP and briefing.</p> <p>d. If the problem is not resolved directly with logistics units, request resolution from branch director or operations section chief. Based on IAP and briefing and reasonable time period.</p>	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>20. <u>Participate in the development of branch plans for next operational period.</u></p> <p>a. Review current situation within the division/group. Review with subordinates and through personal observation. Obtain current and predicted fire behavior.</p> <p>b. Evaluate information gathered and give recommendations to Branch Director/Operations Section Chief. Recommendations should include:</p> <ul style="list-style-type: none"> • Progress and production rate adjustments. • Recommendations for needed personnel and equipment for next operational period. • Anticipated air support needs for next operational period. • Estimated time needed to complete operations within division/group. <p>c. As requested, attend meeting with branch directors and other division/group supervisors with the branch. Allow them time to review the information before the planned meeting.</p>	W		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>21. <u>Respond to information requests from other organization elements.</u></p> <p>a. Receive requests for specific information from situation and resource units and other personnel, e.g., resource assignments and work assignments. Based on IAP and briefing and intelligence gathered for your report.</p> <p>b. Determine the source of requested information. Through channels based on IAP and briefing.</p> <p>c. Provide information or direct the requesting party to the source of desired information. By direct communication or through communication center.</p>	W		
<p>22. <u>Brief person that relieves you.</u></p> <p>a. Determine time, place and transportation for relief. Based on IAP or directions from supervisor.</p> <p>b. Advise resources of relief plans. Base on information received.</p>	W		
<p>23. <u>Maintain Unit Log (ICS Form 214)</u></p> <p>a. Record actions on Unit Log (ICS Form 214) according to directions in ICS Forms Manual.</p> <p>b. Collect and transmit required records and logs to documentation unit through Operations Chief at the end of each operational period.</p>	W		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>24. <u>Evaluate performance of those you supervise.</u></p> <p>a. Complete incident personnel performance rating (ICS Form 225). Follow directions in ICS Forms Manual.</p>	I		
<p>25. <u>Ensure all personnel and equipment time records are complete and have been submitted to the time unit leader at the end of each operational period.</u></p>	I		
<p>CONTINGENCY:</p> <p>26. <u>Contingency in the event Incident Action Plan is no longer valid.</u></p> <p>a. Ensure safety and welfare of assigned resources and adjacent resources. Based on briefing and agency policy or best judgment from experience and training.</p> <p>b. In an emergency, take appropriate action then notify your supervisor. Based on briefing and agency policy or best judgment from experience and training.</p> <p>c. If not an emergency, notify your supervisor and recommend alternatives. Based on briefing and agency policy or best judgment from experience and training.</p>	W/R		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<u>DEMOBILIZATION</u>			
27. <u>Consider demobilization early enough during the incident so that an adequate demobilization plan is in place prior to the actual need to release resources.</u>	I		
28. <u>Confirm demobilization instructions with supervisor and brief subordinates as necessary.</u>	W		
29. <u>Attend agency debriefings, submit documentation as requested.</u>	I		

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INSTRUCTIONS for EVALUATION RECORD

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

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

Evaluator's home unit address & phone: self explanatory

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

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

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

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

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

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

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

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

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

Date: List the date the record is being completed.

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

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

Evaluation Record

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

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

Evaluation Record
(Continuation Sheet)

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

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