

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

**SAFETY OFFICER TYPE 1 (SOF1)
SAFETY OFFICER TYPE 2 (SOF2)**

National Association of
State Foresters

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



**PMS 311-04
NFES 2303**

March 1999

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: Supply
3833 S. Development Avenue
Boise, Idaho 83705

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 Wildland and Prescribed Fire Qualification Guide 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 Wildland and Prescribed Fire Qualification Guide 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 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 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: SAFETY OFFICER TYPE 1 & 2 (SOF1 & 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> 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).</p>	O		
<p>2. <u>Ensure the safety, welfare, and accountability of assigned personnel during the entire period of supervision.</u></p> <ul style="list-style-type: none"> • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Ensure that special precautions are taken when extraordinary hazards exist. • Ensure adequate rest is provided to all assigned personnel. 	I		
<p>3. <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. • Recognize functional capabilities of cooperating entities. 	O		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: SAFETY OFFICER TYPE 1 & 2 (SOF1 & 2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><u>MOBILIZATION</u></p> <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. Make contact. • Current resource commitments. • Current and anticipated situation (hazardous materials, urban interface, etc.). • Expected duration of assignment. 	I		
<p><u>INCIDENT ACTIVITIES</u></p> <p>5. <u>Interact and coordinate with all command and general staff.</u></p> <ul style="list-style-type: none"> • Receive and transmit current and accurate information. 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
6. <u>Develop a safety action plan.</u> <ul style="list-style-type: none"> • Ensure that hazards and risks are identified and adequately monitored for the duration of the incident. • Share action plan with the Incident Commander and general staff and revise as necessary. • Ensure that all cooperating and assisting agencies are included in the safety action plan. • Identify hazards/risks to the public and coordinate with incident staff to ensure appropriate actions are taken. 	I		
7. <u>Develop ICS Form 215A, Incident Safety Analysis, planning matrix.</u> <ul style="list-style-type: none"> • Complete ICS Form 215A for each operational period. • Get input from and review with Operations Section Chief. • Review with Planning Section Chief. • Include approved ICS Form 215A in Incident Action Plan (IAP). • Discuss ICS Form 215A at operational briefing as appropriate. • Use specialists to identify and mitigate hazards. 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
8. <u>Identify potentially unsafe situations.</u> <ul style="list-style-type: none"> • Monitor all incident activities to identify any potentially unsafe situations. • Take appropriate action by contacting the responsible supervisor for corrective action. • If necessary, take direct action. • Report to Incident Commander and general staff any action affecting the IAP. 	W		
9. <u>Identify those risks or hazards with the highest potential for serious accident or injury.</u> <ul style="list-style-type: none"> • Identify those types of operations on an incident of this type that most frequently lead to serious injuries or fatalities. • Discuss with Incident Commander. • Identify actions needed to prevent an accident from taking place. 	W/R		
10. <u>Exercise emergency authority to stop and prevent unsafe acts.</u> <ul style="list-style-type: none"> • Use direct intervention to correct any extremely dangerous act which is being performed outside of agency regulations, policies, standards, and guidelines. • Discuss with Incident Commander and document action in ICS Form 214 (Unit Log). 	I/R		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
11. <u>Initiate accident investigations within the incident area.</u> <ul style="list-style-type: none"> • Initiate accident investigation team for those accidents that occur within the incident area. • Coordinate with the Security Manager and Claims Specialist. • Ensure that accident investigation report is completed and provided to Incident Commander and Compensation/Claims Unit Leader. • The investigation should not interfere with the primary duties of the Safety Officer. 	I/R		
12. <u>Prepare safety messages for the IAP.</u> <ul style="list-style-type: none"> • Provide a safety message for each IAP. • Must be prepared within time frames designated by the Planning Section Chief. • List observed or projected risk/hazards by priority. 	I		
13. <u>Maintain ICS Form 214 Unit Log for each operational period.</u>	I		

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POSITION: SAFETY OFFICER TYPE 1 & 2 (SOF1 & 2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
14. <u>Order additional safety assistants as incident complexity requires.</u> <ul style="list-style-type: none"> • Place orders through the Ordering Manager. • Base needs on the severity and complexity of the incident. • Assume responsibility for supervision and management of the safety assistants. 	I		
15. <u>Prepare and present safety briefing.</u> <ul style="list-style-type: none"> • Assign assistants for camp briefings. • Present a safety briefing at each briefing session. • Briefing should contain information to alert incident personnel of potential risk/hazard considered to be most critical. • Answer any questions that may arise. 	I		
16. <u>Debrief off-duty personnel.</u> <ul style="list-style-type: none"> • Conduct debriefing with off-duty personnel. • At a minimum, debrief with safety assistants, Division/group Supervisor, Air Operations Branch Director, Air Support Group Supervisor. • Document incidents of a serious nature in the ICS Form 214 Unit Log. 	W		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
17. <u>Post safety information on incident bulletin board.</u> <ul style="list-style-type: none"> • Coordinate with Logistics Section Chief and Information Officer. 	I		
18. <u>Prepare narrative or special reports.</u> <ul style="list-style-type: none"> • When requested by the incident agency and/or Incident Commander, prepare narrative report of incident. • Include the following items: number of injuries and accidents, general safety situation and problems encountered, description of significant incidents or unsafe situations and recommendations for corrective action. 	I/R		
19. <u>Request assistance from health departments.</u> <ul style="list-style-type: none"> • Contact and work with health department in providing inspectors to review the food and sanitation services on the incident. • Provide a report of deficiencies and corrective action to the Food Unit Leader and Base/Camp Manager. 	O		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
20. <u>Monitor food and sanitation services inspections.</u> <ul style="list-style-type: none"> • Monitor on a daily basis, along with the Food Unit Leader and Base/Camp Manager, all operations of the food and sanitation services for compliance with health and sanitation standards. • Document and discuss action needed with Food Unit Leader and Camp Manager. 	I		
21. <u>Inspect potable water supplies.</u> <ul style="list-style-type: none"> • Inspect potable water sources, hauling and storage containers. • Document any deficiencies identified and provided to the Base/Camp Manager and Procurement Unit Leader. 	I		
22. <u>Review medical unit log.</u> <ul style="list-style-type: none"> • On a daily basis, review the medical unit log of all injuries and illnesses treated by the field medical station with the Medical Unit Leader. • From this review, determine trends and make recommendations to incident organization for corrective or preventative action. 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
23. <u>Monitor incident Personal Protective Equipment (PPE) needs.</u> <ul style="list-style-type: none"> • Meet on a scheduled basis with the Supply Unit Leader to ensure there is an adequate supply of PPE to meet projected needs. • For needed PPE, process order with Supply Unit Leader. • Ensure PPE is compatible with assignment hazard/risk. 	I		
24. <u>Inspect hand tools and power equipment for unsafe conditions.</u> <ul style="list-style-type: none"> • Review on a periodic basis with the tool and equipment specialist the condition of hand tools being received on the incident and those being reconditioned to determine they are safe for use. • Tools and power equipment determined to be unsafe for use will be removed from use and identified as such. 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
25. <u>Inspect incident facilities.</u> <ul style="list-style-type: none"> • Conduct a general inspection of the base and camp facilities soon after they become operational and follow up on a periodic basis throughout the incident for compliance to all health and safety standards. • Identify and document all unsafe conditions and provide this information to the Facilities Unit Leader and the Base/Camp Manager. 	I		
26. <u>Review and approve medical plan.</u> <ul style="list-style-type: none"> • Monitor plan to see that it addresses current status of incident. 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>27. <u>Ensure inspection of vehicles, mechanical equipment, and driver/operator qualifications are completed.</u></p> <ul style="list-style-type: none"> • A periodic inspection of vehicles will be conducted to ensure they meet all mechanical and maintenance standards. • Inspect vehicles/equipment at the beginning of each operational period. • Ensure drivers/operators are properly trained and have a valid license to operate assigned vehicles/equipment. • All deficiencies will be documented and given to the Ground Support Leader and Equipment Manager for corrective action. 	I		
<p>28. <u>Monitor vehicle/operator operational periods.</u></p> <ul style="list-style-type: none"> • Audit time and equipment records of drivers/vehicles to ensure they have not exceeded the standards set by the agency on which the incident has occurred. • Operators that have been found to exceed these standards will be relieved immediately. • Document and provide copies to the Equipment Manager. 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
29. <u>Ensure roads are inspected within the incident area.</u> <ul style="list-style-type: none"> • Ensure that an inspection has been done on all roads that will be used for the transportation of personnel and equipment. • All roads must be of adequate width, grade, and maintenance condition to allow safe use by the vehicles being utilized on the incident. • Any roads that have been identified as unsafe for vehicle travel will be closed and monitored for unauthorized use. • All roads that need maintenance or repairs will be identified on a map and information given to the Ground Support Leader. • Review traffic and evacuation plans. 	I		
30. <u>Monitor operational period lengths.</u> <ul style="list-style-type: none"> • Review time records and identify operational period lengths of personnel with the Time Unit Leader. • Identify personnel exceeding the work standards established by the agency responsible for the incident. • Recommend corrective action to Incident Commander. • Ensure work/rest guidelines are followed. 	I		

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POSITION: SAFETY OFFICER TYPE 1 & 2 (SOF1 & 2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
31. <u>Distribute accident investigation reports and initiate follow-up action.</u> <ul style="list-style-type: none"> • Follow up to see that all accident investigation reports are completed and include all required information. • Distribute copies of the report to the Incident Commander, Claims Specialists, Compensation for Injury Specialist, and Documentation Unit Leader. • Recommend need for corrective action based on findings of the report to the incident commander. Initiate immediate corrective action, if necessary. • Distribute information concerning accidents to Incident Commander, Information Officer, and Liaison Officer. 	I/R		
32. <u>Monitor injuries/illnesses claims cases for compensation which require hospitalization.</u> <ul style="list-style-type: none"> • Review the injuries/illnesses claims cases that require hospitalization or further medical treatment with the Compensation-for-Injury Specialist. • Injuries and illnesses that appear not to be incident related are controverted. • Other cases are reviewed for possible cause and corrective actions are implemented to prevent further occurrence. 	I/R		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
33. <u>Monitor fire crews for PPE use.</u> <ul style="list-style-type: none"> • Visually check fire crew members preparing for duty to see that they are wearing or have all required PPE and other personal gear. • Line workers that lack the PPE will be supplied such equipment prior to being transported to the line. 	W		
34. <u>Brief daily with air operations personnel.</u> <ul style="list-style-type: none"> • Brief daily with the Air Operations Branch Director on general aviation activities for the day, identifying those activities that are considered to be high hazard operations. • High hazard operations will be identified in the safety message by the Safety Officer and at the briefing by the Air Operations Branch Director. 	I/R		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
35. <u>Monitor all air operations activities.</u> <ul style="list-style-type: none"> • Monitor to ensure that air safety requirements are being implemented and followed. • Document all identified serious hazards or unsafe conditions. • Corrective action will be implemented through the Air Operations Branch Director. • Review compliance with agency flight duty policy/duty limitations. 	I		
36. <u>Review aircraft incidents/accident reports.</u> <ul style="list-style-type: none"> • Review on a daily basis all aircraft incident/accident reports. • Monitor to see that recommended corrective action is implemented. • Provide assistance to Air Operations Branch Director in dealing with preventative measures to ensure risks have been minimized or eliminated. 	I/R		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
37. <u>Monitor incident personnel for general welfare.</u> <ul style="list-style-type: none"> • Monitor incident personnel to determine if their needs are being met as related to food, water, and rest. • Incident personnel that are identified as being high risk due to extreme fatigue or poor physical condition will be evaluated for possible demobilization; discuss with Incident Commander, Operations Section Chief, and agency representative for final resolution to problem. • Monitor incident and identify need to activate Critical Incident Stress Debriefing Team. 	I		
38. <u>Debrief with incident Field Observers.</u> <ul style="list-style-type: none"> • Meet with the incident Field Observer(s) to obtain information on potential high-hazard areas or operations that will be considered to be of high risk. • Use this information in preparation of safety messages and for discussions at briefings. • Safety assistants will be assigned to monitor these areas or operations. 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
39. <u>Monitor incident weather forecasts.</u> <ul style="list-style-type: none"> • Brief with the Meteorologist for review of current and predicted weather conditions. • Any change in weather conditions during the operational period that was not predictable and could cause high risk conditions will be communicated to the Fire Behavior Analyst, Operations Section Chief, and appropriate incident personnel. 	I		
40. <u>Confer with Fire Behavior Analyst.</u> <ul style="list-style-type: none"> • Meet with the Fire Behavior Analyst daily about any unusual fire behavior conditions predicted for the next shift period. • Review fire behavior forecasts and compare them to the fire tactics described in the IAP. • Review on the ground any potential high-hazard operations with the Fire Behavior Analyst so as to be able to advise command and general staff on methods to accomplish the task with reduced risks. • All information obtained will be used to develop safety messages for the IAP and briefings from the Safety Officer. 	W		

*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, 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: SAFETY OFFICER TYPE 1 & 2 (SOF1 & 2)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><u>DEMOBILIZATION</u></p> <p>41. <u>Debrief with Agency Administrator.</u></p> <ul style="list-style-type: none"> • Participate in agency closeout. • As directed by the Incident Commander, provide a debriefing to the Agency Administrator regarding incident safety history, including accidents, hazards, corrective actions, and commendations. • Provide copies of ICS Form 215A to documentation unit. 	I		

*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, 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

INSTRUCTIONS for EVALUATION RECORD

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

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 (on incidents) 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, i.e., 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. 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. 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>					