



NATIONAL QUALIFICATION SYSTEM (NQS)

POSITION TASK BOOK
FOR THE POSITION OF

AUXILIARY COMMUNICATOR (AUXCOMM/AUXC)

POSITION TASK BOOK ASSIGNED TO:
TRAINEE'S NAME:
AGENCY NAME:
PHONE NUMBER:
E-MAIL:
POSITION TASK BOOK INITIATED BY:
OFFICIAL'S NAME:
TITLE:
AGENCY NAME:
PHONE NUMBER:
E-MAIL:
POSITION TASK BOOK WAS INITIATED:
LOCATION:
DATE:

Version 1.0
May 2019

Evaluator Verification

(Do not complete this form unless you are recommending the trainee for all-hazards certification.)

FINAL EVALUATOR VERIFICATION
I verify that _____ has successfully completed all tasks as a trainee and should therefore be considered for certification in this position. I also verify that all tasks are documented with appropriate initials.
FINAL EVALUATOR'S SIGNATURE:
DATE:
FINAL EVALUATOR'S PRINTED NAME:
TITLE:
AGENCY NAME:
PHONE NUMBER:
E-MAIL:

Documentation of Agency Certification

DOCUMENTATION OF AGENCY CERTIFICATION
I certify that _____ has successfully met all the criteria set out in the National Incident Management System (NIMS) Job Title/Position Qualifications document for the position and will hereby receive certification of his/her qualification.
OFFICIAL'S SIGNATURE:
DATE:
OFFICIAL'S PRINTED NAME:
TITLE:
AGENCY NAME:
PHONE NUMBER:
E-MAIL:

Position Task Book Overview

The Position Task Book (PTB) documents the performance criteria a trainee must meet to be certified for a position within the National Qualification System (NQS). The performance criteria are associated with core NQS competencies, behaviors, and tasks.

Evaluation Process

- Evaluators observe and review a trainee's completion of PTB tasks, initialing and dating each successfully completed task in the PTB.
- Evaluators complete an Evaluation Record Form after each evaluation period documenting the trainee's performance.
- The Authority Having Jurisdiction (AHJ) may not have enough resources to ensure every evaluator is qualified in the position being assessed. Therefore, a trainee's supervisor may evaluate the completion of PTB tasks. For example, a Logistics Section Chief has the authority to sign off on completed PTB tasks for a Food Unit Leader trainee.
- The final evaluator is a leader who verifies that a trainee has completed the PTB and met all requirements for the position. A final evaluator is generally qualified in the same position for which the trainee is applying. When possible, the evaluator and the final evaluator should not be the same person, but in situations with limited resources, the evaluator can also serve as the final evaluator.
- Once the final evaluator has completed the Final Evaluator Verification, he/she forwards it to the Qualification Review Board (QRB) along with supporting evidence that the trainee has completed all position requirements. It is recommended that states have at least one member of the QRB be an experienced Auxiliary Communicator with Public Safety experience.
- After the QRB review, the AHJ completes the Documentation of Agency Certification form as appropriate.

Transferring Qualifications

- Personnel who have documentation of previous education, training, or significant on-the-job incident experience may receive credit toward qualification for a given position. Each AHJ establishes the requirements for transferring qualifications from another AHJ.
- If an AHJ chooses not to accept a trainee's existing certification of qualification, the trainee may be reevaluated in the specific position and issued a new PTB.
- An individual may hold multiple certifications of qualification (that is, the Final Evaluator Verification form and the Documentation of Agency Certification form) along with the completed PTB.

Position Task Book Competencies, Behaviors, and Tasks

The PTB sets minimum criteria for certification for a position. The AHJ has the authority to add content to the baseline PTB competencies, behaviors, and tasks as necessary in an AUXC Addendum.

Definitions

AUXCOMM: Auxiliary Communications (AUXCOMM) is an all-inclusive term used to describe the many organizations and personnel that provide various types of communications support to emergency management, public safety, and other government agencies. This includes, but is not limited to amateur radio, military radio, citizens band radio (CB), etc.

AUXCOMM covers a broad range of systems that could potentially be used during an incident to include: High Frequency (HF), Very High Frequency (VHF), Ultra High Frequency (UHF), satellite communications (SATCOM), microwave, Wi-Fi, digital, video, photos, Voice over Internet Protocol (VoIP), and other modes. Trained Auxiliary Communicators are a valuable communications resource tool that can be used by local, county, regional, tribal or state agencies/organizations.

Competency: An observable, measurable pattern of knowledge, skills, abilities, and other characteristics that an individual should possess to perform an activity and its associated tasks. A competency specifies the skillset a person needs to possess to complete the tasks successfully.

Behavior: An observable work activity or a group of similar tasks necessary to perform the activity.

Task: A specific, demonstrable action necessary for successful performance in a position. Trainees must demonstrate completion of required tasks.

- All tasks require evaluation; however, bullet statements within a task are examples.

PTB Task Codes

Each task in the PTB model has at least one corresponding code conveying the circumstances in which the trainee can perform the task for evaluation. Evaluators may assess trainees during incidents, in classroom simulations and training sessions, in functional and full-scale exercises, and in other work situations. If a task has multiple codes, the evaluator may evaluate in ANY of those circumstances. The trainee does not need evaluation in all the listed circumstances.

Code C: Task performed in a training or classroom setting, including seminars and workshops.

Code E: Task performed during a full-scale exercise with equipment deployed under the Incident Command System (ICS).

Code F: Task performed during a functional exercise managed under the ICS.

Code I: Task performed during an incident or event managed under the ICS. Examples include oil spill, search and rescue operation, hazardous materials (hazmat) response, fire, and emergency or non-emergency (planned or unplanned) events.

Code J: Task performed as part of day-to-day job duties.

Code T: Task performed during a tabletop exercise.

Code R: Task performed very rarely and required only if applicable to the event.

How to Complete the Evaluation Record Form

Each Evaluation Record Form (see next page) covers one evaluation period. Evaluation periods may involve incidents, classroom simulations, or daily duties, depending on what the PTB recommends. The AHJ determines the number of evaluations required for position qualification and certification. If evaluators need additional evaluation periods, they can copy pages from a blank PTB and attach them to the PTB in question.

Complete these items AT THE START of the evaluation period:

Evaluation Record Number: Label each evaluation record with a sequential (1,2,3, etc.) number to identify the incident(s), exercise(s), or event(s) during which the trainee completed the PTB tasks. The evaluator should also write this number in the PTB column labeled “Evaluation Record #” for each task performed satisfactorily. This number enables reviewers of the completed PTB to ascertain the evaluators’ qualifications before signing off on the PTB.

Evaluator’s Name, Incident/Office Title, and Agency: List the name of the evaluator, his/her incident position or office title, and the evaluator’s home agency.

Evaluator’s Home Unit Address and Phone: List the evaluator’s home unit address and phone number.

Name and Location of Incident or Simulation/Exercise: Identify the name (if applicable) and location where the trainee performed the tasks.

Incident Kind: Enter the kind of incident (such as hazmat, law enforcement, wildland fire, structural fire, search and rescue, flood, or tornado).

Complete these items AT THE END of the evaluation period:

Number and Kind of Resources: Enter the number of resources assigned to the incident, and their kind (such as team, personnel, and equipment) pertinent to the trainee’s PTB.

Evaluation Period: Enter inclusive dates of trainee evaluation. This time span may cover several small, similar incidents.

Recommendation: Check the appropriate line and make comments below regarding the trainee’s future development needs.

Additional Recommendations/Comments: Provide additional recommendations and comments about the trainee, as necessary.

Date: List the current date.

Evaluator’s Initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the PTB.

Evaluator’s Relevant Qualification: List your certification relevant to the trainee position you supervised.

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: <p>The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development:</p> <p>_____ The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.</p> <p>_____ The trainee could not complete certain tasks or needs additional guidance. See comments below.</p> <p>_____ Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.</p> <p>_____ The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.</p>
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019

Auxiliary Communications (AUXCOMM)

1. Competency: Prerequisites required to initiate the Position Task Book

Description: Successfully complete all prerequisite training prior to initiating the Position Task Book.

1a. Behavior: Complete the following prerequisite training

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Provide to your evaluator a copy of your course completion certificates or EMI Transcript for the following mandatory prerequisite training: completion of a DHS approved AUXCOMM course and course completion certificates for IS-100, IS-200, IS-700, and IS-800. (States may consider adding additional specific training requirements in the AUXC Addendum.)	C		

2. Competency: Readiness, Preparedness, Situational Awareness

Description: Demonstrate personal preparedness activities that reflect your ability to respond to a request for deployment in a timely and efficient manner while maintaining situational awareness of events that affect your response.

2a. Behavior: Maintain a personal and position specific “Go-Kit”

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Obtain, assemble, and prepare information and materials for a personal and position related “Go-Kit” prior to receiving an assignment. The kit should contain critical items for the assignment and be easily transportable.	C, I, J, T		
2. The following items are suggested items for inclusion in your “Go-Kits”, This list should not be considered “all-inclusive” and may be amended or modified by the state and/or your sponsoring organization: <ul style="list-style-type: none"> ○ Appropriate ICS forms and Radio Logs (Form 309) ○ Reference materials in electronic, digital, or hard-copy format. 	C, I, J, T		

2a. Behavior: Maintain a personal and position specific “Go-Kit” (continued)

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
3. Functional guidelines relative to incident type (agency guidance or other functional guidelines) <ul style="list-style-type: none"> ○ Authority Having Jurisdiction (AHJ) operations guides, Emergency Response Field Operations Guide (ER-FOG), or other operational guides ○ Position manuals ○ Current local and state AUXCOMM plan ○ State and Local Tactical Interoperable Communications Plan (TICP) and Statewide Communication Interoperability Plan (SCIP), if available ○ Inventories or other lists of local, regional and state AUXCOMM assets and inventories. ○ Demonstrate a working knowledge of typical coverage for local and regional repeaters. ○ Demonstrate knowledge of persons within the Chain of Command. ○ Contact information for local and regional AUXCOMM Subject Matter Experts ○ National Interoperability Field Operations Guide (NIFOG) app or hardcopy ○ Agency-specific forms appropriate to the function ○ Incident Radio Communications Plan ICS 205 (blank or pre-filled) ○ AUXCOMM Field Operations Guide app or hardcopy. 	C, I, J, T		
4. Administrative Supplies <ul style="list-style-type: none"> ○ Administrative items needed to fulfill the mission assignment ○ Items as specified by the state in the AUXC Addendum. 	C, I, J, T		
5. Other items: (additional items may be required by the state in the AUXC Addendum) <ul style="list-style-type: none"> ○ First Aid Kit ○ Personal Protective Equipment (PPE) ○ Personal security items. 	C, I, J, T		

2b. Behavior: Obtain appropriate information regarding the deployment

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Obtain complete information from the agency or incident command staff in the AHJ over the incident when initially activated and prior to arrival, to include: <ul style="list-style-type: none"> ○ Incident name and, as appropriate, an order, request, mission, or other unique number identifying the incident for tracking purposes. ○ Reporting location. ○ Reporting time. ○ Transportation arrangements/travel routes. ○ Contact procedures during travel (telephone/radio). 	C, E, F, I, T		
2. Gather information to assess the incident assignment. This is an ongoing task throughout all phases of the incident. Include assigned resources in a draft Incident Radio Communications Plan (ICS 205) that can be incorporated into the Communications Unit Leader's (COML's) ICS 205 and the Incident Action Plan. Examples of important information include: <ul style="list-style-type: none"> ○ Simplex or repeater frequencies already assigned. ○ Resources (equipment/personnel) already in use. ○ Other current incidents or events that may create conflicts with communications plans or tax resources. ○ Demonstrating to your evaluator completion of the check-in process as established for your incident. (Additional items or details regarding specific steps required for completion of this task may be included in the AUXC Addendum.)	C, E, F, I, T		
3. Arrive properly equipped at the assigned incident location at the designated reporting time. (Details should be included in the AUXC Addendum.)	C, E, F, I, T		
4. Complete a physical inspection of the equipment and supplies brought with you to the deployment with your evaluator.	C, E, F, I, T		

2b. Behavior: Obtain appropriate information regarding the deployment (continued)

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
<p>5. Review with your evaluator notes you took during the briefing you obtained from your supervisor. Examples of briefing notes are:</p> <ul style="list-style-type: none"> ○ Work space. ○ Work schedule. ○ Policies and operating procedures. ○ Current resource commitments and expectations. ○ Current situation. ○ Expected duration of assignment. ○ Special needs. <p><u>NOTE:</u> This list is not all inclusive, AUXCOMM personnel are responsible for asking appropriate questions of their immediate supervisor relating to their assignment.</p>	C, E, F, I, T		
<p>6. Review or develop a draft ICS 205. Examples of important information include:</p> <ul style="list-style-type: none"> ○ Frequencies and talk groups already assigned. ○ Other amateur radio frequencies or equipment already in use. ○ Digital interoperability devices already in use. ○ Other current incidents or events that may overwhelm resources or create conflicts with existing communications plans. 	C, E, F, I, T		

3. Competency: Communicate Effectively

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

3a. Behavior: Maintain positive, professional relationships that enhance operations.

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Describe for the evaluator techniques for establishing and maintaining positive interpersonal and interagency working relationships while working in high stress environments on deployment. <ul style="list-style-type: none"> ○ Provide equal assignment opportunities based on individual skill level. ○ Monitor and evaluate progress based on expected work standards. ○ Demonstrate follow-through on assigned duties. ○ Work cooperatively with team and other agency members. ○ Maintain professional appearance and behavior at all times. ○ Be respectful and courteous. ○ Be respectful of public and private property. 	C, E, F, I, J, T		

4. Competency: Technical Skills

Description: Demonstrate technical competency in the skills needed to establish and maintain operational an AUXCOMM element in support of an incident, event or exercise while protecting the health and safety of himself/herself and those working with him/her.

4a. Behavior: Develop and implement plans

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Explain and demonstrate competency in the following AUXCOMM/AUXC areas: <ul style="list-style-type: none"> ○ Complete a voice contact on at least two (2) different HF frequencies using a licensed control operator if necessary. ○ Send/receive an ICS 213 message on: <ul style="list-style-type: none"> ▪ MT63 digital mode (federal use); and ▪ On the data mode most commonly used by the evaluating state. ○ Send and receive a message (similar in content to an email) utilizing a digital format on 2 meters, 70 centimeters, or HF using a licensed control operator if necessary. ○ Build, install and operate a HF dipole antenna on amateur radio bands as specified by your evaluator or in the AUXC Addendum. ○ Build, install and operate an antenna in the center part of the 2-meter amateur radio band. ○ Safety procedures an operator must perform in order to ensure both the operator and equipment are safe. ○ Proper grounding of all equipment, external power equipment, antennas and towers. ○ The proper use of a RF Load Resistor. ○ Explain what SWR is and the impact it can have on the transmit capabilities of a station. ○ The operation of an antenna analyzer. 	C, E, F, I		
2. Demonstrate how to install and make communications equipment and systems operational when requested based on plans approved by the COML. <ul style="list-style-type: none"> ○ Develop installation priorities, while adhering to safety standards regarding communications needs of tactical personnel (i.e., operations before logistics). ○ Clone or program amateur radios as necessary and authorized and assist other amateurs with programming their personal equipment on incident operating frequencies. 	C, E, F, I, J		

4b. Behavior: Assure Safe Operations and Practices.

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
<p>1. The candidate should demonstrate the knowledge and possess the capability of explaining how to provide for the safety and welfare of all assigned personnel during their entire period of deployment by:</p> <ul style="list-style-type: none"> ○ Not deploying until directed to do so. ○ Making the requesting agency aware of all medical restrictions prior to deployment. ○ Not deploying if health issues require medications or medical interventions that are not available at the deployment site. ○ Recognizing potentially hazardous situations. ○ Informing subordinates of hazards. ○ Providing personnel with personal protective equipment appropriate to their risks such as safety vests, flashlights and glow sticks. ○ Assuring that all known hazards are appropriately marked with safety tape, safety cones or glow sticks. ○ Ensuring that special precautions are taken when extraordinary hazards exist. ○ Ensuring that personnel are appropriately fed, hydrated, and rested. ○ Being alert to the development of any special medical needs of their staff. ○ Providing safety briefings to all personnel relating to safe operation of equipment, generators and other mechanical items for which they have responsibility. ○ Obtaining/reviewing/disseminating the Safety Plan from the Incident Action Plan and/or the ICS 201, ICS 202, ICS 206, as available. ○ Evaluating your personal operating area to identify potential safety hazards or unsafe activities and take appropriate preemptive actions to prevent personal injury. 	C, E, F, I, T		

5. Competency: Establish an Incident Auxiliary Communications Center

Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established time frame.

5a. Behavior: Execute assigned tasks, assess progress, and make necessary adjustments

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. The candidate must be able to explain the purposes of; the differences between; and how to establish an Incident Communications Center (ICC) or an Incident Auxiliary Communications Center (IACC) within the ICC under the direction of the COML within the Communications Unit. This should include an explanation of: <ul style="list-style-type: none"> ○ Coordination of the location of ICC/IACC with the COML. ○ Considerations of the following when coordinating with the COML on the location of the ICC/IACC: <ul style="list-style-type: none"> • Locate the ICC/IACC close or adjacent to the incident command post • Keep the ICC/IACC away from high traffic areas and noise. • Make sure the ICC/IACC is upwind from the incident. (smoke, hazardous materials) • Locate away from potential sources of RF interference and noise (transmission lines, power substations). ○ Establishing assignments based on incident requirements; setting schedules around operational requirements; and the establishment of a system that documents the estimated time of arrival of communications personnel. ○ Obtaining necessary supplies for the ICC/IACC to function properly. 	C, E, F, I, T		

5b. Behavior: Identify and assign staff to support operations

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Assign personnel, train personnel, and perform inventory control on assigned equipment. <ul style="list-style-type: none"> ○ Provide basic training as needed on equipment. ○ Maintain equipment inventory to provide accountability. ○ Identify kinds and numbers of communications equipment to be distributed to specific units according to the communications plan. 	E, F, I, T		

5c. Behavior: Maintain appropriate documentation relating to operations of the Incident Auxiliary Communications Center

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Demonstrate how to maintain an ICS 214 Activity Log. <ul style="list-style-type: none">○ Activity Log will be kept current, legible, and will document all major activities, which may include:<ul style="list-style-type: none">• Equipment locations.• Safety issues, including any medical issues, with AUXCOMM staff.• Personnel changes.• Shift change briefing information.	C, E, F, I, T		

6. Competency: Drafting Plans, Systems Management, and Documentation

Description: Assists with the development of or develops and implements plans for systems deployment and completes and maintains all documentation related to the role and responsibilities of an AUXCOMM.

6a. Behavior: Execute assigned tasks, assess progress, and make necessary adjustments

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Working with the COML, perform as the technical expert for AUXCOMM. <ul style="list-style-type: none"> ○ Prepare the AUXCOMM portion of the Incident Radio Communications Plan, ICS 205. ○ Determine additional resource needs (equipment and personnel) and coordinate acquisition through the Supply Unit or authorized individual or unit. Identify and request resources as to type/qualification, quantity, and location. ○ Coordinate with the COML or your immediate supervisor to request any additional communications personnel, equipment or services that may be needed to support AUXCOMM operations. ○ Coordinate, through the chain of command, the locations for equipment to be installed or delivered. ○ Assist the COML with determining optimal locations for any future expansion of AUXCOMM equipment using topographical maps to evaluate elevation and separation needs and the ICS 205 from the IAP and other frequency lists to minimize the risk of interference with other communications resources. 	E, F, I, T		

6a. Behavior: Execute assigned tasks, assess progress, and make necessary adjustments (continued)

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
<p>2. Demonstrate the design, configuration, and maintenance of AUXCOMM systems needed to meet incident needs.</p> <ul style="list-style-type: none"> ○ Provide for the installation and testing of all AUXCOMM communications components to assure they are fully operational. ○ Create and maintain diagrams of current AUXCOMM communications system(s). ○ Provide communications support for external and internal AUXCOMM operational platforms. ○ Identify the need for and take necessary action to accomplish minor field repair of equipment issues, request technical support needed to facilitate repairs of identified issues, and/or order replacement equipment if repairs cannot be performed in a timeframe that meets the needs of the incident. 	E, F, I, T		
<p>3. Monitor operational performance of AUXCOMM communications systems throughout the duration of the incident.</p> <ul style="list-style-type: none"> ○ Monitor operational status of all AUXCOMM equipment in use. ○ Establish an operational test schedule and perform tests of communications equipment throughout the duration of an incident. ○ Establish a plan for battery replacement. ○ Establish contingency plans to minimize interruptions in AUXCOMM communications infrastructure and systems. 	E, F, I, T		

6b. Behavior: Serve as a subject matter expert for AUXCOMM related issues.

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Participate in meetings as a subject matter expert for AUXCOMM specific needs as directed by the COML. <ul style="list-style-type: none"> ○ Determine the feasibility of providing the requested AUXCOMM support. ○ Provide operational and technical information on AUXCOMM equipment available to support the incident. ○ Provide operational and technical information on AUXCOMM equipment and systems capabilities, restrictions, and limitations. ○ Coordinate with the COML or their designated immediate supervisor to share information and assure communications interoperability. 	E, F, I, T		

6c. Behavior: Coordinate incident communications needs with existing system managers.

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Coordinate frequencies, activities, and resources with AUXCOMM coordinators/operators outside of the incident. <ul style="list-style-type: none"> ○ Communicate with local, regional, and/or state amateur radio organizations (including Non-Governmental Organizations (NGOs)) to coordinate use of currently utilized incident frequencies. ○ Work with local, regional and/or state amateur radio organizations (including NGOs) to coordinate shared resource assignments, and identify and eliminate interference issues with established AUXCOMM systems when reported. ○ Provide a copy of the ICS 205 to other agencies or to the AUXCOMM at any nearby incidents as necessary to avoid interference or other conflicts. 	E, F, I, T		

7. Competency: Demobilization.

Description: Demobilizes pursuant to the published demobilization plan.

7a. Behavior: Follow the established process for demobilization.

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
1. Demobilize and check out. <ul style="list-style-type: none"> ○ Submit all required information to the COML and/or Documentation Unit Leader as appropriate. ○ Receive demobilization instructions from work supervisor. ○ Brief subordinate staff on demobilization procedures and responsibilities. ○ Ensure that incident and agency demobilization procedures are followed. ○ Complete required ICS form(s) and turn in to the appropriate person. ○ Ensure that personnel and equipment assigned to the unit are demobilized correctly. ○ Document lost equipment on agency specific forms. ○ Report their return to their home base of operations. 	<u>E, F, I, T</u>		

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: <p>The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development:</p> <p>_____ The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.</p> <p>_____ The trainee could not complete certain tasks or needs additional guidance. See comments below.</p> <p>_____ Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.</p> <p>_____ The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.</p>
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: <p>The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development:</p> <p>_____ The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.</p> <p>_____ The trainee could not complete certain tasks or needs additional guidance. See comments below.</p> <p>_____ Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.</p> <p>_____ The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.</p>
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: <p>The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development:</p> <p>_____ The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.</p> <p>_____ The trainee could not complete certain tasks or needs additional guidance. See comments below.</p> <p>_____ Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.</p> <p>_____ The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.</p>
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development: _____ The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification. _____ The trainee could not complete certain tasks or needs additional guidance. See comments below. _____ Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation. _____ The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: <p>The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development:</p> <p>_____ The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.</p> <p>_____ The trainee could not complete certain tasks or needs additional guidance. See comments below.</p> <p>_____ Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.</p> <p>_____ The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.</p>
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development: <input type="checkbox"/> The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification. <input type="checkbox"/> The trainee could not complete certain tasks or needs additional guidance. See comments below. <input type="checkbox"/> Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation. <input type="checkbox"/> The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: <p>The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development:</p> <p>_____ The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.</p> <p>_____ The trainee could not complete certain tasks or needs additional guidance. See comments below.</p> <p>_____ Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.</p> <p>_____ The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.</p>
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: <p>The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development:</p> <p>_____ The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.</p> <p>_____ The trainee could not complete certain tasks or needs additional guidance. See comments below.</p> <p>_____ Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.</p> <p>_____ The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.</p>
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development: <input type="checkbox"/> The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification. <input type="checkbox"/> The trainee could not complete certain tasks or needs additional guidance. See comments below. <input type="checkbox"/> Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation. <input type="checkbox"/> The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019

Evaluation Record Form

(Should be duplicated as needed for each evaluator utilized)

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's Name:
Incident/Office Title and Agency:
Evaluator's Home Unit Address and Phone:
Name and Location of Incident or Simulation/Exercise:
Incident Kind:
Number and Kind of Resources:
Evaluation Period:
Recommendation: The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development: _____ The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification. _____ The trainee could not complete certain tasks or needs additional guidance. See comments below. _____ Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation. _____ The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position.
Additional Recommendations/Comments:
Date:
Evaluator's Initials:
Evaluator's Relevant Qualification:

Form Version: March 2019