

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

Sponsored by
United States
Department of Agriculture

United States
Department of the Interior

National Association of
State Foresters



**NATIONAL INTERAGENCY
INCIDENT MANAGEMENT SYSTEM**

TASK BOOK FOR THE POSITION OF

**HELICOPTER MANAGER
CALL-WHEN-NEEDED (HCWN)**

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

**PMS 311-21
NFES 2328**

April 2002

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

Order NFES #2328

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:
 - C Selecting trainees based on the needs of the home unit and higher levels.
 - C Ensuring that the trainee meets the training and experience requirements included in the Wildland and Prescribed Fire Qualification Guide 310-1.
 - C Initiating PTBs to document task performance.
 - C Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
 - C Providing opportunities for evaluation and/or making the trainee available for evaluation.
 - C Providing an evaluator for local assignments.
 - C Tracking progress of the trainee.
 - C Confirming PTB completion.
 - C Determining certification per local policy.
 - C Issuing proof of certification.
2. The **Trainee** is responsible for:
 - C Reviewing and understanding instructions in the PTB.
 - C Identifying desired objectives/goals.
 - C Providing background information to an evaluator.

- C Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
 - C Assuring the Evaluation Record is complete.
 - C Notifying home unit personnel when the PTB is completed and providing a copy.
 - C Keeping the original PTB in personal records.
3. The **Evaluator** is responsible for:
- C Understanding the Wildland and Prescribed Fire Qualifications System.
 - C Being qualified and proficient in the position being evaluated.
 - C Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
 - C Reviewing tasks with the trainee.
 - C Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
 - C Identifying tasks to be performed during the evaluation period.
 - C 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.
 - C Completing the Evaluation Record found at the end of this PTB.
4. The **Final Evaluator** is responsible for:
- C 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:
- C Identifying incident evaluation opportunities.
 - C Assuring that trainees have met prerequisites.
 - C 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.
 - C Providing PTBs to approved trainees on the incident when home unit was unable to provide them.
 - C Documenting the assignment.
 - C Conducting progress reviews.
 - C Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.
 - C Notifying trainee's home unit.

QUALIFICATION RECORD

POSITION: HELICOPTER MANAGER CALL-WHEN-NEEDED (HCWN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<u>GENERAL</u>			
1. <u>Assemble Helicopter Manager kit.</u>	O		
2. <u>Administer helicopter contracts/agreements and agency policy.</u> C Conduct pre-use inspection of helicopter and fuel service vehicle to ensure compliance with contract/agreement specifications as related to mission required equipment, systems and operation. Document as per agency policy. C Verify and review required onboard documents for compliance and currency such as: Transportation of HazMat Guide and DOT exemption, copy of contract or agreement, helicopter flight manual, aircraft logbook, agency aircraft data card, pilot approval card. C Maintain communication with appropriate agency aircraft contracting personnel. C Establish daily work schedules for pilots, mechanics and fuel truck drivers. C Complete daily diary, agency flight use summary and appropriate cost summaries. C Complete agency incident/accident reports. C Complete CWN Close-Out Form (contractor evaluation) and forward to Contracting Officer.	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

QUALIFICATION RECORD
Continuation Sheet

POSITION: HELICOPTER MANAGER CALL-WHEN-NEEDED (HCWN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
3. <u>Establish and maintain positive supervisory, interpersonal, and interagency working relationships.</u> C Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident.	I		
4. <u>Ensure that assigned personnel are in good mental and physical health.</u> C Assigned personnel are motivated to carry out assignments. C Morale problems are dealt with immediately. C Assigned personnel's physical health is maintained. C Fatigue producing conditions on fires are resolved.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: HELICOPTER MANAGER CALL-WHEN-NEEDED (HCWN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>5. <u>Provide for the safety and welfare of assigned personnel during the entire period of supervision.</u></p> <p>C Recognize potentially hazardous situations and mitigate them.</p> <p>C Inform subordinates of hazards.</p> <p>C Ensure that personnel are qualified for assignments or mentored by qualified individuals.</p> <p>C Ensure that special precautions are taken when extraordinary hazards exist.</p> <p>C Ensure adequate rest and hydration is provided to assigned personnel.</p>	I		
<p><u>MOBILIZATION</u></p> <p>6. <u>Ensure that flight planning, flight following and resource tracking requirements are met.</u></p> <p>C Obtain Resource Order, Flight Request or other mission information.</p> <p>C Work with pilot to develop agency and/or FAA flight plans.</p> <p>C Obtain appropriate radio frequencies, phone numbers, transponder codes, area maps and aerial hazard maps for mission.</p> <p>C Conducts or ensures that radio check-ins are accomplished at established intervals.</p>	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: HELICOPTER MANAGER CALL-WHEN-NEEDED (HCWN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<u>INCIDENT ACTIVITIES</u>			
7. <u>Provide helicopter and helicopter personnel tactical capabilities to incident supervisor.</u> C Identify missions that aircraft and pilot are approved to perform; passenger, cargo and water dropping capabilities, etc. C Identify qualifications and special capabilities of assigned helicopter personnel. C Identify helicopter accessories and equipment available in support vehicles and order additional equipment needed.	W/ RX		
8. <u>Conduct preflight and postflight briefings with flight, support and helicopter crews.</u> C Establish mission objectives, timeframes, reporting locations, travel routes. C Identify and discuss performance, safety and/or efficiency problems encountered. C Identify adjustments in future operations.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: HELICOPTER MANAGER CALL-WHEN-NEEDED (HCWN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
9. <u>Continuously monitor and document flight and/or duty hours of pilots, mechanics and fuel truck drivers to ensure that agency limitations are not exceeded.</u> C Schedule and manage flight and duty times to meet current and projected work objectives. C Ensure that relief pilots, mechanics, etc. are scheduled and assigned when required.	I		
10. <u>Ensure that helicopter pilot accurately completes and approves helicopter load calculation, reflecting current aircraft configuration, appropriate flight manual performance charts and environmental conditions.</u> C Flight crew weights. C Fuel quantity on board. C Elevations at takeoff and landing sites. C In-Ground or Out-of-Ground landing sites. C Density altitude.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: HELICOPTER MANAGER CALL-WHEN-NEEDED (HCWN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
11. <u>Verify that helicopter is maintained to FAA and agency standards.</u> C Review aircraft logbook entries to ensure that scheduled maintenance inspections are completed at required intervals. C Contact agency maintenance specialist during un-scheduled maintenance or major component replacement. C Facilitate return-to-service process. C Inform supervisor of current or future helicopter maintenance/unavailability.	I		
12. <u>Ensure that turbine power assurance checks are conducted and documented as required by agency.</u> C Contact agency maintenance specialist if trend analysis indicates sub-par engine performance.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: HELICOPTER MANAGER CALL-WHEN-NEEDED (HCWN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>13. <u>Ensure helicopter safety policies are adhered to.</u></p> <ul style="list-style-type: none"> C Utilizes risk management techniques and “go/no-go” checklist prior to each flight, to include airspace deconfliction, aerial hazard map, weather assessment, radio communications, etc. C Evaluates helispots and unimproved landing sites with PIC; ensures that agency landing site standards are met. C Ensures that actual helicopter payloads do not exceed the calculated allowable payload. C Ensures that pre-flight briefings are conducted and the appropriate personal protective equipment (PPE) is utilized for all missions. C Ensures crash rescue/response procedures and equipment are established and communicated to all helicopter personnel. C Complies with all requirements in the Aviation Transport of Hazardous Materials Guide. C Follows all special mission agency safety requirements, such as heli-rappel, aerial ignition. 	W/ RX		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: HELICOPTER MANAGER CALL-WHEN-NEEDED (HCWN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><u>DEMOBILIZATION</u></p> <p>14. <u>Demobilize</u></p> <p> C Receive demobilization instructions.</p> <p> C Brief subordinate staff on demobilization procedures and responsibilities.</p> <p> C Ensure that incident and agency demobilization procedures are followed.</p>	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, 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		
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: _____					

#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		
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: _____					