

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**

**HELIBASE MANAGER  
FOUR OR MORE HELICOPTERS  
(HEB1)**

**HELIBASE MANAGER  
ONE TO THREE HELICOPTERS  
(HEB2)**

**PMS 311-20**

**June 2004**

**NFES 2327**

<b>TASK BOOK ASSIGNED TO:</b>
INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER
<b>TASK BOOK INITIATED BY:</b>
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: Great Basin Cache Supply Office  
3833 S. Development Avenue  
Boise, Idaho 83705  
Order NFES 2327

Also available at <http://www.nwcg.gov/teams/pmswt/pms.htm>

## NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

Position Task Books (PTBs) 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 simulations, 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 PMS 310-1, NIIMS Wildland and Prescribed Fire Qualification System Guide. 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 PMS 310-1, NIIMS Wildland and Prescribed Fire Qualification System Guide.
  - 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 closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.
  - Notifying trainee's home unit.

## QUALIFICATION RECORD

**POSITION: HELIBASE MANAGER (HEB1 &2)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<b><u>GENERAL</u></b>			
1. <u>Assemble Helibase Manager kit.</u>	O		
2. <u>Establish and maintain positive supervisory, interpersonal, and interagency working relationships.</u>  <ul style="list-style-type: none"> <li>• Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident.</li> </ul>	O		
<b><u>MOBILIZATION</u></b>			
3. <u>Obtain complete information from dispatch upon initial activation.</u>	I		
<b><u>INCIDENT ACTIVITIES</u></b>			
4. <u>Arrive at incident and check in.</u>  Receive initial briefing from Air Support Group Supervisor.  <ul style="list-style-type: none"> <li>• Incident objectives as stated in Incident Action Plan (IAP)</li> <li>• Operation strategy</li> <li>• Location of helibase site</li> <li>• Number and type of helicopters on site</li> </ul>	I		

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 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: HELIBASE MANAGER (HEB1 &2)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
5. <u>Establish helibase.</u> <ul style="list-style-type: none"> <li>• Site selection</li> <li>• Identify hazards.</li> <li>• Identify land ownership.</li> <li>• Identify communication needs.</li> </ul>	I		
6. <u>Report to assigned helibase.</u> <ul style="list-style-type: none"> <li>• Identify positions presently filled and staff other positions as needed.</li> <li>• Order additional aircraft if needed.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HELIBASE MANAGER (HEB1 &2)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>7. <u>Brief or receive briefings from Air Support Group Supervisor.</u></p> <ul style="list-style-type: none"> <li>• Participate in air operations planning. <ul style="list-style-type: none"> <li>– Inform Air Support Group Supervisor of helibase activities.</li> <li>– Prepare resource capability chart.</li> </ul> </li> <li>• Receive mission priorities and develop schedule based upon IAP.</li> <li>• Receive and respond to special requests for logistical and tactical missions.</li> <li>• Complete daily review of staffing requirements and reassign, order, or demobilize.</li> <li>• Establish and maintain helibase log.</li> <li>• Inspect, approve, and number all helispots. <ul style="list-style-type: none"> <li>– Location on IAP maps</li> <li>– Limitations, e.g., Type I, II, III or medevac sites, Hover in Ground Effect (HIGE)/Hover out of Ground Effect (HOGE)</li> </ul> </li> <li>• Obtain needed radios (Communication Plan).</li> <li>• Establish and monitor dipsites.</li> </ul>	I		
<p>8. <u>Properly review and implement helibase checklist.</u></p> <ul style="list-style-type: none"> <li>• Develop and post Medevac Plan.</li> <li>• Develop and post Crash Rescue Plan.</li> <li>• Establish flight following procedures.</li> <li>• Identify flight hazards (wires, cables, local wind, weather phenomena, etc.).</li> <li>• Establish fueling site and procedures.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HELIBASE MANAGER (HEB1 &2)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<ul style="list-style-type: none"> <li>• Check load calculations for completeness, accuracy, and currency.</li> <li>• Post IAP.</li> <li>• Establish traffic pattern for aircraft and vehicles.</li> <li>• Check pilot aircraft cards.</li> <li>• Check helitack crewmember qualifications.</li> <li>• Post Communication Plan.</li> <li>• Establish approach/departure paths for aircraft.</li> <li>• Provide for dust abatement.</li> <li>• Develop helibase layout.</li> <li>• Identify helispot locations and arrange for construction.</li> <li>• Inspect, approve, and mark helispots.</li> <li>• Order helibase sanitation facilities (outhouse, trash disposal, etc.).</li> <li>• Ensure duty limitations and day-off schedules are adhered to.</li> <li>• Provide safety equipment [personal protective equipment (PPE), fire extinguishers, crash/rescue kit, etc.].</li> <li>• Provide safety briefings to passengers.</li> <li>• Give briefings to aircrews and helitack.               <ul style="list-style-type: none"> <li>– Debrief aircrews and helitack.</li> <li>– Complete helicopter operations checklist and obtain approval.</li> <li>– Ensure pilots review, understand, and sign helicopter operations checklist.</li> </ul> </li> </ul>			

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HELIBASE MANAGER (HEB1 &2)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
9. <u>Provide fiscal accountability.</u> <ul style="list-style-type: none"> <li>• Complete daily cost summaries for aircraft and equipment (water trucks, fuel tenders, and other rental equipment.)</li> <li>• Review and approve crew time reports.</li> </ul>	I		
10. <u>Coordinate with Air Support Group Supervisor.</u> <ul style="list-style-type: none"> <li>• Provide input for Air Operations Summary (aircraft availability, number of aircraft by type, hours of availability, etc.).</li> <li>• Receive mission objectives and priorities.</li> <li>• Share information on helibase activities, limitations.</li> <li>• Exchange information on maintenance schedules/breakdowns.</li> <li>• Establish ordering procedures with helibase resources (ordering authority).</li> <li>• Report daily aircraft and equipment costs.</li> <li>• Request maps and IAP for flight crews</li> </ul>	I		
11. <u>Coordinate with Air Tactical Group Supervisor.</u> <ul style="list-style-type: none"> <li>• Provide flight following.</li> <li>• Support tactical missions.</li> <li>• Provide for airspace coordination.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HELIBASE MANAGER (HEB1 &2)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
12. <u>Coordinate with other functional bases (helibases, helispots, camps, helitorch base, fuel depots, fixed-wing bases, helitanker sites, and dip sites.</u>  <ul style="list-style-type: none"> <li>• Staffing</li> <li>• Communications</li> <li>• Hazards</li> </ul>	I		
13. <u>Coordinate with supply unit.</u>  <ul style="list-style-type: none"> <li>• Establish ordering procedures.</li> <li>• Tag and mark aerial cargo with destination.</li> <li>• Coordinate back-haul from camps, line, helibase, and helispots.</li> <li>• Receive supplies and equipment (ongoing).</li> </ul>	I		
14. <u>Coordinate with ground support unit.</u>  <ul style="list-style-type: none"> <li>• Arrange transportation to and from helibase/camp.</li> <li>• Back-haul equipment.</li> <li>• Transport crews to and from helibase.</li> <li>• Collect use information on rented equipment.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HELIBASE MANAGER (HEB1 &2)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
15. <u>Coordinate with finance/administration section.</u> <ul style="list-style-type: none"> <li>• Monitor agreements.</li> <li>• Submit time reports.</li> <li>• Provide documentation for potential claims.</li> </ul>	I		
16. <u>Coordinate with facilities unit.</u> <ul style="list-style-type: none"> <li>• Arrange for:               <ul style="list-style-type: none"> <li>– Helibase security.</li> <li>– Sanitation.</li> <li>– Garbage pickup.</li> </ul> </li> <li>• Provide sleeping areas/shade.</li> </ul>	I		
17. <u>Coordinate with communication unit.</u> <ul style="list-style-type: none"> <li>• Secure radios, batteries, and antennas.</li> <li>• Provide support for repeater placement/repair.</li> <li>• Establish use of cellular and satellite phones.</li> </ul>	I		
18. <u>Coordinate with medical unit.</u> <ul style="list-style-type: none"> <li>• Review Medevac Plan.</li> <li>• Identify medevac aircraft and crew.</li> <li>• Arrange briefing for medical personnel.</li> <li>• Provide list of equipment and qualified emergency medical technicians (EMTs).</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HELIBASE MANAGER (HEB1 &2)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
19. <u>Coordinate with Safety Officer.</u>  • Review plans and operation.	I		
20. <u>Coordinate with planning section.</u>  • Provide aircraft for mapping and infrared flights. • Supply list of resources to resource unit. • Request weather briefings and updates. • Submit ICS 214, Unit Log.	I		
21. <u>Coordinate with Information Officer.</u>  • Provide PPE and safety briefings for media/VIP.	I		
22. <u>Coordinate with local dispatch or Incident Management Team (IMT).</u>  • Define initial attack responsibility. • Obtain hazard maps. • Contact vendors, technical specialist, etc.	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HELIBASE MANAGER (HEB1 &2)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><b><u>DEMOBILIZATION</u></b></p> <p>23. <u>Demobilize.</u></p> <ul style="list-style-type: none"> <li>• Receive demobilization instructions.</li> <li>• Brief subordinate staff on demobilization procedures and responsibilities.</li> <li>• Ensure agency and incident demobilization procedures are followed.</li> <li>• Identify excess resources.</li> <li>• Coordinate demobilization with appropriate IMT or agency personnel.</li> <li>• Ensure helibase documentation is passed along to IMT or agency personnel.</li> <li>• Debrief incoming personnel.</li> <li>• Evaluate subordinate personnel.</li> </ul>	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, simulations 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 or office title, and agency.

**Evaluator's home unit address and phone:** Self-explanatory

**#:** The number in the upper left corner of the Evaluation Record 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; e.g., 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.

<b>Grass Group</b>	1. Short Grass (1 foot)	<b>Timber Group</b>	8. Closed Timber Litter
	2. Timber (grass & understory)		9. Hardwood Litter
	3. Tall Grass (2-1/2 feet)		10. Timber (litter understory)
<b>Brush Group</b>	4. Chaparral (6 feet)	<b>Slash Group</b>	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**

<b>#1</b>	Evaluator's name: Incident/office title & agency:				
Evaluator' 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: _____					

<b>#2</b>	Evaluator's name: Incident/office title & agency:				
Evaluator' 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**

<b>#3</b>	<b>Evaluator's name:</b> <b>Incident/office title &amp; agency:</b>				
<b>Evaluator' home unit address &amp; phone:</b>					
<b>Name and Location of Incident or Simulation (agency &amp; area)</b>	<b>Incident Kind (wildland fire, search &amp; rescue, etc.)</b>	<b>Number &amp; Type of Resources Pertinent to Trainee's Position</b>	<b>Duration (inclusive dates in trainee status)</b>	<b>Management Level or Prescribed Fire Complexity Level</b>	<b>NFFL Fuel Model(s)</b>
			to		
<p>The tasks initialed &amp; 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.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required &amp; knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p><b>Recommendations:</b> _____</p> <p><b>Date:</b> _____ <b>Evaluator's initials:</b> _____ <b>Evaluator's relevant red card (or agency certification) rating:</b> _____</p>					

<b>#4</b>	<b>Evaluator's name:</b> <b>Incident/office title &amp; agency:</b>				
<b>Evaluator' home unit address &amp; phone:</b>					
<b>Name and Location of Incident or Simulation (agency &amp; area)</b>	<b>Incident Kind (wildland fire, search &amp; rescue, etc.)</b>	<b>Number &amp; Type of Resources Pertinent to Trainee's Position</b>	<b>Duration (inclusive dates in trainee status)</b>	<b>Management Level or Prescribed Fire Complexity Level</b>	<b>NFFL Fuel Model(s)</b>
			to		
<p>The tasks initialed &amp; 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.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required &amp; knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p><b>Recommendations:</b> _____</p> <p><b>Date:</b> _____ <b>Evaluator's initials:</b> _____ <b>Evaluator's relevant red card (or agency certification) rating:</b> _____</p>					