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

COMPENSATION/CLAIMS UNIT LEADER (COMP)

PMS 311-50 **March 1999**
NFES 2360

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: COMPENSATION/CLAIMS UNIT LEADER (COMP)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
GENERAL			
1. Obtain and assemble information and materials needed for kit. Kit will be assembled and prepared prior to receiving an assignment. Kit will contain essential 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 Interagency Mobilization Guide). The basic information and materials needed are: **Reference Material** • NWCG Fireline Handbook, PMS 410-1. • Interagency Incident Business Management Handbook, PMS 902. • Office of Worker's Compensation (OWCP) district office address and telephone number listing. • Agency specific guidelines; e.g., Agency Provided Medical Care (APMC) Agreements. **Supplies** • Note pads, envelopes, folders, calculator, batteries, clipboard, paper clips, pencils, pens, staples, stapler, staple remover, Post-it™ notes, camera, film, and tape. **Forms** • ICS 213, General Message. • ICS 214, Unit Log. • Report of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1.	O		

*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: COMPENSATION/CLAIMS UNIT LEADER (COMP)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
• Notice of Occupational Disease and Claim for Compensation, CA-2. • Incident Injury Case File Envelope. • APMC, Authorization and Medical Report, FS-6100-16. • Request for Examination and Treatment, CA-16. • Health Insurance Claim Form, OWCP 1500a. • Attending Physician's Report, CA-20. • Duty Status Report, CA-17. • Occupational Disease Checklist, CA-35. • Injury/Illness Log. • APMC Treatment Log. • Claim for Damage, Injury or Death Form, SF-95. • Employee Claim for Loss or Damage to Personal Property, DI-570 or AD-382. • Incident Claims and Accident Log. • Incident Claims Case File Envelope. • Agency specific forms.			
2. <u>Establish and maintain positive interpersonal and interagency working relationships.</u> • Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident. • Address individual agency values and policies throughout the tenure of the incident.	O		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: COMPENSATION/CLAIMS UNIT LEADER (COMP)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
3. Provide for the safety and welfare of assigned personnel. • Recognize potentially hazardous situations and inform subordinates. • Take precautions when hazards exist; i.e., Evacuation Plan. • Provide adequate rest periods to all unit personnel.	I		
MOBILIZATION 4. Obtain complete information from dispatch upon initial activation. • Incident name. • Incident order number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements/travel routes. • Contact procedures during travel (telephone/radio).	O		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: COMPENSATION/CLAIMS UNIT LEADER (COMP)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
5. Gather information necessary to assess incident assignment and determine immediate needs and actions. • Incident Commander's/supervisor's name, location, contact. • Current resource commitments. • Current situation. • Expected duration of assignment.	I		
INCIDENT ACTIVITIES 6. Obtain briefing from Finance/Administration Section Chief within first operational period. • Obtain a copy of the Incident Action Plan (IAP). • Obtain names, contact number, and positions/functions of cooperating/assisting agencies. • Obtain local administrative guidelines; e.g., Agency Provided Medical Care (APMC), names and locations of medical facilities, law enforcement contacts, compensation procedures, claim procedures, availability of incident agency personnel, incident finance package requirements, other special teams or personnel (Comptroller). • Current and/or potential injury/claims status. • Identify resources assigned and ordered for the incident and the unit.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: COMPENSATION/CLAIMS UNIT LEADER (COMP)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
7. Organize work area. • Acquire table(s), seating, lighting, and heating. • Order additional forms and supplies. • Acquire communications equipment: radio, telephones, facsimile and copy machine location. • Establish filing system. • Establish area to receive compensation/claims documents. • Establish compensation/claims message center; i.e., bulletin board to communicate with incident personnel.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: COMPENSATION/CLAIMS UNIT LEADER (COMP)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
8. <u>Manage and supervise the compensation/claims unit.</u> • Determine requirements and order personnel/supplies based on incident size and complexity. • Develop and implement unit operating plan. Include: - Unit timeframes and schedule. - Record keeping system. - Job performance expectations: • Document injury/illness/claims according to direction, timeframes, and regulations. • Authorize medical treatment per established procedures. • Establish, maintain, and audit records. - Incident agency specific policy and operating procedures. • Establish, monitor, and adjust performance expectations of subordinates. • Communicate deficiencies immediately and take corrective action. • Reinforce acceptable performance. • Identify training needs and coordinate opportunities for cross training unit personnel. • Provide daily or operational period briefings to unit personnel. • Maintain Unit Log, ICS 214.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: COMPENSATION/CLAIMS UNIT LEADER (COMP)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
9. Interact and coordinate with finance/administration unit leaders. Coordinate with: • Cost Unit Leader on cost data. • Time Unit Leader to ensure continuation of pay or time loss documented. • Procurement Unit Leader for claims investigation and medical treatment deductions.	I		
10. Interact and coordinate with other section/unit personnel to ensure completion of injury/illness/claims documents and adherence to established policies. • Verify incident resources with planning section. • Resolve injury/illness/claims problems/questions with incident personnel. • Notify safety officer of injury/accident occurrences. • Coordinate investigation needs with law enforcement and other incident personnel. • Coordinate injury/illness reporting and treatment authorization with medical unit.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: COMPENSATION/CLAIMS UNIT LEADER (COMP)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
11. Interact and coordinate with incident agency. Coordinate with: • Investigation teams to document claims and accidents. • Local law enforcement to meet incident agency investigation requirements. • Administrative staff responsible for APMC payments. • Compensation and claims staff to ensure adherence to agency guidelines.	I		
12. Interact and coordinate with local medical providers to obtain medical treatment, ensure completion of required paperwork, and facilitate payment.	I		
13. Coordinate with Finance/Administration Section Chief. • Provide daily/operational period briefing on problems and recommendations for solutions. • Identify injury/illness/claims trends.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: COMPENSATION/CLAIMS UNIT LEADER (COMP)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
DEMOBILIZATION			
14. Ensure compensation/claims documents are accurate at time of demobilization. Based on demobilization schedule: • Provide copies of compensation for injury records to the time unit. • Provide contractor deduction information and contract claims documentation to procurement unit. • Distribute compensation/claims records according to established guidelines.	I		
15. Compensation/claims unit close out. • Finalize injury/illness/claims documentation, complete logs, and identify follow-up needed. • Coordinate completion of incident finance package with Finance/Administration Section Chief. • Brief replacement Compensation/Claims Unit Leader and/or close out with incident agency representative.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: COMPENSATION/CLAIMS UNIT LEADER (COMP)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
16. Unit demobilization and check out. • Obtain release priorities from Finance/Administration Section Chief. • Identify excess compensation/claims unit resources. • Brief subordinate staff on demobilization procedures and responsibilities. • Complete performance evaluations and taskbooks for trainees. • Follow incident and agency demobilization procedures.	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) 2. Timber (grass & understory) 3. Tall Grass (2-1/2 feet)	**Timber Group**	8. Closed Timber Litter 9. Hardwood Litter 10. Timber (litter understory)
Brush Group	4. Chaparral (6 feet) 5. Brush (2 feet) 6. Dormant brush-Hardwood Slash 7. Southern Rough	**Slash Group**	11. Light Logging Slash 12. Medium Logging Slash 13. Heavy Logging Slash

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)
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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		

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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)
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Recommendations:_____

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Date:_____ Evaluator's initials:_____Evaluator's relevant red card (or agency certification) rating:_____