

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

**NATIONAL INTERAGENCY  
INCIDENT MANAGEMENT SYSTEM**

*Sponsored by*  
United States  
Department of Agriculture

**TASK BOOK FOR THE POSITION OF**

**COMPENSATION-FOR-INJURY  
SPECIALIST (INJR)**

United States  
Department of the Interior

National Association of  
State Foresters



**PMS 311-54  
NFES 2367**

**March 1999**

<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**

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**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.

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FINAL EVALUATOR'S SIGNATURE AND DATE

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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.

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CERTIFYING OFFICIAL'S SIGNATURE AND DATE

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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-FOR-INJURY SPECIALIST (INJR)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><b><u>GENERAL</u></b></p> <p>1. <u>Obtain and assemble information and materials needed for kit.</u> Kit will be assembled and prepared prior to receiving an assignment. Kit will contain 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 Mobilization Guide). The basic information and materials needed are:</p> <p><b><u>Reference Material</u></b></p> <ul style="list-style-type: none"> <li>• NWCG Fireline Handbook, PMS 410-1.</li> <li>• Interagency Incident Business Management Handbook, PMS 902.</li> <li>• Agency specific guidelines.</li> </ul> <p><b><u>Forms</u></b></p> <ul style="list-style-type: none"> <li>• Report of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1.</li> <li>• Notice of Occupational Disease and Claim for Compensation, CA-2.</li> <li>• Evidence Required in Support of a Claim for Occupational Disease, CA-35.</li> <li>• Request for Examination and Treatment, CA-16.</li> <li>• Duty Status Report, CA-17.</li> <li>• Health Insurance Claim Form, OWCP 1500a.</li> <li>• Agency Provided Medical Care (APMC) Authorization and Medical Report, FS-6100-16.</li> <li>• Attending Physician's Report, CA-20.</li> <li>• Injury Case File Envelope.</li> </ul>	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-FOR-INJURY SPECIALIST (INJR)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<ul style="list-style-type: none"> <li>• Injury/Illness Log.</li> <li>• APMC Treatment Log.</li> <li>• Office of Worker’s Compensation (OWCP) district office address and telephone number listing.</li> <li>• General Message, ICS 213.</li> <li>• Agency specific forms.</li> </ul> <p><b>Supplies</b></p> <ul style="list-style-type: none"> <li>• Pencils, pens, Post-it™ notes, stapler and staples, staple remover, note pad, calculator and batteries, tape, manila envelopes, etc.</li> </ul>			
<p><b><u>MOBILIZATION</u></b></p> <p>2. <u>Obtain complete information from dispatch upon initial activation.</u></p> <ul style="list-style-type: none"> <li>• Incident name and number.</li> <li>• Request number.</li> <li>• Check in location.</li> <li>• Transportation arrangements.</li> <li>• Reporting time.</li> <li>• Phone/radio contact procedures during travel.</li> </ul>	O		
<p><b><u>INCIDENT ACTIVITIES</u></b></p> <p>3. <u>Explain how to check in at an incident.</u></p>	O		

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**QUALIFICATION RECORD**  
**Continuation Sheet**

**POSITION: COMPENSATION-FOR-INJURY SPECIALIST (INJR)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>4. <u>Gather specific information regarding your position.</u></p> <ul style="list-style-type: none"> <li>• Supervisor briefing:               <ul style="list-style-type: none"> <li>- Incident Action Plan (IAP)                   <ul style="list-style-type: none"> <li>• Terrain.</li> <li>• Weather (current and expected).</li> <li>• Safety considerations.</li> <li>• Incident status.</li> <li>• Medical Plan.</li> </ul> </li> </ul> </li> <li>• Injury/illness claims.</li> <li>• Work space.</li> <li>• Work schedule.</li> <li>• Availability of and procedures for Agency Provided Medical Care (APMC).</li> <li>• Operating procedures.</li> </ul>	O		
<p>5. <u>Establish system for documenting and processing injury/illness claims.</u></p> <ul style="list-style-type: none"> <li>• Identify types of incident resources:               <ul style="list-style-type: none"> <li>- City/county/state</li> <li>- Contractor</li> <li>- Federal</li> <li>- Casual</li> <li>- Military</li> </ul> </li> <li>• Secure all injury/illness documentation.</li> </ul>	O		
<p>6. <u>Provide information to personnel on injury/illness documentation requirements and procedures.</u></p>	O		

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 /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-FOR-INJURY SPECIALIST (INJR)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>7. <u>Establish contacts with incident/agency units and medical facilities to obtain and exchange information.</u> Coordinate with appropriate personnel.</p> <ul style="list-style-type: none"> <li>• Time Unit Leader.</li> <li>• Planning section.</li> <li>• Medical unit.</li> <li>• Safety Officer.</li> <li>• Agency crew coordinators.</li> <li>• Incident Agency Compensation Specialist.</li> <li>• Hospitals, clinics, and pharmacies.</li> </ul>	O		
<p>8. <u>Prepare injury/illness documents and authorize medical treatment in accordance with incident agency policy and procedures.</u></p> <ul style="list-style-type: none"> <li>• Injury log.</li> <li>• Reporting forms.</li> <li>• Request for medical treatment.</li> <li>• APMC.</li> </ul>	O		
<p>9. <u>Identify and communicate to supervisor issues of concern.</u></p> <ul style="list-style-type: none"> <li>• Injury/illness trends.</li> <li>• Time loss.</li> <li>• Missing documentation.</li> </ul>	O		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: COMPENSATION-FOR-INJURY SPECIALIST (INJR)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<b><u>DEMOBILIZATION</u></b>			
10. <u>Obtain instructions from supervisor and follow incident demobilization procedures.</u>  <ul style="list-style-type: none"> <li>• Finalize injury/illness documentation.</li> <li>• Distribute injury/illness documents according to established guidelines.</li> <li>• Coordinate and follow-up on injured personnel receiving medical attention.</li> <li>• Brief replacement Compensation-for-Injury Specialist or agency personnel.</li> </ul>	O		
11. <u>Document any follow-up action needed and submit to supervisor.</u>	O		
12. <u>Explain how to demobilize from an incident.</u>	O		

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 RX = task must be performed on a prescribed fire incident

## INSTRUCTIONS for EVALUATION RECORD

**There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, simulation in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional blocks are needed, a page can be copied from a blank task book and attached.**

### COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

**Evaluator's name, incident/office title, and agency:** List the name of the evaluator, his/her incident position (on incidents) or office title, and agency.

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

**#:** The number in the upper left corner of the experience block identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily.

**Location of Incident/Simulation:** Identify the location where the tasks were performed by agency and office.

**Incident Kind:** Enter kind of incident, e.g., wildland fire, prescribed fire, search and rescue, flood, etc.

### COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

**Number and Type of Resources:** Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

**Duration:** Enter inclusive dates during which the trainee was evaluated. This block may indicate a span of time covering several small and similar incidents if the trainee has been evaluated on that basis, i.e., several initial attack fires in similar fuel types.

**Management Level or Prescribed Fire Complexity Level:** Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command or prescribed fire complexity level (low, moderate, high).

**NFFL Fuel Model:** For wildland fire and prescribed fire experience, enter number (1-13) of the fuel model(s) in which the incident occurred and under which the trainee was evaluated.

<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'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: _____					

<b>#2</b>	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

<b>#3</b>	Evaluator's name: Incident/office title & agency:				
Evaluator's home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildland fire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
			to		
<p>The tasks initialed &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. 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>Recommendations: _____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					

<b>#4</b>	Evaluator's name: Incident/office title & agency:				
Evaluator's home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildland fire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
			to		
<p>The tasks initialed &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. 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>Recommendations: _____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					