



**NWCG Task Book for the Positions of:**  
**PERSONNEL TIME RECORDER (PTRC)**  
**EQUIPMENT TIME RECORDER (EQTR)**  
**COMPENSATION-FOR-INJURY SPECIALIST (INJR)**  
**CLAIMS SPECIALIST (CLMS)**  
**COMMISSARY MANAGER (CMSY)**

**PMS 311-51**

**JUNE 2009**

**Task Book Assigned To:**

Trainee's Name: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_

**Task Book Initiated By:**

Official's Name: \_\_\_\_\_

Home Unit Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_

Home Unit Address: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

**Verification/Certification of Completed Task Book  
for the Position of:**

\_\_\_\_\_  
(position title)

**Final Evaluator's Verification**

*To be completed **ONLY** when you are recommending the trainee for certification.*

I verify that (trainee name) \_\_\_\_\_ has successfully performed as a trainee by demonstrating all tasks for the position listed above and should be considered for certification in this position. All tasks are documented with appropriate initials.

Final Evaluator's Signature: \_\_\_\_\_

Final Evaluator's Printed Name: \_\_\_\_\_

Home Unit Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Agency Certification**

I certify that (trainee name) \_\_\_\_\_ has met all requirements for qualification in the above position and that such qualification has been issued.

Certifying Official's Signature: \_\_\_\_\_

Certifying Official's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Additional copies of this publication are available through:  
NWCG, Publications Management System at <http://www.nwcg.gov/pms/taskbook/taskbook.htm>

## **NATIONAL WILDFIRE COORDINATING GROUP (NWCG) POSITION TASK BOOK**

NWCG Position Task Books (PTBs) have been developed for designated National Interagency Incident Management System (NIIMS) positions. Each PTB lists the competencies, behaviors and tasks required for successful performance in specific positions. Trainees must be observed completing all tasks and show knowledge and competency in their performance during the completion of this PTB.

Trainees are evaluated during this process by qualified evaluators, and the trainee's performance is documented in the PTB for each task by the evaluator's initials and date of completion. An Evaluation Record will be completed by all evaluators documenting the trainee's progress after each evaluation opportunity.

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 while completing all tasks may occur on one or more training assignments and may involve more than one evaluator during any opportunity.

### **INCIDENT/EVENT CODING**

Each task has a code associated with the type of training assignment where the task may be completed. The codes are: O = other, I = incident, W = wildfire, RX = prescribed fire, W/RX = wildfire OR prescribed fire and R = rare event. The codes are defined as:

- O = Task can be completed in any situation (classroom, simulation, daily job, incident, prescribed fire, etc.).
- I = Task must be performed on an incident managed under the Incident Command System (ICS). Examples include wildland fire, structural fire, oil spill, search and rescue, hazardous material, and an emergency or non-emergency (planned or unplanned) event.
- W = Task must be performed on a wildfire incident.
- RX = Task must be performed on a prescribed fire incident.
- W/RX = Task must be performed on a wildfire OR prescribed fire incident.
- R = Rare events such as accidents, injuries, vehicle or aircraft crashes occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation.

While tasks can be performed in any situation, they must be evaluated on the specific type of incident/event for which they are coded. For example, tasks coded W must be evaluated on a wildfire; tasks coded RX must be evaluated on prescribed fire and so on. Performance of any task on other than the designated assignment is not valid for qualification.

Tasks within the PTB are numbered sequentially; however, the numbering does NOT indicate the order in which the tasks need to be performed or evaluated.

The bullets under each numbered task are examples or indicators of items or actions related to the task. The purpose of the bullets is to assist the evaluator in evaluating the trainee; the bullets are not all-inclusive. Evaluate and initial ONLY the numbered tasks. DO NOT evaluate and initial each individual bullet.

A more detailed description of this process and definitions of terms are included in the *Wildland Fire Qualification System Guide*, PMS 310-1. This document can be found at <http://www.nwcg.gov/pms/docs/docs.htm>.

## **RESPONSIBILITIES**

The responsibilities of the Home Unit/Agency, Trainee, Coach, Training Specialist, Evaluator, Final Evaluator and Certifying Official are identified in the *Wildland Fire Qualification System Guide*, PMS 310-1. It is incumbent upon each of these individuals to ensure their responsibilities are met.

## **INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD**

### **Evaluation Record #**

Each evaluator will need to complete an evaluation record. Each evaluation record should be numbered sequentially. Place this number at the top of the evaluation record page and also use it in the column labeled “Evaluation Record #” for each numbered task the trainee has satisfactorily performed.

### **Trainee Information**

Print the trainee’s name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

### **Evaluator Information**

Print the Evaluator’s name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

### **Incident/Event Information**

**Incident/Event Name:** Print the incident/event name.

**Reference:** Enter the incident code and/or fire code.

**Duration:** Enter inclusive dates during which the trainee was evaluated.

**Incident Kind:** Enter the kind of incident (wildfire, prescribed fire, search and rescue, flood, hurricane, etc.).

**Location:** Enter the geographic area, agency, and state.

**Management Type or Prescribed Fire Complexity Level:** Circle the ICS organization level (Type 5, Type 4, Type 3, Type 2, Type 1, Area Command) or the prescribed fire complexity level (Low, Moderate, High).

**Fire Behavior Prediction System (FBPS) Fuel Model Group:** Circle the Fuel Model Group letter that corresponds to the predominant fuel type in which the incident/event occurred.

**G = Grass Group** (includes FBPS Fuel Models 1 – 3):

1 = short grass (1 foot); 2 = timber with grass understory; 3 = tall grass (1½ - 2 feet)

**B = Brush Group** (includes FBPS Fuel Models 4 – 6):

4 = Chaparral (6 feet); 5 = Brush (2 feet); 6 = dormant brush/hardwood slash;

7 = Southern rough

**T = Timber Group** (includes FBPS Fuel Models 8 – 10)

8 = closed timber litter; 9 = hardwood litter; 10 = timber (with litter understory)

**S = Slash Group** (includes FBPS Fuel Models 11 – 13)

11 = light logging slash; 12 = medium logging slash; 13 = heavy logging slash

**Evaluator's Recommendation**

For 1 – 4, initial only one line as appropriate; this will allow for comparison with your initials in the Qualifications Record.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

**Evaluator's Signature**

Sign here to authenticate your recommendations.

**Date**

Document the date the Evaluation Record is being completed.

**Evaluator's Relevant Qualification (or agency certification)**

List your qualification or certification relevant to the trainee position you supervised.

**Note:** Evaluators must be either qualified in the position being evaluated or supervise the trainee; Final Evaluators must be qualified in the trainee position they are evaluating.

## Common Tasks for PTRC, EQTR, INJR, CLMS, and CMSY

This task book contains the tasks for the positions of Personnel Time Recorder (PTRC), Equipment Time Recorder (EQTR), Compensation-for-Injury Specialist (INJR), Claims Specialist (CLMS), and Commissary Manager (CMSY). The common tasks for all positions are listed first. The tasks specific to each position are listed following the common tasks.

Common Tasks	pages 6 – 8	(Tasks 1 – 8)
PTRC Specific Tasks	pages 9 – 11	(Tasks 9 – 17)
EQTR Specific Tasks	pages 12 – 14	(Tasks 18 – 26)
INJR Specific Tasks	pages 15 – 17	(Tasks 27 – 35)
CLMS Specific Tasks	pages 18 – 20	(Tasks 36 – 43)
CMSY Specific Tasks	pages 21 – 23	(Tasks 44 – 52)

### Competency: Assume position responsibilities.

*Description: Successfully assume the identified role within the Finance/Administration Section and initiate position activities at the appropriate time according to the following behaviors.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure readiness for assignment.</b>			
1. Obtain complete information from dispatch upon assignment. <ul style="list-style-type: none"> <li>• <i>Incident name</i></li> <li>• <i>Incident order number</i></li> <li>• <i>Request number</i></li> <li>• <i>Incident phone number</i></li> <li>• <i>Reporting time</i></li> <li>• <i>Reporting location</i></li> <li>• <i>Transportation arrangements/travel routes</i></li> <li>• <i>Contact procedures during travel (telephone/radio)</i></li> </ul>	O		
2. Arrive at incident and check in. <ul style="list-style-type: none"> <li>• <i>Arrive properly equipped at assigned location within acceptable time limits.</i></li> </ul>	I		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## Common Tasks for PTRC, EQTR, INJR, CLMS, and CMSY

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Gather, update, and apply situational information relevant to the assignment.</b>			
3. Obtain initial briefing from supervisor. <ul style="list-style-type: none"> <li>• <i>Incident Action Plan (IAP) or other relevant plan</i></li> <li>• <i>Weather (current and expected)</i></li> <li>• <i>Safety</i></li> <li>• <i>Incident status</i></li> <li>• <i>Resources ordered and assigned</i></li> <li>• <i>Work space</i></li> <li>• <i>Work schedule</i></li> <li>• <i>Operating procedures</i></li> <li>• <i>Position specific information</i></li> </ul>	I		
<b>Behavior: Establish effective relationships with relevant personnel.</b>			
4. Conduct self in a professional manner. <ul style="list-style-type: none"> <li>• <i>Respectful and courteous.</i></li> <li>• <i>Respectful of public and private property.</i></li> </ul>	I		
5. Establish and maintain positive interpersonal and interagency working relationships.	I		
<b>Behavior: Understand and comply with ICS concepts and principles.</b>			
6. Apply the ICS. <ul style="list-style-type: none"> <li>• <i>Follow chain of command.</i></li> <li>• <i>Maintain appropriate span of control.</i></li> <li>• <i>Use appropriate ICS forms.</i></li> <li>• <i>Use appropriate ICS terminology.</i></li> </ul>	I		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## Common Tasks for PTRC, EQTR, INJR, CLMS, and CMSY

### Competency: Ensure completion of assigned actions to meet identified objectives.

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

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.</b>			
7. Coordinate an efficient transfer of position duties when mobilizing/demobilizing. <ul style="list-style-type: none"> <li>• <i>Document follow-up action needed and submit to supervisor.</i></li> </ul>	I		
<b>Behavior: Plan for demobilization and ensure demobilization procedures are followed.</b>			
8. Demobilize and check out. <ul style="list-style-type: none"> <li>• <i>Receive demobilization instructions from incident supervisor.</i></li> <li>• <i>If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person.</i></li> </ul>	I		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## PTRC Specific Tasks

### Competency: Assume position responsibilities

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure readiness for assignment.</b>			
9. Obtain and assemble information and materials needed for kit. Suggested items: <ul style="list-style-type: none"> <li>• <i>PMS 902, Interagency Incident Business Management Handbook</i></li> <li>• <i>Current Agency Pay Plan for Emergency Workers</i></li> <li>• <i>Geographic area supplements</i></li> <li>• <i>AD hiring forms</i></li> <li>• <i>Agency-specific guidelines</i></li> <li>• <i>OF-288, Emergency Firefighter Time Report</i></li> <li>• <i>SF-261, Crew Time Report</i></li> <li>• <i>ICS 213, General Message</i></li> <li>• <i>Agency-specific forms</i></li> </ul>	O		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## PTRC Specific Tasks

### Competency: Communicate effectively.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure relevant information is exchanged during briefings and debriefings.</b>			
10. Identify and communicate issues of concern to supervisor. <ul style="list-style-type: none"> <li>• <i>Excessive hours/mitigation measures</i></li> <li>• <i>Commissary</i></li> <li>• <i>Hazard/environmental pay</i></li> <li>• <i>Missing Crew Time Reports</i></li> <li>• <i>Duplicate time</i></li> <li>• <i>Mandatory days off</i></li> <li>• <i>Time loss (injury/illness related)</i></li> <li>• <i>Compensable meal breaks</i></li> <li>• <i>Guarantee hours</i></li> <li>• <i>Work/rest guidelines</i></li> <li>• <i>Inadequate food and lodging</i></li> </ul>	I		
<b>Behavior: Ensure documentation is complete and disposition is appropriate.</b>			
11. Ensure Crew Time Reports are complete. <ul style="list-style-type: none"> <li>• <i>Adherence to pay regulations</i></li> <li>• <i>Excessive shift lengths</i></li> <li>• <i>Compensable meal breaks</i></li> <li>• <i>Approvals/signatures</i></li> <li>• <i>Special considerations in remarks</i></li> </ul>	O		
12. Verify and complete required information on personnel pay and hiring documents.	O		
13. Utilize Incident Time System for posting personnel time.	O		
<b>Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.</b>			
14. Coordinate with other incident units to obtain and exchange information.	I		

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## PTRC Specific Tasks

**Competency: Ensure completion of assigned actions to meet identified objectives.**

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Administer and/or apply agency policy, contracts and agreements.</b>			
15. Post personnel time in compliance with the Interagency Incident Business Management Handbook (IIBMH) and agency policy. <ul style="list-style-type: none"> <li>• <i>Travel</i></li> <li>• <i>Compensable time</i></li> <li>• <i>Transfers/promotions/terminations</i></li> <li>• <i>Commissary issues</i></li> <li>• <i>Hazard/environmental pay</i></li> <li>• <i>Lost time</i></li> </ul>	O		
<b>Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.</b>			
16. Ensure accuracy of personnel time posting through audits. <ul style="list-style-type: none"> <li>• <i>Initial and date audited documents.</i></li> <li>• <i>Attach additional documentation (e.g., medical forms).</i></li> </ul>	O		
<b>Behavior: Plan for demobilization and ensure demobilization procedures are followed.</b>			
17. Finalize personnel time and pay documents. <ul style="list-style-type: none"> <li>• <i>Close out time records and post commissary deductions.</i></li> <li>• <i>Post travel start time.</i></li> <li>• <i>Obtain signatures on OF-288, Emergency Firefighter Time Report.</i></li> <li>• <i>Ensure documents are attached (e.g., medical, claims, hiring).</i></li> <li>• <i>Distribute time documents according to established guidelines.</i></li> </ul>	I		

**Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.**

## EQTR Specific Tasks

**Competency: Assume position responsibilities.**

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure readiness for assignment.</b>			
18. Obtain and assemble information and materials needed for kit. Suggested items: <ul style="list-style-type: none"> <li>• <i>PMS 902, Interagency Incident Business Management Handbook</i></li> <li>• <i>Geographic area supplements</i></li> <li>• <i>Agency-specific guidelines</i></li> <li>• <i>OF-286, Emergency Equipment Use Invoice</i></li> <li>• <i>OF-294, Emergency Equipment Rental Agreement</i></li> <li>• <i>OF-296, Vehicle/Heavy Equipment Inspection Checklist</i></li> <li>• <i>OF-297, Emergency Equipment Shift Ticket</i></li> <li>• <i>OF-305, Emergency Equipment Rental-Use Envelope</i></li> <li>• <i>OF 304, Emergency Equipment Fuel and Oil issue</i></li> <li>• <i>OF-288, Emergency Firefighter Time Report</i></li> <li>• <i>SF-261, Crew Time Report</i></li> <li>• <i>ICS 213, General Message</i></li> <li>• <i>Agency-specific forms</i></li> </ul>	O		

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## EQTR Specific Tasks

### Competency: Communicate effectively.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure relevant information is exchanged during briefings and debriefings.</b>			
19. Identify and communicate issues of concern to supervisor. <ul style="list-style-type: none"> <li>• <i>Excessive hours/mitigation measures</i></li> <li>• <i>Idle equipment</i></li> <li>• <i>Incomplete/missing equipment documents</i></li> <li>• <i>Deductions</i></li> <li>• <i>Claims</i></li> </ul>	I		
<b>Behavior: Ensure documentation is complete and disposition is appropriate.</b>			
20. Ensure OF-297, Emergency Equipment Shift Tickets are complete. <ul style="list-style-type: none"> <li>• <i>Operational periods beyond IAP assignment</i></li> <li>• <i>Down time</i></li> <li>• <i>Approvals/signatures</i></li> <li>• <i>Special considerations or documentation in remarks</i></li> </ul>	O		
21. Verify and complete required information on equipment/contract pay and hiring documents. <ul style="list-style-type: none"> <li>• <i>Use the OF-305, Emergency Equipment Rental-Use Envelope as a checklist to ensure complete payment package.</i></li> <li>• <i>Review OF-286, Emergency Equipment Use Invoice for signatures and dates.</i></li> </ul>	O		
22. Utilize Incident Time System for posting equipment time.	O		
<b>Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.</b>			
23. Coordinate with other incident units to obtain and exchange information.	I		

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## EQTR Specific Tasks

**Competency: Ensure completion of assigned actions to meet identified objectives.**

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Administer and/or apply agency policy, contracts and agreements.</b>			
24. Post contract time and use, and ensure compliance with OF-294, Emergency Equipment Rental Agreement or contract. <ul style="list-style-type: none"> <li>• <i>Travel</i></li> <li>• <i>Compensable time</i></li> <li>• <i>Work/daily rate</i></li> <li>• <i>Special rate</i></li> <li>• <i>Guarantee</i></li> <li>• <i>Commissary issues</i></li> <li>• <i>Additions/deductions for fuel, parts, services</i></li> </ul>	O		
<b>Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.</b>			
25. Ensure accuracy of contract resources posting through audits. <ul style="list-style-type: none"> <li>• <i>Initial and date audited documents.</i></li> </ul>	O		
<b>Behavior: Plan for demobilization and ensure demobilization procedures are followed.</b>			
26. Finalize contract resources time and pay documents. <ul style="list-style-type: none"> <li>• <i>Close out time/use and deductions for the incident.</i></li> <li>• <i>Document release date and time.</i></li> <li>• <i>Obtain release OF-296, Vehicle/Heavy Equipment Inspections Checklist.</i></li> <li>• <i>Post estimated travel time.</i></li> <li>• <i>Verify information with contractor.</i></li> <li>• <i>Obtain required signatures.</i></li> <li>• <i>Attach required support documentation.</i></li> <li>• <i>Complete OF-305, Emergency Equipment Use Envelope.</i></li> <li>• <i>Distribute contract documents according to established guidelines.</i></li> </ul>	I		

**Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.**

## INJR Specific Tasks

**Competency: Assume position responsibilities.**

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure readiness for assignment.</b>			
27. Obtain and assemble information and materials needed for kit. Suggested items: <ul style="list-style-type: none"> <li>• <i>PMS 902, Interagency Incident Business Management Handbook</i></li> <li>• <i>Agency-specific guidelines</i></li> <li>• <i>Geographic Area supplements</i></li> <li>• <i>CA-1, Report of Traumatic Injury and Claim for Continuation of Pay/Compensation</i></li> <li>• <i>CA-2, Notice of Occupational Disease and Claim for Compensation</i></li> <li>• <i>CA-16, Request for Examination and Treatment or equivalent</i></li> <li>• <i>CA-17, Duty Status Report</i></li> <li>• <i>FS 6100-16, Agency Provided Medical Care (APMC) Authorization and Medical Report</i></li> <li>• <i>Injury Case File Envelope</i></li> <li>• <i>Injury/Illness Log</i></li> <li>• <i>APMC Treatment Log</i></li> <li>• <i>Agency-specific forms</i></li> </ul>	O		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## INJR Specific Tasks

### Competency: Communicate effectively.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure relevant information is exchanged during briefings and debriefings.</b>			
28. Identify and communicate issues of concern to supervisor. <ul style="list-style-type: none"> <li>• <i>Injury/illness trends</i></li> <li>• <i>Time loss</i></li> <li>• <i>Missing documentation</i></li> </ul>	I		
<b>Behavior: Ensure documentation is complete and disposition is appropriate.</b>			
29. Establish system for documenting and processing injury/illness claims. <ul style="list-style-type: none"> <li>• <i>Identify types of incident resources (e.g., city/county/state, contractor, federal, casual, military).</i></li> <li>• <i>Secure injury/illness documentation.</i></li> </ul>	O		
30. Prepare injury/illness documents.	O		
31. Finalize injury/illness documentation. <ul style="list-style-type: none"> <li>• <i>Distribute injury/illness documents according to established guidelines.</i></li> <li>• <i>Coordinate and follow up on injured personnel receiving medical attention.</i></li> </ul>	I		
<b>Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.</b>			
32. Provide information to personnel on injury/illness documentation requirements and procedures.	O		
33. Coordinate with incident/agency units and medical facilities to obtain and exchange information. <ul style="list-style-type: none"> <li>• <i>Time Unit Leader</i></li> <li>• <i>Planning Section</i></li> <li>• <i>Medical Unit</i></li> <li>• <i>Safety Officer</i></li> <li>• <i>Agency crew coordinators</i></li> <li>• <i>Incident Agency Compensation Specialist</i></li> <li>• <i>Hospitals, clinics, and pharmacies</i></li> </ul>	I		

**Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.**

## INJR Specific Tasks

**Competency: Ensure completion of assigned actions to meet identified objectives.**

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
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**Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.**

34. Recommend cost efficient and safety related opportunities to supervisor. <ul style="list-style-type: none"> <li>• <i>On-site medical services</i></li> <li>• <i>Light duty assignments</i></li> <li>• <i>Timing of off-site medical visits</i></li> </ul>	I		
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**Behavior: Follow established procedures and/or safety procedures relevant to given assignment.**

35. Authorize medical treatment per established procedures.	I		
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*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## CLMS Specific Tasks

### Competency: Assume position responsibilities.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure readiness for assignment.</b>			
36. Obtain and assemble information and materials needed for kit. Suggested items: <ul style="list-style-type: none"> <li>• <i>PMS 902, Interagency Incident Business Management Handbook</i></li> <li>• <i>Agency-specific guidelines</i></li> <li>• <i>Geographic Area supplements</i></li> <li>• <i>SF-95, Claim for Damage, Injury or Death</i></li> <li>• <i>DI-570 or AD-382, Employee Claim for Loss or Damage to Personal Property</i></li> <li>• <i>Incident Claims and Accident Log</i></li> <li>• <i>Incident Claims Case File Envelope</i></li> <li>• <i>ICS 213, General Message</i></li> <li>• <i>Agency-specific forms</i></li> </ul>	O		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## CLMS Specific Tasks

### Competency: Communicate effectively.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure relevant information is exchanged during briefings and debriefings.</b>			
37. Identify and communicate issues of concern to supervisor. <ul style="list-style-type: none"> <li>• <i>Claims trends</i></li> <li>• <i>Missing documentation</i></li> </ul>	I		
<b>Behavior: Ensure documentation is complete and disposition is appropriate.</b>			
38. Establish system for documenting and processing claims. <ul style="list-style-type: none"> <li>• <i>Secure claims documentation and evidence.</i></li> </ul>	O		
39. Prepare claim reports in accordance with agency policy and procedures.	O		
40. Finalize claim documentation. <ul style="list-style-type: none"> <li>• <i>Distribute documents according to established guidelines.</i></li> </ul>	I		
<b>Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.</b>			
41. Coordinate with appropriate personnel to obtain and exchange information. <ul style="list-style-type: none"> <li>• <i>Safety Officer</i></li> <li>• <i>Law Enforcement</i></li> <li>• <i>Ground Support Unit Leader</i></li> <li>• <i>Investigation Team</i></li> <li>• <i>Incident Agency Claims Specialist</i></li> </ul>	I		
42. Provide information to claimant on claim filing requirements.	O		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## CLMS Specific Tasks

**Competency: Ensure completion of assigned actions to meet identified objectives.**

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.</b>			
43. Ensure claims documentation package is submitted to processing agency.	I		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## CMSY Specific Tasks

### Competency: Assume position responsibilities.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure readiness for assignment.</b>			
44. Obtain and assemble information and materials needed for kit. Suggested items: <ul style="list-style-type: none"> <li>• <i>PMS 902, Interagency Incident Business Management Handbook</i></li> <li>• <i>Agency-specific guidelines</i></li> <li>• <i>OF-287, Commissary Issue Record</i></li> <li>• <i>OF-284, Commissary Accountability Record</i></li> <li>• <i>ICS 213, General Message</i></li> <li>• <i>Agency-specific forms</i></li> </ul>	O		
<b>Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.</b>			
45. Coordinate with Logistics Section for commissary operation needs.	I		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## CMSY Specific Tasks

### Competency: Communicate effectively.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure relevant information is exchanged during briefings and debriefings.</b>			
46. Identify and communicate issues of concern to supervisor. <ul style="list-style-type: none"> <li>• <i>Casual/contractor purchases exceed amount earned.</i></li> <li>• <i>Discrepancies in daily accountability.</i></li> <li>• <i>Unauthorized purchases.</i></li> <li>• <i>Unauthorized items for sale.</i></li> </ul>	I		
<b>Behavior: Ensure documentation is complete and disposition is appropriate.</b>			
47. Complete required commissary documentation. <ul style="list-style-type: none"> <li>• <i>OF-284, Commissary Accountability Record daily to document items received, transferred or issued.</i></li> <li>• <i>OF-287, Commissary Issue Record for items issued.</i></li> </ul>	O		
48. Submit issue records to time and procurement unit at end of each operational period.	I		
<b>Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.</b>			
49. Establish and publicize commissary hours of operation.	O		
<b>Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public.</b>			
50. Participate in development of the commissary operating plan.	O		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## CMSY Specific Tasks

**Competency: Ensure completion of assigned actions to meet identified objectives.**

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Administer and/or apply agency policy, contracts and agreements.</b>			
51. Ensure contract specifications are followed. <ul style="list-style-type: none"> <li>• <i>Approve item and price list through Finance/Administration Section Chief.</i></li> <li>• <i>Obtain and audit daily issue records.</i></li> </ul>	I		
<b>Behavior: Plan for demobilization and ensure demobilization procedures are followed.</b>			
52. Demobilize commissary operations. <ul style="list-style-type: none"> <li>• <i>Restrict commissary issues for resources being demobilized.</i></li> </ul> <b>Agency-provided:</b> <ul style="list-style-type: none"> <li>• <i>Inventory remaining commissary items.</i></li> <li>• <i>Complete final OF-284, Commissary Accountability Record.</i></li> <li>• <i>Transfer remaining stock to incident agency.</i></li> <li>• <i>Distribute commissary documents according to established guidelines.</i></li> </ul> <b>Contracted:</b> <ul style="list-style-type: none"> <li>• <i>Obtain and review final Issue Records.</i></li> <li>• <i>Brief contractor on demobilization procedures.</i></li> <li>• <i>Complete final contract pay documents and evaluate contractor's performance.</i></li> <li>• <i>Notify Planning Section and Logistics Section of contractor release.</i></li> </ul>	I		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

**Trainee Information**

Printed Name:  
 Trainee Position on Incident/Event:  
 Home Unit/Agency:  
 Home Unit /Agency Address and Phone Number:

**Evaluator Information**

Printed Name:  
 Evaluator Position on Incident/Event:  
 Home Unit/Agency:  
 Home Unit /Agency Address and Phone Number:

**Incident/Event Information**

Incident/Event Name: \_\_\_\_\_ Reference (Incident Number/Fire Code): \_\_\_\_\_  
 Duration: \_\_\_\_\_  
 Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify): \_\_\_\_\_  
 Location (include Geographic Area, Agency, and State): \_\_\_\_\_  
 Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command  
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High  
 FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

**Evaluator's Recommendation**  
 (Initial only one line as appropriate)

- \_\_\_\_\_ 1) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ 2) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- \_\_\_\_\_ 3) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- \_\_\_\_\_ 4) The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

