

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**

United States  
Department of the Interior

**COMMUNICATIONS UNIT  
LEADER (COML)**

National Association of  
State Foresters



**PMS 311-35  
NFES 2345**

**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**

**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: COMMUNICATIONS UNIT LEADER (COML)**

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 critical 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 following items are suggested as basic information and materials:</p> <ul style="list-style-type: none"> <li>• PMS 410-1, Fireline Handbook.</li> <li>• ICS Form 205, Incident Radio Communication Plan.</li> <li>• ICS Form 210, Status Change Card.</li> <li>• ICS Form 213, General Message.</li> <li>• ICS Form 214, Unit Log.</li> <li>• ICS Form 216, Radio Requirements Worksheet.</li> <li>• Radio Station Log.</li> <li>• Pads of paper, pencils, pens, and tape.</li> <li>• Flashlight.</li> <li>• Alarm clock.</li> <li>• Assorted marking pens.</li> <li>• National Incident Radio Support Cache User's Guide.</li> <li>• Programmable VHF radio.</li> <li>• Radio programming equipment (cloning cable or computer).</li> </ul>	O		

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

**POSITION: COMMUNICATIONS UNIT LEADER (COML)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>2. <u>Establish and maintain positive interpersonal and interagency working relationships.</u></p> <ul style="list-style-type: none"> <li>• Through briefings, discuss EEO, civil rights, sexual discrimination and other sensitive issues, with assigned personnel.</li> <li>• Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident.</li> <li>• Provide equal assignment opportunities based on individual skill level.</li> <li>• Monitor and evaluate progress based on expected work standards.</li> <li>• Address individual agency values and policies throughout the tenure of the incident.</li> <li>• Arbitrate differences in agency values and policies that affect the operation in a manner that fosters continuous positive working relationships.</li> <li>• Integrate cultural resource considerations into all management activities.</li> </ul>	O		

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**POSITION: COMMUNICATIONS UNIT LEADER (COML)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>3. <u>Provide for the safety and welfare of assigned personnel during the entire period of supervision.</u></p> <ul style="list-style-type: none"> <li>• Recognize potentially hazardous situations.</li> <li>• Inform subordinates of hazards.</li> <li>• Ensure that special precautions are taken when extraordinary hazards exist.</li> <li>• Ensure adequate rest is provided to all unit personnel.</li> <li>• Recognize any special medical needs of all unit personnel.</li> </ul>	I		
<p><b><u>MOBILIZATION</u></b></p> <p>4. <u>Obtain complete information from dispatch upon initial activation.</u></p> <ul style="list-style-type: none"> <li>• Incident name.</li> <li>• Incident order number.</li> <li>• Agency specific funding code; e.g., “P” code or fire number.</li> <li>• Request number.</li> <li>• Reporting location.</li> <li>• Reporting time.</li> <li>• Transportation arrangements/travel routes.</li> <li>• Contact procedures during travel (telephone/radio).</li> </ul>	I		

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**POSITION: COMMUNICATIONS UNIT LEADER (COML)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>5. <u>Gather information to assess the incident assignment.</u> This is an ongoing task throughout all phases of the incident.</p> <ul style="list-style-type: none"> <li>• Contact Communications Duty Officer (CDO) at NIFC to determine frequencies and equipment assigned to the incident.</li> </ul>	I		
<p><b><u>INCIDENT ACTIVITIES</u></b></p> <p>6. <u>Arrive at incident and check in.</u> Arrive properly equipped at incident assigned location within acceptable time limits. Check in according to agency guidelines.</p>	I		
<p>7. <u>Obtain briefing from supervisor.</u> Examples of briefing items are:</p> <ul style="list-style-type: none"> <li>• Work space</li> <li>• Work schedule</li> <li>• Policies and operating procedures</li> <li>• Current resource commitments and expectations</li> <li>• Current situation</li> <li>• Expected duration of assignment</li> <li>• Special needs</li> </ul> <p>This list is not all inclusive; you are responsible for asking adequate questions.</p>	I		

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

**POSITION: COMMUNICATIONS UNIT LEADER (COML)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
8. <u>Receive Incident Action Plan (IAP).</u> Determine support needs to meet the IAP.	I		
9. <u>Determine requirements for communications to be established and place the initial order.</u> Using information obtained from IAP, section briefings and agency briefings, immediately order, using proper procedures, supplies, materials and equipment necessary to support projected incident size.	I		
10. <u>Evaluate needs and order supplies, materials and personnel to keep unit operating.</u> <ul style="list-style-type: none"> <li>• Order materials and supplies using procedures established by the section chief.</li> <li>• Maintain quantities of supplies and materials at a level to prevent shortage of any basic needed items.</li> <li>• Ensure adequate personnel to support the communications unit, technicians, Radio Operators, etc.</li> </ul>	I		

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**Continuation Sheet**

**POSITION: COMMUNICATIONS UNIT LEADER (COML)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
11. <u>Organize and supervise unit.</u> <ul style="list-style-type: none"> <li>• Brief and keep subordinates informed and updated.</li> <li>• Establish unit time frames and schedules.</li> <li>• Assign and monitor work assignments.</li> <li>• Review and approve time.</li> <li>• Develop team work.</li> <li>• Provide counseling and discipline as needed.</li> <li>• Follow established procedures for reporting inappropriate actions involving contractors or military personnel.</li> <li>• Brief relief personnel.</li> </ul>	I		
12. <u>Participate in incident planning meetings as the technical expert for communications needs.</u> <ul style="list-style-type: none"> <li>• Determine the feasibility of providing the required communications support.</li> <li>• Provide operational and technical information on communications equipment available for the incident.</li> <li>• Provide operational and technical information on communications equipment capabilities and restrictions.</li> </ul>	I		

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**Continuation Sheet**

**POSITION: COMMUNICATIONS UNIT LEADER (COML)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>13. <u>Design communications systems to meet incident operational needs.</u></p> <ul style="list-style-type: none"> <li>• Determine additional resource needs and order necessary equipment and personnel.</li> <li>• Prepare Incident Radio Communications Plan, ICS Form 205.</li> <li>• Request any additional communications vendor services; e.g., telephone, satcom, microwave and identify costs associated with equipment.</li> <li>• Coordinate, through the chain of command, the locations for equipment to be installed; e.g., repeaters, telephone lines.</li> <li>• Provide communications support for internal and external data operations.</li> <li>• Order AM/FM frequencies following the proper procedures.</li> </ul>	I		

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

**POSITION: COMMUNICATIONS UNIT LEADER (COML)**

<b>TASK</b>	<b>C O D E*</b>	<b>EVALUATION RECORD #</b>	<b>EVALUATOR: Initial &amp; date upon completion of task</b>
14. <u>Install communications equipment.</u> <ul style="list-style-type: none"> <li>• Obtain equipment from supply unit.</li> <li>• Install and test all components of the communications equipment to ensure the incident's systems are operational.               <ul style="list-style-type: none"> <li>- Command repeater</li> <li>- Logistics repeater</li> <li>- Remote</li> <li>- UHF link</li> <li>- Aircraft link</li> </ul> </li> <li>• Develop installation priorities, while adhering to safety standards regarding communications needs of tactical personnel; i.e., operations before logistics.</li> <li>• Clone or program radios.</li> </ul>	I		
15. <u>Assign communications equipment.</u> <ul style="list-style-type: none"> <li>• Identify kinds and numbers of communications equipment to be distributed to specific units according to the communications plan.</li> <li>• Provide resources and unit leaders with appropriate equipment based on the communications plan.</li> <li>• Maintain equipment inventory to provide accountability.</li> </ul>	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
16. <u>Establish Incident Communications Center (ICC).</u> <ul style="list-style-type: none"> <li>• Coordinate location of ICC with Facilities Unit Leader.</li> <li>• Locate ICC close to the incident command post and away from high traffic areas and noise.</li> <li>• Locate ICC away from radio frequency and electronic noise.</li> <li>• Verify ETA of communications personnel and establish assignments based on incident requirements. Set schedules around operations requirements.</li> <li>• Obtain necessary supplies for ICC to function properly.</li> </ul>	I		
17. <u>Manage operations of the ICC.</u> <ul style="list-style-type: none"> <li>• Document radio/telephone activities on appropriate forms.</li> <li>• Set up filing system for ICC documentation.</li> <li>• Direct radio/telephone traffic to proper destinations.</li> <li>• Establish notification procedures for emergency messages.</li> <li>• Identify system problems, both technical and operational, and determine appropriate solutions.</li> <li>• Follow established routing procedures for messages.</li> </ul>	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
18. <u>Coordinate frequencies, activities, and resources with Communications Coordinator (COMC) or CDO at NIFC.</u> <ul style="list-style-type: none"> <li>• Contact CDO or COMC and notify them of incident frequency assignments.</li> <li>• Identify communications equipment and personnel that are excess to incident needs and demobilize if appropriate.</li> <li>• Identify resources as to type/qualifications, quantity, and location.</li> </ul>	I		
19. <u>Notify agencies; e.g., state, county or local on adjacent incident(s) of system design and frequency allocations.</u>	/R		
20. <u>Initiate and maintain accurate records of all communications equipment.</u> <ul style="list-style-type: none"> <li>• Initiate and maintain accountability system for issuing hand-held radio resources.</li> <li>• Document geographic locations of equipment and transfer this information to local maps (latitude/longitude, legal).               <ul style="list-style-type: none"> <li>- LORAN</li> <li>- GPS</li> </ul> </li> <li>• Keep records for local and national resources to ensure return to proper locations.</li> </ul>	I		

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**POSITION: COMMUNICATIONS UNIT LEADER (COML)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
21. <u>Perform operational tests of communications systems throughout the duration of the incident.</u> <ul style="list-style-type: none"> <li>• Identify and take necessary action to accomplish minor field repair or place orders for replacement of equipment.</li> <li>• Plan for battery replacement.</li> <li>• Act decisively to minimize interruptions in system operation.</li> </ul>	O		
22. <u>Interact and coordinate with appropriate unit leaders and operations personnel.</u> <ul style="list-style-type: none"> <li>• Coordinate with medical unit for medical evacuation plan.</li> <li>• Coordinate with air operations for frequency needs.</li> <li>• Participate in planning meetings and briefings.</li> <li>• Coordinate with operations regarding system coverage and needs.</li> </ul>	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>23. <u>Identify for release, excess unit resources.</u> Coordinate with unit managers and provide a list of excess personnel and facilities. List will include:</p> <ul style="list-style-type: none"> <li>• Who or what is excess.</li> <li>• Time and date of excess.</li> <li>• The list will be reviewed daily for accuracy.</li> <li>• Follow the established demobilization process.               <ul style="list-style-type: none"> <li>- Contact CDO or COMC</li> </ul> </li> </ul>	I		
<p>24. <u>Maintains ICS Form 214, Unit Log.</u> Unit Log will be kept current, legible, and will document all major activities which may include:</p> <ul style="list-style-type: none"> <li>• Equipment locations.</li> <li>• Medical evacuations.</li> <li>• Personnel changes.</li> </ul>	I		
<p>25. <u>Evaluate performance of subordinates as required by agency policy.</u></p> <ul style="list-style-type: none"> <li>• Discuss performance evaluations with individual(s).</li> <li>• Maintain accuracy and fairness.</li> <li>• List training if needed or desired.</li> </ul>	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><b><u>DEMOBILIZATION</u></b></p> <p>26. <u>Demobilization and check out.</u></p> <ul style="list-style-type: none"> <li>• Submit all required information to the Documentation Unit Leader.</li> <li>• Receive demobilization instructions from work supervisor.</li> <li>• Brief subordinate staff on demobilization procedures and responsibilities.</li> <li>• Ensure that incident and agency demobilization procedures are followed. If required, complete ICS Form 221 (Demobilization Check-Out) and turn in to the appropriate person.</li> <li>• Ensure that personnel in the unit are demobilized correctly.</li> <li>• Document lost equipment on agency specific forms.</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, 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		
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>#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		
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: _____					