

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**

**EQUIPMENT MANAGER (EQPM)**



**PMS 311-45  
NFES 2355**

**June 2004**

<b>TASK BOOK ASSIGNED TO:</b>
INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER
<b>TASK BOOK INITIATED BY:</b>
OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER
LOCATION AND DATE THAT TASK BOOK WAS INITIATED

*The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.*

**EVALUATOR**

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION

**VERIFICATION/CERTIFICATION OF COMPLETED TASK BOOK  
FOR THE POSITION OF**

**FINAL EVALUATOR'S VERIFICATION**

I verify that all tasks have been performed and are documented with appropriate initials.

I also verify that \_\_\_\_\_

has performed as a trainee and should therefore be considered for certification in this position.

\_\_\_\_\_  
FINAL EVALUATOR'S SIGNATURE AND DATE

\_\_\_\_\_  
EVALUATOR'S PRINTED NAME, TITLE, DUTY STATION, AND PHONE NUMBER

**AGENCY CERTIFICATION**

I certify that \_\_\_\_\_

has met all requirements for qualification in this position and that such qualification has been issued.

\_\_\_\_\_  
CERTIFYING OFFICIAL'S SIGNATURE AND DATE

\_\_\_\_\_  
CERTIFYING OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER

Additional copies of this publication may be ordered from:

National Interagency Fire Center  
ATTN: Great Basin Cache Supply Office  
3833 S. Development Avenue  
Boise, Idaho 83705  
Order NFES 2355

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

## NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

Position Task Books (PTBs) have been developed for designated positions within the National Interagency Incident Management System. Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the agency that the trainee be certified in that position.

Evaluation and confirmation of the trainee's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulations, and in other work situations. **Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single wildland or prescribed fire. Some positions require that specific tasks be performed on a wildland fire. Performance of these tasks on other kinds of incidents is NOT qualifying.** It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated before recommending certification. All bullet statements within a task which require an action (contain an action verb) must be demonstrated before that task can be signed off.

A more detailed description of this process, definitions of terms, and responsibilities are included in the PMS 310-1, NIIMS Wildland and Prescribed Fire Qualification System Guide. A brief list of responsibilities also appears below.

### **RESPONSIBILITIES:**

1. The **Home Unit** is responsible for:
  - Selecting trainees based on the needs of the home unit and higher levels.
  - Ensuring that the trainee meets the training and experience requirements included in the PMS 310-1, NIIMS Wildland and Prescribed Fire Qualification System Guide.
  - Initiating PTBs to document task performance.
  - Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
  - Providing opportunities for evaluation and/or making the trainee available for evaluation.
  - Providing an evaluator for local assignments.
  - Tracking progress of the trainee.
  - Confirming PTB completion.
  - Determining certification per local policy.
  - Issuing proof of certification.
2. The **Trainee** is responsible for:
  - Reviewing and understanding instructions in the PTB.
  - Identifying desired objectives/goals.
  - Providing background information to an evaluator.

- Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
  - Assuring the Evaluation Record is complete.
  - Notifying home unit personnel when the PTB is completed and providing a copy.
  - Keeping the original PTB in personal records.
3. The **Evaluator** is responsible for:
- Understanding the Wildland and Prescribed Fire Qualifications System.
  - Being qualified and proficient in the position being evaluated.
  - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
  - Reviewing tasks with the trainee.
  - Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
  - Identifying tasks to be performed during the evaluation period.
  - Accurately evaluating and recording demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record.
  - Completing the Evaluation Record found at the end of this PTB.
4. The **Final Evaluator** is responsible for:
- Signing the verification statement inside the front cover of the PTB when all tasks have been initialed and if the trainee is recommended for certification.
5. The **Incident Training Specialist** is responsible for:
- Identifying incident evaluation opportunities.
  - Assuring that trainees have met prerequisites.
  - Identifying and assigning a qualified evaluator that can provide a positive experience for the trainee, and making an accurate and honest appraisal of the trainee's performance.
  - Providing PTBs to approved trainees on the incident when home unit was unable to provide them.
  - Documenting the assignment.
  - Conducting progress reviews.
  - Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.
  - Notifying trainee's home unit.

## QUALIFICATION RECORD

### POSITION: EQUIPMENT MANAGER (EQPM)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<b><u>GENERAL</u></b>			
<p>1. <u>Obtain and assemble information and materials needed for kit.</u></p> <p>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 Interagency Mobilization Guide). Suggested materials are:</p> <ul style="list-style-type: none"> <li>• PMS 410-1, NWCG Fireline Handbook</li> <li>• J-255, Equipment Manager Job Aid</li> <li>• ICS 211, Check-in List</li> <li>• ICS 213, General Message</li> <li>• ICS 214, Unit Log</li> <li>• ICS 218, Support Vehicle Inventory</li> <li>• ICS 219, assortment of resource status cards and holder (optional)</li> <li>• ICS 226, Individual Performance Rating</li> <li>• OF 296, Vehicle/Heavy Equipment Safety Inspection Checklist</li> <li>• OF 297, Emergency Equipment Shift Ticket</li> <li>• SF 261, Crew Time Report and/or OF 288, Emergency Firefighter Time Report</li> <li>• Emergency Rental Agreements (from local area)</li> <li>• Agency-specific forms, e.g., equipment inspection forms, gas/oil delivery forms, work order forms and faulty equipment report, rental equipment use record book</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: EQUIPMENT MANAGER (EQPM)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<ul style="list-style-type: none"> <li>• Shoe polish in squeeze bottles or with applicator brush</li> <li>• Poster paint with a broad brush</li> <li>• Assorted pens, pencils, felt tip markers, thumb tacks, string tags, pads of paper, clipboard, and masking tape</li> <li>• Flashlight</li> <li>• Calculator</li> </ul>			
<p><b><u>MOBILIZATION</u></b></p> <p>2. <u>Gather information from dispatch upon initial activation.</u></p> <p>Gather all available information necessary to accurately assess incident; prior to dispatch, the following information may be obtained:</p> <ul style="list-style-type: none"> <li>• Incident/Project name</li> <li>• Incident/Project order number</li> <li>• Office reference number (cost code)</li> <li>• Descriptive location/response area</li> <li>• Legal location (township, range, section)</li> <li>• Incident frequencies (if available)</li> <li>• Incident base/phone number (contact)</li> <li>• Request number</li> <li>• Reporting date/time and location, e.g., Incident Command Post (ICP)</li> <li>• Transportation arrangements and routes</li> <li>• Special instructions</li> </ul>	O		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: EQUIPMENT MANAGER (EQPM)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<b><u>INCIDENT ACTIVITIES</u></b>			
3. <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.	I		
4. <u>Obtain initial briefing from Ground Support Unit Leader.</u>  <ul style="list-style-type: none"> <li>• Agency-specific procedures</li> <li>• Duty assignment/responsibilities. Possible Equipment Manager assignments, e.g., dozers, engines, transportation scheduling.</li> <li>• Operational work periods</li> <li>• Ordering procedures/authority</li> <li>• Equipment numbering system (coordination of number system compatible with resource order number)</li> <li>• Special concerns (environmental, political constraints and/or security for service, repair, and fueling areas)</li> <li>• Work locations</li> <li>• Ground support organization</li> <li>• Resource advisor and/or individual familiar with local area (agency or local hire personnel)</li> <li>• Current and anticipated resource commitments</li> <li>• Current situation status</li> <li>• Expected duration of incident</li> <li>• Local maps</li> <li>• Sleeping and eating arrangements</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: EQUIPMENT MANAGER (EQPM)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
5. <u>Ensure all appropriate safety measures are followed.</u> <ul style="list-style-type: none"> <li>• Safety training for subordinate personnel (personal protective equipment [PPE] training; e.g., fire shelter use)</li> <li>• Instruct operators/drivers on safety procedures and road conditions, cleaning windshields, daily lights, and seat belt use.</li> <li>• Be familiar with the transportation regulations for hazardous materials. (Ensure requirements for hazardous materials handling are addressed and complied with.)</li> <li>• Daily vehicle inspections and safety list</li> </ul>	I		
6. <u>Schedule transportation to maximize use of available vehicles and equipment resources.</u> <ul style="list-style-type: none"> <li>• Establish work schedules.</li> <li>• Attend necessary briefings.</li> <li>• Make daily assignments.</li> <li>• Coordinate with other units.</li> </ul>	I		
7. <u>Dispatch vehicles and equipment in accordance with Incident Action Plan (IAP).</u> <ul style="list-style-type: none"> <li>• Assign vehicles to priority positions.</li> <li>• Assign vehicles for emergency transport of personnel.</li> <li>• Assign vehicles suitable for required missions.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: EQUIPMENT MANAGER (EQPM)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>8. <u>Determine resources on hand and when necessary order additional resources.</u></p> <ul style="list-style-type: none"> <li>• Complete and maintain ICS 218, Support Vehicle Inventory.</li> <li>• Complete vehicle and equipment inspections.</li> <li>• Coordinate with finance/administration to ensure contracts and rental agreements are completed and copies are filed.</li> <li>• Order equipment and supplies through supply unit.</li> <li>• Coordinate with the supply unit on ordered equipment and supplies (estimated time of arrivals, fill or kill, or unfilled orders).</li> </ul>	I		
<p>9. <u>Maintain equipment use records, service records, and time records.</u></p> <ul style="list-style-type: none"> <li>• Agency-specific records</li> <li>• Maintain fuel and lubricant consumption records.</li> <li>• Document repair and service costs (incident or contractor incurred).</li> <li>• Coordinate with finance/administration to determine cost liability for repairs and service.</li> <li>• Turn in daily personnel and equipment time to finance/administration section.</li> </ul>	O		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: EQUIPMENT MANAGER (EQPM)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
10. <u>Establish areas for service, repair, and fueling.</u> <ul style="list-style-type: none"> <li>• Coordinate with the facilities and ground support units.</li> <li>• Ensure appropriate safety measures are being followed.</li> <li>• Comply with agency environmental policies.</li> <li>• Establish maintenance and fueling schedules.</li> <li>• Provide fuel, lubrication, and oil.</li> <li>• Provide servicing area.</li> </ul>	I		
11. <u>Maintain documentation throughout assignment.</u> <ul style="list-style-type: none"> <li>• ICS 214, Unit Log</li> <li>• ICS 218, Support Vehicle Inventory</li> <li>• Accident/injury forms</li> <li>• Agency specific forms</li> <li>• OF 297, Emergency Equipment Shift Ticket</li> <li>• Equipment/vehicle inspection forms</li> <li>• Other forms as needed</li> </ul>	I		
12. <u>Develop and implement incident transportation plans.</u> <ul style="list-style-type: none"> <li>• Physically inspect and sign roads and drop points.</li> <li>• Provide input to the development of the transportation plan.</li> <li>• Issue transportation plan maps to all drivers.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: EQUIPMENT MANAGER (EQPM)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
13. <u>Provide for maintenance of incident roads.</u> <ul style="list-style-type: none"> <li>• Order necessary equipment and supplies.</li> <li>• Direct maintenance schedules and coordinate maintenance operations.</li> <li>• Check road and bridge conditions and weight limits. Ensure that this information is given to the Ground Support Unit Leader for inclusion in the transportation plan.</li> </ul>	I		
<b><u>DEMOBILIZATION</u></b>			
14. <u>Provide suggested demobilization priorities list to Ground Support Unit Leader.</u> <ul style="list-style-type: none"> <li>• Identify agency vehicles assigned to crew(s) for demobilization.</li> <li>• Coordinate demobilization of crews and vehicles to destinations.</li> <li>• Coordinate with Supply Unit Leader for return of supplies to storage/cache facilities with demobilized vehicles.</li> <li>• Complete vehicle and equipment demobilization inspections and file with finance/administration section.</li> <li>• Complete all vehicle and equipment use records and file with finance/administration section prior to demobilization.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: EQUIPMENT MANAGER (EQPM)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
15. <u>Demobilize and check out.</u> <ul style="list-style-type: none"> <li>• Receive demobilization instructions from Ground Support Unit Leader.</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 221, Demobilization Checkout and turn in to the appropriate person.</li> <li>• Ensure evaluations are completed as required.</li> <li>• Ensure that all personnel in the unit are demobilized correctly.</li> </ul>	I		

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## INSTRUCTIONS FOR EVALUATION RECORD

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

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

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

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

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

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

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

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

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

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

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

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

- |                    |                                 |                     |                                |
|--------------------|---------------------------------|---------------------|--------------------------------|
| <b>Grass Group</b> | 1. Short Grass (1 foot)         | <b>Timber Group</b> | 8. Closed Timber Litter        |
|                    | 2. Timber (grass & understory)  |                     | 9. Hardwood Litter             |
|                    | 3. Tall Grass (2-1/2 feet)      |                     | 10. Timber (litter understory) |
| <b>Brush Group</b> | 4. Chaparral (6 feet)           | <b>Slash Group</b>  | 11. Light Logging Slash        |
|                    | 5. Brush (2 feet)               |                     | 12. Medium Logging Slash       |
|                    | 6. Dormant Brush-Hardwood Slash |                     | 13. Heavy Logging Slash        |
|                    | 7. Southern Rough               |                     |                                |

**Recommendation:** Check as appropriate and/or make comments regarding the future needs for development of this trainee.

**Date:** List the date the record is being completed.

**Evaluator's initials:** Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualifications Record.

**Evaluator's relevant red card rating:** List your certification relevant to the trainee position you supervised.

## Evaluation Record

\_\_\_\_\_  
**TRAINEE NAME**

\_\_\_\_\_  
**TRAINEE POSITION**

<b>#1</b>	Evaluator's name: Incident/office title & agency:				
Evaluator' home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildland fire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
			to		
The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee. _____ The individual has successfully performed all tasks for the position and should be considered for certification. _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required. _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. _____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee. Recommendations: _____ _____ _____					
Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____					

<b>#2</b>	Evaluator's name: Incident/office title & agency:				
Evaluator' home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildland fire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
			to		
The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee. _____ The individual has successfully performed all tasks for the position and should be considered for certification. _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required. _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. _____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee. Recommendations: _____ _____ _____					
Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____					

**Evaluation Record  
(Continuation Sheet)**

**TRAINEE NAME**

**TRAINEE POSITION**

<b>#3</b>	<b>Evaluator's name:</b> <b>Incident/office title &amp; agency:</b>				
<b>Evaluator' home unit address &amp; phone:</b>					
<b>Name and Location of Incident or Simulation (agency &amp; area)</b>	<b>Incident Kind (wildland fire, search &amp; rescue, etc.)</b>	<b>Number &amp; Type of Resources Pertinent to Trainee's Position</b>	<b>Duration (inclusive dates in trainee status)</b>	<b>Management Level or Prescribed Fire Complexity Level</b>	<b>NFFL Fuel Model(s)</b>
			to		
<p>The tasks initialed &amp; dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required &amp; knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p><b>Recommendations:</b> _____</p> <p><b>Date:</b> _____ <b>Evaluator's initials:</b> _____ <b>Evaluator's relevant red card (or agency certification) rating:</b> _____</p>					

<b>#4</b>	<b>Evaluator's name:</b> <b>Incident/office title &amp; agency:</b>				
<b>Evaluator' home unit address &amp; phone:</b>					
<b>Name and Location of Incident or Simulation (agency &amp; area)</b>	<b>Incident Kind (wildland fire, search &amp; rescue, etc.)</b>	<b>Number &amp; Type of Resources Pertinent to Trainee's Position</b>	<b>Duration (inclusive dates in trainee status)</b>	<b>Management Level or Prescribed Fire Complexity Level</b>	<b>NFFL Fuel Model(s)</b>
			to		
<p>The tasks initialed &amp; dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required &amp; knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p><b>Recommendations:</b> _____</p> <p><b>Date:</b> _____ <b>Evaluator's initials:</b> _____ <b>Evaluator's relevant red card (or agency certification) rating:</b> _____</p>					