

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

FACILITIES UNIT LEADER (FACL)

United States
Department of the Interior

National Association of
State Foresters



PMS 311-36
NFES 2346

March 1999

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|---|
| TASK BOOK ASSIGNED TO: |
| INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER TASK BOOK INITIATED BY: |
| OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER |
| LOCATION AND DATE THAT TASK BOOK WAS INITIATED |

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

EVALUATOR

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

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

FINAL EVALUATOR'S VERIFICATION

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

I also verify that _____

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

FINAL EVALUATOR'S SIGNATURE AND DATE

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

AGENCY CERTIFICATION

I certify that _____

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

CERTIFYING OFFICIAL'S SIGNATURE AND DATE

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

Additional copies of this publication may be ordered from:

National Interagency Fire Center
ATTN: Supply
3833 S. Development Avenue
Boise, Idaho 83705

NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

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

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

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

RESPONSIBILITIES:

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

2. The **Trainee** is responsible for:
 - Reviewing and understanding instructions in the PTB.
 - Identifying desired objectives/goals.
 - Providing background information to an evaluator.

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

QUALIFICATION RECORD

POSITION: FACILITIES UNIT LEADER (FACL)

| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------------------|------------------------|---|
| <p><u>GENERAL</u></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"> • PMS 410-1, Fireline Handbook. • ICS Form 213, General Message. • ICS Form 214, Unit Log. • Mobile Food Services and Shower Facilities Contract. • Pads of paper, pencils, pens, duct tape, 100-ft. measuring tape. • Flashlight, small calculator. • Large black marking pens. • Crew Time Report. • Daily Shower Order/Invoice Form. • Mobile Shower Facilities Evaluation. • Emergency Equipment Shift Tickets. • Alarm clock. • Hammer, assorted nails. • Flagging. | O | | |

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 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: FACILITIES UNIT LEADER (FACL)

| 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"> • Through briefings, discuss EEO, civil rights, sexual discrimination, and other sensitive issues, with assigned personnel. • Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident. • Provide equal assignment opportunities based on individual skill level. • Monitor and evaluate progress based on expected work standards. • Address individual agency values and policies throughout the tenure of the incident. • Arbitrate differences in agency values and policies that affect the operation in a manner that fosters continuous positive working relationships. • Integrate cultural resource considerations into all management activities. | O | | |
| <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"> • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Ensure that special precautions are taken when extraordinary hazards exist. • Ensure adequate rest is provided for all unit personnel. | I | | |

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QUALIFICATION RECORD
Continuation Sheet

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------------------|------------------------|---|
| <p><u>MOBILIZATION</u></p> <p>4. <u>Obtain complete information from dispatch upon initial activation.</u></p> <ul style="list-style-type: none"> • Incident name. • Incident order number. • Agency specific funding code; e.g., “P” code or fire number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements/travel routes. • Contact procedures during travel (telephone/radio). | I | | |
| <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"> • General • Mobilization • Incident activities <ul style="list-style-type: none"> - Unit briefings - Planning meetings • Demobilization | I | | |

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QUALIFICATION RECORD
Continuation Sheet

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------------------|------------------------|---|
| <p><u>INCIDENT ACTIVITIES</u></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"> • Work space • Work schedule • Policies and operating procedures • Assigned contracting officer's technical representative • Assigned shower contractor • Current resource commitments • Current situation • Expected duration of assignment <p>This list is not all inclusive; you are responsible for asking adequate questions.</p> | I | | |
| <p>8. <u>Receive Incident Action Plan (IAP).</u> Determine support needs to meet the IAP.</p> | I | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: FACILITIES UNIT LEADER (FACL)

| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------------------|------------------------|---|
| 9. <u>Determine requirements for each section 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"> • Order materials and supplies using procedures established by the section chief. • Maintain quantities of forms, supplies, and materials at a level to prevent shortage of any basic needed items. • Acquire two-way radio (logistic net, if possible). • Ensure adequate personnel for base/camps, security, maintenance, etc. | I | | |

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POSITION: FACILITIES UNIT LEADER (FACL)

| 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"> • Brief and keep subordinates informed and updated. • Establish unit time frames and schedules. • Assign and monitor work assignments. • Review and approve time. • Promote team work. • Provide counseling and discipline as needed. • Ensure all inappropriate actions involving contractor personnel are reported to the contracting officer using proper procedures. • Brief relief personnel. | I | | |
| 12. <u>Coordinate layout of incident facilities.</u> <ul style="list-style-type: none"> • Provide coordination of support needs to the Base/Camp Manager, ensuring information provided will be complete enough to allow satisfactory setup of base/camp facilities. • Coordinate with finance/administration section to ensure that landowner agreements have been completed to include pre- and post-inspections. | I | | |

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------------------|------------------------|---|
| 13. <u>Provide services.</u> <ul style="list-style-type: none"> • Sanitation, garbage, gray water, toilets, etc. • Hand washing facilities/showers. • Security. • Maintenance, lighting, work areas, shelter, electrical, etc. • Ensure that time cards/payment records are completed for each operational period on appropriate services/equipment. • Recyclable materials. | I | | |
| 14. <u>Ensure all facility maintenance/services are provided.</u> Establish priorities and schedules for daily maintenance and services of base/camp installations. | I | | |
| 15. <u>Participate in support branch/logistics section planning activities.</u> Provide information, capabilities, and advice concerning the unit. <ul style="list-style-type: none"> • Coordinate with other logistical units to meet time frames outlined in the proposed IAP. | I | | |

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QUALIFICATION RECORD
Continuation Sheet

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------------------|------------------------|---|
| 16. <u>Supervise and manage facilities unit.</u> The Facilities Unit Leader will: <ul style="list-style-type: none"> • Provide for proper shipping, storage, and handling of hazardous materials. • Ensure compliance with all applicable health and safety regulations. • Ensure all contractual agreements are met for both the incident and the contractor. • Ensure that the unit builds adequate contingency plans for unexpected problems; e.g., weather, no air support, food shortage, equipment shortage. • Ensure that an area map is developed identifying, by name, each crew sleeping area. | I | | |

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|--|-------------------|------------------------|---|
| 17. <u>Serve as the inspector for the administration of the national shower contract.</u> <ul style="list-style-type: none"> • Inspect shower unit for compliance with contract. • Arrange for agency property and services as required in contract. • Consult with contracting officer's technical representative to understand contract technical requirements. • Review shower unit layout plans with contractor's representative to determine needed changes. • Ensure applicable use rate methodology is established upon arrival of shower units. • Coordinate with contractor to establish hours of operation. • Review and approve invoices with contractor and disburse copies to appropriate personnel. | O/R | | |
| 18. <u>Interact and coordinate with appropriate unit leaders and operations personnel.</u> <ul style="list-style-type: none"> • Receive and transmit needed information. | I | | |

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QUALIFICATION RECORD
Continuation Sheet

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------------------|------------------------|---|
| 19. <u>Identify for release, excess unit resources.</u> Coordinate with unit managers and provide a list of excess personnel and facilities. List will include who or what is excess, time and date of excess. The list will be reviewed daily for accuracy. Ensure that the facilities unit demobilization is timely and complete. | I | | |
| 20. <u>Maintain ICS Form 214 (Unit Log).</u> Unit Log will be kept current and legible, and will document all major activities. | I | | |
| 21. <u>Evaluate performance of assigned personnel as required by agency policy.</u> Discuss performance evaluations with individual(s). | I | | |

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| TASK | C O D E* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------------------|------------------------|---|
| 22. <u>Demobilization and check out.</u> <ul style="list-style-type: none"> • Submit all required information to the Documentation Unit Leader. • Receive demobilization instructions from work supervisor. • Brief subordinate staff on demobilization procedures and responsibilities. • 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. • Ensure personnel in the unit are demobilized correctly. | I | | |

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INSTRUCTIONS for EVALUATION RECORD

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

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

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

Evaluator's home unit address and phone: Self explanatory

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

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

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

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

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

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

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

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

| | | | |
|--------------------|---------------------------------|---------------------|--------------------------------|
| Grass Group | 1. Short Grass (1 foot) | Timber Group | 8. Closed Timber Litter |
| | 2. Timber (grass & understory) | | 9. Hardwood Litter |
| | 3. Tall Grass (2-1/2 feet) | | 10. Timber (litter understory) |
| Brush Group | 4. Chaparral (6 feet) | Slash Group | 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

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

| #2 | Evaluator's name: Incident/office title & agency: | | | | |
|---|--|--|--|--|--------------------|
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Incident or Simulation (agency & area) | Incident Kind (wildland fire, search & rescue, etc.) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Prescribed Fire Complexity Level | NFFL Fuel Model(s) |
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Evaluation Record (Continuation Sheet)

| | TRAINEE NAME | TRAINEE POSITION | | | |
|--|--|--|--|--|--------------------|
| #3 | Evaluator's name: Incident/office title & agency: | | | | |
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Incident or Simulation (agency & area) | Incident Kind (wildland fire, search & rescue, etc.) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Prescribed Fire Complexity Level | NFFL Fuel Model(s) |
| | | | to | | |
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| #4 | Evaluator's name: Incident/office title & agency: | | | | |
|--|--|--|--|--|--------------------|
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Incident or Simulation (agency & area) | Incident Kind (wildland fire, search & rescue, etc.) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Prescribed Fire Complexity Level | NFFL Fuel Model(s) |
| | | | to | | |
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