

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**

**RADIO OPERATOR  
(RADO)**

United States  
Department of the Interior

National Association of  
State Foresters



**PMS 311-97  
NFES 2642**

**May/2002**

<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

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National Interagency Fire Center

ATTN: Supply

3833 S. Development Avenue

Boise, Idaho 83705

Order NFEES #2642

## 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:
  - C Selecting trainees based on the needs of the home unit and higher levels.
  - C Ensuring that the trainee meets the training and experience requirements included in the Wildland and Prescribed Fire Qualification Guide 310-1.
  - C Initiating PTBs to document task performance.
  - C Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
  - C Providing opportunities for evaluation and/or making the trainee available for evaluation.
  - C Providing an evaluator for local assignments.
  - C Tracking progress of the trainee.
  - C Confirming PTB completion.
  - C Determining certification per local policy.
  - C Issuing proof of certification.
2. The **Trainee** is responsible for:
  - C Reviewing and understanding instructions in the PTB.
  - C Identifying desired objectives/goals.
  - C Providing background information to an evaluator.
  - C Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
  - C Assuring the Evaluation Record is complete.
  - C Notifying home unit personnel when the PTB is completed and providing a copy.

- C Keeping the original PTB in personal records.
3. The **Evaluator** is responsible for:
- C Understanding the Wildland and Prescribed Fire Qualifications System.
  - C Being qualified and proficient in the position being evaluated.
  - C Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
  - C Reviewing tasks with the trainee.
  - C Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
  - C Identifying tasks to be performed during the evaluation period.
  - C 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.
  - C Completing the Evaluation Record found at the end of this PTB.
4. The **Final Evaluator** is responsible for:
- C 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:
- C Identifying incident evaluation opportunities.
  - C Assuring that trainees have met prerequisites.
  - C 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.
  - C Providing PTBs to approved trainees on the incident when home unit was unable to provide them.
  - C Documenting the assignment.
  - C Conducting progress reviews.
  - C Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.
  - C Notifying trainee's home unit.

## QUALIFICATION RECORD

### POSITION: RADIO OPERATOR (RADO)

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></p> <p>Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitations (per National Mobilization Guide).</p> <p>Suggested kit items:</p> <ul style="list-style-type: none"> <li>C PMS 410-1, Fireline Handbook</li> <li>C ICS 213, General Message</li> <li>C ICS 210, Status Change</li> <li>C Radio Station Log, NFES 0370</li> <li>C Telephone Call Register, NFES 0816</li> <li>C Flashlight</li> <li>C Alarm clock</li> <li>C Appropriate office supplies</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: RADIO OPERATOR (RADO)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><b><u>MOBILIZATION</u></b></p> <p>2. <u>Obtain complete information from dispatch upon initial activation.</u></p> <p>C Incident name C Incident order number C Request number C Incident phone number C Reporting time C Reporting location C Transportation arrangements/travel routes C Contact procedures during travel (telephone/radio)</p>	I		
<p>3. <u>Gather information necessary to assess incident assignment and determine immediate needs and actions.</u></p> <p>C Type of incident C Current situation C Weather C Terrain</p>	I		

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

**POSITION: RADIO OPERATOR (RADO)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<b><u>INCIDENT ACTIVITIES</u></b>			
4. <u>Arrive at incident and check-in.</u>  C Arrive properly equipped. C Check in within acceptable time limits. C Locate check-in and check in according to agency guidelines. C Report to the time unit leader to initiate time report. C Report to incident communications center manager (INCM), communications unit leader, or logistics section chief.	I		
5. <u>Obtain briefing from INCM</u>  C Learn location of units at the incident base camp and ICP. C Understand time of first work period and discuss work schedule. C Discuss specifics of the Incident Action Plan (IAP) for the current operational period, particularly ICS 204(s), Assignment List. C Discuss specifics of the ICS 203, Organization Assignment List. C Discuss specifics of the ICS 205, Incident Radio Communication Plan. C Discuss specifics of the ICS 206, Medical Plan and medevac process. C Discuss allocation of phones to the units and existence of a phone directory. C Discuss procedure for processing supply orders from the operations area. C Discuss presence/need for message board.	I		

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

**POSITION: RADIO OPERATOR (RADO)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
6. <u>Performs duties in accordance with incident communications unit structure.</u>  C Understand communications unit jobs/positions. C Understand Incident Command System organizational structure/jobs/positions.	I		
7. <u>Obtain work materials and equipment.</u>  C Obtain necessary tables, chairs, lights, office supplies etc., from supply.	I		
8. <u>Perform duties with constructive attitude and skill.</u>  C Maintain professional demeanor. C Remain flexible in the face of changing priorities. C Cooperate with other RADOs. C Process information as directed. C Use standard terminology, symbols, designators, and acronyms. C Continue involvement in decisions.	I		

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 W = task must be performed on a wildland fire incident  
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 RX = task must be performed on a prescribed fire incident

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

**POSITION: RADIO OPERATOR (RADO)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
9. <u>Effectively transfer information verbally or in writing.</u>  C Use correct radio/telephone protocols. C Communicate with other RADOs and incident personnel. C Write legibly	I		
10. <u>Participate in communications unit/incident communications center manager meetings.</u>  C Provide information on radio equipment performance. C Discuss any information flow problems.	I		

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

**POSITION: RADIO OPERATOR (RADO)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
11. <u>Demonstrate familiarity with communications equipment, procedures, and basic functions/capabilities</u>  C Hand-held, portable, multi-channel radios C UHF and VHF systems C Radio check-out and check-in procedures - Respond with proper frequency when requested. - Use accountability forms for radio check-out and check-in - Procedure for battery check and issuing new batteries - Check-out and check-in of appropriate radio accessories C Remote phone system (base to line, base to camp, base to helibase) C Cellular phone (cell coverage, battery recharging) C Facsimile machine C Public address system (paging)	I		
12. <u>ICS 213, General Message</u>  C Use the ICS 213 in appropriate situations. C Correctly demonstrate how to fill out the form. C Correctly demonstrate how to route the form. C Complete the follow-up process to close the loop on requests.	I		

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 W = task must be performed on a wildland fire incident  
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**QUALIFICATION RECORD**  
**Continuation Sheet**

**POSITION: RADIO OPERATOR (RADO)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
13. <u>Correctly demonstrate how to fill out and process the following forms:</u>  C ICS 210, Status Change C Radio Station Log, NFES 0370 C Telephone Call Register, NFES 0816	I		
14. <u>Processing Documentation</u>  C Correctly file communications paperwork for documentation purposes. - Radio logs - Telephone logs - Incident Action Plans - ICS 210, Status Change - ICS 213, General Message - ICS 214, Unit Log - Radio check-out information - Other communications related paperwork	I		
15. <u>Respond with appropriate communications to emergency situations.</u>  C Medical transport request C Medevac request C Aircraft emergency C Evacuation C Search and Rescue C Fatality	I		

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

**POSITION: RADIO OPERATOR (RADO)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
16. <u>Respond with appropriate communications to routine requests/information.</u>  C Supply orders from the operations area, camps, helibase, etc. C Locating personnel at the incident base or in the field. C Routing “camp net” and “operations net” traffic. C Incoming phone calls to base/camp(s).	I		
17. <u>Transition with replacement personnel.</u>  C Brief replacement on major events of the concluding operational period, unusual situations or conditions, and information required by the communications unit leader (COML). C Provide written notes about items that need follow-up during the upcoming operational period.	I		
<b><u>DEMOBILIZATION</u></b>  18. <u>Demobilization and check-out.</u>  C Receive demobilization instructions from supervisor. C Ensure that incident and agency demobilization procedures are followed (process ICS 221, Demobilization Check-Out).			

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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: _____					