

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**

**OPERATIONS SECTION CHIEF TYPE 1  
(OSC1)  
OPERATIONS SECTION CHIEF TYPE 2  
(OSC2)**

**(POSITION PERFORMANCE ON A WILDLAND  
FIRE ASSIGNMENT REQUIRED)**

**PMS 311-08  
NFES 2309**

**June 2004**

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| <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 2309

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 NIIMS Wildland and Prescribed Fire Qualification System Guide, PMS 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 NIIMS Wildland and Prescribed Fire Qualification System Guide, PMS 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 closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.
  - Notifying trainee's home unit.

## QUALIFICATION RECORD

**POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSC1 & 2)**

| TASK   | C<br>O<br>D<br>E* | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial & date upon<br>completion of task |
|--|-------------------|------------------------|---|
| <p><b><u>GENERAL</u></b></p> <p>1. <u>Obtain and assemble information and materials needed for kit appropriate to the nature of the assignment.</u></p>  | O/I               |                        |   |
| <p><b><u>INCIDENT ACTIVITIES</u></b></p> <p>2. <u>Obtain briefing from the Agency Administrator and/or outgoing Incident Commander.</u></p> <ul style="list-style-type: none"> <li>• Receive Incident Commander's ICS 201, Incident Briefing. Receive special instructions.</li> <li>• Acquire essential transition information required for takeover of an incident.</li> </ul> | I                 |                        |   |
| <p>3. <u>Obtain briefing from your Incident Commander. May be one-on-one or in an Incident Management Team (IMT) meeting.</u></p> <ul style="list-style-type: none"> <li>• Receive Incident Commander's priorities, goals, and objectives for the IMT.</li> </ul>  | I                 |                        |   |

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 RX= task must be performed on a prescribed fire incident

**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSCI & 2)**

| TASK   | C<br>O<br>D<br>E* | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial & date upon<br>completion of task |
|--|-------------------|------------------------|---|
| <p>4. <u>Collect information from outgoing Operations Section Chief, initial Incident Commander, or other personnel responsible for incident prior to your arrival.</u></p> <ul style="list-style-type: none"> <li>• Obtain status of incident and assigned resources.</li> <li>• Obtain status of existing operations section.</li> <li>• Obtain status of existing aviation operations.</li> <li>• Obtain information on special situations (Wildland/Urban Interface [WUI] threat, hazardous materials, etc.).</li> <li>• Obtain current and forecasted weather and fire behavior information.</li> </ul> | I                 |                        |   |
| <p>5. <u>Prepare for and participate in strategy meetings.</u></p> <ul style="list-style-type: none"> <li>• Share and evaluate operational information with IMT members.</li> </ul>  | I                 |                        |   |

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSCI & 2)**

| TASK   | C<br>O<br>D<br>E* | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial & date upon<br>completion of task |
|--|-------------------|------------------------|---|
| <p>6. <u>Identify kind, type, and number of resources required to achieve control objectives, based on calculation of control forces.</u></p> <ul style="list-style-type: none"> <li>• Consider fuels, terrain, fire behavior, kinds and types of resources, resource availability, and safety factors.</li> <li>• Calculate control forces using mathematical calculations.</li> <li>• Calculate control forces using the intuitive method.</li> <li>• Order necessary personnel and equipment.</li> <li>• Discuss long-range and contingency plans and identify potential and future resources.</li> </ul> | W/<br>RX          |                        |   |
| <p>7. <u>Evaluate WUI needs.</u></p> <ul style="list-style-type: none"> <li>• Structure protection strategy and tactics</li> <li>• Evacuation plan</li> </ul>  | I                 |                        |   |

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Continuation Sheet

**POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSCI & 2)**

| TASK   | C<br>O<br>D<br>E* | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial & date upon<br>completion of task |
|--|-------------------|------------------------|---|
| <p>8. <u>Evaluate and monitor current situation.</u></p> <ul style="list-style-type: none"> <li>• Determine if present plan of action will meet incident objectives.</li> <li>• Determine if the present plan is congruent with the incident strategic plan; Wildland Fire Situation Analysis (WFSA) or Wildland Fire Implementation Plan (WFIP)).</li> <li>• Identify problems and concerns (evacuation, sheltering, aviation safety, etc.).</li> <li>• Identify values to be protected (structures, improvements, resources, etc.).</li> <li>• Advise Incident Commander and other appropriate IMT personnel.</li> </ul> | I                 |                        |   |
| <p>9. <u>Personally observe and review current operations to prepare tactics for the next operational period planning meeting considering:</u></p> <ul style="list-style-type: none"> <li>• Resource status.</li> <li>• Situation status.</li> <li>• Weather factors influencing strategy.</li> <li>• Communications capability.</li> <li>• Environmental impact.</li> <li>• Values to be protected.</li> <li>• Cost constraints.</li> <li>• Aviation capabilities and limitations.</li> </ul>   | I                 |                        |   |

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSCI & 2)**

| TASK  | C<br>O<br>D<br>E* | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial & date upon<br>completion of task |
|---|-------------------|------------------------|---|
| <p>10. <u>Use fire behavior prediction information to plan/organize tactical operations.</u></p> <ul style="list-style-type: none"> <li>• Evaluate/adjust tactics based on changing fire behavior and values to be protected.</li> <li>• Consider contingencies for values to be protected (structures, etc.).</li> <li>• Compare actual fire behavior to predicted behavior at the end of each operational period and advise the Fire Behavior Analyst.</li> </ul> | W/<br>RX          |                        |   |
| <p>11. <u>Periodically evaluate resource status and tactical needs to determine if resource assignments are appropriate.</u></p> <ul style="list-style-type: none"> <li>• Determine kind and number of resources required to complete tactics.</li> <li>• Assign single resources, task forces, or strike teams depending on the needs of the Division/Group Supervisors.</li> <li>• Approve assembly and disassembly of strike teams and task forces.</li> </ul>   | I                 |                        |   |

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Continuation Sheet

**POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSCI & 2)**

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|---|-------------------|------------------------|---|
| <p>12. <u>Participate in preparation of Incident Action Plan (IAP).</u></p> <ul style="list-style-type: none"> <li>• Update team on current situation.</li> <li>• Determine tactical priorities for next operational period.</li> <li>• Determine tactics and work assignments for next operational period or periods.</li> <li>• Advise on current capabilities and limitations.</li> <li>• Determine additional/excess resources.</li> <li>• Prepare or review special instruction portions of the IAP.</li> <li>• Complete operational portion of IAP as part of ICS 215, Operational Planning Worksheet, and ICS 215A, LCES.</li> <li>• Establish branches, divisions/groups, and staging areas.</li> <li>• Establish priorities for aviation operations.</li> <li>• Ensure that ICS 220, Air Operations Summary Worksheet is completed.</li> </ul> | I                 |                        |   |
| <p>13. <u>Participate in the operational period briefing. Present current conditions, tactical priorities, and special considerations.</u></p>  | I                 |                        |   |

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|---|-------------------|------------------------|---|
| <p>14. <u>Interact and coordinate with all command and general staff.</u></p> <ul style="list-style-type: none"> <li>• Receive and transmit current and accurate information.</li> <li>• Inform Communications Unit Leader and Resources Unit Leader of any changes to the IAP.</li> <li>• Inform appropriate team members of significant changes in operations.</li> <li>• Ensure that the Resources Unit Leader is advised of all changes in status of resources assigned to the operation. Keep status current.</li> <li>• Provide Situation Unit Leader operational status for ICS 209, Incident Status Summary.</li> </ul> | I                 |                        |   |

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|---|-------------------|------------------------|---|
| <p>15. <u>Supervise and adjust operations organization and tactics as needed, based on changes in incident situation and resource status.</u></p> <ul style="list-style-type: none"> <li>• Ensure that priorities and tactics are communicated and understood throughout the operations section.</li> <li>• Ensure that Risk Management Process is established and maintained throughout the operations section.</li> <li>• Ensure that any changes in priorities or tactics are communicated and understood.</li> <li>• Provide for functional and geographical supervision as needed.</li> <li>• Ensure effective use and coordination of all assigned resources.</li> <li>• Maintain appropriate span of control.</li> <li>• Establish staging areas as needed.</li> </ul> | I                 |                        |   |
| <p>16. <u>Coordinate with other Operations Section Chief(s).</u></p> <ul style="list-style-type: none"> <li>• Brief and debrief other Operations Section Chief(s) between operational periods.</li> <li>• Coordinate with the other Operations Section Chief(s) in the preparation of the next operational period's IAP.</li> </ul>   | I                 |                        |   |

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|---|-------------------|------------------------|---|
| 17. <u>Evaluate effectiveness of IAP and adjust as necessary.</u> <ul style="list-style-type: none"> <li>• Evaluate progress of operations based on situation reports and evaluations from operations personnel.</li> <li>• Estimate immediate and long-range operational resources and logistical requirements.</li> <li>• Order or release resources as needed, providing appropriate lead time.</li> </ul> | I                 |                        |   |
| 18. <u>Update Incident Commander on current accomplishments and/or problems.</u><br><br>Inform Incident Commander as soon as possible of problems and accomplishments.  | I                 |                        |   |

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|--|-------------------|------------------------|---|
| <p>19. <u>Report special events (incidents within an incident, accidents, political contacts, property loss or damage, etc.).</u></p> <ul style="list-style-type: none"> <li>• Obtain information about special events from:               <ul style="list-style-type: none"> <li>– Subordinates.</li> <li>– Personal observation.</li> <li>– Other incident personnel.</li> <li>– Off-incident personnel.</li> </ul> </li> </ul> <p>Standard information shall contain nature of event, location, magnitude, personnel involved (do not release names of victims or agency over radio), initial action taken; e.g., helicopter picking up injured, appropriate subsequent action.</p> | O/R               |                        |   |
| <p>20. <u>Ensure operations assigned personnel and equipment time records are complete and have been submitted to the Time Unit Leader at the end of each operational period.</u></p>  | I                 |                        |   |
| <p><b><u>DEMOBILIZATION</u></b></p> <p>21. <u>Consider demobilization early enough during the incident so that an adequate demobilization plan is in place prior to the actual need to release resources.</u></p>  | I                 |                        |   |

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Continuation Sheet

**POSITION: OPERATIONS SECTION CHIEF TYPE 1 & 2 (OSCI & 2)**

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|---|-------------------|------------------------|---|
| <p>22. <u>Identify excess section resources.</u></p> <p>Coordinate with subordinates and provide Planning Section Chief a list of excess personnel and other resources. List will include:</p> <ul style="list-style-type: none"> <li>• Kind/type</li> <li>• Quantity</li> <li>• Time/date of available release</li> <li>• Review the list daily for accuracy.</li> <li>• Ensure that all units are demobilized in a timely and complete manner.</li> </ul>                       | I                 |                        |   |
| <p>23. <u>Assist in development, approval, and implementation of Incident Demobilization Plan.</u></p> <ul style="list-style-type: none"> <li>• Coordinate with the Demobilization Unit/Planning Section Chief during development and implementation of Demobilization Plan.</li> <li>• Coordinate during development and implementation with local agency concerning functional demobilization procedures.</li> <li>• Brief staff on demobilization responsibilities.</li> </ul> | I                 |                        |   |

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|---|-------------------|------------------------|---|
| 24. <u>Ensure that incident documentation is completed as required by the Incident Commander.</u> <ul style="list-style-type: none"> <li>• Submit incident narrative to Planning Section Chief.</li> <li>• Complete and submit ICS 214, Unit Log to Documentation Unit daily.</li> <li>• Complete and submit performance evaluations for Operations Section resources at conclusion of incident.</li> </ul> | I                 |                        |   |
| 25. <u>Debrief Agency Administrator.</u>  | 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:<br>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.<br>_____ The individual has successfully performed all tasks for the position and should be considered for certification.<br>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.<br>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.<br>_____ 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.<br>Recommendations: _____<br>_____<br>_____ |  |  |  |  |                    |
| Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____  |  |  |  |  |                    |

|  |  |  |  |  |                    |
|--|--|--|--|--|--------------------|
| <b>#2</b>  | Evaluator's name:<br>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.<br>_____ The individual has successfully performed all tasks for the position and should be considered for certification.<br>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.<br>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.<br>_____ 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.<br>Recommendations: _____<br>_____<br>_____ |  |  |  |  |                    |
| 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><br><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><br><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> |  |   |   |   |                           |