

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**

**HUMAN RESOURCE SPECIALIST  
(HRSP)**



**PMS 311-62  
NFES 2737**

**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 2737

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

## NATIONAL INTERAGENCY MANAGEMENT SYSTEM 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 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 PMS 310-1, NIIMS Wildland and Prescribed Fire Qualification 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 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 close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.
  - Notifying trainee's home unit.

## QUALIFICATION RECORD

### POSITION: HUMAN RESOURCE SPECIALIST (HRSP)

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 (no later than April 1 of any given year). 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 (must not exceed 20 lbs).</p> <p>Kit items (order HRSP Kit if available):</p> <ul style="list-style-type: none"> <li>• ICS 213, General Message</li> <li>• ICS 214, Unit Log</li> <li>• Agency specific forms/materials appropriate to the HRSP function</li> <li>• PMS 410-1, NWCG Fireline Handbook</li> <li>• HRSP manuals/guides</li> <li>• HRSP individual checklists/reminders</li> <li>• Office supplies appropriate to the function</li> <li>• Geographic Area Coordinator List</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: HUMAN RESOURCE SPECIALIST (HRSP)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<b><u>MOBILIZATION</u></b>			
2. <u>Obtain complete information from dispatch upon initial activation.</u> <ul style="list-style-type: none"> <li>• Incident name</li> <li>• Incident order number</li> <li>• Request number</li> <li>• Reporting location</li> <li>• Reporting time</li> <li>• Transportation arrangements/travel routes</li> <li>• Contact procedures during travel (telephone/radio)</li> </ul>	O		
3. <u>Upon activation gather information necessary to assess incident assignment and determine immediate needs and actions.</u> <ul style="list-style-type: none"> <li>• Incident Commander's/supervisor's name and location; make contact</li> <li>• Current resource commitments</li> <li>• Current incident situation</li> <li>• Expected duration of assignment</li> </ul>	O		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HUMAN RESOURCE SPECIALIST (HRSP)**

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> <ul style="list-style-type: none"> <li>• Arrive properly equipped at incident assigned location within acceptable time limits. Check in according to agency guidelines.</li> <li>• Contact Geographic Area HRSP Coordinator, and as established in area, host unit contacts for Human Resources, Employee Relations, and Contracting.</li> </ul>	I		
5. <u>Install a workstation within the first operational period following check-in.</u>  The workstation must be: <ul style="list-style-type: none"> <li>• Visible/Accessible.</li> <li>• Identifiable with HRSP sign and availability information.</li> <li>• Have adequate space for two or more persons.</li> <li>• Identify the location through all means of communications.</li> <li>• Contact Communications Unit for phone/radio.</li> <li>• Establish a bulletin board for messages and current information. (Check with Information Officer.)</li> <li>• Completed ICS 214, Unit Log should be maintained at the workstation until filed with the Documentation Unit at the end of each operational period.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HUMAN RESOURCE SPECIALIST (HRSP)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
6. <u>Assemble agency information for use in briefings and Incident Action Plan (IAP).</u> <ul style="list-style-type: none"> <li>• Within the first operational period after check-in, obtain briefing from immediate supervisor and Incident Commander.</li> <li>• Obtain information on situations from current/previous HRSP assigned.</li> <li>• Update incident information by the beginning of each operational period.</li> <li>• Attend incident planning and command staff meetings as required.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HUMAN RESOURCE SPECIALIST (HRSP)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>7. <u>Assemble agency information for use in answering requests and resolving problems.</u></p> <p>Obtain cooperating and assisting agency information that includes:</p> <ul style="list-style-type: none"> <li>• Contact persons, i.e., Interagency Resource Representative (IARR), Contracting Officer's Technical Representative (COTR), Crew Representatives</li> <li>• Policies on civil rights, Equal Employment Opportunity (EEO), sexual harassment, appropriate behavior</li> <li>• Contact/post local union information.</li> <li>• Phone number</li> <li>• Number and types of contracts, contractors, and contractor representatives</li> <li>• Number of personnel</li> <li>• Copy of IAP</li> <li>• Conditions of personnel (physical, mental, emotional)</li> <li>• Agency constraints</li> <li>• Interagency and Tribal Agreements/liaison contact</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HUMAN RESOURCE SPECIALIST (HRSP)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>8. <u>Conduct appropriate periodic briefings to keep cooperating agencies informed of problems, concerns, and issues.</u></p> <ul style="list-style-type: none"> <li>• Conduct a briefing with agency representatives before or after planning meetings of following actions taken involving the cooperating agency.</li> <li>• Briefings must be conducted as soon as possible after incident and copies of information gathered and supplied to the agency representative.</li> <li>• Arrange for briefings to be conducted at predetermined times and location (agreed upon by involved parties).</li> </ul>	I		
<p>9. <u>Interact and coordinate with all command and general staff.</u></p> <ul style="list-style-type: none"> <li>• Establish and maintain productive working relationships.</li> <li>• Collect applicable information and provide accurate and timely advice assistance.</li> <li>• Personal visibility and presence should be maintained.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HUMAN RESOURCE SPECIALIST (HRSP)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>10. <u>Provide accurate and timely advice and assistance to successfully resolve conflicts between parties.</u></p> <ul style="list-style-type: none"> <li>• Fulfill requests for information or refer requester to appropriate source for information, within the work period that request was made.</li> <li>• In the event of problems, take steps through appropriate lines of authority to resolve the problem within the first operational period.</li> <li>• Inform parties of your intent to ascertain the facts surrounding the situation or problem.</li> <li>• Interview parties involved and gather and document facts about the situation or problem.</li> <li>• Follow-up on problems/requests, within the operational period following their initiation, with managers/supervisors to ensure their expectations were met.</li> <li>• If problems or requests remain unsolved or incomplete after follow-up, advise management that they should be addressed with the cooperating agency and agency representative, and provide supporting documentation.</li> <li>• Advise immediate supervisor of concerns related to multi-agency involvement when they are brought to your attention.</li> <li>• Use diplomacy when advising and assisting in the resolution of concerns.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HUMAN RESOURCE SPECIALIST (HRSP)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>11. <u>Documentation</u></p> <ul style="list-style-type: none"> <li>• Properly document HRS activities on the “Confidential Contact Sheet” and provide other appropriate documentation for the Incident Management Team (IMT) as well as home and host units.</li> <li>• Properly complete the daily unit log.</li> <li>• Properly complete the “Contact Information Report” at the end of an assignment, and send it to the Geographic Area HRPS Coordinator.</li> </ul>	I		
<p>12. <u>Provide effective human resource messages.</u></p> <ul style="list-style-type: none"> <li>• Present informative and pertinent HR messages at morning and/or night shift briefings for large groups of personnel.</li> <li>• Provide daily, informative and pertinent HR messages in the IAP.</li> <li>• Ensure all oral and written HR messages are consistent with all relevant federal/local laws, regulations, and policies (EEO, civil rights, personnel practices), and are in the bounds of good taste and not offensive.</li> </ul>	I		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HUMAN RESOURCE SPECIALIST (HRSP)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>13. <u>Order additional HRSP to complete the required duties if needed.</u></p> <ul style="list-style-type: none"> <li>• Determine if there is sufficient staff to ensure prompt advice and assistance to managers/supervisors with resolution of issues.</li> <li>• Initiate resource order for additional HRSP upon decision that one is needed.</li> </ul>	O/R		
<p>14. <u>Ensure the safety, welfare, and accountability of assigned HRSP personnel during the entire period of supervision.</u></p> <p>(OPTIONAL—used only if an additional HRSP is assigned.)</p> <ul style="list-style-type: none"> <li>• Recognize and immediately handle potentially hazardous or inappropriate work situations.</li> <li>• Inform subordinates of hazards immediately.</li> <li>• Ensure that special precautions are immediately taken when extraordinary hazards exist.</li> <li>• Ensure adequate rest is provided to subordinates (two-to-one work-to-rest ratio).</li> <li>• Ensure that appropriate incident behavior standards and performance expectations are shared and discussed with subordinates upon arrival at incident.</li> <li>• Counsel subordinates immediately if inappropriate or unsafe work situations or deficient performance occurs.</li> </ul>	O/R		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: HUMAN RESOURCE SPECIALIST (HRSP)**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<b><u>DEMOBILIZATION</u></b>			
15. <u>Provide assisting and cooperating agency input to the demobilization process.</u> <ul style="list-style-type: none"> <li>• Attend demobilization meeting.</li> <li>• Supply cooperating and assisting agencies with demobilization information at least one operational period prior to demobilization.</li> <li>• Record demobilization issues.</li> <li>• Prepare final report to be submitted to Geographic Area HRSP Coordinator.</li> <li>• File all records with the documentation unit.</li> <li>• Complete demobilization process.</li> </ul>	O		

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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 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; 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' 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>					