



NWCG Task Book for the Position of:
STATUS/CHECK-IN RECORDER
(SCKN)

PMS 311-32

JUNE 2009

Task Book Assigned To:

Trainee's Name: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Task Book Initiated By:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Home Unit Address: _____

Date Initiated: _____

**Verification/Certification of Completed Task Book
for the Position of:**

STATUS CHECK-IN RECORDER

Final Evaluator's Verification

*To be completed **ONLY** when you are recommending the trainee for certification.*

I verify that (trainee name) _____ has successfully performed as a trainee by demonstrating all tasks for the position listed above and should be considered for certification in this position. All tasks are documented with appropriate initials.

Final Evaluator's Signature: _____

Final Evaluator's Printed Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____ Date: _____

Agency Certification

I certify that (trainee name) _____ has met all requirements for qualification in the above position and that such qualification has been issued.

Certifying Official's Signature: _____

Certifying Official's Printed Name: _____

Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____ Date: _____

Additional copies of this publication are available through:
NWCG, Publications Management System at <http://www.nwcg.gov/pms/taskbook/taskbook.htm>

NATIONAL WILDFIRE COORDINATING GROUP (NWCG) POSITION TASK BOOK

NWCG Position Task Books (PTBs) have been developed for designated National Interagency Incident Management System (NIIMS) positions. Each PTB lists the competencies, behaviors and tasks required for successful performance in specific positions. Trainees must be observed completing all tasks and show knowledge and competency in their performance during the completion of this PTB.

Trainees are evaluated during this process by qualified evaluators, and the trainee's performance is documented in the PTB for each task by the evaluator's initials and date of completion. An Evaluation Record will be completed by all evaluators documenting the trainee's progress after each evaluation opportunity.

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 while completing all tasks may occur on one or more training assignments and may involve more than one evaluator during any opportunity.

INCIDENT/EVENT CODING

Each task has a code associated with the type of training assignment where the task may be completed. The codes are: O = other, I = incident, W = wildfire, RX = prescribed fire, W/RX = wildfire OR prescribed fire and R = rare event. The codes are defined as:

- O = Task can be completed in any situation (classroom, simulation, daily job, incident, prescribed fire, etc.).
- I = Task must be performed on an incident managed under the Incident Command System (ICS). Examples include wildland fire, structural fire, oil spill, search and rescue, hazardous material, and an emergency or non-emergency (planned or unplanned) event.
- W = Task must be performed on a wildfire incident.
- RX = Task must be performed on a prescribed fire incident.
- W/RX = Task must be performed on a wildfire OR prescribed fire incident.
- R = Rare events such as accidents, injuries, vehicle or aircraft crashes occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation.

While tasks can be performed in any situation, they must be evaluated on the specific type of incident/event for which they are coded. For example, tasks coded W must be evaluated on a wildfire; tasks coded RX must be evaluated on prescribed fire and so on. Performance of any task on other than the designated assignment is not valid for qualification.

Tasks within the PTB are numbered sequentially; however, the numbering does NOT indicate the order in which the tasks need to be performed or evaluated.

The bullets under each numbered task are examples or indicators of items or actions related to the task. The purpose of the bullets is to assist the evaluator in evaluating the trainee; the bullets are not all-inclusive. Evaluate and initial ONLY the numbered tasks. DO NOT evaluate and initial each individual bullet.

A more detailed description of this process and definitions of terms are included in the *Wildland Fire Qualification System Guide*, PMS 310-1. This document can be found at <http://www.nwcg.gov/pms/docs/docs.htm>.

RESPONSIBILITIES

The responsibilities of the Home Unit/Agency, Trainee, Coach, Training Specialist, Evaluator, Final Evaluator and Certifying Official are identified in the *Wildland Fire Qualification System Guide*, PMS 310-1. It is incumbent upon each of these individuals to ensure their responsibilities are met.

INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD

Evaluation Record #

Each evaluator will need to complete an evaluation record. Each evaluation record should be numbered sequentially. Place this number at the top of the evaluation record page and also use it in the column labeled "Evaluation Record #" for each numbered task the trainee has satisfactorily performed.

Trainee Information

Print the trainee's name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

Evaluator Information

Print the Evaluator's name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

Incident/Event Information

Incident/Event Name: Print the incident/event name.

Reference: Enter the incident code and/or fire code.

Duration: Enter inclusive dates during which the trainee was evaluated.

Incident Kind: Enter the kind of incident (wildfire, prescribed fire, search and rescue, flood, hurricane, etc.).

Location: Enter the geographic area, agency, and state.

Management Type or Prescribed Fire Complexity Level: Circle the ICS organization level (Type 5, Type 4, Type 3, Type 2, Type 1, Area Command) or the prescribed fire complexity level (Low, Moderate, High).

Fire Behavior Prediction System (FBPS) Fuel Model Group: Circle the Fuel Model Group letter that corresponds to the predominant fuel type in which the incident/event occurred.

G = Grass Group (includes FBPS Fuel Models 1 – 3):

1 = short grass (1 foot); 2 = timber with grass understory; 3 = tall grass (1½ - 2 feet)

B = Brush Group (includes FBPS Fuel Models 4 – 6):

4 = Chaparral (6 feet); 5 = Brush (2 feet); 6 = dormant brush/hardwood slash;

7 = Southern rough

T = Timber Group (includes FBPS Fuel Models 8 – 10)

8 = closed timber litter; 9 = hardwood litter; 10 = timber (with litter understory)

S = Slash Group (includes FBPS Fuel Models 11 – 13)

11 = light logging slash; 12 = medium logging slash; 13 = heavy logging slash

Evaluator's Recommendation

For 1 – 4, initial only one line as appropriate; this will allow for comparison with your initials in the Qualifications Record.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature

Sign here to authenticate your recommendations.

Date

Document the date the Evaluation Record is being completed.

Evaluator's Relevant Qualification (or agency certification)

List your qualification or certification relevant to the trainee position you supervised.

Note: Evaluators must be either qualified in the position being evaluated or supervise the trainee; Final Evaluators must be qualified in the trainee position they are evaluating.

Status Check-in Recorder (SCKN)

Competency: Assume position responsibilities.

Description: Successfully assume role of Status Check-In Recorder and initiate position activities at the appropriate time according to the following behaviors.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure readiness for assignment.			
1. Obtain and assemble information and materials needed for kit. Suggested items: <ul style="list-style-type: none"> • <i>ICS 211, Check-in List</i> • <i>ISC 219, Resource Status Cards</i> • <i>Current three-letter unit identifier</i> • <i>Current position codes</i> • <i>PMS 410-1, Fireline Handbook</i> • <i>SF-245, Manifest, Passenger/Cargo</i> • <i>Jetport identifiers</i> 	O		
2. Obtain complete information from dispatch upon assignment. <ul style="list-style-type: none"> • <i>Incident name</i> • <i>Incident order number</i> • <i>Request number</i> • <i>Incident phone number</i> • <i>Reporting time</i> • <i>Reporting location</i> • <i>Transportation arrangements/travel routes</i> • <i>Contact procedures during travel (telephone/radio)</i> • <i>Current situation</i> • <i>Expected duration of assignment</i> 	O		
3. Arrive at incident and check in. <ul style="list-style-type: none"> • <i>Arrive properly equipped at assigned location within acceptable time limits.</i> 	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Status Check-in Recorder (SCKN)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.			
4. Obtain appropriate work materials, supplies, and equipment for check-in station(s). <ul style="list-style-type: none"> • <i>Anticipate needs for duration of incident.</i> • <i>Order supplies using established procedures approved by Resources Unit Leader.</i> 	I		
5. Organize and maintain check-in station. <ul style="list-style-type: none"> • <i>Provide visible signs to identify station.</i> • <i>Organize work area for an efficient check-in process.</i> • <i>Maintain station operation within time frames set by Resources Unit Leader.</i> 	I		
Behavior: Gather, update, and apply situational information relevant to the assignment.			
6. Obtain initial briefing from Resources Unit Leader. <ul style="list-style-type: none"> • <i>Established chain of command.</i> • <i>Location of Resources Unit.</i> • <i>Work schedule.</i> • <i>Location of check-in stations.</i> • <i>Method of transferring check-in information to the Resources Unit Leader.</i> • <i>General layout of camp/base/Incident Command Post (ICP).</i> • <i>Work expectations and standards.</i> 	I		
Behavior: Establish effective relationships with relevant personnel.			
7. Conduct self in a professional manner. <ul style="list-style-type: none"> • <i>Respectful and courteous.</i> • <i>Respectful of public and private property.</i> 	I		
8. Establish and maintain positive interpersonal and interagency working relationships.	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Status Check-in Recorder (SCKN)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure ability to use tools necessary to complete assignment.			
9. Demonstrate ability to use current incident automation software. <ul style="list-style-type: none"> • <i>Accurately input data within established time frames.</i> • <i>Troubleshoot data inconsistencies.</i> 	O		
Behavior: Understand and comply with ICS concepts and principles.			
10. Apply the ICS. <ul style="list-style-type: none"> • <i>Follow chain of command.</i> • <i>Maintain appropriate span of control.</i> • <i>Use appropriate ICS forms.</i> • <i>Use appropriate ICS terminology.</i> 	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Status Check-in Recorder (SCKN)

Competency: Communicate effectively.

Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure relevant information is exchanged during briefings and debriefings.			
11. Direct incoming personnel to appropriate function or Resources Unit for further instructions.	I		
12. Coordinate the status of resources with Resources Unit Leader prior to preparation of ICS 215, Operational Planning Worksheet.	I		
13. Participate in functional area briefings and section After Action Reviews (AARs).	I		
Behavior: Ensure documentation is complete and disposition is appropriate.			
14. Organize and file documents according to established procedures.	O		
15. Complete forms within time frames established by Resources Unit Leader.	O		
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.			
16. Provide resource information as requested. <ul style="list-style-type: none"> <i>Display resource information as directed by the Resources Unit Leader.</i> 	I		
17. Maintain information about incident resources (e.g., total number, location). <ul style="list-style-type: none"> <i>Respond to requests in a timely manner.</i> <i>Process emergency requests as quickly as possible.</i> 	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Status Check-in Recorder (SCKN)

Competency: Ensure completion of assigned actions to meet identified objectives.

Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.			
18. Assist Resources Unit Leader in tracking restrictions/work requirements for operational resources. <ul style="list-style-type: none"> • <i>Length of tour of duty/assignment.</i> • <i>Previous assignments as appropriate.</i> • <i>Unusual restrictions and limitations.</i> 	I		
Behavior: Follow established procedures and/or safety procedures relevant to given assignment.			
19. Perform check-in process by collecting information during interviews. <ul style="list-style-type: none"> • <i>Request resource order information.</i> • <i>Verify incident qualifications.</i> • <i>Identify length of tour of duty.</i> • <i>Include previous assignment as appropriate.</i> • <i>Identify work/rest compliance.</i> • <i>Determine travel status information.</i> • <i>Confirm restrictions and limitations (e.g., medical problems).</i> • <i>Record complete, accurate, and legible information following standard procedures.</i> 	I		
Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.			
20. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency). <ul style="list-style-type: none"> • <i>Document follow-up action needed and submit to supervisor.</i> 	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Status Check-in Recorder (SCKN)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Plan for demobilization and ensure demobilization procedures are followed.			
21. Demobilize and check out. <ul style="list-style-type: none"> • <i>Receive demobilization instructions from incident supervisor.</i> • <i>If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person.</i> 	I		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Trainee Information

Printed Name:
 Trainee Position on Incident/Event:
 Home Unit/Agency:
 Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:
 Evaluator Position on Incident/Event:
 Home Unit/Agency:
 Home Unit /Agency Address and Phone Number:

Incident/Event Information

Incident/Event Name: _____ Reference (Incident Number/Fire Code): _____
 Duration: _____
 Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify): _____
 Location (include Geographic Area, Agency, and State): _____
 Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High
 FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

Evaluator's Recommendation
 (Initial only one line as appropriate)

- _____ **1)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- _____ **2)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ **3)** The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ **4)** The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

Trainee Information

Printed Name:
 Trainee Position on Incident/Event:
 Home Unit/Agency:
 Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:
 Evaluator Position on Incident/Event:
 Home Unit/Agency:
 Home Unit /Agency Address and Phone Number:

Incident/Event Information

Incident/Event Name: _____ Reference (Incident Number/Fire Code): _____
 Duration: _____
 Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify): _____
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- _____ **3)** The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ **4)** The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

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Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____