

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

**STATUS/CHECK-IN RECORDER
(SCKN)**



PMS 311-32

July 2004

NFES 2342

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

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

EVALUATOR

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

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

FINAL EVALUATOR'S VERIFICATION

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

I also verify that _____

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

FINAL EVALUATOR'S SIGNATURE AND DATE

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

AGENCY CERTIFICATION

I certify that _____

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

CERTIFYING OFFICIAL'S SIGNATURE AND DATE

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

Additional copies of this publication may be ordered from:

National Interagency Fire Center
ATTN: Great Basin Cache Supply Office
3833 S. Development Avenue
Boise, Idaho 83705
Order NFES 2342

Also available at <http://www.nwccg.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 Wildland and Prescribed Fire Qualification Guide, 310-1. A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Home Unit** is responsible for:
 - Selecting trainees based on the needs of the home unit and higher levels.
 - Ensuring that the trainee meets the training and experience requirements included in the 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 closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.
 - Notifying trainee's home unit.

QUALIFICATION RECORD

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><u>GENERAL</u></p> <p>1. <u>Obtain and assemble information and materials needed for kit.</u> Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for the assignment and items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitation (per National Interagency Mobilization Guide). The basic information and materials needed are:</p> <ul style="list-style-type: none"> • ICS 211, Check-in List. • ISC 219, Resource Status Cards. • Current three-letter unit identifier, NFES 2080. • Current position codes. • Waterproof pen. • NWCG Fireline Handbook, PMS 410-1. • SF-245, Manifest, Passenger/Cargo, NFES 1289. • Jetport identifiers. • Office supplies. 	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: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><u>MOBILIZATION</u></p> <p>2. <u>Obtain complete information from dispatch upon initial activation.</u></p> <ul style="list-style-type: none"> • Incident name. • Incident order number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements/travel routes. • Contact procedures during travel (telephone/radio). • Current situation. • Expected duration of assignment. 	I		
<p><u>INCIDENT ACTIVITIES</u></p> <p>3. <u>Arrive at incident and check in.</u></p> <ul style="list-style-type: none"> • Arrive properly equipped. • Locate check-in and check in according to agency guidelines within appropriate time limits. • Determine sleeping and eating arrangements. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>4. <u>Obtain briefing from Resources Unit Leader.</u> To include:</p> <ul style="list-style-type: none"> • Established chain of command. • Location of resources unit. • Work schedule. • Location of all check-in stations. • Method of transferring check-in information to the Resources Unit Leader. • General layout of camp/base/Incident Command Post (ICP). • Work expectations and standards. <ul style="list-style-type: none"> – Incident automation team policy. – Customer service and work ethics. 	I		
<p>5. <u>Obtain work materials and equipment.</u></p> <ul style="list-style-type: none"> • Acquire appropriate supplies for check-in station(s) to fully function. • Anticipate needs for duration of incident. • Order supplies using established procedures approved by Resources Unit Leader. 	I		
<p>6. <u>Organize and maintain check-in station.</u></p> <ul style="list-style-type: none"> • Provide visible signs to identify station. • Organize work area for an efficient check-in process. • Maintain station operation within time frames set by Resources Unit Leader. 	I		

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Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>7. <u>Perform check-in process.</u></p> <p>A. Collect information during check-in interviews.</p> <ul style="list-style-type: none"> • Request, verify, and record all resource orders. • Verify incident qualifications. • Record complete, accurate, and legible information on ICS 211 following standard procedures. • Identify length of tour of duty. • Include previous assignment as appropriate. • Identify work/rest compliance. • Determine travel status information. • Confirm at-work limitations if appropriate. • Unusual restrictions and limitations (medical problems, etc.). <p>B. Information management.</p> <ul style="list-style-type: none"> • Demonstrate ability to use current incident automation software. • Accurately input data within established time frames. • Troubleshoot data inconsistencies. • Provide information as requested. • Organize and file documents according to established procedures. • Complete forms within time frames established by Resources Unit Leader. 	I		

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Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
8. <u>Direct personnel to supervisor or to resources unit for further instructions.</u>	I		
9. <u>Display resource information according to established incident protocol.</u>	I		
10. <u>Track restrictions/work requirements for operational resources.</u> <ul style="list-style-type: none"> • Assist Resources Unit Leader. • Update information for each operational period for each operational resource: <ul style="list-style-type: none"> – Length of tour of duty/assignment. – Previous assignments as appropriate. – Unusual restrictions and limitations. • Brief Resources Unit Leader about status of resources prior to preparation of ICS 215. 	I		
11. <u>Maintain information about incident resources (total number, location, etc.).</u> <ul style="list-style-type: none"> • Respond to requests as time is available. • Process emergency requests as quickly as possible. 	I		

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Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>12. <u>Transition with relief personnel.</u></p> <ul style="list-style-type: none"> • Brief relief personnel about major events of the concluding operational period, unusual situations, or conditions, and information required by the Resources Unit Leader as personnel and resources are checked in. • Provide written notes about items that need follow-up during the upcoming operational period. • Brief relief personnel on data entry conventions. • Brief relief personnel on customized use of database fields. • Brief relief personnel on filing system. 	I		

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Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>13. <u>Assist Demobilization Unit Leader.</u></p> <p>A. Planning and preparation.</p> <ul style="list-style-type: none"> • Coordinate efforts with Resources Unit Leader. • Transfer information from ICS 211 to ICS 221, Demobilization Checkout, for each resource according to incident protocol. • Generate reports to reflect similarities in information as directed: <ul style="list-style-type: none"> – Resource types – Date and time of release – Transportation needs – Destination • Provide for each resource: <ul style="list-style-type: none"> – Request number – Name of resource – Position on incident – Home agency – Transportation needed • Prepare a list of scheduled releases. • Assist with preparation of transportation information. • Complete subject tasks within time frame set by Demobilization Unit Leader. • Distribute information as instructed by Demobilization Unit Leader. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
B. Check out resources. <ul style="list-style-type: none"> • Provide checkout forms to appropriate resources. • Obtain travel information from all resources (ETA, destination, ETD, RON, type of transportation, etc.). • Instruct resources about demobilization process. • Update status of resource: <ul style="list-style-type: none"> – ICS 219 – Database 	I		
14. <u>Advise other entities of resource status change as appropriate.</u> <ul style="list-style-type: none"> • Dispatch/expanded dispatch • Finance • Logistics • Operations 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

<u>DEMOBILIZATION</u>			
15. <u>Demobilize and check out.</u> <ul style="list-style-type: none"> • Receive demobilization instructions from supervisor. • Ensure that incident and agency demobilization procedures are followed. If required, complete ICS 221, Demobilization Checkout, and turn in as appropriate. 	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 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; 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.

- | | | | |
|--------------|---------------------------------|---------------|--------------------------------|
| Grass | 1. Short Grass (1 foot) | Timber | 8. Closed Timber Litter |
| Group | 2. Timber (grass & understory) | Group | 9. Hardwood Litter |
| | 3. Tall Grass (2-1/2 feet) | | 10. Timber (litter understory) |
| Brush | 4. Chaparral (6 feet) | Slash | 11. Light Logging Slash |
| Group | 5. Brush (2 feet) | Group | 12. Medium Logging Slash |
| | 6. Dormant Brush-Hardwood Slash | | 13. Heavy Logging Slash |
| | 7. Southern Rough | | |

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator’s initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator’s relevant red card rating: List your certification relevant to the trainee position you supervised.

Evaluation Record

TRAINEE NAME

TRAINEE POSITION

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

#2	Evaluator's name: Incident/office title & agency:				
Evaluator' 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

#3	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		
<p>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.</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 & knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					

#4	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		
<p>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.</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 & knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					