

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

TRAINING SPECIALIST (TNSP)



PMS 311-28

March 2004

NFES 2338

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 2338

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 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: TRAINING SPECIALIST (TNSP)

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></p> <p>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"> • Items specified in the Training Specialist, S-445, Field Guide 	O		
<p><u>INCIDENT ACTIVITIES</u></p> <p>2. <u>Report to the Planning Section Chief and obtain a briefing.</u></p> <ul style="list-style-type: none"> • Determine Incident Management Team’s (IMT) training guidelines, priorities, and objectives. • Assess complexity and the potential duration of the incident. • Establish a work area (tables, chairs, tent, communications, signs, etc.). • Meet the Command and General Staff and Planning Section personnel. • Obtain the Planning Section’s schedule. 	I		

- *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: TRAINING SPECIALIST (TNSP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
3. <u>Identify trainees, trainers/coaches, and evaluators who are qualified and available to participate in the training program.</u> <ul style="list-style-type: none"> • Coordinate with the Resources Unit Leader and the Demobilization Unit Leader. • Check with the Status Check-in Recorder. • Check with the Command and General Staff. • Check with Agency Representatives and the Home Unit Administrator. • Initiate the Training Assignments List Form. 	I		
4. <u>Identify the need for, and order, additional Training Specialists.</u>	I		
5. <u>Initiate the ICS 214, Unit Log.</u>	I		
6. <u>Coordinate with the ground support unit for transportation.</u>	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: TRAINING SPECIALIST (TNSP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
7. <u>Initiate individual training programs.</u> <ul style="list-style-type: none"> • Interview trainees, trainers/coaches, and evaluators; first individually, then together. • Verify trainee qualifications, prepare trainee data forms, and write goals and tasks. • Schedule progress reviews. 	I		
8. <u>Monitor the quality of the training assignments.</u> <ul style="list-style-type: none"> • Identify potential conflicts and resolve within the same operational period, if possible. • Redefine and upgrade training assignments as necessary. • Assess the training effectiveness. 	I		
9. <u>Evaluate the incident training potential with the Planning Section Chief daily.</u>	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: TRAINING SPECIALIST (TNSP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>10. <u>Participate in daily incident management activities.</u></p> <ul style="list-style-type: none"> • Attend operational period briefings and present program status. • Review the Incident Action Plan (IAP) for information affecting utilization of trainees. • Attend planning section meetings. • Prepare the Incident Training Summary Form for the IAP. • Obtain supplies and communications equipment to maintain the training function. • Conduct progress reviews with trainees, trainers/coaches, and evaluators. • Coordinate with all sections and units involved with the training program. • Schedule time for problem solving. • Complete daily documentation. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: TRAINING SPECIALIST (TNSP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>11. <u>Finalize individual trainee assignments.</u></p> <ul style="list-style-type: none"> • Conduct the final incident trainee interview and complete the Incident Trainee Exit Interview Form. • Ensure the completion of the ICS 226, Individual Performance Rating. • Confer with the evaluator and trainee and prepare documentation for a recommendation to the home agency. • Ensure that the task book is updated and signed by the evaluator. • Prepare the home unit letter. • Update the master Training Assignments List Form to show completion of the assignment. • Update the Incident Training Summary Form. • Provide a copy of the ICS 226, Individual Performance Rating to the trainee. 	I		
<p><u>DEMOBILIZATION</u></p> <p>12. <u>Transition with the replacement Training Specialist, if being replaced.</u></p> <ul style="list-style-type: none"> • Update all documentation. • Brief the replacement. • Sign over all documentation. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: TRAINING SPECIALIST (TNSP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
13. <u>Demobilize the training function.</u> <ul style="list-style-type: none"> • Finalize documentation of all individual trainee assignments. • Receive a performance rating from the Planning Section Chief. 	I		

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

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.

- | | | | |
|--------------|---------------------------------|---------------|--------------------------------|
| 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's home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildland fire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
			to		
<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's home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildland fire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
			to		
<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>					