A Publication of the
**National Wildfire
Coordinating Group**

NWCG Task Book for the Position of:

LIAISON OFFICER (LOFR)

PMS 311-05 **JUNE 2010**

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: _____

The material contained in this book accurately defines the performance expected of the positions for which it was developed. Each position task book builds on tasks from previous prerequisite position task books. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

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

LIAISON OFFICER

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/publications/position-taskbooks

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/publications/310-1.

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) <u>or</u> 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.

Liaison Officer (LOFR)

Competency: Assume position responsibilities.

Description: Successfully assume role of Liaison Officer and initiate position activities at the appropriate time according to the following behaviors.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure readiness for assignment.			
1. Obtain and assemble information and materials needed for kit. 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. The basic information and materials needed may include, but is not limited to, any of the following: **Reference Materials** • *Appropriate references for the incident (e.g., PMS 410-1, Fireline Handbook)* • *ICS 420-1, Field Operations Guide* • *Individual checklists/reminders* **Forms** • *ICS Form 213, General Message* • *ICS Form 214, Unit Log* • *Agency specific forms appropriate to the function* **Supplies** • *Office supplies appropriate to the function*	O		
2. Arrive properly equipped at incident assigned location within acceptable time limits.	I		
3. Check in according to agency guidelines.	I		

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

Liaison Officer (LOFR)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.			
4. Establish a work location within the first operational period following check in. • *Work location must be:* - *Visible* - *Identifiable* - *Have adequate space for two to four persons.* • *Coordinate bulletin board posting of agency information.*	I		
5. Ensure sufficient personnel and resources to accomplish information exchange.	I		
6. If needed, obtain Assistant(s) for the liaison staff to complete required duties.	I		
Behavior: Gather, update, and apply situational information relevant to the assignment.			
7. Obtain complete information from dispatch upon activation. • *Incident name* • *Incident order number* • *Request number* • *Reporting location* • *Reporting time* • *Transportation arrangements/travel routes* • *Contact procedures during travel (telephone/radio)*	I		
8. Gather information necessary to assess incident assignment and determine immediate needs and actions. • *Incident Commander's/supervisor's name and location; make contact* • *Type/size/complexity of incident* • *Current resource commitments* • *Current situation* • *Expected duration of assignment*	I		

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

Liaison Officer (LOFR)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
9. Assemble incident information for use in briefings and filling requests. • *Within the first operational period after check in, obtain incident information from the Incident Commander, Resources Unit and Situation Unit.* • *Update incident information by the beginning of each operational period.* • *Disaster declarations and evacuation plans*	I		
10. Assemble agency information for use in answering requests and resolving problems. • *Obtain assisting, cooperating and non-governmental agency information that includes:* - *Contact persons (Agency Representatives)* - *Radio frequencies* - *Phone and pager numbers* - *Cooperative agreements* - *Equipment type* - *Number of personnel* - *Condition of equipment and personnel* - *Agency constraints or limitations*	I		
Behavior: Establish effective relationships with relevant personnel.			
11. Establish and maintain positive interpersonal and interagency working relationships.	I		
12. Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident.	I		
Behavior: Establish organization structure, reporting procedures, and chain of command of assigned resources.			
13. Supervise liaison staff as needed, based on changes in incident situation and resource status. • *Ensure that priorities are communicated and understood.* • *Ensure that safety procedures are maintained.* • *Ensure effective use and coordination of all assigned resources.*	O		

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

Liaison Officer (LOFR)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Understand and comply with ICS concepts and principles.			
14. Maintain appropriate span of control. • *Order additional LOFRs as number of contacts exceeds span of control.*	I		
15. Demonstrate knowledge of ICS structure, principles, positions, and ICS forms.	I		

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

Liaison Officer (LOFR)

Competency: Lead assigned personnel.

Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Model leadership values and principles.			
16. Exhibit principles of duty. • *Be proficient in your job, both technically and as a leader.* • *Make sound and timely decisions.* • *Ensure tasks are understood, supervised and accomplished.* • *Develop your subordinates for the future.*	I		
17. Exhibit principles of respect. • *Know your subordinates and look out for their well-being.* • *Keep your subordinates informed.* • *Build the team.* • *Employ your subordinates in accordance with their capabilities.*	I		
18. Exhibit principles of integrity. • *Know yourself and seek improvement.* • *Seek responsibility and accept responsibility for your actions.* • *Set the example.*	I		
19. Use diplomacy to resolve concerns related to multi-agency involvement.	I		

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

Liaison Officer (LOFR)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure the safety, welfare, and accountability of assigned personnel.			
20. Recognize potentially hazardous situations.	O		
21. Inform appropriate personnel of known hazards.	O		
22. Ensure that special precautions are taken when extraordinary hazards exist.	O		
23. Ensure adequate rest is provided to all liaison staff. • *Adhere to 2:1 work/rest guidelines*	O		
Behavior: Establish work assignments and performance expectations, monitor performance, and provide feedback.			
24. Brief and keep subordinates informed and updated.	O		
25. Establish time frames and schedules.	O		
26. Assign and monitor work assignments.	O		
27. Provide counseling and discipline as needed.	O		
28. Ensure that performance ratings are completed as required by the Incident Commander/Agency Administrator.	O		
Behavior: Emphasize teamwork.			
29. Identify and emphasize the achievement of group goals. • *Group may include assigned personnel, team members, cooperators, etc.*	I		

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

Liaison Officer (LOFR)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Coordinate interdependent activities.			
30. Interact and coordinate with all Command and General Staff. • *Receive and transmit current and accurate information.* • *Interact and coordinate with the IC and PIO.*	I		

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

Liaison Officer (LOFR)

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	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure relevant information is exchanged during briefings and debriefings.			
31. Within the first operational period after check in, obtain incident information from the Incident Commander, resource unit and situation unit. • *Obtain copy of the current IAP.*	I		
32. Attend incident planning meetings. Provide assisting and cooperating agency input as necessary.	I		
33. Conduct briefings at predetermined times and locations with assisting, cooperating and non-governmental agencies prior to each operational period.	I		
34. Provide assisting and cooperating agencies' input to the planning process.	I		
Behavior: Ensure documentation is complete and disposition is appropriate.			
35. Complete ICS Form 214 for each operational period.	I		
36. Complete transition/demobilization plan.	I		
37. File all records with documentation unit during demobilization. • *Phone/contact list* • *Evacuation and closure notices*	I		

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

Liaison Officer (LOFR)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.			
38. Keep cooperating and assisting agencies informed of planning actions. • *If necessary, conduct briefing with Agency Representatives prior to the Planning Meeting, following the Planning Meeting, or following any change in the Incident Action Plan (IAP).* • *Supply a copy of the Incident Action Plan to Agency Representatives.*	I		
39. Respond to requests for information and resolve problems. • *Advise the Incident Commander of any political or stakeholder concerns related to multi-agency involvement.* • *Fulfill request for information concerning any cooperating or assisting agencies in a timely manner.* • *Follow up on all requests and problems to ensure their completion within the work period following their initiation.* • *Problems or requests that remain incomplete after follow-up should be addressed at the next planning meeting.* • *Initiate and conduct stakeholder meeting with Agency Representative and any cooperating or assisting agencies.* • *Anticipate and proactively respond to cultural, social, and potential political issues with private land owners, elected officials, and public figures.*	I		
40. Supply cooperating and assisting agencies with demobilization information at least one operational period prior to demobilization.	I		

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

Liaison Officer (LOFR)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Communicate and assure understanding of work expectations within the chain of command and across functional areas.			
41. Ensure that subordinates understand their roles and responsibilities for carrying out the mission during the incident.	I		
42. Ensure incident management team members are aware of the safety-related aspects of their jobs and undertake their job responsibilities in a safe manner based on expected duration, size, type of incident, potential values to be protected, and jurisdictional involvement.	I		

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

Liaison Officer (LOFR)

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	CODE	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.			
43. Update incident information by the beginning of each operational period.	I		
Behavior: Modify approach based on evaluation of incident situation.			
44. Respond to requests for information and resolve problems. • *Advise the Incident Commander of any political or stakeholder concerns related to multi-agency involvement.* • *Fulfill request for information concerning any cooperating or assisting agencies in a timely manner.* • *Follow up on all requests and problems to ensure their completion within the work period following their initiation.* • *Problems or requests that remain incomplete after follow-up should be addressed at the next planning meeting.*	I		

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

Liaison Officer (LOFR)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Plan for demobilization and ensure demobilization procedures are followed.			
45. Meet with agencies and gather information on personnel and equipment priorities prior to demobilization.	I		
46. Provide assisting and cooperating agencies' input to the demobilization process. • *Attend demobilization meeting.* • *Supply cooperating and assisting agencies with demobilization information at least one operational period prior to demobilization.* • *Record demobilization issues.* • *File all records with the Documentation Unit.* • *Complete demobilization process.*	I		
Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.			
47. Determine time of transfer, with Incident Commander and your replacement.	I		
48. Communicate transfer of Liaison duties to Command and General Staff, and assisting and cooperating agency representatives.	I		
49. If necessary, coordinate with agencies about transfer of command back to local jurisdiction.	I		

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

Evaluation Record # _____

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): _____

Additional Evaluation Record Sheets can be downloaded at http://www.nwcg.gov/publications/position-taskbooks

Evaluation Record # _____

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): _____

Additional Evaluation Record Sheets can be downloaded at http://www.nwcg.gov/publications/position-taskbooks