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

NWCG Task Book for the Position of:

STAGING AREA MANAGER (STAM)

PMS 311-16 **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: _____

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.

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

STAGING AREA MANAGER

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.

Staging Area Manager (STAM)

Competency: Assume position responsibilities.

Description: Successfully assume role of Staging Area Manager 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. Suggested items: • *Incident specific reference materials* • *PMS 410-1, Fireline Handbook* • *Documentation materials* • *PMS 461, Incident Response Pocket Guide (IRPG)* • *Local telephone directory*	O		
2. Obtain complete information from dispatch upon assignment. • *Incident name* • *Incident order number* • *Request number* • *Incident phone number* • *Reporting time* • *Reporting location* • *Transportation arrangements/travel routes* • *Contact procedures during travel (telephone/radio)*	O		
3. Arrive at incident and check in. • *Arrive properly equipped at assigned location within acceptable time limits.*	I		
Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.			
4. Determine need for assistance by assessing span of control. • *Resources assigned* • *Support needs for resources* • *Anticipated duration of staging* • *Contingency plan objectives* • *Number of operational periods per day*	I		

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

Staging Area Manager (STAM)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
5. Determine and order support needs. • *Compile an inventory list of resources on site or en route to site.* • *Discuss resource needs with supervisors who are assigned to staging area.* • *Evaluate needs for sanitation facilities, food, water, fuel for vehicles and aircraft, maintenance, communications, and other resource requirements.* • *Record resource needs on ICS 213, General Message.* • *Coordinate and discuss resource needs with Operations Section Chief and determine how orders will be placed.* • *Place orders through Operations Section Chief or designated section (logistics).* • *Set up a system for tracking resources requested vs. resources actually received.*	I		
Behavior: Gather, update, and apply situational information relevant to the assignment.			
6. Obtain initial briefing from Operations Section Chief. • *Current resource commitments* • *Type of incident* • *Expected duration of incident* • *Terrain* • *Weather* • *Number of staging areas*	I		
7. Obtain information from Incident Action Plans (IAPs) or relevant plans. • *Incident strategies.* • *Location of staging area.* • *Estimated time of arrival for resources.* • *Present location of resources.* • *Contact information for expected resources.* • *Personnel authorized to order resources out of staging.* • *Length and number of anticipated operational periods.* • *Names and locations of key overhead (to facilitate staging area operation).*	I		

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

Staging Area Manager (STAM)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Establish effective relationships with relevant personnel.			
8. Conduct self in a professional manner. • *Respectful and courteous.* • *Respectful of public and private property.*	I		
9. Establish and maintain positive interpersonal and interagency working relationships.	I		
Behavior: Establish organization structure, reporting procedures, and chain of command of assigned resources.			
10. Establish staging area procedures. • *Establish a check-in location with Status Check-in Recorder and provide the necessary facilities and equipment.* • *Conduct a briefing with incoming resources (e.g., staging area, restricted areas (helibase, private property), procedures for staging, dispatching and checkout, refueling, feeding).* • *Establish a system of accountability for equipment issued at the staging area.* • *Verify time of resources assigned to staging area by signing time report.* • *Verify radio frequencies with incoming resources.*	I		
Behavior: Understand and comply with ICS concepts and principles.			
11. Apply the ICS. • *Follow chain of command.* • *Maintain appropriate span of control.* • *Use appropriate ICS forms.* • *Use appropriate ICS terminology.*	I		

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

Staging Area Manager (STAM)

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.			
12. 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		
13. 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		
14. Exhibit principles of integrity. • *Know yourself and seek improvement.* • *Seek responsibility and accept responsibility for your actions.* • *Set the example.*	I		
Behavior: Ensure the safety, welfare, and accountability of assigned personnel.			
15. Provide for the safety and welfare, of assigned resources. • *Ensure staging area operations are compliant with Lookouts, Communication, Escape Routes, Safety Zones (LCES), Standard Firefighting Orders and mitigation of applicable Watch Out Situations.* • *Recognize, mitigate and communicate potentially hazardous situations.* • *Monitor condition of assigned resources.* • *Account for assigned resources.* • *Provide for care of staging area personnel and notify supervisor in event of sickness, injury, or accident.*	I		

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

Staging Area Manager (STAM)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Establish work assignments and performance expectations, monitor performance, and provide feedback.			
16. Complete daily review of staffing requirements.	I		
17. Develop schedule/assignments based on IAP or relevant plan.	I		
18. Ensure subordinates understand assignment for operational period. • *Provide clear, concise instructions and allow for feedback.*	I		
19. Continually evaluate performance. • *Communicate deficiencies immediately and take corrective action.* • *Provide training opportunities where available.* • *Complete personnel performance evaluations according to agency guidelines.*	I		
Behavior: Emphasize teamwork.			
20. Establish crew cohesiveness. • *Provide for open communication.* • *Seek commitment.* • *Set expectations for accountability.* • *Focus on the team result.*	I		

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

Staging Area Manager (STAM)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Coordinate interdependent activities.			
21. Coordinate with Planning Section. • *Determine staging area location.* • *Acquire maps.* • *Assess current situation.* • *Determine availability of Status Check-In Recorder.* • *Establish incident demobilization plan.* • *Obtain emergency procedures.*	I		
22. Coordinate with Logistics. • *Determine communications needs.* • *Determine supplies and equipment available.* • *Establish ordering procedures.* • *Arrange for medical aid or assistance.* • *Plan for personnel needs.* • *Provide for sanitation needs.* • *Determine needs for security.* • *Resolve transportation problems.*	I		
23. Coordinate with Finance/Administration. • *Assure use agreement is in place for staging area.* • *Determine procurement procedures.* • *Determine timekeeping procedures for personnel and equipment.* • *Request Time Unit personnel to assist if necessary.*	I		

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

Staging Area Manager (STAM)

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.			
24. Brief and keep subordinates informed and updated. • *Ensure expectations are communicated and understood.*	I		
25. Attend briefings and meetings as directed. • *Provide information as requested.* • *Keep supervisor informed of issues and potential problems.*	I		
26. Participate in functional area briefings and After Action Reviews (AARs).	I		
Behavior: Ensure documentation is complete and disposition is appropriate.			
27. Compile list of resources assigned to staging area.	I		
28. Complete and submit evaluation and documentation forms through supervisor to Documentation Unit as required.	I		
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.			
29. Provide a copy of staging area layout map to Planning and Logistics Sections.	I		

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

Staging Area Manager (STAM)

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.			
30. Determine and report resource deficiencies to Operations Section Chief. • *Determine which resources cannot respond to a dispatch request within three minutes (e.g., check with Single Resource Bosses and leaders throughout operational period on condition of resources; determine if mitigating measures can correct problems).* • *Report situations to Operations Section Chief; describe problems and include possible solutions.* • *Determine corrective action with Operations Section Chief and proceed to meet these objectives.*	I		
Behavior: Utilize information to produce outputs.			
31. Establish a layout for staging area. • *Evaluate site on foot or in a vehicle.* • *Set up signs showing traffic flow for personnel and vehicles, dispatch and check-in areas, location of crews and equipment, and other resources at the site.* • *Rope or flag off any special areas or safety hazards.*	I		
32. Prepare a map of the staging area.	I		

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

Staging Area Manager (STAM)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Take appropriate action based on assessed risks.			
33. Apply the Risk Management Process found in the IRPG and Fireline Handbook. • *Step 1: Situation Awareness* • *Step 2: Hazard Assessment* • *Step 3: Hazard Control* • *Step 4: Decision Point* • *Step 5: Evaluate*	I		
34. Respond to requests for resource assignments. • *Receive requests from Operations Section Chief or designated alternate.* • *Brief personnel about dispatch assignments (e.g., location, travel routes, assignments, name of supervisor, radio frequency to contact supervisor).*	I		
35. Administer dispatch procedures. • *Supervise movement of resources until they leave staging area.* • *Notify Operations Section Chief when resources have left staging area.* • *Notify Resource Unit Leader of dispatch and destination of resources.* • *Assess dispatch procedures, adjust if necessary, and document changes.*	I		
Behavior: Modify approach based on evaluation of incident situation.			
36. Take appropriate actions to relocate the staging area. • *Notify staging area personnel of move.* • *Ensure resources are in a state of readiness prior to move or release.* • *Designate staged resources to report to new location, new incident, or home unit.* • *Inform staged resources of time frames, travel routes.* • *Notify and coordinate with Ground Support, Resources, and Facilities Unit Leaders on movement of resources to different location.*	R		

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

Staging Area Manager (STAM)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
37. Prepare for weather contingencies or other emergency situations.	I		
Behavior: Follow established procedures and/or safety procedures relevant to given assignment.			
38. Ensure established guidelines are followed. • *Work/rest* • *Agency safety standards and procedures*	I		
Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.			
39. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency). • *Inform subordinate staff and IC.* • *Document follow-up action needed and submit to supervisor.*	I		
Behavior: Plan for demobilization and ensure demobilization procedures are followed.			
40. Demobilize staging area in timely and orderly manner. • *Confirm and obtain instructions from Operations Section Chief.* • *Remove signs and barriers and clean up area.* • *Inspect and recommend site rehabilitation.* • *Complete and submit evaluation and documentation forms through supervisor to Documentation Unit.*	I		
41. Demobilize and check out. • *Receive demobilization instructions from incident supervisor.* • *If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person.*	O		

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

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Evaluator's Recommendation

(Initial only one line as appropriate)

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_____ **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): _____

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