



TASK BOOK FOR THE POSITION OF HELITORCH MANAGER (HTMG)

May 2015

TASK BOOK ASSIGNED TO:

INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER

TASK BOOK INITIATED BY:

OFFICIAL'S NAME, DUTY STATION, AND PHONE NUMBER

LOCATION AND DATE THAT TASK BOOK WAS INITIATED

The material contained in this Task 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:**

HELITORCH MANAGER (HTMG)

FINAL EVALUATOR'S VERIFICATION

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

has performed successfully 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

**US Forest Service (USFS) & Department of the Interior (DOI)
POSITION TASK BOOK**

Position Task Books (PTB) have been developed for designated positions within the aviation management branches of the USFS & DOI. 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 projects, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on an actual Project or Wildfire. Performance of these tasks in a classroom setting is NOT qualifying. It is important that performance be critically evaluated and accurately recorded by each evaluator. 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.

A more detailed description of this process and definitions of terms are included in the current Wildland Fire Qualifications Supplement to the NWCG PMS 310-1. <http://www.nwcg.gov/publications/310-1>.

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.).

W/RX = Task must be performed on a wildfire OR prescribed fire incident.

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.

RESPONSIBILITIES:

- The **Home Unit/ District/Forest** 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 Interagency Aviation Training Guide as well as the Interagency Helicopter Operations 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.

- 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 aviation manager when the PTB is completed and providing a copy.

Keeping the original PTB in personal records.

- The **Evaluator** is responsible for:

Understanding the Interagency Helicopter Operations Guide and the Interagency Aerial Ignition Guide.

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.

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.

- The **Final Evaluator** must be currently qualified as Helitorch Manager. Only the Evaluator on the final position performance assignment (the assignment in which all remaining tasks have been evaluated and initialed) will complete the Final Evaluator's Verification statement inside the front cover of the PTB recommending certification.

- The Unit **Training Specialist/Unit Aviation Manager (UAM)** is responsible for:

Identifying Project 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 Project when home unit was unable to provide them.

Documenting the assignment.

Conducting progress reviews.

Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete. Notifying trainee's home unit.

- The **Certifying Official** from the Home Agency (**Unit Aviation Officer/State Aviation Manager/Regional Aviation Manager/ Regional Helicopter Operations Specialist, whichever is applicable**) must review and confirm the completion of the PTB and make a determination of agency certification. This determination should be based on the Trainee's demonstration of acceptable position performance, as well as the completed PTB—which includes a Final Evaluator's Verification. Only the Certifying Official from the Home Agency has the authority to certify an individual's qualifications.

POSITION: HELITORCH MANAGER (PLDO)

Competency: Assume position responsibilities.

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

TASK	C O D E	EVALUATION RECORD#	EVALUATOR: Initial & date upon Completion of task
<p>GENERAL</p> <p>1. Obtain and assemble information and materials needed for assignment. Suggested items:</p> <ul style="list-style-type: none"> • Flight gear (e.g., personal protective equipment (PPE), helmet, gloves) • Helitorch Go/No-go Checklist. • Passenger Cargo Manifest • PMS 501, Interagency Aerial Ignition Guide • Fire shelter. • Radio. 	O		
<p>2. Demonstrate knowledge of agency's aviation safety policies as applicable to duties of the position and tasks within this book :</p> <ul style="list-style-type: none"> • Approved Project Aviation Safety Plan is in place. Brief the evaluator as to whether JHA/Risk Management Worksheet or PASP adequately addresses critical system elements and key hazards. • Identify any additional hazards and mitigations not included/or alternate mitigations for the Workbook. • Qualified Helibase Manager assigned (if necessary due to multiple aircraft). • Landing areas and fire protection meets established standards. • Landing area Crash rescue/evacuation kits on the helibase/helispots. • Knowledgeable of procedures for safe storage, handling and mixing of fuel according to agency policy. • Organization Chart posted and assignments known. • Communication Chart posted, frequencies programmed and tested. • Current Mishap Response Plan posted and briefed. • Flight Hazard Map posted and hazards known to pilot. • Map/photos of burn area or project posted and briefed to all personnel. • All personnel briefed. 	W/ RX		

Code: O = task can be completed in any situation (classroom, simulation, daily job, etc.) W/RX = Task must be performed

on a wildfire OR prescribed fire incident.

POSITION: HELITORCH MANAGER

TASK	C O D E	EVALUATION RECORD#	EVALUATOR: Initial & date upon Completion of task
<p>PILOT(S) AND AIRCRAFT</p> <p>3. Ensure the pilot and aircraft comply with agency's standards:</p> <ul style="list-style-type: none"> • Qualified Helicopter Manager assigned to manage helicopter (may be collateral duty). • Aircraft data card current and certified for mission. • Pilot(s) Qualification Card(s) current and certified for mission. • Review and complete performance planning, document and sign the Interagency Load Calculation Form. Discuss aircraft limitations. • Discuss the height-velocity curve and flight profile with pilot and the increased hazards of the mission. • Verify and review required onboard documents for compliance and currency such as: <ul style="list-style-type: none"> ○ Transportation of Hazardous Materials Guide ○ DOT special permit • Ensure the bucket for water drops was ordered with helicopter and is available and ready onsite. • Fire Shelter provided onboard for pilot is accessible and pilot is trained in its use. • Vendor provided equipment and/or personnel is compliant with agency requirements. 	W/ RX		
<p>4. Establish and maintain positive supervisory interpersonal and interagency working relationships.</p>	W/ RX		
<p>5. Ensure that:</p> <ul style="list-style-type: none"> • Assigned personnel are in good mental and physical health. • Assigned personnel are motivated to carry out assignments. Morale problems are dealt with immediately. • Fatigue producing conditions on projects are resolved. 	W/ RX		

Code: O = task can be completed in any situation (classroom, simulation, daily job, etc.) W/RX = Task must be performed on a wildfire OR prescribed fire incident.

POSITION: HELITORCH MANAGER

TASK	C O D E	EVALUATION RECORD#	EVALUATOR: Initial & date upon Completion of task
<p>HELITORCH 6. Approved helitorch is tested and mechanical operations are satisfactory.</p> <ul style="list-style-type: none"> • Pilot and/or mechanic inspect the installation of helitorch and approve it flight ready. • Ensure adequate equipment is onsite to complete the mission. (ex: enough fuel and gelling agent onsite, back up helitorch machine, if required, no smoking signs, etc...) • Equipment operational and dry run completed with personnel. • Agency helitorch module certified and documentation reviewed. 	W/ RX		
<p>7. Helitorch mixing area is compliant with agency standards:</p> <ul style="list-style-type: none"> • Mixing area is separate from other helibase activities, is located outside of safety circle, and the approach and departure paths. • Bulk fuel supply is available, properly located, bonding measures properly applied, fuel handlers briefed. • Traffic control in place. • Ensure adequate equipment is onsite to complete the mission. (ex: enough fuel and gelling agent onsite, portable eye wash station compliant with ANSI Z358.1-1998 and OSHA 1910.141 and hand washing station compliant with OSHA 29 CFR 1910.141 and 1926.51, back up helitorch machine, if required, "No Smoking", No Radios" and "NO Cell Phone Use" signs, etc...) • Equipment operational and dry run completed with personnel. • Personal protective equipment for personnel is compliant with agency standards (ex: fire retardant anti-static or 100 percent cotton overalls, nitrile chemical resistant gloves, etc.) • If powdered gelling agent is used, ensure that N-95 dust masks are provided and used according to OSHA 29 CFR 1910.134 	W/ RX		

Code: O = task can be completed in any situation (classroom, simulation, daily job, etc.) W/RX = Task must be performed on a wildfire OR prescribed fire incident.

POSITION: HELITORCH MANAGER

<p>BURNING OPERATIONS</p> <p>8. Ensure burn operations are conducted with regards to employee safety according to agency policy requirements:</p> <ul style="list-style-type: none"> • Supervises and monitors the overall helitorch operations on the helibase and assigns qualified personnel to positions and identifies trainee(s). • Helitorch Go/No-go Checklist completed. • Ensures the ignition area is clear of personnel. • Identify burn area boundaries. Identify start and end points, discuss desired fire intensity. • Discuss routes to include jettisoning torch considerations and alternate or emergency landing sites. • Ensure communication with ground ignition personnel and helibase personnel. • Make practice run of first sequence. Ensure communication sequence with ignition specialist/burn boss is coordinated and reviewed. • After the dry run and prior to firing, evaluate the risk assessment mitigations and readjust as necessary. • Confirm all ground personnel are clear of the area and commence firing. 	<p>W/ RX</p>		
<p>POST FLIGHT OPERATIONS</p> <p>8. Follow proper procedures for post flight operations:</p> <ul style="list-style-type: none"> • Conduct a post flight debriefing (After Action Review) to identify areas for improvement and highlight strengths of the operation. • Remove and clean the helitorch according to manufacturer's specifications. Perform any required maintenance necessary. Order and replace parts as needed. • Complete Helitorch Log for use and document any maintenance completed. 	<p>W/ RX</p>		
<p>DEMOBILIZATION</p> <p>9. Receive demobilization instructions. Brief participants, and flight following personnel on demobilization procedures and responsibilities. Ensure that Project and agency demobilization procedures are followed.</p>	<p>W/ RX</p>		

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INSTRUCTIONS for EVALUATION RECORD

There are four separate blocks allowing multiple evaluations to be made, if required. These evaluations may be made on wildfires, prescribed fires, simulation in classroom, or in daily duties. This should be a sufficient number of forms for qualification if the individual is adequately prepared and opportunities are present. 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, Project/Wildfire, office title, and agency: List the name of the evaluator, his/her 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 Project/Wildfire: Identify the location where the tasks were performed by agency and office.

Project Kind: Enter kind of project, e.g., wildfire or prescribed fire.

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 project 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 Projects if the trainee has been evaluated on that basis, i.e., several initial attack fires in similar fuel types.

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 Qualification/rating: List your certification relevant to the trainee position you supervised.

Evaluation Record

TRAINEE NAME/ TRAINEE POSITION _____

#1	Evaluator's name: Project/office title & agency:			
Evaluator's home unit address & phone:				
Name and Location of Project or Wildfire (agency & area)	Project Kind (Animal survey, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level
			to	
<p>___ The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee.</p> <p>___ 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> 				
Date: _____ Evaluator's initials: _____ Evaluator's Qualification/rating: _____				

#2	Evaluator's name: Project/office title & agency:			
Evaluator's home unit address & phone:				
Name and Location of Project or Wildfire (agency & area)	Project Kind (Animal survey, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level
			to	
<p>___ The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee.</p> <p>___ 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> 				
Date: _____ Evaluator's initials: _____ Evaluator's Qualification/rating: _____				

Evaluation Record (Continuation Sheet)

TRAINEE NAME/ TRAINEE POSITION _____

#3	Evaluator's name: Project/office title & agency:			
Evaluator's home unit address & phone:				
Name and Location of Project or Wildfire (agency & area)	Project Kind (Animal survey, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level
			to	
<p>___ The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee.</p> <p>___ 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> 				
Date: _____ Evaluator's initials: _____ Evaluator's Qualification/rating: _____				

#4	Evaluator's name: Project/office title & agency:			
Evaluator's home unit address & phone:				
Name and Location of Project or Wildfire (agency & area)	Project Kind (Animal survey, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level
			to	
<p>___ The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee.</p> <p>___ 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> 				
Date: _____ Evaluator's initials: _____ Evaluator's Qualification/rating: _____				