

## INCIDENT TRAINING ASSIGNMENTS LIST

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Incident Name: \_\_\_\_\_

Section: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_

Training Specialist: \_\_\_\_\_

| #  | Trainee | Order # | Job (4-letter designator) | Date Assigned | Date Released | Agency Designator and Home Unit | Coach/Evaluator | Recommendation *1 2 3 4 | Final Letter | Evaluation |
|----|---------|---------|---------------------------|---------------|---------------|---------------------------------|-----------------|-------------------------|--------------|------------|
| 1  |         |         |                           |               |               |                                 |                 |                         |              |            |
| 2  |         |         |                           |               |               |                                 |                 |                         |              |            |
| 3  |         |         |                           |               |               |                                 |                 |                         |              |            |
| 4  |         |         |                           |               |               |                                 |                 |                         |              |            |
| 5  |         |         |                           |               |               |                                 |                 |                         |              |            |
| 6  |         |         |                           |               |               |                                 |                 |                         |              |            |
| 7  |         |         |                           |               |               |                                 |                 |                         |              |            |
| 8  |         |         |                           |               |               |                                 |                 |                         |              |            |
| 9  |         |         |                           |               |               |                                 |                 |                         |              |            |
| 10 |         |         |                           |               |               |                                 |                 |                         |              |            |

- \*Key:
1. The trainee has successfully performed all tasks in the PTB for the position. The Final Evaluator has completed the Final Evaluator's Verification section and has recommended the trainee be considered for agency certification.
  2. The tasks have been performed 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.