

**NWCG Task Book for the Position of:**

**INCIDENT COMMUNICATIONS TECHNICIAN  
(COMT)**



**PMS 311-96**

**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:**

**INCIDENT COMMUNICATIONS TECHNICIAN**

**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 <https://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 <https://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) or 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.

## Incident Communications Technician (COMT)

### Competency: Assume position responsibilities.

*Description: Successfully assume role of Incident Communications Technician and initiate position activities at the appropriate time according to the following behaviors.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure readiness for assignment.</b>			
1. Obtain and assemble information and materials needed for kit. Suggested items: <ul style="list-style-type: none"> <li>• <i>PMS 410-1, Fireline Handbook</i></li> <li>• <i>ICS 205, Incident Radio Communications Plan</i></li> <li>• <i>ICS 213, General Message</i></li> <li>• <i>ICS 214, Unit Log</i></li> <li>• <i>National Incident Radio Support Cache User's Guide</i></li> <li>• <i>Programmable VHF radio</i></li> <li>• <i>Radio programming equipment (cloning cable or computer)</i></li> <li>• <i>Compass/Global Positioning System (GPS)</i></li> <li>• <i>Multi-purpose tool</i></li> <li>• <i>Electrical tape</i></li> <li>• <i>Telephone wire connectors</i></li> <li>• <i>Batteries, AA</i></li> <li>• <i>Multimeter</i></li> <li>• <i>Personal protective equipment (PPE)</i></li> </ul>	O		
2. Obtain complete information from dispatch upon assignment. <ul style="list-style-type: none"> <li>• <i>Incident name</i></li> <li>• <i>Incident order number</i></li> <li>• <i>Request number</i></li> <li>• <i>Incident phone number</i></li> <li>• <i>Reporting time</i></li> <li>• <i>Reporting location</i></li> <li>• <i>Transportation arrangements/travel routes</i></li> <li>• <i>Contact procedures during travel (telephone/radio)</i></li> </ul>	O		
3. Arrive at incident and check in. <ul style="list-style-type: none"> <li>• <i>Arrive properly equipped at assigned location within acceptable time limits.</i></li> </ul>	I		

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

## Incident Communications Technician (COMT)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.</b>			
4. Assist Communications Unit Leader in designing communications system to meet incident operational needs. <ul style="list-style-type: none"> <li>• <i>Determine resource needs.</i></li> <li>• <i>Prepare and/or order necessary equipment and personnel.</i></li> <li>• <i>Order additional communications vendor services and associated costs (e.g., telephone, satcom, microwave).</i></li> <li>• <i>Identify locations for equipment to be installed (e.g., repeaters, telephone lines).</i></li> </ul>	I		
<b>Behavior: Gather, update, and apply situational information relevant to the assignment.</b>			
5. Obtain initial briefing from the Communications Unit Leader or immediate supervisor. <ul style="list-style-type: none"> <li>• <i>Number of communications personnel ordered and on site.</i></li> <li>• <i>Check-in/out procedures for communications equipment (e.g., radios).</i></li> <li>• <i>ICS 205, Incident Radio Communications Plan</i></li> <li>• <i>ICS 206, Medical Plan</i></li> <li>• <i>Current organization of the incident (e.g., section chiefs, unit leaders).</i></li> <li>• <i>Message protocols (e.g., line orders, external, emergencies).</i></li> <li>• <i>Copy of the Incident Action Plan (IAP) or other relevant plans and/or documents (e.g., maps).</i></li> <li>• <i>Meetings and operational period briefings.</i></li> <li>• <i>Current/anticipated situation status.</i></li> </ul>	I		
<b>Behavior: Establish effective relationships with relevant personnel.</b>			
6. Conduct self in a professional manner. <ul style="list-style-type: none"> <li>• <i>Respectful and courteous.</i></li> <li>• <i>Respectful of public and private property.</i></li> </ul>	I		
7. Establish and maintain positive interpersonal and interagency working relationships.	I		

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

## Incident Communications Technician (COMT)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Understand and comply with ICS concepts and principles.</b>			
8. Apply the ICS. <ul style="list-style-type: none"> <li>• <i>Follow chain of command.</i></li> <li>• <i>Maintain appropriate span of control.</i></li> <li>• <i>Use appropriate ICS forms.</i></li> <li>• <i>Use appropriate ICS terminology.</i></li> </ul>	I		

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



## Incident Communications Technician (COMT)

### 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	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure relevant information is exchanged during briefings and debriefings.</b>			
9. Participate in briefings and meetings. • <i>Represent Communications Unit Leader as needed.</i>	I		
<b>Behavior: Ensure documentation is complete and disposition is appropriate.</b>			
10. Initiate and maintain accurate records of communications equipment. • <i>Establish accountability system for issuing and returning radios and other communications equipment.</i> • <i>Transfer geographic locations of communications equipment to local maps (lat/long, legal).</i>	I		
11. Maintain required documentation and submit to Communications Unit Leader or immediate supervisor. • <i>ICS 213, General Message</i> • <i>ICS 214, Unit Log</i>	I		
<b>Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public.</b>			
12. Prepare plan for demobilization of communication resources in conjunction with Communications Unit Leader or immediate supervisor. • <i>Identify excess resources before scheduled release.</i> • <i>Clear releases with supervisor for inclusion into incident demobilization plan.</i> • <i>Provide a list of total weight, number of pieces, total cubic feet, and final destination of equipment being demobilized.</i> • <i>Recover and account for communications equipment.</i>	I		

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

## Incident Communications Technician (COMT)

### 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	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
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### Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.

13. Identify and prioritize incoming information and determine appropriate response. <ul style="list-style-type: none"> <li>Identify any operational restrictions to the Incident Communications Center Manager.</li> </ul>	I		
14. Establish installation priorities while adhering to safety standards regarding communications. <ul style="list-style-type: none"> <li>Operations before logistics</li> </ul>	I		

### Behavior: Take appropriate action based on assessed risks.

15. Determine appropriate location for communications equipment. <ul style="list-style-type: none"> <li>Coordinate with local communication technician, agency and/or personnel.</li> </ul>	I		
16. Install communication equipment at determined locations. <ul style="list-style-type: none"> <li>Coordinate transportation of equipment and personnel.</li> <li>Ensure personnel have appropriate PPE.</li> </ul>	I		

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

## Incident Communications Technician (COMT)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Follow established procedures and/or safety procedures relevant to given assignment.</b>			
17. Provide for the safety, welfare, and accountability of assigned personnel during the entire period of supervision. <ul style="list-style-type: none"> <li>• <i>Communicate potential hazardous or inappropriate work situations.</i></li> <li>• <i>Ensure special precautions are taken and work rest guidelines are followed.</i></li> </ul>	I		
<b>Behavior: Provide logistical support as necessary.</b>			
18. Provide incident personnel with appropriate equipment based on ICS 205, Incident Radio Communications Plan. <ul style="list-style-type: none"> <li>• <i>Identify types and quantity of communications equipment based on the IAP or other relevant plan.</i></li> <li>• <i>Ensure personnel are able to operate assigned equipment.</i></li> </ul>	I		
<b>Behavior: Ensure functionality of equipment.</b>			
19. Test components of communications equipment to ensure the incident's systems are operational. <ul style="list-style-type: none"> <li>• <i>Command repeater/link</i></li> <li>• <i>Logistics repeater</i></li> <li>• <i>Remote</i></li> <li>• <i>Satellite phone</i></li> <li>• <i>Aircraft link</i></li> </ul>	I		
20. Clone or program radios.	I		
21. Perform operational test of communications systems throughout duration of the incident. <ul style="list-style-type: none"> <li>• <i>Accomplish minor field repair.</i></li> <li>• <i>Place orders for replacement of equipment.</i></li> <li>• <i>Plan for battery replacement.</i></li> <li>• <i>Minimize interruptions in system operation.</i></li> </ul>	I		

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

## Incident Communications Technician (COMT)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.</b>			
22. Coordinate and efficient transfer of position duties when mobilizing/demobilizing. <ul style="list-style-type: none"> <li>• <i>Inform subordinate staff.</i></li> <li>• <i>Document follow-up action needed and submit to supervisor.</i></li> </ul>	I		
<b>Behavior: Plan for demobilization and ensure demobilization procedures are followed.</b>			
23. Demobilize equipment. <ul style="list-style-type: none"> <li>• <i>Ensure incident and agency demobilization procedures are followed.</i></li> <li>• <i>Inventory and seal equipment for return.</i></li> <li>• <i>Complete waybill.</i></li> </ul>	I		
24. Demobilize and check out. <ul style="list-style-type: none"> <li>• <i>Receive demobilization instructions from incident supervisor.</i></li> <li>• <i>If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person.</i></li> </ul>	I		

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

**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): \_\_\_\_\_

**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): \_\_\_\_\_