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POLICIES

Participation in the Cal OES EOC Position Credentialing Program is voluntary. However, credentialing EOC staff helps to ensure that personnel possess the minimum knowledge, skills, and experience necessary to execute emergency management EOC safely and effectively.



Documentation Standards

Documentation of training (i.e. course certificates or transcripts) submitted to the state EOC Credentialing Program must be issued by any of the National Domestic Preparedness Consortium members referenced on the Cal OES website as being training partners of CSTI.

- Training Partners of CSTI
 - Center for Domestic Preparedness
 - The Energetic Materials Research and Testing Center (EMRTC)
 - National Center for Biomedical Research and Training (NCBRT)
 - Texas Engineering Extension Service, National Emergency Response and Rescue Training Center (TEEX-NERRTC)
 - National Nuclear Security Administration/CTOS-Center for Radiological/Nuclear Training (NNSA/CTOS)
 - National Disaster Preparedness Training Center (NDPTC)
 - Security Emergency Response Training Center (SERTC)
 - https://www.caloes.ca.gov/cal-oes-divisions/californiaspecialized- training-institute/training-delivery/trainingpartners-state-training-officer

Initial documentation considered for credentialing must have been obtained within the past five (5) years. CSTI reserves the right to approve coursework older than 5 years during the initial submission period provided the request is made in writing. Requests will be considered on a case by case basis. CSTI reserves the right to request course syllabus, description, and certificate of completion for individual assessment of courses submitted for approval.

Recertification

The recertification requirement may be met by documenting actual incident experiences in a position, filling equivalent local EOC section/positions, drills, exercises, or other refresher training in subject matter, position, and/or function listed within the EOC Position Credentialing Program. Recertification timelines vary by Type level:

TYPE III Year 1 Year 5	Continuing Education offered by Cal OES training partners	+	 2 Functional or Full-Scale Exercises or 1 Complex, multi-agency actual incident or planned event
Year 1 Year 4	Continuing Education offered by Cal OES training partners	+	2 Complex, multi-agency actual incidents or planned events
TYPE I Year 1 Year 3	Continuing Education offered by Cal OES training partners	+	3 Complex, multi-agency actual incidents or planned events

Job Shadowing

Although job shadowing for the EOC Position Credentialing Program is strongly encouraged, this process is voluntary and at the sole discretion of the hosting EOC/jurisdiction. Job shadowing provides a direct benefit to increase the quantity and quality of staff to fill EOC positions for future or long term disasters. However, each disaster is unique and many variables such as EOC size, layout, equipment, tempo/pace, security, staffing requirements, etc., can sometimes make job shadowing impractical. For those who are willing and able to participate in the process, the following voluntary guidelines are provided to candidates participating in job shadowing:

- Job shadowing intends to provide an individual with an opportunity to increase his or her knowledge and skill level to competently fill the EOC position for which the candidate plans to seek a credential.
- Job shadowing is defined as the opportunity for a candidate to be allowed to watch and learn from an experienced person fulfilling the role and to learn the responsibilities and duties of an EOC position during a real incident or a multi-agency, operations-based functional or full-scale exercise. The candidate is in a passive observing role and does not interfere in any way with the operations of the person filling the position. Job shadowing provides an indirect training opportunity for a candidate and is documented with a modified 225 review form.
- If the candidate is allowed to job shadow, specific requirements and limitations should be provided and agreed to by the candidate during a briefing before operations start.
- If the candidate is allowed to job shadow, he/she should only observe and not interact with, the person fulfilling the position unless allowed to by that person.
- In no case should a job shadowing disrupt EOC operations or decrease the efficiency of the person assigned to fulfill the position.
- The cost of travel and personal expenses are the responsibility of the candidate requesting a job shadowing opportunity.

For jurisdictions willing to offer the opportunity for candidates to participate in the EOC job shadowing process for a scheduled exercise, the positions being offered for job shadowing should be registered with CSTI ahead at least one month ahead of the date of the exercise. A *Job Shadowing Offer Request Form* has been provided in this resource guide, for this purpose.

For jurisdictions willing to offer the opportunity for candidates to participate in the EOC job shadowing process during a real event, the positions being offered for job shadowing should follow the Cal OES EMMA request process. Following the EMMA request process will ensure that candidates have the necessary information for their deployment.

Jurisdictions providing job shadowing during real events should refer to the following guidelines:

- Determination to allow a candidate to participate in job shadowing should be left up the EOC Director or his/her designated alternate (e.g. EOC Coordinator).
- If appropriate and safe, and the candidate is allowed hands-on experience, he/she must follow the directions and instructions as determined by the person assigned to the position. The person assigned to the position can stop the candidate's direct operations/ practice at any time and for any reason (i.e. inappropriate or unsafe acts, etc.).
- Ideally, the person doing mentoring should be credentialed in the specific EOC position, and at the appropriate Type. If this is not possible, the person should be fully competent and comfortable with the position and be able to impart the appropriate knowledge and skills to the candidate.
- At the end of the event, the person who has mentored a candidate should complete the EOC
 Position Evaluation Form 225 and provide it to the EOC Documentation Unit and the candidate.
 It is the candidate's responsibility to ensure the 225 is submitted with the credential
 application.

At any time, at the direction of the EOC Director or his/her designee, the candidate can be removed from the job shadowing process and directed to leave the EOC.

Approved G-611 Substitution Courses

The following courses have been approved by CSTI as substitutes for the G-611 *Essentials of EOC Section/Position Course:*

	CICCS Courses	FEMA Courses
EOC Director	S-400	G/E/L-950
Safety Officer	S-404	G/E/L-954
Public Information Officer	S-403	G/E/L-952
Liaison Officer	S-402	G/E/L-956
Operations Chief/Coord.	S-430	G/E/L-958
Fire Branch Director	S-339	G/E/L-958
Planning & Intelligence Chief/Coord.	S-440	G/E/L-962
Situation Analysis Unit Leader	S-346	G/E/L-964
Documentation Unit Leader	J-342	
Resource Status/Programming Unit Leader	S-349	G/E/L-965
Demobilization Unit Leader	S-349	
GIS Specialist	S-341	E0190
Logistics Chief/Coord.	S-450	G/E/L-967
Communications/IS Unit Leader	S-358	G/E/L-969
Personnel Unit Leader	S-340	
Supply/Procurement Unit Leader	S-356 & S-360	G/E/L-970
Facilities Unit Leader	S-354	G/E/L-971
Food Unit Leader	S-357	
Finance & Administration Chief/Coord.	S-460	G/E/L-973
Time Keeping Unit Leader	S-360 & S-260	
Cost Accounting Unit Leader	S-260	
Compensation & Claims Unit Leader	S-360	



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CONTENTS

Policies	3
Documentation Standards	3
Recertification	3
Job Shadowing	4
Approved G-611 Substitution Courses	6
Contents	8
Revised EOC form 225	11
EOC Director	11
EOC Coordinator	12
Safety Officer	13
Liaison Officer	14
Public Information Officer	15
Legal Affairs Officer	16
Private Sector Coordinator	17
Operations Chief/Coordinator	18
Fire Branch Director	19
Law Enforcement Branch Director	20
Care and Shelter Branch Director	21
Animal Services Group Supervisor	22
Medical/Health Branch Director	23
Agriculture & Natural Resources Branch Director	24
Construction & Engineering Branch Director	25
Damage/Safety Assessment Group Supervisor	26
Debris Management Group Supervisor	27
Public Works Group Supervisor	28
Utilities Representative	29
Plans & Intelligence Chief/Coord	30
Situation Analysis Unit Leader	31
Action Planning Unit Leader	32
Documentation Unit Leader	33

Advanced Planning Unit Leader	34
Resources Status/Programming Unit Leader	35
Demobilization Unit Leader	36
Technical Specialist (General)	37
Access & Functional Needs Specialist	38
GIS Specialist	39
Social Media Technical Specialist	40
Logistics Chief/Coord	41
Communications/IS Unit Leader	42
Transportation Unit Leader	43
Personnel Unit Leader	44
EMMA Coordinator	45
Supply/Procurement Unit Leader	46
Facilities Unit Leader	47
Food Unit Leader	48
Donations Management Unit Leader	49
Volunteer Coordination Unit Leader	50
Finance & Admin Chief/Coord	51
Timekeeping Unit Leader	52
Cost Accounting Unit Leader	53
Compensation & Claims Unit Leader	54
Purchasing Unit Leader	55
Recovery Unit Leader	56
Type III Approximate Training Hours	57
Management Type III	57
Operations Type III	58
Planning & Intelligence Type III	59
Logistics Type III	60
Finance & Administration Type III	61
Type II Approximate Training Hours	62
Management Type II	62
Onerations Type II	63

EOC Credentialing Resource Guide

Planning & Intelligence Type II	64
Logistics Type II	65
Finance & Administration Type II	66
Type I Approximate Training Hours	67
All Positions Type I	67
Type III Credential Request Submission Form	68
Program Manager Verification Form Type III	69
Type II Credential Request Submission Form	70
Program Manager Verification Form Type II	71
Type I Credential Request Submission Form	72
Program Manager Verification Form Type I	73
Job Shadowing Offer Request Form	74
Submission Instructions	75

Position Credentialing Incident Response and	Instructions: A q					
Exercise Performance Rating	supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual					
	who will sign and					
Revised EOC form 225	being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise	e Name:				
Incident/Exercise Address:	Date(s) of Position	n Assignr	nent:			
EOC Position Held:	Number of Opera	ational Pe	riods	Comple	ted:	
EOC Director						
Incident/Exercise Type:						
 ☐ Responding to a complex, multi-agency incid ☐ Filling the position in an operations-based ex 		g the posit	tion			
☐ Job Shadowing under a person filling the pos						
				Perfo	rmance	Levels
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Established appropriate staffing levels for the EOC						
Exercised overall management responsibility for coord emergency response agencies in the jurisdiction	ination between					
Set jurisdictional priorities for response efforts						
Ensured that inter-agency coordination is accomplished	d					
Directed appropriate emergency public information act	tions					
Approved the issuance of public information materials						
Liaised with the Policy, MAC Group and/or elected office						
Ensured staff schedule matches EOC planning and Op C						
Provided staff with appropriate EOC support assignment						
Ensured internal and external EOC communication & coordination						
Managed & coordinated EOC support operations per SEMS/NIMS						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	:e:		
Rated by (signature):	E-Mail:		Dat	Date:		
Name (printed):	Phone:		٨σ٥	ancv.		

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Position Credentialing Incident Response and	Instructions: A o	-				
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Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position	on Assigni	ment:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ted:	
EOC Coordinator						
Incident/Exercise Type:	<u> </u>					
☐ Responding to a complex, multi-agency incident	dent. actually filling	the posi	tion			
☐ Filling the position in an operations-based ex		5 p				
☐ Job Shadowing under a person filling the pos						
				Perfor	mance	Levels
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individual's level of performance for each duty liste	ed.	S i	SC	Need to mprove	y isfa	eec isfa
		Did not apply at this incident	Unacceptable	Veed to mprove	Fully Satisfactory	Exceeds Satisfactory
Provided knowledge and guidance of the activation an	d internal				,	_ ,
functions of the EOC and ensure compliance with jurise						
emergency plans	diction's					
Provided good working knowledge and guidance of sys	stems					
equipment, and processes used in the EOC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Assisted the Liaison Officer in ensuring proper procedu	res are in place					
for directing Agency Representatives	•					
Ensured policies and procedures within the EOC are ma	aintained					
including security procedures and accurate and approp	oriate display of					
identification and section-specific identifiers						
Assisted EOC Director in ensuring coordinated and effe	ective EOC					
support operations, consistent with SEMS/NIMS guide	lines					
Ensured internal and external EOC communication & c	oordination					
Completed all position duties as assigned, consistent w	vith the EOC					
Action Plan, in a calm, cooperative and competent ma	nner					
Other significant position related tasks assigned:						
Overall Rating & Remarks:		1		j		
Overall nating & nemarks.						
This rating has been discussed with me (signature of ind	lividual being rated		Dat	:e:		
Rated by (signature):	E-Mail:		Dat	:e:		
Name (printed):	Phone:		Age	ency:		

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Position Credentialing Incident Response and	d Instructions: A qualified or credentialed immediate					
Exercise Performance Rating	supervisor will prepare this form for a subordinate					
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Incident/Exercise Address:	Date(s) of Position	on Assignr	nent:			
EOC Position Held:	Number of Opera	ational Pe	riods	Complet	ted:	
Safety Officer						
Incident/Exercise Type:						
\square Responding to a complex, multi-agency incid		g the posi	tion			
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	ition					
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will be rated. Mark the appropriate column indicat	ating the B B			o e	cto	S
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.		inc	300	Need to mprove	y sfa	eed
		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reviewed or initiated Safety Plan and all Safety Messag	ges					
Participated in Strategy / Tactics meetings and complete Safety Analysis	te an Incident					
Consulted with the EOC Director and General Staff Coo	rdinators on the					
need to prepare and present an EOC Safety Message an	nd Site-Safety					
Plan						
Assessed the need to prepare an EOC Medical Plan						
Monitored and ensured safe EOC operations during Op	period,					
including the health and welfare of all EOC staff Completed all position duties as assigned, consistent w	ith the FOC					
Action Plan, in a calm, cooperative and competent mar						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	:e:		
Rated by (signature):	E-Mail:		Dat	:e:		
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Name (printed):	Phone:		Δσε	encv.		

Position Credentialing Incident Response and Exercise Performance Rating	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is					
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Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position	on Assignn	nent:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	:ed:	
Liaison Officer						
Incident/Exercise Type:						
\square Responding to a complex, multi-agency incid	ent, actually filling	g the posit	ion			
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	ition					
		T T		Perfor	mance	Levels
List main duties from the position checklist on whice will be rated. Mark the appropriate column indicate individual's level of performance for each duty lister	ing the	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Assisted the EOC Director and EOC Coordinator in cond for inter-agency coordination and with distribution of t Action plan						
Worked with the other EOC sections and branches/gro obtain information and ensured that all relevant inform disseminated in a timely manner	The state of the s					
Acted as the point of contact for Agency Representative maintained a roster of Agency Representatives	es and					
Oversaw all special events, dignitary visits, and field lia						
Completed all position duties as assigned, consistent w						
Action Plan, in a calm, cooperative and competent mar Other significant position related tasks assigned:	iner					
Overall Rating & Remarks:		1				
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	e:		
Rated by (signature):	E-Mail:		Dat	e:		
Name (printed):	Phone:		٨٥٥	ncv.		

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Trains ar ignity or maines.	melacity exercise Name.						
Incident/Exercise Address:	Date(s) of Position	n Assignn	nent:				
EOC Position Held:	Number of Opera	ational Pe	riods	Complet	ted:		
Public Information Officer							
Incident/Exercise Type:	L						
☐ Responding to a complex, multi-agency incid	lent, actually filling	the posit	tion				
☐ Filling the position in an operations-based ex	kercise						
☐ Job Shadowing under a person filling the pos	sition						
				Perfor	mance	Levels	
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will be rated. Mark the appropriate column indicat	ota de position de position de la contraction de				-ully Satisfactory	Exceeds Satisfactory	
individual's level of performance for each duty liste	•	Did not apply this incident	Cel	Need to mprove	fac	Exceeds Satisfact	
maividual 3 level of performance for each duty liste		id r is i	nac	eec	Fully Satis	cce.	
		□⇒)	2 5	Fi Si	E) Si	
Served as the central point for the agency or jurisdiction	n for all press						
and media releases Ensured that the public within the affected area receive	o complete						
accurate, timely and consistent information about life							
procedures	sarcty						
Coordinated media releases with PIOs at command pos	sts or field						
incidents, or the JIC (if established) and/or those repre	senting other						
affected emergency response agencies							
Developed the format for press conferences, in conjunc	ction with the						
EOC Director							
Maintained a positive relationship with the media repr	esentatives						
Supervised the Public Information function							
Completed all position duties as assigned, consistent w							
Action Plan, in a calm, cooperative and competent man	nner						
Other significant position related tasks assigned:							
Overall Rating & Remarks:							
This rating has been discussed with me (signature of ind	ividual being rated	i)	Dat	Date:			
Rated by (signature):	E-Mail:		Dat	e:			
Name (printed):	Phone:						

Position Credentialing Incident Response and Exercise Performance Rating	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is					
Revised EOC form 225	being reviewed will retain this document so it may be used as documentation for position credentialing.					ay be
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position	on Assignn	nent:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ed:	
Legal Affairs Officer						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid		g the posit	ion			
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	sition			Doufou	mance l	Lavala
				Perior	mance	Leveis
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Advised the Multi-Agency Coordination/Policy Group a Director, and the Management and General Staff on the and/or legal implications of contemplated emergency apolicies	e legality					
Established areas of legal responsibility and/or potenti	al liabilities					
Prepared documents relative to evacuations, curfews, of hazardous structures or conditions	and demolition					
Developed emergency rules, regulations, and laws requacquisition and/or control of critical resources						
Completed all position duties as assigned, consistent w						
Action Plan, in a calm, cooperative and competent mar Other significant position related tasks assigned:	iner					
Overall Rating & Remarks:				<u> </u>		
This rating has been discussed with me (signature of ind	ividual being rate	d)	Dat	e:		
Rated by (signature):	E-Mail:		Date:			
Name (printed):	Phone:		Λασ	ancv.		

Position Credentialing Incident Response and	Instructions: A c	qualified o	r cred	entialed	immedi	ate
Exercise Performance Rating	supervisor will p	-				
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Revised EOC form 225	being reviewed v					
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Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position	on Assignr	nent:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ted:	
Private Sector Coordinator						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	lent. actually filling	the posi	tion			
☐ Filling the position in an operations-based ex	-	, -				
☐ Job Shadowing under a person filling the pos						
				Perfor	mance	Levels
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	1 .1	Did not apply at this incident	<u>e</u>		_	
List main duties from the position checklist on which	•	Did not apply this incident	Unacceptable		Fully Satisfactory	Exceeds Satisfactory
will be rated. Mark the appropriate column indicat	_	ot a	Ge D	Need to mprove	act	ds act
individual's level of performance for each duty liste	ed.	d no	acc	Need to Improve	lly tisf	Exceeds Satisfact
		Dic thi	2	Ne F	Fully Satis	Sai
Interacted with Private industry to organize resources/	capabilities					
within the affected area	•					
Relayed information to and from Private industry to en	sure their					
internal response is coordinated and supportive of the						
emergency/disaster						
Gathered the needs of private industry to sustain the e	conomy within					
the affected area						
Ensured the efficient and effective use of available reso						
Developed and enhanced the plans and protocols for e	mergency					
response, assessment, resource-sharing, etc.						
Shared critical information during the response to the i						
Completed all position duties as assigned, consistent w						
Action Plan, in a calm, cooperative and competent man	nner					
Other significant position related tasks assigned:						
Overall Rating & Remarks:		l l				
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	:e:		
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Rated by (signature):	E-IVIdII.		Dat	.e.		
Name (printed):	Phono: Agongy					

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Position Credentialing Incident Response and	Instructions: A qualified or credentialed immediate					
Exercise Performance Rating	supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual					
	who will sign and					
Revised EOC form 225	_					
	being reviewed will retain this document so it may be used as documentation for position credentialing.				•	
Name & Agency of Trainee:	Incident/Exercise		·			
Incident/Exercise Address:	Date(s) of Position	on Assign	ment:			
EOC Position Held:	Number of Oper	ational Pe	eriods	Complet	ted:	
Operations Chief/Coordinator						
Incident/Exercise Type:						
Responding to a complex, multi-agency incid		g the posi	tion			
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	ition			Dorfor	mance	Lovolo
		Did not apply at this incident		Perior	mance	Leveis
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.			Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Ensured effective supervision of the Operations Section safety and welfare of Section personnel	n, including the					
Ensured an Operations "coordination & support" (vs. ta	actics) role					
Activated, briefed, directed and ensured internal coord between Operations Section Branches and Groups	lination					
Provided regular Section Status Reports to the EOC Dire	ector					
Ensured that the Plans & Intel Section was provided wi reports and major incident reports as they were occurr						
Worked with Plans & Intel to program all resources						
Attended and participated in EOC Action Planning mee providing appropriate support (not tactical) objectives	tings, including					
Authorized resource requests and forward critical reso the EOC Director for approval	urce requests to					
Completed all position duties as assigned, consistent w Action Plan, in a calm, cooperative and competent man						
Other significant position related tasks assigned:						
Overall Rating & Remarks:		<u>ı </u>		1		
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	te:		
Rated by (signature):	E-Mail: Date:					
Name (printed).	Phono					

Position Credentialing Incident Response and	Instructions: A qualified or credentialed immediate						
Exercise Performance Rating	supervisor will prepare this form for a subordinate						
	person. Rating will be reviewed with the individual who will sign and date the form. The individual who is						
Revised EOC form 225	being reviewed will retain this document so it may be						
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Name & Agency of Trainee:	Incident/Exercise						
Incident/Exercise Address:	Date(s) of Position	on Assign	ment:				
EOC Position Held:	Number of Oper	ational Po	eriods	Comple	ted:		
Fire Branch Director							
Incident/Exercise Type:							
☐ Responding to a complex, multi-agency incid	lent, actually filling	g the posi	ition				
☐ Filling the position in an operations-based ex							
☐ Job Shadowing under a person filling the pos	sition						
		I		Perfor	mance	Levels	
		at	a ,				
List main duties from the position checklist on which	ch the position	Did not apply at this incident	Unacceptable		~	>	
will be rated. Mark the appropriate column indicat	•	t ap iide	pta	ن و	cto	s cto	
individual's level of performance for each duty listed.		not inc	933	Need to mprove	y sfao	eed sfa	
		Did not apply this incident	Jna	Need to mprove	Fully Satisfactory	Exceeds Satisfactory	
Reported fire-related field and tactical operations to the	o Operations						
Chief/Coord., and other EOC Staff as needed	ie Operations						
Coordinated the prevention, control, and suppression	of fires and						
hazardous-materials incidents							
Coordinated with the Logistics Section for the provision							
Coordinated with the Fire Mutual Aid Coordinator for r	requests from						
emergency response agencies Coordinated with the Public Information Officer to diss	eminate						
information to the public	emmate						
Coordinated resources to facilitate tactical operations	of triage,						
emergency medical care, and treatment of the injured							
Ensured effective supervision of assigned Branch person							
Completed all position duties as assigned, consistent w							
Action Plan, in a calm, cooperative and competent man	nner						
Other significant position related tasks assigned:							
Overall Rating & Remarks:							
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	te:			
Rated by (signature):	E-Mail:			Date:			
Name (printed):	Phone:			Agency:			

Position Credentialing Incident Response and	Instructions: A c	qualified o	or cred	lentialed	d immedi	ate	
Exercise Performance Rating	supervisor will prepare this form for a subordinate						
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Device d FOC forms 225	who will sign and date the form. The individual who is						
Revised EOC form 225	being reviewed will retain this document so it may be used as documentation for position credentialing.				•		
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Name & Agency of Trainee:	Incident/Exercise	e Name:					
Incident/Exercise Address:	Date(s) of Position	on Assign	ment:				
,	, ,	J					
EOC Position Held:	Number of Oper	ational Po	eriods	Comple	ted:		
Law Enforcement Branch Director							
Incident/Exercise Type:							
☐ Responding to a complex, multi-agency incid		g the posi	ition				
☐ Filling the position in an operations-based ex							
☐ Job Shadowing under a person filling the pos	ition						
		ı		Perfo	rmance	Levels	
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List main duties from the position checklist on which the	nosition will be	г <u><</u>	<u>e</u>	Š	cto		
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of			tab	<u>E</u>	isfa	ory	
performance for each duty listed.	iddai 3 icvci oi	ot a	cep	t t	Sat	act	
periormande for each daty notes.		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
		Di	ın	Ž	고	Ey Sa	
Reported law enforcement related field and tactical op							
Operations Chief/Coord., and other EOC Staff as neede							
Maintained contact with established DOCs to coordina	te resources						
and response personnel	Castian for						
Coordinated with the appropriate units of the Logistics resource requests	Section for						
Ensured that all Law Enforcement Branch resources are	Programed						
and accounted for	. r r og. am ca						
Coordinated with the Law Enforcement Mutual Aid Coo	ordinator for						
requests from emergency response agencies							
Coordinated with Fire Branch on search and rescue act	ivities						
Ensured effective supervision of assigned Branch perso	nnel						
Completed all position duties as assigned, consistent w	ith the EOC						
Action Plan, in a calm, cooperative and competent man	nner						
Other significant position related tasks assigned:							
Overall Rating & Remarks:							
This rating has been discussed with me (signature of individual being rated)			Dat	te:			
Rated by (signature):	ted by (signature): E-Mail:			Date:			
Name (printed):	Dhono:		1 1	ancv.			

Position Credentialing Incident Response and	Instructions: A c	ualified o	r cred	entialed	limmedia	ate
Exercise Performance Rating	supervisor will prepare this form for a subordinate					
	person. Rating will be reviewed with the individual					
	who will sign and date the form. The individual who is					
Revised EOC form 225	being reviewed will retain this document so it may be				-	
	used as docume		r posi	tion cred	dentialing	ζ.
Name & Agency of Trainee:	Incident/Exercise	e Name:				
Incident/Exercise Address:	Date(s) of Position	n Assignr	nent:			
Theracity Exercise Nauress.		711 7 (331 <u>6</u> 111	iiciic.			
EOC Position Held:	Number of Oper	ational Pe	riods	Comple	ted:	
Care and Shelter Branch Director						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	-	g the posit	tion			
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	ition					
				Perfo	mance	Levels
		at				
List main duties from the position shocklist on which	sh the position	<u></u>	ole			
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.			Unacceptable	٠.	Fully Satisfactory	Exceeds Satisfactory
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individual's level of performance for each duty liste	eu.	d n is ii	Jac	ed	Fully Satisf	ce6 tisf
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Reported appropriate mass care operations and issues,	, including					
shelter locations and status, to the Operations Chief/Co						
EOC Staff as needed						
Ensured that the Care and Shelter Branch function was	carried out in a					
coordinated and effective manner						
Ensured that all Care & Shelter Branch resources were	programmed					
and accounted for						
Coordinated directly with the American Red Cross and	other volunteer					
organizations to provide Mass Care						
Met regularly with Care & Shelter Branch staff to reach						
Operations Section objectives for forthcoming operation						
Ensured effective supervision of assigned Branch perso						
Completed all position duties as assigned, consistent w						
Action Plan, in a calm, cooperative and competent man	nner					
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)			Dat	:e:		
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Position Credentialing Incident Response and	Instructions: A q	ualified o	r cred	entialed	limmedia	ate
Exercise Performance Rating	supervisor will prepare this form for a subordinate					
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Revised EOC form 225	being reviewed will retain this document so it may be used as documentation for position credentialing.				-	
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Name & Agency of Trainee:	Incident/Exercise	e name:				
Incident/Exercise Address:	Date(s) of Position	n Assignr	nent:			
EOC Position Held:	Number of Opera	ational Pe	riods	Complet	ted:	
Animal Services Group Supervisor						
Incident/Exercise Type:	<u> </u>					
☐ Responding to a complex, multi-agency incid	dent, actually filling	g the posi	tion			
☐ Filling the position in an operations-based ex	kercise					
☐ Job Shadowing under a person filling the pos	sition					
				Perfo	rmance	Levels
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List main duties from the position checklist on which	•	app	Unacceptable		Fully Satisfactory	(no:
will be rated. Mark the appropriate column indicating individual's level of performance for each duty list.	•	ot a	ceb	to Sve	act	Exceeds Satisfactory
individual's level of performance for each duty liste	eu.	d n is ir	Jac	Need to Improve	IIIy tisf	Exceeds Satisfact
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Coordinated with the Care and Shelter Branch to ident	ify animal					
sheltering locations and issues if needed						
Coordinated with the field and branches within the EO	C Operations					
Section to facilitate the movement of large and small a	nimals if					
needed						
Ensured that all Animal Services resources were progra	ammed and					
accounted for						
Coordinated with local veterinarians and non-profit gro	oups to provide					
services to animals being evacuated and/or sheltered Met regularly with Care & Shelter Branch staff to reach	s consonsus on					
Operations Section objectives for forthcoming operation						
Ensured effective supervision of assigned Group person						
Completed all position duties as assigned, consistent w	ith the EOC					
Action Plan, in a calm, cooperative and competent man						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
overall nating a nemarks.						
This rating has been discussed with me (signature of ind	ividual being rated	(k	Dat	:e:		
Rated by (signature):	E-Mail:		Dat	:e:		
	L-Iviaii. Date.					
Name (printed):	Phone:		Age	ency:		

Position Credentialing Incident Response and	Instructions: A qualified or credentialed immediate					
Exercise Performance Rating	supervisor will prepare this form for a subordinate					
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D : 1500(225	who will sign and date the form. The individual who is					
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Incident/Exercise Address:	Date(s) of Position	on Assignr	nent:			
EOC Position Held:	Number of Opera	ational De	rinds	Complet	tod.	
Loc i osition ricia.	Number of Open	ationarie	11003	Complet	.eu.	
Medical/Health Branch Director						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	ent, actually filling	g the posit	tion			
☐ Filling the position in an operations-based ex	ercise					
☐ Job Shadowing under a person filling the pos	ition					
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List main duties from the position checklist on which	•	Oid not appl	tab		ory	Σ
will be rated. Mark the appropriate column indicat	_	ot a cid	eb	to Ve	acte	ds ct
individual's level of performance for each duty liste	ed.	n i	သ္ထ	Need to Improve	الا isfa	ee(isfa
		Did not apply at this incident	Unacceptable	Ne	Fully Satisfactory	Exceeds Satisfactory
Reported appropriate medical and health operations a	nd issues to the					
Operations Chief/Coord., and other EOC Staff as neede						
Effectively supervised assigned Medical/Health Branch						
Continuously monitor the effectiveness of the branch,	including					
identifying and resolving any medical and/or health iss	_					
Ensured coordination of hospitals, health units, continu						
mental health, EMS and environmental health within the						
as well as the County Health Officer						
Ensured Medical and Health Branch resources were pro	ogrammed and					
accounted for						
Met regularly with Medical and Health Branch staff and						
consensus on Operations Section objectives for forthco	ming					
operational needs						
Completed all position duties as assigned, consistent w						
Action Plan, in a calm, cooperative and competent man	nner					
Other significant position related tasks assigned:						
Overall Rating & Remarks:				1		
This rating has been discussed with me (signature of individual being rated) Date:						
Rated by (signature):	E-Mail:		Dat	:e:		
Name (printed):	Phone:		Age	ency:		

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Position Credentialing Incident Response and	Instructions: A qualified or credentialed immediate					ate
Exercise Performance Rating	supervisor will prepare this form for a subordinate					
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Revised EOC form 225	who will sign and date the form. The individual who is					
Revised EOC IOIIII 225	being reviewed will retain this document so it may be used as documentation for position credentialing.				-	
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Name & Agency of Trainee.	incluent, Exercise	. Name.				
Incident/Exercise Address:	Date(s) of Position	on Assignm	nent:			
EOC Position Held:	Number of Opera	ational Pei	riods	Complet	ed:	
Agriculture & Natural Resources Branch						
Director						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	ent, actually filling	g the posit	ion			
\square Filling the position in an operations-based ex	ercise					
☐ Job Shadowing under a person filling the position						
				Perfor	mance	Levels
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.					>	>
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.				to Ve	Fully Satisfactory	Exceeds Satisfactory
performance for each duty listed.		s in	Jnacceptable	Need to Improve	lly tisfa	ceec
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Reported appropriate ag and natural resource-related open Operations Chief/Coord., and other EOC Staff as needed	erations, to the					
Effectively supervised assigned Medical/Health Branch pe	rsonnel					
Continuously monitored the organizational effectiveness of coordinating and resolving ag related problems & issues	of the branch in					
Ensured coordination local farmers, local ranchers, natura agencies and the county Agriculture Department for the ju						
Ensured Ag and Natural Resources information and respon						
were programmed and accounted for	.50 105041005					
Coordinated information needs from resource subject marstate agencies (e.g. BLM, etc.)	tter experts and					
Completed all position duties as assigned, consistent with Plan, in a calm, cooperative and competent manner	the EOC Action					
Other significant position related tasks assigned:						
Overall Rating & Remarks:						ı
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	te:		
Rated by (signature):	E-Mail: Date:					
Name (printed):	Phone: A			Agency:		

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Position Credentialing Incident Response and	Instructions: A c	qualified o	or cred	entialed	limmedi	ate
Exercise Performance Rating	supervisor will prepare this form for a subordinate					
	person. Rating will be reviewed with the individual					
D : 1500 (205	who will sign and date the form. The individual who is					
Revised EOC form 225	being reviewed will retain this document so it may be used as documentation for position credentialing.					
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Name & Agency of Trainee:	Incident/Exercise					
Incident/Exercise Address:	Date(s) of Position			Cl-	h = -1.	
EOC Position Held:	Number of Oper	ational Pe	erioas	Comple	tea:	
Construction & Engineering Branch						
Director						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	lent, actually filling	the posi	tion			
☐ Filling the position in an operations-based ex	-	, ,				
☐ Job Shadowing under a person filling the position						
				Perfor	mance	Levels
		Did not apply at this incident	<u>e</u>			
List main duties from the position checklist on which the po		app cid	tab		ory	ory
rated. Mark the appropriate column indicating the individu	ial's level of	Did not apply at this incider	Unacceptable	Need to mprove	-ully satisfactory	Exceeds Satisfactory
performance for each duty listed.		d n thi	Jac	Need to Improve	Fully Satisf	cee
			Ď	ž	Fu Sa	Ex
Reported appropriate Construction & Engineering operations, to the						
Operations Chief/Coord., and other EOC Staff as needed						
Ensured that the Construction and Engineering Branch function was						
carried out in a coordinated and effective manner						
Coordinated the Surveying of jurisdictional infrastructure	systems such as					
streets, roads, and bridges	systems, such as					
Coordinated the Assistance to law enforcement for road of	losures					
Met regularly with Construction and Engineering Branch a Group staff in order to work to reach consensus on Opera						
objectives for forthcoming operational periods	tions section					
Coordinated the Surveying and restoration of jurisdictions	al utility systems					
which may have been disrupted						
Ensured effective supervision of assigned Branch & Group	staff					
Completed all position duties as assigned, consistent with	the EOC Action					
Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	:e:		
Rated by (signature):	E-Mail: Date:					
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Position Credentialing Incident Response and	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate					
Exercise Performance Rating	person. Rating will be reviewed with the individual					
	who will sign and date the form. The individual who is					
Revised EOC form 225	being reviewed					
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Name & Agency of Trainee:	Incident/Exercise	e Name:				
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Incident/Exercise Address:	Date(s) of Position	on Assignr	nent:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ted:	
200 F Galilon Freid.	Trainiser of oper	ational i		complet		
Damage/Safety Assessment Group						
Supervisor						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	lent, actually filling	g the posi	tion			
☐ Filling the position in an operations-based ex	= -					
☐ Job Shadowing under a person filling the pos						
				Perfor	mance I	evels
		at				
List main duties from the position checklist on which	•	app Jen	tak		or,	ory
will be rated. Mark the appropriate column indicat	-	Did not apply at this incident	сер	to y	act	eds act
individual's level of performance for each duty listed.			Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
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Provided communication with the field level and/or co	ordinated the					
Preliminary Damage Assessments (PDAs)						
Coordinated with public and private sector representat	tives to identify					
damages						
Coordinated with Public Works and Planning Departme jurisdictions	ents of					
Coordinated with insurance companies						
Provided valid and coordinated information from the a	bove sources to					
the Operations Chief/Coord. and the Recovery Unit						
Ensured effective supervision of assigned Group person	nnel					
Completed all position duties as assigned, consistent w						
Action Plan, in a calm, cooperative and competent man	nner					
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
Overall Nating & Nemarks.						
This rating has been discussed with me (signature of ind	ividual being rate	d)	Dat	te:		
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Rated by (signature):	E-Mail:		Dat	te:		
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Position Credentialing Incident Response and Exercise Performance Rating	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual					te ual
Revised EOC form 225	who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				ay be	
Name & Agency of Trainee:	Incident/Exercise	e Name:				
Incident/Exercise Address:	Date(s) of Position	on Assignr	ment:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	:ed:	
Debris Management Group Supervisor						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid		g the posit	tion			
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	ition			Danfan		
				Perfor	mance l	Leveis
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Developed and coordinated a response plan for debris	management					
and removal, involving appropriate agencies						
Identified and coordinated debris management and recorder to facilitate FEMA eligibility	moval criteria in					
Coordinated procurement and contracts with Logistics Finance/Administration	and					
Kept Operations Chief/Coord. and other appropriate Edinformed on the status of debris removal	OC staff					
Ensured effective supervision of assigned Group person	nnel					
Completed all position duties as assigned, consistent w Action Plan, in a calm, cooperative and competent mar						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	te:		
Rated by (signature):	E-Mail:			Date:		
Name (printed):	Phono		٨٠٠	oncv:		

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	supervisor will prepare this form for a subordinate					
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used as docum						
Incident/Exerc		1 0031		acritiani į	o•	
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Date(s) of Posi	tion Assignr	ment:				
Number of Op	erational Pe	riods	Complet	ted:		
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indicating the	ap ide	pta	_ a	tor	s :tor	
individual's level of performance for each duty listed.			d to	/ sfac	sed	
•	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
	+ - +			Н 0	В	
Evaluated and assessed the safety and condition of roadways, bridges and other public works infrastructure						
and rescue with the use						
and rescue with the use						
ation route						
s related activity or						
oriate EOC staff						
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personnel						
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Position Credentialing Incident Response and Exercise Performance Rating Revised EOC form 225	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.						
Name & Agency of Trainee:	Incident/Exercise		. poo.		<u> </u>	<u>o.</u>	
Incident/Exercise Address:	Date(s) of Position	on Assignr	nent:				
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ted:		
Utilities Representative							
Incident/Exercise Type:							
☐ Responding to a complex, multi-agency incid	lent, actually filling	g the posit	tion				
☐ Filling the position in an operations-based ex	rercise						
☐ Job Shadowing under a person filling the pos	sition						
				Perfor	rmance l	Levels	
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.			Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Coordinated with public and private utilities, including water, and waste to receive an assessment of the systematics.							
Coordinated with utility companies to develop a restor							
Kept Operations Chief/Coord. and other appropriate Edinformed on the status of involved utility field operation estimated restoration times provided by the impacted	ons, including utility						
Completed all position duties as assigned, consistent was Action Plan, in a calm, cooperative and competent man							
Other significant position related tasks assigned:							
Overall Rating & Remarks:							
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	Date:			
Rated by (signature):	E-Mail: Date:						
Name (printed):	Phone: Agency:						

Position Credentialing Incident Response and	Instructions: A qualified or credentialed immediate					
Exercise Performance Rating	supervisor will prepare this form for a subordinate					
	person. Rating will be reviewed with the individual who will sign and date the form. The individual who					
Revised EOC form 225	being reviewed will retain this document so it may be					
	used as docume					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
EOC Position Held:	Number of Oper	ational Pe	eriods	Complet	ted:	
Plans & Intelligence Chief/Coord.						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	ent, actually filling	g the posi	tion			
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	ition					
		I I		Perfor	mance	Levels
		/ at	d)			
List main duties from the position checklist on which	th the position	Did not apply at this incident	Unacceptable		7	2
will be rated. Mark the appropriate column indicat	ing the	Did not apply this incident	ept	0 e	Fully Satisfactory	Exceeds Satisfactory
individual's level of performance for each duty listed.		on l	acc	Need to Improve	ly isfa	Exceeds Satisfact
		Dio	'n	Ne I	Fully Satis	Exc
Ensured effective supervision of the Planning/Intelligence Section,						
including the safety and welfare of Section personnel						
Ensured that the Planning/Intelligence function is performed						
consistent with SEMS/NIMs guidelines						
Provided regular Section Status Reports to the EOC Dire						
Ensured that EOC & Op Area reports were submitted as						
Ensured EOC Action Planning & effective EOC Action Planning	an(s)					
Determined reporting scheduled for all EOC elements						
Prepared work objectives for Section staff						
Directed the collection & display of a common operating well as the collection & organization of all documentates.						
Reviewed, approved and submitted situation status re	oorts					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:		<u> </u>		<u> </u>		
This rating has been discussed with me (signature of individual being rated)		d)	Dat	te:		
Rated by (signature):	E-Mail:			Date:		
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Position Credentialing Incident Response and	Instructions: A qualified or credentialed immediate						
Exercise Performance Rating	supervisor will prepare this form for a subordinate						
	person. Rating will be reviewed with the individual						
Revised EOC form 225	who will sign and date the form. The individual who is being reviewed will retain this document so it may be						
	used as docume					-	
Name & Agency of Trainee:	Incident/Exercise Name:						
Incident/Exercise Address:	Date(s) of Position Assignment:						
EOC Position Held:	Number of Oper	ational Pe	eriods	Comple	ted:		
Situation Analysis Unit Leader							
Incident/Exercise Type:							
☐ Responding to a complex, multi-agency incid	ent, actually filling	g the posi	tion				
\square Filling the position in an operations-based ex	ercise						
☐ Job Shadowing under a person filling the pos	ition						
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List main duties from the position checklist on which the po	osition will he	Did not apply at this incident	Unacceptable		>	>	
rated. Mark the appropriate column indicating the individu		: ap ide	pta	ه ی	ctor	s ctor	
performance for each duty listed.		not inc	cce	Need to mprove	/ sfac	sed sfac	
		Oid not appl	Jna	Need to mprove	Fully Satisfactory	Exceeds Satisfactory	
Effectively supervised assigned staff to perform Unit function	tions						
Developed a system to post common operating picture elements within							
the EOC and kept the P/I Chief/Coord. updated							
Collected, organized and analyzed data from other EOC se	ctions						
Provided an authentication process for conflicting status r	reports						
Met with P&I section chief and EOC Director to determine planning meetings, briefings, and significant events	needs for						
Directed the collection of photographs, videos, and/or sou	and recordings or						
disaster events, as appropriate							
Met with PIO to determine the best methods for developi	ng media and						
other briefings Ensured that all maps, status boards, other displays, and e	loctronic						
records contain current, accurate and validated information							
Completed all position duties as assigned, consistent with							
Plan, in a calm, cooperative and competent manner							
Other significant assigned position related tasks:							
Overall Rating & Remarks:							
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	:e:			
Rated by (signature):	E-Mail: Date:						
Name (printed):	Phone: Agen			ancv:			

Position Credentialing Incident Response and Exercise Performance Rating	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual					
Revised EOC form 225	who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					ay be
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ed:	
Action Planning Unit Leader						
Incident/Exercise Type:						
 □ Responding to a complex, multi-agency incides □ Filling the position in an operations-based exertion □ Job Shadowing under a person filling the position 	kercise	g the posit	tion			
		1		Perfor	mance	Levels
List main duties from the position checklist on whice will be rated. Mark the appropriate column indicate individual's level of performance for each duty lister	ting the	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit fu	inctions					
Developed an Action Planning meeting schedule						
Collected, organized and analyzed data from other EOC	sections					
Assisted with the facilitation of Action Planning meeting	igs					
Drafted the EOC Action Plan						
Followed the Planning "P"						
Collected resource data and incorporated it into the Ac	tion Plan					
Other significant assigned position related tasks:				ļ		
Overall Rating & Remarks:		1		1		
This rating has been discussed with me (signature of individual being rated)		Dat	te:			
Rated by (signature):	E-Mail:			Date:		
Name (printed):	Phono:		Agency			

Position Credentialing Incident Response and	Instructions: A qualified or credentialed immediate				ate	
Exercise Performance Rating	supervisor will prepare this form for a subordinate					
_	person. Rating will be reviewed with the individual					
Revised EOC form 225	who will sign and date the form. The individual who being reviewed will retain this document so it may be					
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Nama & Agangy of Traingay	used as documen		r posi	tion cred	ientialin	g
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
EOC Position Held:	Number of Opera	ational Pe	riods	Complet	ed:	
Documentation Unit Leader						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	ent. actually filling	the posit	tion			
☐ Filling the position in an operations-based ex	-	, a c. p c c				
☐ Job Shadowing under a person filling the pos						
100 Shadowing ander a person mining the pos	ition			Perfor	mance	Levels
		, a,	e			
List main duties from the position checklist on which	•	ppl	abl		∑	ıry
will be rated. Mark the appropriate column indicat	•	t a cid	ept	e e	ctc	ds
individual's level of performance for each duty liste	ed.	5 E	Š	Need to mprove	۲ İsfa	eec
		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit fu	nctions					
Collected and organized all written forms, logs, journal						
the completion of each shift from all sections	s and reports at					
Provided documentation services to the EOC staff						
Compiled, copied, published and distributed the EOC A	ation Dlan					
Met with P&I Section Coord. to determine what EOC m						
be maintained and filed for official records	ateriais siloulu					
Assisted in the preparation of any written action plan a	nd/or					
procedures						
Ensured all branches/units were submitting and updati complete status reports and any other records	ng accurate and					
Assisted the Advanced Planning Unit with completing t	he FOC Action					
Plan	ne Loc Action					
Completed all position duties as assigned, consistent w	ith the EOC					
Action Plan, in a calm, cooperative and competent manner						
Other significant assigned position related tasks:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)		1)	Dat	:e:		
Rated by (signature):	E-Mail: Date:					
Name (printed):	Phone: Agency:					

Position Credentialing Incident Response and Exercise Performance Rating	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is					te ual
Revised EOC form 225	being reviewed will retain this document so it may be used as documentation for position credentialing.					ay be
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
EOC Position Held:	Number of Operational Periods Completed:					
Advanced Planning Unit Leader						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incidence of Filling the position in an operations-based examples. ☐ Job Shadowing under a person filling the positions.	xercise	g the posi	tion			
		 		Perfor	mance	Levels
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit fu	ınctions					
Developed an Advanced Plan identifying future policy- social and economic impacts, and significant recovery during the next 36-72 hours						
Reviewed all available situation reports, action plans,	and other					
significant documents to determine future impacts	roud FOC					
Provided periodic briefings for the Plans/Intel Chief/Co Director and Management Team addressing advanced						
Completed all position duties as assigned, consistent w						
Action Plan, in a calm, cooperative and competent ma						
Other significant assigned position related tasks:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)		Dat	te:			
Rated by (signature):	E-Mail:		Dat	te:		
Name (printed):	Phone: Agency:					

Position Credentialing Incident Response and	Instructions: A qualified or credentialed immediate					
Exercise Performance Rating	supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual					
	who will sign and date the form. The individual					
Revised EOC form 225	being reviewed will retain this document so it may b				ay be	
Name 2 Again of Trainage	used as docume		r posi	tion cred	lentialing	g
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
EOC Position Held:	Number of Operational Periods Completed:					
Resources Status/Programming Unit						
Leader						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid		g the posi	tion			
 ☐ Filling the position in an operations-based ex ☐ Job Shadowing under a person filling the pos 						
□ 100 Shadowing dilder a person milling the pos	ition			Perfor	mance	Levels
		ţ				2010.0
		Did not apply at this incident	<u>e</u>		,	_
List main duties from the position checklist on which will be rated. Mark the appropriate column indicates		app den	otak		tory	tory
individual's level of performance for each duty liste	_	not	cek	d to	faci	eds fact
	. •	Did not apply this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
		4			H N	В S
Effectively supervised assigned staff to perform Unit fu	nctions					
Attended strategy meetings to determine EOC resource						
Completed resource request forms for personnel, supp and equipment	lies, services,					
Verified proper check-in and check-out of personnel in	the EOC					
Provided resource information to the Plans & Intel Chie Situation Analysis Unit, Demobilization Unit, and Logist						
Assisted in preparation of the Org Chart and Assignmen	nt List					
Maintained and displayed a master list of resources ass	signed					
Completed all position duties as assigned, consistent w Action Plan, in a calm, cooperative and competent mar						
Other significant assigned position related tasks:						
Overall Rating & Remarks:		<u>'</u>				
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	:e:		
Rated by (signature):	E-Mail: Date:					
Name (printed):	Phone: Agency:					

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Position Credentialing Incident Response and	Instructions: A o	-				
Exercise Performance Rating	supervisor will prepare this form for a subordinate					
	person. Rating will be reviewed with the individual					
Revised EOC form 225	who will sign and date the form. The individual who is being reviewed will retain this document so it may be					
	used as documentation for position credentialing.				•	
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ed:	
Demobilization Unit Leader						
Incident/Exercise Type:		_				
☐ Responding to a complex, multi-agency incid		g the posit	ion			
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	sition			Perfor	mance	l avals
					manice	LCVCIS
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit fu	inctions					
Established time tables for deactivating or downsizing units and						
tentative release list and kept the P/I Chief/Coord. upd Determined if any special needs exist for personnel der						
Developed a check out procedure, to ensure all deactive						
have cleared their operating position	•					
Coordinated the release of all resources closely with all	sections					
Maintained a master list of resources demobilized						
Worked closely with Logistics to ensure all personnel, equipment, and excess supplies were demobilized and properly released and/or accounted for						
Completed all position duties as assigned, consistent w						
Action Plan, in a calm, cooperative and competent mar	nner					
Other significant assigned position related tasks:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)		Dat	:e:			
Rated by (signature):	E-Mail: Date:					
Name (printed):	Dhana: Agangy					

Position Credentialing Incident Response and	Instructions: A q	•				
Exercise Performance Rating	supervisor will p	-				
	person. Rating will be reviewed with the individual					
Revised EOC form 225	who will sign and date the form. The individual who is					
Revised EOC form 225	being reviewed will retain this document so it may be used as documentation for position credentialing.				•	
Nama & Agangu of Trainage	Incident/Exercise		r posit	ion cred	ientialing	<u>g.</u>
Name & Agency of Trainee:	incident/Exercise	e Name:				
Incident/Exercise Address:	Date(s) of Position	n Assignr	ment:			
EOC Position Held:	Number of Opera	ational Pe	riods	Complet	ed:	
Technical Specialist (General)						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	lent, actually filling	g the posi	tion			
☐ Filling the position in an operations-based ex		-				
☐ Job Shadowing under a person filling the pos						
				Perfor	mance	Levels
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List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.			Unacceptable	Need to mprove	act	Exceeds Satisfact
individual's level of performance for each duty liste	eu.	d n is ir	Jac	sed	Fully Satisf	cee tisf
		급	Š	₩ <u>₽</u>	Fu Sa	Ex Sa
Provided valid technical expertise related to the specia	lty					
Developed a system to post significant events information	tion, health					
concerns, property damage, fire status, size of risk area	a, scope of					
hazard to the public, number of evacuees, etc., per spe						
Assisted Planning & Intelligence Section with the collect						
organization, and analysis of data from the field and of						
Provided for an authentication process in case of confli	icting status					
reports on events Met with Section Coordinator to determine needs for t	a alauta d					
planning meetings & briefings	ecnnical					
Provided coherent and understandable technical briefi	ngs					
Determined if there were any special information need	ls					
Completed all position duties as assigned, consistent w	ith the EOC					
Action Plan, in a calm, cooperative and competent man	nner					
Overall Rating & Remarks:						
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	e:		
Rated by (signature):	E-Mail:		Dat	. .		
nated by (signature).	E IVIGII.		Dat			
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Position Credentialing Incident Response and	Instructions: A	-				
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Name & Agency of Trainee:	Incident/Exercis	e Name:				
Incident/Exercise Address:	Date(s) of Position	on Assignr	ment:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ted:	
Access & Functional Needs Specialist						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	dent, actually filling	g the posi	tion			
☐ Filling the position in an operations-based ex	xercise					
☐ Job Shadowing under a person filling the pos	sition					
				Perfor	mance	Levels
List main duties from the position checklist on whi	ch the position	Did not apply at this incident	Unacceptable		>	>
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.				_ a	Fully Satisfactory	Exceeds Satisfactory
individual's level of performance for each duty liste	•	inc	CCe	d tc	, sfac	sed
, , , , , , , , , , , , , , , , , , , ,		i bi sic	na	Need to Improve	Fully Satis	Exceeds Satisfact
		□∓		<u>-</u>	S	E
Provided valid technical expertise related to AFN						
Determined the scope of the incident and the impact of populations	on AFN					
Provided consult and assistance with other Sections as resources and activities	they manage					
Monitored and assisted with message development/tr	anslation, as					
needed, including alert and warning messages to ensur	re they are					
reaching all elements of the access and functional need	ds populations					
Assisted in developing ordinances and regulations for	evacuations					
Provided coherent and understandable AFN technical	briefings					
Completed all position duties as assigned, consistent w	ith the EOC					
Action Plan, in a calm, cooperative and competent ma	nner					
Other significant technical AFN assignment tasks:						
Overall Rating & Remarks:		1		I		
This rating has been discussed with me (signature of ind	lividual being rate	d)	Dat	te:		
Rated by (signature):	E-Mail:		Dat	te:		
Name (printed):	Phone:		Age	ency:		

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Position Credentialing Incident Response and	Instructions: A o	qualified o	or cred	lentialed	immedi	ate
Exercise Performance Rating	supervisor will p	-				
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Revised EOC form 225	who will sign and date the form. The individual who is being reviewed will retain this document so it may be					
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Name & Agency of Trainee:	Incident/Exercise	e Name:				
Incident/Exercise Address:	Date(s) of Position	on Assign	ment:			
EOC Position Held:	Number of Oper	ational Pe	eriods	Complet	ted:	
GIS Specialist						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	lent, actually filling	g the posi	tion			
☐ Filling the position in an operations-based ex	kercise					
☐ Job Shadowing under a person filling the pos	sition					
				Perfor	mance	Levels
		at				
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.			ble		>	_
will be rated. Mark the appropriate column indicating the			ota		tor	tor
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.			Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Individual's level of performance for each duty listed. □			nac	eec Jpr	Fully Satisi	cce
		t D	n	žΞ	F. Ss	Ey Sa
Provided valid technical expertise related to GIS						
Worked with all sections to obtain data on all impacts	(Utilities,					
Destroyed/Damaged property, Critical Infrastructure, F	inancial					
Impacts, etc.)						
Ensured that necessary maps and data pertinent to the	operations					
were kept current Mapped areas that may have been rezoned, destroyed	reconstructed					
and/or modified	, reconstructed					
Works with the Situation Analysis Unit to create displa from the data in GIS	ys and reports					
Participated in Planning & Intelligence Section meeting	s and					
development of the EOC Action Plan	35 allu					
Provided coherent and understandable GIS technical b	riefings					
Completed all position duties as assigned, consistent w						
Action Plan, in a calm, cooperative and competent man	nner					
Other significant technical GIS assignment tasks:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	te:		
Dated by (signature)	Г Moil.		D.:			
Rated by (signature):	E-Mail:		Dat	ie:		
Name (printed):	Phone:					

Position Credentialing Incident Response and Exercise Performance Rating	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual					te ual
Revised EOC form 225	who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					ay be
Name & Agency of Trainee:	Incident/Exercis	e Name:				
Incident/Exercise Address:	Date(s) of Position	on Assignr	ment:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ed:	
Social Media Technical Specialist						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid		g the posit	tion			ļ
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	sition			D (
				Pertor	mance	Leveis
List main duties from the position checklist on whice will be rated. Mark the appropriate column indicatindividual's level of performance for each duty lister	ting the	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Provided valid technical expertise related to Social Med	dia					
Assisted the Public Information Officer and/or the Join						
Center with information monitoring and dissemination						
Worked with all sections to identify rumors, gather into	elligence, and					
identify multiple social media outlets to be monitored Gathered, stored and cataloged video, photographic ar resources for use in message development	nd print media					
Provided coherent and understandable Social Media te briefings	echnical					
Completed all position duties as assigned, consistent was Action Plan, in a calm, cooperative and competent man						
Other significant technical Social Media assignment tas						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of ind	ividual being rate	d)	Dat	:e:		
Rated by (signature):	E-Mail:		Dat	:e:		
Name (printed):	Phono:		٨٠٠	on cv.		

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Position Credentialing Incident Response and	Instructions: A c	•					
Exercise Performance Rating	supervisor will prepare this form for a subordinate						
	person. Rating will be reviewed with the individual who will sign and date the form. The individual who is						
Revised EOC form 225	being reviewed v						
	used as docume					-	
Name & Agency of Trainee:	Incident/Exercise	e Name:					
Incident/Exercise Address:	Date(s) of Position	n Assignn	nent:				
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ted:		
Logistics Chief/Coord.							
Incident/Exercise Type:							
☐ Responding to a complex, multi-agency incid		the posit	ion				
☐ Filling the position in an operations-based ex							
☐ Job Shadowing under a person filling the pos	ition			Dorfor	mance l	lovols	
				Perior	mance	Leveis	
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.			Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Ensured effective supervision of the Logistics Section, in safety and welfare of Section personnel							
Ensured the Supply Unit coordinated closely with the P							
and that all required documents and procedures were							
Ensured the Supply and Personnel Units coordinated re with appropriate EOC Section staff	elevant activities						
Ensured all resources were programmed and accounted	d for						
Ensured transportation requirements, in support of EO operations, are met	C and response						
Ensured that all requests for facilities and facility supposed addressed	ort were						
Regularly coordinates with Resources Status/Programm	ning						
Provided regular Section Status Reports to the EOC Dire	ector						
Completed all position duties as assigned, consistent w Action Plan, in a calm, cooperative and competent mar							
Other significant position related tasks assigned:							
Overall Rating & Remarks:				1			
This rating has been discussed with me (signature of ind	ividual being rated	i)	Dat	te:			
Rated by (signature):	E-Mail: Date:						
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Position Credentialing Incident Response and	Instructions: A o	-					
Exercise Performance Rating	supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual						
	who will sign and date the form. The individual who is						
Revised EOC form 225	being reviewed will retain this document so it may be				ay be		
	used as docume		or posi	tion cre	dentialin	g.	
Name & Agency of Trainee:	Incident/Exercise	e Name:					
Incident/Exercise Address:	Date(s) of Position	on Assign	ment:				
EOC Position Held:	Number of Oper	ational Pe	eriods	Comple	ted:		
Communications/IS Unit Leader							
Incident/Exercise Type:							
☐ Responding to a complex, multi-agency incid		g the posi	tion				
☐ Filling the position in an operations-based ex							
☐ Job Shadowing under a person filling the pos	ition			Dorfor	mance	Lovols	
				PEHOI	mance	Leveis	
		Did not apply at this incident	<u>e</u>				
List main duties from the position checklist on which the position			Unacceptable		ory	ory	
will be rated. Mark the appropriate column indicating the		not a	cep	l to ove	fact	eds fact	
individual's level of performance for each duty listed.		Did not apply this incident	nac	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
		□⇒	\supset	Z	ΞS	SE	
Effectively supervised assigned staff to perform Unit functions							
Determined what communications equipment was nec	essary						
Provided technical information as required							
Provided Support for all EOC information Systems and automated information links with partner EOC/DOC's a							
Managed data and telephone services for the EOC							
Received and prioritized special requests							
Provided communications briefings and technology star	tus reports as						
requested coherently and understandably, and kept the	e Logistics						
Chief/Coord. updated Completed all position duties as assigned, consistent w	ith the FOC						
Action Plan, in a calm, cooperative and competent man							
Other significant position related tasks assigned:							
Overall Rating & Remarks:						I	
This rating has been discussed with me (signature of indi	vidual being rated	d)	Dat	te:			
Rated by (signature):	E-Mail:			Date:			
Name (printed):	Phone:		٨σ٥	ancv.			

Position Credentialing Incident Response and	Instructions: A o	-				
Exercise Performance Rating	supervisor will p	-				
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Revised EOC form 225	who will sign and date the form. The individual who is					
Revised Loc IoIIII 223	being reviewed will retain this document so it may be used as documentation for position credentialing.					-
Name & Agency of Trainee:	Incident/Exercise		i posi	tion cred	Jentiaiii	18.
Traine a rigerior or traineer	moracing Exercise	e Harrier				
Incident/Exercise Address:	Date(s) of Position	on Assignr	ment:			
EOC Position Held:	Number of Oper	ational Pe	riods	Comple	ted:	
Transportation Unit Leader						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	ent, actually filling	g the posit	tion			
☐ Filling the position in an operations-based ex	ercise					
\square Job Shadowing under a person filling the pos	ition					
				Perfor	mance	Levels
		at				
List main duties from the position checklist on which the position					_	_
will be rated. Mark the appropriate column indicating the			ota	- 0	tor	tor
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.			l CG	1 to	fac	eds fac
marriadar s rever or performance for each daty note		id r	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
		۵⇒	\supset	2 =	F S	N S
Effectively supervised assigned staff to perform Unit fu	nctions					
Coordinated with the Public Works Branch Director to opposess of routes	determine the					
Coordinated transportation activities and needs with the	ne Supply and					
Procurement and Personal Units, Operations Branches,						
information, and Liaison Officers						
Kept the Logistics Section Chief/Coord. informed of sign	nificant issues					
affecting the Transportation Unit						
Coordinated with the Finance and Administration Secti contracts with transportation vendors-as needed	on to develop					
Completed all position duties as assigned, consistent w	ith the FOC					1
Action Plan, in a calm, cooperative and competent mar						
Other significant position related tasks assigned:						
Overall Rating & Remarks:		<u> </u>				
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	te:		
· -	-					
Rated by (signature):	E-Mail:		Dat	te:		
	_					
Name (printed):	Phone:		Age	encv:		

Position Credentialing Incident Response and	Instructions: A c	-				
Exercise Performance Rating	supervisor will p	-				
	person. Rating will be reviewed with the individual who will sign and date the form. The individual who i					
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Revised 200 form 225	being reviewed will retain this document so it may be used as documentation for position credentialing.				-	
Name & Agency of Trainee:	Incident/Exercise		. рос.			<u>o. </u>
Incident/Exercise Address:	Date(s) of Position	on Assignn	nent:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ted:	
Personnel Unit Leader						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	ent, actually filling	g the posit	ion			
☐ Filling the position in an operations-based ex	ercise					
☐ Job Shadowing under a person filling the pos	ition					
				Perfor	mance	Levels
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed. List main duties from the position checklist on which the position will be a poly of the poly of th			Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit funct	tions					
Developed EOC organization chart & staffing pattern for C	p Period					
Reviewed DSW policies/agreements and programmed/en responsibilities were coordinated	sured that DSW					
Identified, recruited and registered volunteers as required						
Coordinated with Liaison & Safety Officers to ensure that received a situation and safety briefing upon check-in	all EOC staff,					
Programed, recorded, and reported staff-time for all personal volunteers and kept the Logs Chief/Coord. informed	onnel/					
Assisted, in coordination with the Safety & Security Office employees and their families who are also disaster victims counseling, mental health specialists, etc.)						
Coordinated with the Operational Area EOC to activate th Management Mutual Aid System if required	e Emergency					
Completed all position duties as assigned, consistent with	the EOC Action					
Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)			Dat	e:		
Rated by (signature):	E-Mail: Date:					
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Position Credentialing Incident Response and	Instructions: A	-				
Exercise Performance Rating	supervisor will p	-				
	person. Rating will be reviewed with the individual who will sign and date the form. The individual who i					
Revised EOC form 225	_					
Revised EOC IOIIII 225	being reviewed used as docume					
Name & Agency of Trainee:	Incident/Exercis	e Name:				
Incident/Exercise Address:	Date(s) of Position	on Assigni	ment:			
EOC Position Held:	Number of Oper	ational Pe	eriods	Complet	ed:	
EMMA Coordinator						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incident	dent, actually filling	g the posi	tion			
☐ Filling the position in an operations-based ex	xercise					
☐ Job Shadowing under a person filling the po	sition					
		, ,		Perfor	mance	Levels
		at				
List main duties from the position shocklist on which the position			ble		>	_
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.			ota	4)	to	to
individual's level of performance for each duty listed.			Unacceptable	Need to Improve	-ully Satisfactory	Exceeds Satisfactory
individual's level of performance for each duty listed.		Did not apply this incident	nac	eec	Fully Satis	cce
		□ ÷	n	ŽΞ	F. S.	S; E
Effectively resource requested EMMA personnel throu	gh CalOES					
Programed EMMA personnel assignments						
Organized lodging and food for EMMA personnel						
Programed, recorded, and reported staff-time for all p volunteers and kept the Logs Chief/Coord. informed	ersonnel/					
Coordinated with Liaison & Safety Officers to ensure the	nat all EOC staff,					
received a situation and safety briefing upon check-in						
Completed Demobilization packets for all EMMA person	onnel					
Completed all position duties as assigned, consistent w	ith the EOC					
Action Plan, in a calm, cooperative and competent ma	nner					
Other significant position related tasks assigned:						
Overall Rating & Remarks:		1				
This rating has been discussed with me (signature of inc	lividual heing rate	۲)	Da	te.		
This fating has been discussed with the (signature of the	invidual being rates	u		ic.		
Rated by (signature):	E-Mail:		Dat	te:		
Name (printed):	Phone:		Age	ency:		

		_				
Position Credentialing Incident Response and	Instructions: A	qualified o	r crec	dentialed	d immedi	ate
Exercise Performance Rating	supervisor will prepare this form for a subordinate					te
	person. Rating will be reviewed with the individual					
Device d 500 ferry 225	who will sign and					
Revised EOC form 225	being reviewed will retain this document so it may be used as documentation for position credentialing.					
N 0 4 (T :			r posi	tion cre	dentialin	g
Name & Agency of Trainee:	Incident/Exercis	e Name:				
Incident/Exercise Address:	Date(s) of Position	on Assignr	nent:			
EOC Position Held:	Number of Oper	ational Pe	riods	Comple	ted:	
0 1 /0						
Supply/Procurement Unit Leader						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	-	g the posit	ion			
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	ition					
				Perfor	mance	Levels
		at				
		Did not apply at this incident	ole		_	
List main duties from the position checklist on which the po		Did not apply this incident	Unacceptable		Fully Satisfactory	Exceeds Satisfactory
rated. Mark the appropriate column indicating the individu performance for each duty listed.	iai s ievei ot	ot a	Sep	Need to Improve	act	Exceeds Satisfact
performance for each duty listed.		d n s ir	acc	ed	lly tisf	cee tisf
		Dic thi	2	Ne In	Fully Satisi	Ex
Effectively supervised assigned staff to perform Unit funct	tions					
Determined if the requested types and quantities of supp						
and equipment were available in inventory	, , , , , , , , , , , , , , , , , , , ,					
Coordinated vendor contracts not previously addressed by	y existing					
approved vendor lists						
Coordinated donated goods and services from community						
private organizations with the Donations Management Ur						
Coordinated with Resource Status/Programming Unit to f Resources Request and coordinated the update of the res						
Programing system in use at the EOC	ource					
Coordinated the acquisition and allocation of supplies, ma	terials, and					
equipment not normally provided through mutual aid or r						
channels and kept the Logs Chief/Coord. informed						
Completed all position duties as assigned, consistent with	the EOC Action					
Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
		1)	Τ_			
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	te:		
Rated by (signature):	E-Mail:		Dat	te:		
The state of the s						
Name (printed):	Phone:		Age	ency:		

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Position Credentialing Incident Response and	Instructions: A	•				
Exercise Performance Rating	supervisor will prepare this form for a subordinate					
	person. Rating will be reviewed with the individual who will sign and date the form. The individual who is					
Revised EOC form 225	being reviewed will retain this document so it may be					
	used as docume					-
Name & Agency of Trainee:	Incident/Exercise		•		•	
Incident/Exercise Address:	Date(s) of Position	on Assign	ment:			
EOC Position Held:	Number of Oper	ational P	eriods	Comple	ted:	
Facilities Unit Leader						
Incident/Exercise Type:						
\square Responding to a complex, multi-agency incid	-	g the posi	tion			
\square Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	ition					
Performance Levels						Levels
List main duties from the position checklist on which the position will be rated. Mark the appropriate column indicating the individual's level of performance for each duty listed.			Unacceptable	l to ove	Fully Satisfactory	Exceeds Satisfactory
			Unac	Need to Improve	Fully Satisf	Exceeds Satisfact
Effectively supervised assigned staff to perform Unit functions						
Accessed the needs of the EOC and field ICP's for facility re	esources					
Ensured all facilities are safe for occupancy, secured and the with ADA requirements						
Developed and maintained a status board/reference depic						
of each facility; description of furnishings, supplies, and ed site; hours of operation, and the name and phone number						
manager	or the racinty					
Assisted the EOC Coordinator and Communications/Inform Unit personnel with any facility-related issues	nation Systems					
Ensured the EOC facility is maintained in a clean and sanit	ary condition					
and that the facility infrastructure (power, water, HVAC sy Restrooms, etc.) operate satisfactorily	stem,					
As facilities were vacated, coordinated with the facilities n	nanager to					
return the location to its original state						
Completed all position duties as assigned, consistent with	the EOC Action					
Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of indi	vidual being rated	i)	Dat	te:		
Rated by (signature):	E-Mail: Date:					
Name (printed):	Phone:		Agency:			

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Position Credentialing Incident Response and	Instructions: A o	qualified o	or cred	lentialed	d immedi	ate
Exercise Performance Rating	supervisor will p	-				
	person. Rating v					
Revised EOC form 225	who will sign and date the form. The individual who is					
Revised LOC IOIIII 225	being reviewed will retain this document so it may be used as documentation for position credentialing.				•	
Name & Agency of Trainee:	Incident/Exercise		n posi	tion cred	uentiaiin	<u>g.</u>
Name & Agency of Trainee.	melacity Exercise	c ivanic.				
Incident/Exercise Address:	Date(s) of Position	on Assign	ment:			
EOC Position Held:	Number of Oper	ational Pe	eriods	Comple	ted:	
Food Unit Leader						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	ent, actually filling	the posi	tion			
\square Filling the position in an operations-based ex	ercise					
☐ Job Shadowing under a person filling the pos	ition					
		1 1		Perfor	mance	Levels
		at				
List main duties from the position checklist on whic	h the position	Did not apply at this incident	Unacceptable		>	>
will be rated. Mark the appropriate column indicating the			pta	_ a	tor	s :tor
individual's level of performance for each duty listed.		not	SCE	d tc	, sfac	sed
marriada s rever or performance for each daty instead		Oid not appl	Ina	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
		4		2 =	F	S
Effectively supervised assigned staff to perform Unit fu	nctions					
Obtained necessary equipment, supplies, and facilities food service (to include cold and/or hot storage and /o						
Ensured food service areas meet appropriate health an						
measures and were maintained in a clean condition						
Ordered sufficient food and water from or through the	Supply Unit					
Maintained an inventory of food, water, condiments, a	nd supplies					
Coordinated with the Procurement Unit to ensure all prepared	urchases were					
Kept Logistics Chief/Coord. informed regarding any foo	dservice					
problems or issues						
Completed all position duties as assigned, consistent w	ith the EOC					
Action Plan, in a calm, cooperative and competent man	ner					
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of indi	vidual being rated	d)	Dat	e:		
Rated by (signature):	E-Mail:		Dat	:e:		
Name (printed):	Dhono		٨	ne.		

Position Credentialing Incident Response and	Instructions: A q	-								
Exercise Performance Rating	supervisor will p	-								
· ·	person. Rating v									
Revised EOC form 225	who will sign and									
	being reviewed v					-				
	used as documer		posit	tion cred	lentialing	ξ.				
Name & Agency of Trainee:	Incident/Exercise	e Name:								
Incident/Exercise Address:	Date(s) of Position	n Assignn	nent:							
EOC Position Held:	Number of Opera	ational Pe	riods	Complet	ed:					
Donations Management Unit Leader										
Incident/Exercise Type:										
☐ Responding to a complex, multi-agency incid	ent, actually filling	the posit	ion							
☐ Filling the position in an operations-based ex	ercise									
☐ Job Shadowing under a person filling the pos										
0 1 0 1				Perfor	mance	Levels				
		ب								
		- a	<u>e</u>							
List main duties from the position checklist on which	•	ppl	abl		Σ	λı				
will be rated. Mark the appropriate column indicat	ing the	t a	ept	e e	ctc	ls ctc				
individual's level of performance for each duty liste	ed.	5. j	Š	Need to mprove	y sfa	eec sfa				
		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory				
Effectively supervised assigned staff to perform Unit fu	nctions									
Communicated and coordinated with exterior stakehol	ders and NGOs									
to support effective donations management										
In coordination with the Private Sector Coordinator, se										
of contact for private sector agencies wishing to donate services	e goods and									
Maintained consistent public messaging regarding done	ations through									
coordination with Public Information function, including	g the Joint									
Information Center (JIC) if activated										
Kept Logistics Chief/Coord. & EOC Director (as needed)	informed									
regarding donations management problems or issues										
Completed all position duties as assigned, consistent w										
Action Plan, in a calm, cooperative and competent mar	nner									
Other significant position related tasks assigned:										
Overall Rating & Remarks:		<u>l</u>		1		<u> </u>				
C .										
This rating has been discussed with me (signature of ind	ividual being rated	<u>)</u>	Dat	:e:						
5		,								
Rated by (signature):	E-Mail:		Dat	e:						
Name (printed):	Phone:		Agency:							

Position Credentialing Incident Response and Exercise Performance Rating Revised EOC form 225	Instructions: A c supervisor will p person. Rating v who will sign and being reviewed	repare th will be rev d date the will retain	is forn riewed e form I this d	n for a su with the . The indocument	ubordina e individ dividual v t so it ma	te ual who is ay be
	used as docume	ntation fo	or posi	tion cred	lentialin	g.
Name & Agency of Trainee:	Incident/Exercise	e Name:				
Incident/Exercise Address:	Date(s) of Position	on Assign	ment:			
EOC Position Held:	Number of Oper	ational Pe	eriods	Complet	ed:	
Volunteer Coordination Unit Leader						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incides a complex of the position in an operations-based expression. ☐ Job Shadowing under a person filling the position.	xercise	g the posi	ition			
				Perfor	mance	Levels
List main duties from the position checklist on whiwill be rated. Mark the appropriate column indica individual's level of performance for each duty list	ting the	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit for	unctions					
Staffed Volunteer Team in the EOC and supported the Resource Unit and the Logistics Section Supply Unit	Planning Section					
Established one or more assembly and staging sites for report to for credential screening, registration and pot assignment (Volunteer Reception Centers)	ential					
Coordinated with the Personnel Unit to the manage vo	olunteer DSW					
process including document management Kept Logistics Chief/Coord. informed regarding any vo	luntoor					
problems or issues	luliteel					
Completed all position duties as assigned, consistent was Action Plan, in a calm, cooperative and competent ma						
Other significant position related tasks assigned:						
Overall Rating & Remarks:				<u> </u>		<u>l</u>
This rating has been discussed with me (signature of inc	lividual being rate	d)	Dat	te:		
Rated by (signature):	E-Mail:		Dat	te:		
Name (printed):	Phone:		Age	ency:		

Position Credentialing Incident Response and	Instructions: A c	qualified o	r cred	lentialed	immedi	ate
Exercise Performance Rating	supervisor will p	-				
	person. Rating v					
Revised EOC form 225	who will sign and being reviewed w					
	used as docume					-
Name & Agency of Trainee:	Incident/Exercise					<u>, </u>
Incident/Exercise Address:	Date(s) of Position	on Assignr	nent:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ted:	
Finance & Admin Chief/Coord.						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	ent, actually filling	g the posit	ion			
☐ Filling the position in an operations-based ex	ercise					
☐ Job Shadowing under a person filling the pos	ition					
				Perfor	mance	Levels
List main duties from the position checklist on which the porated. Mark the appropriate column indicating the individuperformance for each duty listed.		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Ensured effective supervision of the Finance/Admin Section safety and welfare of Section personnel	on, including the					
Ensured that the Finance/Admin function was performed SEMS/NIMS guidelines	consistent with					
Activated units within the Finance/Admin section as requi	ired					
Ensured on-duty time is recorded and collected for all pers						
Ensured that there is a continuum of the payroll process for responding	or all employees					
Ensured that workers' compensation claims, resulting from are processed within a reasonable time	n the response,					
Determined any necessary spending limits and burn rates						
Provided financial and cost analysis information as reques	ted					
Provided regular Section Status Reports to the EOC Direct	or					
Completed all position duties as assigned, consistent with Plan, in a calm, cooperative and competent manner	the EOC Action					
Other significant position related tasks assigned:						
Overall Rating & Remarks:		I. I.		<u> </u>		
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	:e:		
Rated by (signature):	E-Mail:		Dat	:e:		
Nama (printad)	Dhana		۸			

Position Credentialing Incident Response and	d Instructions: A qualified or credentialed immediate									
Exercise Performance Rating	supervisor will p	-								
	person. Rating who will sign and									
Revised EOC form 225	being reviewed									
	used as docume					•				
Name & Agency of Trainee:	Incident/Exercise	e Name:								
Incident/Exercise Address:	Date(s) of Position	on Assignr	ment:							
EOC Position Held:	Number of Oper	ational Pe	eriods	Complet	ed:					
Timekeeping Unit Leader										
Incident/Exercise Type:										
\square Responding to a complex, multi-agency incid	ent, actually filling	g the posi	tion							
☐ Filling the position in an operations-based ex										
☐ Job Shadowing under a person filling the pos	ition									
				Pertor	mance	Levels				
List main duties from the position checklist on whice will be rated. Mark the appropriate column indicate individual's level of performance for each duty lister	ing the	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory				
Effectively supervised assigned staff to perform Unit fu	nctions									
Programed, recorded and reported staff time for all										
personnel/volunteers, including hired and contracted										
Ensured that hired and contracted personnel time reco expense claims and other related forms were prepared										
to budget and payroll office	and Submitted									
Established and maintained a file for each employee/ve	olunteer									
Coordinated the recording of time for all equipment as	signed									
Submitted cost estimates to the Cost Accounting Unit										
Assisted other units in a system for collecting personne equipment time reporting	l and/or									
Distributed information to all resources through Section										
Chiefs/Coordinators via memorandum in EOC Action Pl										
Completed all position duties as assigned, consistent w Action Plan, in a calm, cooperative and competent man										
Other significant position related tasks assigned:										
Overall Rating & Remarks:				l l						
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	e:						
Rated by (signature):	E-Mail:		Dat	e:						
Name (printed):	Phone:		٨σ٥	ancv:						

Position Credentialing Incident Response and	Instructions: A c	-									
Exercise Performance Rating	supervisor will p	-									
	person. Rating v										
Revised EOC form 225	who will sign and being reviewed v										
	used as docume					•					
Name & Agency of Trainee:	Incident/Exercise		P			<u>, </u>					
Incident/Exercise Address:	Date(s) of Position	on Assigni	ment:								
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ted:						
Cost Accounting Unit Leader											
Incident/Exercise Type:											
☐ Responding to a complex, multi-agency incid		g the posi	tion								
☐ Filling the position in an operations-based ex											
☐ Job Shadowing under a person filling the pos	ition			D (.							
				Pertor	mance	Leveis					
		' at	d)								
List main duties from the position checklist on which	ch the position	ply int	able		7	2					
will be rated. Mark the appropriate column indicat	ing the	t ap Side	ept	o e	cto	ls cto					
individual's level of performance for each duty liste	ed.	9 i	3	Need to mprove	y sfa	eec sfa					
		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory					
Effectively supervised assigned staff to perform Unit fu	nctions										
Worked with the Documentation Unit to collect and m.											
documentation of all information for reimbursement (i											
logs, journals, status reports, and Action Plans, etc.)											
Gathered fiscal recovery information from agencies pro	oviding										
emergency response, support and assistance											
Made cost analysis, estimates, summaries and cost-say	ring										
recommendations to the Finance/Admin Section Chief											
Prepared disaster financial assistance documentation r											
recover all allowable emergency response funds and fit assistance from FEMA	nanciai										
Acted as the liaison with FEMA's adjusters and coordin	ators										
Completed all position duties as assigned, consistent w	ith the EOC										
Action Plan, in a calm, cooperative and competent man											
Other significant position related tasks assigned:											
Overall Rating & Remarks:											
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	:e:							
Rated by (signature):	E-Mail:		Dat	e:							
Nama (printed):	Rhone: Agency:										

Position Credentialing Incident Response and											
Exercise Performance Rating	supervisor will p	-									
_	person. Rating v										
Revised EOC form 225	who will sign and										
Revised EOC IOIIII 223	being reviewed v					•					
Name & Agency of Trainee:	used as documer Incident/Exercise		r posii	tion cred	aentialing	3.					
Name & Agency of Tramee.	incident/ Exercise	e Name.									
Incident/Exercise Address:	Date(s) of Position	on Assignr	nent:								
EOC Position Held:	Number of Opera	ational Pe	riods	Comple	ted:						
Compensation & Claims Unit Leader											
Incident/Exercise Type:											
☐ Responding to a complex, multi-agency incid	ent, actually filling	g the posit	tion								
☐ Filling the position in an operations-based ex	ercise										
☐ Job Shadowing under a person filling the pos	ition										
				Perfor	mance	Levels					
		at									
List main duties from the position checklist on whic	h the nosition	Did not apply at this incident	ble		>	>					
will be rated. Mark the appropriate column indicat	•	apl	ota	- 0	tor	tor					
individual's level of performance for each duty liste	_	nci	cel	l to	fac	eds fac					
maividual 3 level of performance for each duty liste	.u.	Oid not appl	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory					
		□ ÷	\supset	ZΞ	F. S.	E) Si					
Effectively supervised assigned staff to perform Unit fu	nctions										
Maintained files of illnesses, injuries or deaths of person											
damages to the property or equipment including result											
investigations and kept the Finance & Admin Chief info											
Coordinated the investigation of injuries or deaths of p											
damages to property or equipment arising out of the e document any incomplete investigations and follow-up											
required of the jurisdiction	actions										
Coordinated incident personnel and volunteer injury cl	aims with										
appropriate entities (e.g., Agency's worker's compensa											
state Disaster Service Worker Volunteer Program)	•										
Completed all position duties as assigned, consistent w	ith the EOC										
Action Plan, in a calm, cooperative and competent mar	nner										
Other significant position related tasks assigned:											
Overall Rating & Remarks:											
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	e:							
Pated by (signatura):	E Mail:		Dat	.01							
Rated by (signature):	E-Mail:		Date:								
Name (printed):	Phone:		Age	ency:							

Position Credentialing Incident Response and	Instructions: A q	ualified o	r cred	entialed	immedia	ate
Exercise Performance Rating	supervisor will pi	-				
<u> </u>	person. Rating w					
Revised EOC form 225	who will sign and					
Revised EOC form 225	being reviewed v					
Name & Agency of Trainer	used as documer Incident/Exercise		r posii	tion cred	ientialing	3.
Name & Agency of Trainee:	incluent/ exercise	e ivallie.				
Incident/Exercise Address:	Date(s) of Position	n Assignr	nent:			
EOC Position Held:	Number of Opera	ational Pe	riods	Complet	ted:	
Purchasing Unit Leader						
Incident/Exercise Type:						
☐ Responding to a complex, multi-agency incid	lent, actually filling	g the posit	tion			
\square Filling the position in an operations-based ex	cercise					
☐ Job Shadowing under a person filling the pos	ition					
				Perfor	mance	Levels
List main duties from the position checklist on which the position which the position checklist on which the position was the individual's level of each duty listed.		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit function	ns .					
Coordinated vendor contracts not previously addressed by expendor list	kisting approved					
Coordinated with the Logistics Section and Operations Section involving the purchase, hire, contract, rental and leases of research.						
Verified cost data in pre-established vendor contract/agreem	nents					
In coordination with the Logistics Section, ensured that purch contracts are developed in a timely manner	nase orders and					
Ensured that all contracts identified the scope of work and splocations	pecific site					
Negotiated rental rates not already established, or purchase	price with					
vendors as needed and kept Finance & Admin Chief informed	<u> </u>					
Performed quality control of vendors as necessary (e.g., unet	hical business					
practices, inflating prices or rental rates, etc.)	- FOC Action Plan					
Completed all position duties as assigned, consistent with the in a calm, cooperative and competent manner	e EOC Action Plan,					
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	:e:		
Rated by (signature):	E-Mail:		Dat	e:		
Name (printed):	Phone:		Age	ency:		

Position Credentialing Incident Response and	Instructions: A c	-				
Exercise Performance Rating	supervisor will p	-				
	person. Rating v who will sign and					
Revised EOC form 225	being reviewed					
	used as docume					
Name & Agency of Trainee:	Incident/Exercise	e Name:				
Incident/Exercise Address:	Date(s) of Position	on Assignn	nent:			
EOC Position Held:	Number of Oper	ational Pe	riods	Complet	ted:	
Recovery Unit Leader						
Incident/Exercise Type:						
Responding to a complex, multi-agency incid	g the posit	ion				
☐ Filling the position in an operations-based ex						
☐ Job Shadowing under a person filling the pos	sition			D : . (-		
				Pertor	mance	Leveis
List main duties from the position checklist on whice will be rated. Mark the appropriate column indicatindividual's level of performance for each duty lister	ting the	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit fu	ınctions					
Coordinated with all sections to collect and maintain d of all disaster information for reimbursement	ocumentation					
Prepared and maintained a cumulative cost report						
Ensured that the Budget Office established a disaster a						
system, to include an exclusive cost code for the respo						
Acted as the liaison for the neighboring jurisdictions, O Areas, State, Federal, and disaster assistance agencies,						
the cost recovery process	to coordinate					
Prepared all required state and federal documentation	as necessary to					
recover all allowable disaster response costs	•					
Organized and prepared records for final audit						
Kept Finance & Admin Chief/Coord., Advanced Plannin	g Unit and EOC					
Director updated on recovery issues						
Completed all position duties as assigned, consistent w						
Action Plan, in a calm, cooperative and competent man	nner					
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of ind	ividual being rated	d)	Dat	te:		
Rated by (signature):	E-Mail:		Dat	te:		
Name (order to all)	Discussion					

TYPE III APPROXIMATE TRAINING HOURS

Management Type III

		FOC Director	FOC Coord	Safety Office.	Public Informati	Liaison	Private Sector Coord	Legal Affairs Officer
	G606	4	4	4	4	4	4	4
	ICS100	3	3	3	3	3	3	3
	ICS200	3	3	3	3	3	3	3
	IS368 or L197	2	2	2	2	2	2	2
	IS700	3	3	3	3	3	3	3
	IS706	2.5	2.5	2.5	2.5	3	3	3
	IS800	3	3	3	3	3	3	3
	IS230.d	6	6	6	6	6	6	6
	G626E	16	16	16	16	16	16	16
Training	Sub Cal OES/ G775	16	16	16	16	16	16	16
	CSTI EMC G191	8	8	8	8	8	8	8
	G611	8	8	8	8	8	8	8
	IS29	2.5	2.5		2.5			
	IS35			2				
	IS42				3			
	IS660						2	
	IS662						2	
	G205 (Formerly G270.4)		24					
	L0105				24			
	Total Approximate Hours of Training	77	101	77	104	75	79	75

Operations Type III

		Ops Section Ch.	Fire Branch	Law Branch	Care & Shelter	Animal Services	Med/Health	Ag & Nat Res	Const & Eng	Damage/Safet.,	Debris Mgt	Public Works	Utilities Rep
	G606	4	4	4	4	4	4	4	4	4	4	4	4
	ICS100	3	3	3	3	3	3	3	3	3	3	3	3
	ICS200	3	3	3	3	3	3	3	3	3	3	3	3
	IS368 or L197	2	2	2	2	2	2	2	2	2	2	2	2
	IS700	3	3	3	3	3	3	3	3	3	3	3	3
	IS706	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
	IS800	3	3	3	3	3	3	3	3	3	3	3	3
	IS230.d	6	6	6	6	6	6	6	6	6	6	6	6
Training	G626E	16	16	16	16	16	16	16	16	16	16	16	16
Halling	Sub Cal OES/ G775	16	16	16	16	16	16	16	16	16	16	16	16
	CSTI EMC G191	8	8	8	8	8	8	8	8	8	8	8	8
	G611	8	8	8	8	8	8	8	8	8	8	8	8
	IS632	2									2		
	G205 (Formerly G270.4)										24	24	
	G393								24				
	Cal OES MHOCSA course						16						
	CalOES SAP Evaluator Trng									8			
	CalOES SAP Program									1.5			
Total App	proximate Hours of Training	76.5	74.5	74.5	74.5	74.5	90.5	74.5	98.5	84	100.5	98.5	74.5

Planning & Intelligence Type III

	P&I Sec Ch.	Action Planning	Advanced Plans	_{Dетор}	Documentatio _n	Resource Status	SitStat	A&FN	GIS	Social Media
G606	4	4	4	4	4	4	4	4	4	4
ICS100	3	3	3	3	3	3	3	3	3	3
ICS200	3	3	3	3	3	3	3	3	3	3
IS368 or L197	2	2	2	2	2	2	2	2	2	2
IS700	3	3	3	3	3	3	3	3	3	3
IS706	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
IS800	3	3	3	3	3	3	3	3	3	3
IS230.d	6	6	6	6	6	6	6	6	6	6
G626E	16	16	16	16	16	16	16	16	16	16
Sub Cal OES/ G775	16	16	16	16	16	16	16	16	16	16
Training CSTI EMC G191	8	8	8	8	8	8	8	8	8	8
G611	8	8	8	8	8	8	8	8	8	8
IS42	3									3
IS103	2								2	
IS703.a	3.5	3.5				3.5				
IS922									3	
G205 (Formerly G270.4)			24							
G235			16							
G393			24							
G557 (Formerly G250.7)	16	16					16			
PER 304										8
Total Approximate Hours of Training	99	94	138.5	74.5	74.5	78	90.5	74.5	79.5	85.5

Logistics Type III

			Logs Sec Ch	Deputy Logs	Service Brance	IT Coord	Food UL	Volunteers	Donations	Comms Ut	Support Brand	Facilities	Personnet	EMMA COOL	Mission Taski	Supply/Proc	Business On	Check-in/Ch	Transportati	External Sur	Staging UL	Housing Ur	Mass Care UL
	G606		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	ICS100		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	ICS200		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	IS368 or L197		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	IS700		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	IS706		2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
	IS800		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	IS230.d		6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
Training	G626E		16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
	Sub Cal OES/	G775	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
	CSTI EMC	G191	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	G611		8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	IS288							10	10														
	IS703.a		3.5						3.5														
	G205 (formerly G270.4)							24					24										
	ARC Basic Food Safety						2.5																
	EMMA Coordinator Trai	ining												1									
Total A	pproximate Hours of Tra	aining	78	75	75	75	77	109	88	75	75	75	99	76	75	75	75	75	75	75	75	75	75

Finance & Administration Type III

		F&A Section Ch.	Сотр СГаітs	Cost Acct	Purchasing	$R_{ecovery}$	Timekeeping
G606		4	4	4	4	4	4
ICS100		3	3	3	3	3	3
ICS200		3	3	3	3	3	3
IS368 or L197		2	2	2	2	2	2
IS700		3	3	3	3	3	3
IS706		2.5	2.5	2.5	2.5	2.5	2.5
Training IS800		3	3	3	3	3	3
IS230.d		6	6	6	6	6	6
G626E		16	16	16	16	16	16
Sub Cal OES/	G775	16	16	16	16	16	16
CSTI EMC	G191	8	8	8	8	8	8
G611		8	8	8	8	8	8
G205 (Formerly	G270.4)	24	24	24	24	24	24
Total Approximate Hou	s of Training	98.5	98.5	98.5	98.5	98.5	98.5

TYPE II APPROXIMATE TRAINING HOURS

Management Type II

		Eor or.	EOC CO	Safety	Pro Officer	Liaison	Private	Legal Affairs Offi
	IS120.a	5	5	5	5	5	5	5
	IS235.b	5	5	5	5	5	5	5
	IS240.b	3	3	3	3	3	3	3
	IS241.b	2	2	2	2	2	2	2
Training	IS242.b	8	8	8	8	8	8	8
Halling	IS244.b	4	4	4	4	4	4	4
	ICS300	21	21		21			
	ICS400	15	15		15			
	IPIO				24			
	G205 (Formerly G270.4)	24						
Total Ap	proximate Hours of Training	87	63	27	87	27	27	27

Operations Type II

		e. s							/ Ar.	₹Wser.			
		Ops Section Ch	Fire Branch	^{Law} Branch	Care & Shelter	Animal Services	Med/Health	Ag & Nat Res	Const & Eng	Damage/Safety As	Debris Mgt	Public Works	Utilities Rep
	IS120a	5	5	5	5	5	5	5	5	5	5	5	5
	IS235b	5	5	5	5	5	5	5	5	5	5	5	5
	IS240.b	3	3	3	3	3	3	3	3	3	3	3	3
	IS241.b	2	2	2	2	2	2	2	2	2	2	2	2
	IS242b	8	8	8	8	8	8	8	8	8	8	8	8
	IS244b	4	4	4	4	4	4	4	4	4	4	4	4
	IS10	3.5			3.5	3.5							
	IS111.a	3.5				3.5		3.5					
	ICS300	21	21	21					21				
	IS366	6			6								
Teninina	ICS400	15	15	15					15				
Training	IS554	3							3			3	
	IS556	3							3			3	
	IS558	3							3			3	
	IS559	2								2		2	
	G205 (Formerly G270.4)						24		24	24			
	G393											24	
	E202								32		32		
	CalOES SAP Evaluator Trng								8				
	CDSS FAST Trng				16								
	IAWTI Animal Shelter Course					8							
	Agroterrorism Course							6.5					
	Letter certifying knowledge of												
	the State Ambulance Strike						Х						
	Teams & Mobile Medical						^						
	Asset Program System												
	Letter certifying 5 years'												
	experience in the Utilities												X
	Emergency Management Field												
Total A	pproximate Hours of Training	87	63	63	53	42	51	37	136	53	59	62	27

Planning & Intelligence Type II

		P&1 Sec Ch.	Action Planning	Advanced Plans	Dетор	Documentation	Resource Status	SitStat	A&FN	GIS	Social Media
	IS120	5	5	5	5	5	5	5	5	5	5
	IS235b	5	5	5	5	5	5	5	5	5	5
	IS240.b	3	3	3	3	3	3	3	3	3	3
	IS241.b	2	2	2	2	2	2	2	2	2	2
	IS242.b	8	8	8	8	8	8	8	8	8	8
	IS244.b	4	4	4	4	4	4	4	4	4	4
Training	ICS300	21	21				21	21			
	IS366	6							6		
	ICS400	15	15	15			15	15			
	IS632.a	2		2							
	G205 (Formerly G270.4)					24					
	PER 344										8
	CDSS FAST Trng								16		
	Letter certifying experience with records retention practices					X					
	Letter certifying at least two years' experience in the GIS field (specify Desktop, Server and/or On-line									х	
Total A	pproximate Hours of Training	71	63	44	27	51	63	63	49	27	35

Logistics Type II

		LORS Sec C.	Comme Ac	Donation	Facilities	Food	Personne	EMMA C	Supply/a	Transport	Volunteers
	IS120	5	5	5	5	5	5	5	5	5	5
	IS235.b	5	5	5	5	5	5	5	5	5	5
	IS240.b	3	3	3	3	3	3	3	3	3	3
	IS241.b	2	2	2	2	2	2	2	2	2	2
Training	IS242.b	8	8	8	8	8	8	8	8	8	8
	IS244.b	4		4							4
	IS288	10		10							10
	IS300	21									
	IS400	15									
Total A	pproximate Hours of Training	73	23	37	23	23	23	23	23	23	37

Finance & Administration Type II

		F&A Sorti	Comp Clai	Cost Acet	Purchaein	Recover	Timekeeping
	IS120.a	5	5	5	5	5	5
	IS235.b	5	5	5	5	5	5
	IS240.b	3	3	3	3	3	3
	IS241.b	2	2	2	2	2	2
Training	IS242.b	8	8	8	8	8	8
Training	IS244.b	4	4	4	4	4	4
	ICS300	21					
	ICS400	15					
	IS403	2				2	
	IS29000.a	3				3	
Total Ap	pproximate Hours of Training	68	27	27	27	32	27

TYPE I APPROXIMATE TRAINING HOURS

All Positions Type I

		EOC Director	EOC Coord	PlO	Operations Ct.	Planning & tot 1	Logistics Chief Chief/Coord.	Finance & Adding	ramın Chief/Coord.
	G393	24	24	24	24	24	24	24	
Training	G205 (Formerly G270.4)	24	24	24	24	24	24	24	
	G235	16	16	16	16	16	16	16	
	L0388			40					
Total A	pproximate Hours of Training	64	64	104	64	64	64	64	

Type III Credential Request Submission Form

Personal Information										
First Name:	Last Name:		E-Mail:							
Job Title/Position:			Telephone:							
Organization:										
Mailing Address (please enter the	address you want your cre	edential	card mailed to):							
Type III Position Credential Requested:										
Core Curriculum Training										
Course			Completion Date	Certificate Attached						
G-606			p.c	☐ Yes						
IS-100				□ Yes						
IS-200				☐ Yes						
IS-230.d				☐ Yes						
IS-368 <i>or</i> G-197				☐ Yes						
IS-700				☐ Yes						
IS-706				☐ Yes						
IS-800				☐ Yes						
G-626E				☐ Yes						
G-775				☐ Yes						
G-191				☐ Yes						
G-611				☐ Yes						
☐ I am substituting the Emergency I G-611, and G-775.	Management course for G	i-191,		☐ Yes						
Program Manager Verification Form				☐ Yes						
Position Specific Training										
Course		C	Completion Date	Certificate Attached						
			•	☐ Yes						
				☐ Yes						
				☐ Yes						
				☐ Yes						
				☐ Yes						
EOC Activation/Exercises (choose	e one)									
I filled this position during an act	ivation for an	I filled	d this position during	two functional or full-						
emergency/planned event		scale	exercises							
Date(s) of experience:		Date	of exercise #1:							
Evaluation or EOC 225 Form atta	ched: ☐ Yes	Evalu	ation or EOC 225 For	m attached: 🗆 Yes						
		Date	of exercise #2:							
		Evalu	ation or EOC 225 Form	m attached: Yes						

PROGRAM MANAGER VERIFICATION FORM TYPE III

D 14 1/ 15 11 E		
Program Manager Verification Fo	1	
First Name:	Last Name:	E-Mail:
Job Title/Position:		Telephone:
Organization:		
Mailing Address (please enter the	address you want your credentia	al card mailed to):
Jurisdiction Served:		
Type III Position Credential Reque	ested:	
the applicant has met the docum	nentation requirements of than substitute the signature of	risor or agency training officer to certify that the credentialing Program. In the absence of f a supervisory level staff member currently the within the State of California.
I certify that I am the immediate support the application for an EC I have reviewed this individual's	OC credential.	g officer for the applicant named above. I
Signature		
Printed/Typed Name		
Email		
Telephone		
¹ Private contractors and/or those	who are currently not in a nai	id position may use this ontion

Type II Credential Request Submission Form

Personal Information							
First Name:	Last Name:	E-Mail:					
Job Title/Position:		Telephone:					
Organization:							
Mailing Address (please ente	r the address you want your crede	ntial card mailed to):					
Type II Position Credential R	lequested:						
Core Curriculum Training							
Course		Completion Date	Attachment				
IS-120.c			☐ Yes				
IS-235.c			☐ Yes				
IS-240.b			☐ Yes				
IS-241.b			☐ Yes				
IS-242.b			☐ Yes				
IS-244.b			☐ Yes				
Program Manager Verificati	on Form		☐ Yes				
	MMA & EMAC tasks have been	completed	☐ Yes				
Position Specific Training							
Course		Completion Date	Certificate Attached				
			☐ Yes				
			☐ Yes				
			☐ Yes				
			☐ Yes				
			☐ Yes				
			☐ Yes				
			☐ Yes				
			☐ Yes				
			☐ Yes				
Certification Letters			Attached				
			☐ Yes				
			☐ Yes				
EOC Activations							
I filled this position during an a		I filled this position during an act					
planned event for at least two	Operational Periods	planned event for at least two O	perational Periods				
Event #1 Name:		Event #2 Name:					
Date(s) of experience:		Date(s) of experience:					
Evaluation or EOC 225 Form	attached: 🗆 Yes	Evaluation or EOC 225 Form a	ttached: 🗆 Yes				

PROGRAM MANAGER VERIFICATION FORM TYPE II

Program Manager Verificat		
First Name:	Last Name:	E-Mail:
Job Title/Position:		Telephone:
Organization:		
Mailing Address (please ento	er the address you want your	credential card mailed to):
Jurisdiction Served:		
Type II Position Credential	Requested:	
the applicant has met the either of these ² , the application working for any Emergence	documentation requireme cant can substitute the sign y Management agency/de	te supervisor or agency training officer to certify that ents of the credentialing Program. In the absence of nature of a supervisory level staff member currently partment within the State of California.
support the application for	r an EOC credential.	y training officer for the applicant named above. I nd certify that it is valid and complete.
Signature		
Printed/Typed Name		
Email		
Telephone		
2 Duirento contractore de 14		ot in a naid nagition may use this option

² Private contractors and/or those who are currently not in a paid position may use this option.

Type I Credential Request Submission Form

Personal Information								
First Name:	Last Name:		E-Mail:					
Job Title/Position:			Telephone:					
Organization:								
Mailing Address (please enter the	e address you want your c	redent	tial card mailed to):					
Type I Position Credential Requ	ested:							
Core Curriculum Training								
Course		(Completion Date	Certificate Attached				
G205				☐ Yes				
G235				☐ Yes				
G393				☐ Yes				
Program Manager Verification I	orm			☐ Yes				
Position Specific Training								
Course			Completion Date	Certificate Attached				
L0388				☐ Yes				
EOC Activations								
I filled this position during an ad	ctivation for an	I filled this position during an activation for an						
emergency/planned event for a	it least two	emergency/planned event for at least two						
Operational Periods.			ational Periods.					
Event #1 Name:		Even	t #2 Name:					
Date(s) of experience:		Date	(s) of experience:					
Evaluation or EOC 225 Form att		Evalu	uation or EOC 225 Forn	n attached: 🗆 Yes				
I filled this position during an ac emergency/planned event for a Operational Periods.			C mail this form and	م مناه می می اماد				
Operational Periods. Event #3 Name:			E-mail this form and all supporting documentation to: credentialing.coordinator@caloes.ca.gov					
Date(s) of experience:		<u> </u>	cacinianigicoordiilai	to. G caroco.ca.gov				
Evaluation or EOC 225 Form att	ached: 🗆 Yes							

PROGRAM MANAGER VERIFICATION FORM TYPE I

5				
Program Manager Verification Fo	prm			
First Name:	Last Name:	E-Mail:		
Job Title/Position:		Telephone:		
Organization:				
Mailing Address (please enter the	address you want your credentia	al card mailed to):		
Jurisdiction Served:				
Type I Position Credential Requested:				
This form is to be signed by the applicant's immediate supervisor or agency training officer to certify that the applicant has met the documentation requirements of the credentialing Program. In the absence of either of these ³ , the applicant can substitute the signature of a supervisory level staff member currently working for any Emergency Management agency/department within the State of California.				
I certify that I am the immediate supervisor or agency training officer for the applicant named above. I support the application for an EOC credential.				
I have reviewed this individual's	application packet and certif	y that it is valid and complete.		
Signature				
Printed/Typed Name				
Email				
Telephone				
³ Private contractors and/or those	e who are currently not in a pai	id position may use this option.		

JOB SHADOWING OFFER REQUEST FORM

This form is to be submitted as per the instructions contained within the <u>Submission Instructions section</u> of this resource guide when offering an EOC job shadowing opportunity during an operations-based functional exercise or full-scale exercise.

CSTI will forward the opportunity to those requesting job shadowing opportunities. The host EOC can coordinate with persons wishing to shadow directly.

Heat FOC Contact Information				
Host EOC Contact Information				
First Name:	Last Name:	E-Mail:		
Organization:				
Organization.				
Mailing Address:				
Exercise Information				
		F. and T. and		
Exercise Name:		Exercise Type:		
		☐ Functional		
		☐ Full-Scale		
- · · · · · · · · · · · · · ·		□ Tull-Scale		
Exercise Start Date & Time:				
Exercise End Date & Time:				
Exercise Reporting Instructions:				
EOC Positions Being Offered for Job Shadowing:				
Minimum Training Requested of Candidate				

IMPORTANT!

This form is NOT to be used for real-world, job shadowing offerings. Please follow the Cal OES EMMA request process and indicate that the requested position is for job shadowing purposes only.

SUBMISSION INSTRUCTIONS

All forms contained within this resource guide accompany the Cal OES & CSTI EOC Position Credentialing Program. For more information regarding specific courses and requirements of the Program, please refer to the Type I, II, and III Standards Books.

Forms and supporting documentation must be submitted to CSTI for review. It is recommended that forms be submitted electronically. However due to file size restrictions on some systems, forms may be submitted via snail mail as well.



Forms and all supporting documentation should be zipped and emailed to:

credentialing.coordinator@caloes.ca.gov



If E-mail submission is not possible, forms can be sent to:

California Specialized Training Institute 10 Sonoma Ave, Building 901 San Luis Obispo, CA 93405 Attn: Credentialing Coordinator