



FIRESCOPE

Emergency Medical Technician, Fireline (EMTF) Paramedic, Fireline (EMPF)

Task Book Assigned To:

Trainee's Name: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Task Book Initiated By:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Home Unit Address: _____

Date Initiated: _____

**Verification/Certification of Completed Task Book for the Position of:
Emergency Medical Technician, Fireline (EMTF)
Paramedic, Fireline (FEMP)**

Final Evaluator's Verification

*To be completed **ONLY** when you are recommending the trainee for certification.*

I verify that (trainee name) _____ has successfully performed as a trainee by demonstrating all tasks for the position listed above and should be considered for certification in this position. All tasks are documented with appropriate initials.

Final Evaluator's Signature: _____

Final Evaluator's Printed Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____ Date: _____

Agency Certification

I certify that (trainee name) _____ has met all requirements for qualification in the above position and that such qualification has been issued.

Certifying Official's Signature: _____

Certifying Official's Printed Name: _____

Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____ Date: _____

NATIONAL WILDFIRE COORDINATING GROUP (NWCG)

POSITION TASK BOOK

NWCG Position Task Books (PTBs) have been developed for designated National Interagency Incident Management System (NIIMS) positions. Each PTB lists the competencies, behaviors, and tasks required for successful performance in specific positions. Trainees must be observed while completing all tasks, and must demonstrate knowledge and competency in their performance, upon successful completion of each task, the evaluator will initial and date in the PTB.

Trainees are evaluated during this process by qualified evaluators. An evaluation record will be completed by all evaluators, which documents the trainee's progress after each evaluation opportunity.

Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the agency that the trainee be certified in that position. Evaluation and confirmation of the trainee's performance while completing all tasks may occur on one or more training assignments and may involve more than one evaluator.

INCIDENT/EVENT CODING

Each task has a code associated with the type of training assignment where the task may be Completed: O = other, I = incident, W = wildfire, RX = prescribed fire, W/RX = wildfire OR prescribed fire, and R = rare event.

The codes are defined as:

- O =** Task can be completed in any situation (classroom, simulation, daily job, incident, prescribed fire, etc.).
- I =** Task must be performed on an incident managed under the Incident Command System (ICS). Examples include wildland fire, structural fire, oil spill, search and rescue, hazardous material, and an emergency or non-emergency (planned or unplanned) event.
- W =** Task must be performed on a wildfire incident.
- RX =** Task must be performed on a prescribed fire incident.
- W/RX =** Task must be performed on a wildfire OR prescribed fire incident.
- R =** Rare events such as accidents, injuries, vehicle or aircraft crashes occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation.

While tasks can be performed in any situation, they must be evaluated on the specific type of incident/event for which they are coded. For example, tasks coded W must be evaluated on a Wildfire. Tasks coded RX must be evaluated on prescribed fire, and so on.

Tasks within the PTB are numbered sequentially; however, the numbering does NOT indicate the order in which the tasks need to be performed or evaluated. The bullets under each numbered task are examples or indicators of items or actions related to the task. The purpose of the bullets is to assist the evaluator in evaluating the trainee; the bullets are not all-inclusive. Evaluate and initial ONLY the numbered tasks. DO NOT evaluate and initial each individual bullet.

A more detailed description of this process and definitions of terms are included in the Wildland Fire Qualification System Guide, PMS 310-1.

RESPONSIBILITIES

The responsibilities of the Home Unit/Agency, Trainee, Coach, Training Specialist, Evaluator, Final Evaluator and Certifying Official are identified in the Wildland Fire Qualification System Guide, PMS 310-1 and or the California Incident Command Certification System (CICCS). It is incumbent upon each of these individuals to ensure their responsibilities are met.

INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD

Evaluation Record #

Each evaluator must complete an evaluation record. Each evaluation record should be numbered sequentially. Place this number at the top of the evaluation record page and also use it in the column labeled “Evaluation Record #” for each numbered task the trainee has satisfactorily performed.

Trainee Information

Print the trainee’s name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

Evaluator Information

Print the evaluator’s name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

Incident/Event Information

Incident/Event Name: Print the incident/event name.

Reference: Enter the incident code and/or fire code.

Duration: Enter inclusive dates during which the trainee was evaluated.

Incident Kind: Enter the kind of incident (wildfire, prescribed fire, search and rescue, flood, hurricane, etc.).

Location: Enter the geographic area, agency, and state.

Management Type or Prescribed Fire Complexity Level: Circle the ICS organization level

(Type 5, Type 4, Type 3, Type 2, Type 1, Area Command) or the prescribed fire complexity level (Low, Moderate, High).

Fire Behavior Prediction System (FBPS) Fuel Model Group: Circle the Fuel Model Group letter that corresponds to the predominant fuel type in which the incident/event occurred.

G = Grass Group (includes FBPS Fuel Models 1–3):

1 = short grass (1 foot); 2 = timber with grass understory; 3 = tall grass (1½ -2 feet)

B = Brush Group (includes FBPS Fuel Models 4–6):

4 = chaparral (6 feet); 5 = Brush (2 feet); 6 = dormant brush/hardwood slash;

7 = southern rough

T = Timber Group (includes FBPS Fuel Models 8–10):

8 = closed timber litter; 9 = hardwood litter; 10 = timber (with litter understory)

S = Slash Group (includes FBPS Fuel Models 11–13):

11 = light logging slash; 12 = medium logging slash; 13 = heavy logging slash

Evaluator's Recommendation:

For 1–4, initial only one line as appropriate; this will allow for comparison with your initials in the Qualifications Record.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature:

Sign here to authenticate your recommendations.

Date:

Document the completion date in the Evaluation Records portion.

Evaluator's Relevant Qualification (or agency certification):

List your qualification or certification relevant to the trainee position you supervised.

Note: Evaluators must either be qualified in the position being evaluated or supervise the trainee; Final Evaluators must be qualified in the trainee position they are evaluating.

EMTF/EMPF Task Book

This task book contains the necessary skills and tasks that must be performed and completed to be qualified as a EMTF/EMPF.

The job of an EMTF/EMPF is a single resource position within the Incident Command System (ICS) that works within the Medical Unit. The position is designed to place individuals in a role to provide medical care to workers and civilians in need of medical attention at an incident.

This task book is designed to measure your ability to apply your specific skill set within unique and diverse situations where the ICS is implemented. This task book will also simultaneously measure your ability and ensure competency as a single resource.

Task	C O D E	Eval. Record #	Eval Initial and Date
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Behavior: Ensure readiness for assignment

1 - Obtain and assemble personal gear and PPE needed for this particular assignment • Wildland PPE (specific to agency) • GPS • Signal mirror • Compass • Hand tool • IRPG • Fireline Handbook	O		
2 - Obtain and assemble all necessary personal documents • Red card with current qualifications • Appropriate EMT/Paramedic certification/license • Paramedic accreditation from your Local EMS Agency (LEMSA)	O		
3 - Obtain and assemble all necessary agency forms • Patient Care Report (PCR) or other appropriate forms • Against Medical Advice (AMA)	O		

Evaluate numbered task only. Other bullets listed are mainly used to help identify specific task that should be completed with main objective.

Task	C O D E	Eval. Record #	Eval Initial and Date
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Behavior: Ensure readiness for assignment

4 – Assemble medical equipment and supplies • Have the ability to carry your equipment in comfortable “Wildland” packs. (Two packs may be needed for ALS/BLS). • Have ALL required equipment according to FIREScope guidelines (ICS 223-10 & 223-11) and local protocol. • Bring supplies to restock pack. • Ensure that all medications and medical supplies are not expired or damaged. • Secure narcotics in accordance with your LEMSA policy.	O		
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Evaluate numbered task only. Other bullets listed are mainly used to help identify specific task that should be completed with main objective.

Task	C O D E	Eval. Record #	Eval Initial and Date
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Behavior – Gathering information for assignment

5 - Obtain complete information from dispatch center upon assignment and make proper notifications: • Incident name and number. • Request number. • Incident phone number. • Reporting time and location. • Transportation arrangements / travel route. • Contact procedures during travel (i.e. radio freqs. and phone numbers). • Authorization for equipment use. • Notify incident of means of travel and expected time of arrival. • Current incident situation. • Make appropriate notifications to local supervisor and dispatch. •	I		
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Behavior—Arrival at incident and check-in

6– Arrive at incident and check-in • Check-in at appropriate location • Notify home unit that you have safely arrived at the incident and time of arrival • Assure that appropriate sleep to rest guide lines are followed before starting work assignment. • If you should be late to an incident demonstrate the ability to make the necessary contacts to inform incident and home unit.	I		
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Task	C O D E	Eval. Record #	Eval Initial and Date
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Behavior – Checking in with Medical Unit

8 - Check in with Medical Unit Leader (MEDL) • Check in with MEDL and obtain their intent and expectations for the incident • Be prepared to turn in a copy of all qualification cards • Share your wildland fire and EMS experience • Obtain briefing and assignment • Ensure you are properly equipped and prepared for the given assignment • Discuss any questions or concerns you have prior to committing to the assignment	W/ RX		
9 - Obtain pertinent local knowledge from Medical Unit Leader prior to assignment • Check with MEDL on procedures to restock medical supplies. If restock is not available, make arrangements with home unit as necessary. • Obtain local knowledge. Review Medical Plan (ICS 206) including air/ground transport resources and specialty centers, e.g. burn, STEMI, trauma, etc.	W/ RX		

Evaluate numbered task only. Other bullets listed are mainly used to help identify specific task that should be completed with main objective.

Task	C O D E	Eval. Record #	Eval Initial and Date
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Behavior: Establish effective relationship with relevant Personnel. Demonstrate professionalism and respect.

10 - Conduct self in a professional manner • Be respectful and courteous • Be respectful of public and private property • Establish and maintain positive interpersonal and interagency working relationships	W/ RX		
11 - Understand and comply with ICS concepts and principles • Apply ICS at all times • Follow the chain of command • Use appropriate ICS forms • Use appropriate ICS terminology	W/ RX		
12 - Exhibit principles of duty • Be proficient at your job, both technically and as an individual • Make sound and timely decisions • Continue to re-evaluate yourself and performance	W/ RX		
13 – Exhibit principles of respect • Know your fellow resources and look out for their well being • Keep all personnel informed of pertinent information • Build good team cohesion	W/ RX		

Task	C O D E	Eval. Record #	Eval Initial and Date
14 - Exhibit principles of integrity • Know yourself and always seek improvement • Seek responsibility and accept responsibility for your actions • Set the example • Always be a Professional	W/ RX		

Behavior– Ensure proper communications

15 - Assure you have the ability to communicate while on the incident • Check in with Communications Unit and ensure your radio is properly programmed • Demonstrate the ability to operate and program an incident radio. (Scan, select priority, etc.) • Demonstrate the ability to read the Communications Plan (ICS 205) and locate other necessary radio channels vital to your assignment • Obtain cell phone numbers important to your assignment and operations	W/ RX		
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Task	C O D E	Eval. Record #	Eval Initial and Date
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Behavior—Proper communications during operational period

16 - Demonstrate the ability to communicate effectively while on an incident • Use clear text on the radio • Demonstrate the ability to check in and out with DIVS • Demonstrate the ability to properly communicate at an “incident within an incident” according to the ICS 206 • Check in and debrief with immediate supervisor at the end of each shift. Pass on any information regarding the incident that you may have observed during the operational period • Demonstrate the ability to fill out proper documents throughout incident. Patient Care Report, ICS-214 (Unit log), ICS-213 (General message)	W/ RX		
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Behavior - Operational assignment

17 – Attend an operational briefing and prepare for the shift/assignment • Attend division/group breakouts • Receive operational assignment • Assure that you have a clear understanding of assignment and expectations of DIVS • Inform immediate supervisor of your capabilities • Obtain a copy of IAP and appropriate maps and update as necessary • Confirm your identification call sign • Maintain LCES awareness at all times	W/ RX		
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Task	C O D E	Eval. Record #	Eval Initial and Date
18 – Logistically prepare for your shift/ assignment - Identify neighboring medical resources and familiarize yourself with ❖ location and travel time to your area ❖ radio frequencies ❖ capabilities of other resources ❖ availability of Rapid Extraction Module (REM) - Identify possible transportation needs for patients within the terrain you are working	W/ RX		
19 – Transportation in the field - Identify transportation options to ICP, local hospital or other destinations. e.g. ground vs. air - Identify landing zones and/or hoist sites corresponding with type and capabilities of available aircraft	W/ RX		

Behavior – Maps, compass and GPS

20 – Demonstrate the ability to use maps and other tools - Demonstrate the ability to locate your assignment on a map and travel routes - Demonstrate your ability to constantly locate your position throughout the incident - Identify multiple key points on the map: escape routes, safety zones, drop points, helispots, division breaks, etc. - Using a GPS device, demonstrate the ability to call in your position using proper terminology	W/ RX		
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Task	C O D E	Eval. Record #	Eval Initial and Date
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Behavior – Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing of incident complexity

21 – Coordinate an efficient transfer of position duties when mobilizing / demobilizing • Inform immediate supervisors and partnered EMTF/EMPF • Brief replacement as appropriate	I		
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Behavior – Plan for demobilizations and ensure that procedures are followed

22 – Demonstrate the ability to properly check out of the incident • Receive demobilization instructions from incident supervisor • Complete appropriate forms for demobilization • Complete appropriate forms for items needing replacement • Complete Demobilization Check-Out (ICS-221) or as specified by the incident	I		
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Task	C O D E	Eval. Record #	Eval Initial and Date
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Behavior - Demobilization and travel home

23 – Plan travel route home and make proper notifications • Make proper travel arrangements for travel home • Notify home unit of travel plans to include all departure and arrival information • Follow ALL work/rest guidelines • Fill out appropriate agency reports • Complete and submit all agency required documents • Clean and ensure equipment is serviceable for next assignment	I		
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Evaluate numbered task only. Other bullets listed are mainly used to help identify specific task that should be completed with main objective.

Trainee Information

Printed Name:
Trainee Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:
Evaluator Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Incident/Event Information

Incident/Event Name: Reference (Incident Number/Fire Code):

Duration:

Incident Type: Wildfire, Prescribed Fire, All Hazard, Other (specify):

Location (include geographic area, agency, and state):

Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High

FBPS Fuel Model Letter: G = grass, B = brush, T = timber, S = slash

Evaluator's Recommendation
(Initial only one line as appropriate)

- _____ 1) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification and recommend that the trainee be considered for certification.
- _____ 2) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ 3) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ 4) The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

Trainee Information

Printed Name:
Trainee Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:
Evaluator Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Incident/Event Information

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Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

Trainee Information

Printed Name:
Trainee Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:
Evaluator Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Incident/Event Information

Incident/Event Name: Reference (Incident Number/Fire Code):

Duration:

Incident Type: Wildfire, Prescribed Fire, All Hazard, Other (specify):

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Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

Trainee Information

Printed Name:
Trainee Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:
Evaluator Position on Incident/Event:
Home Unit/Agency:
Home Unit /Agency Address and Phone Number:

Incident/Event Information

Incident/Event Name: Reference (Incident Number/Fire Code):

Duration:

Incident Type: Wildfire, Prescribed Fire, All Hazard, Other (specify):

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Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____