CICCS Task Book for the Position of:

CRITICAL INCIDENT CLINICIAN (CICL)

July 2026

Task Book Assigned To:

Trainee's Name: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Task Book Initiated By:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Home Unit Address: _____

Date Initiated: _____

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

Verification/Certification of Completed Task Book
for the Position of:

CRITICAL INCIDENT CLINICIAN (CICL)

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 a qualification has been issued.

Certifying Official's Signature: _____

Certifying Official's Printed Name: _____

Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____ Date: _____

CALIFORNIA INCIDENT COMMAND CERTIFICATION SYSTEM (CICCS) POSITION TASK BOOK

CICCS Position Task Books (PTBs) have been developed for designated National Interagency Incident Management System (NIIMS) positions. Each PTB lists the competencies, behaviors and tasks required for successful performance in specific positions. Trainees must be observed completing all tasks and show knowledge and competency in their performance during the completion of this PTB.

Trainees are evaluated during this process by qualified evaluators, and the trainee's performance is documented in the PTB for each task by the evaluator's initials and date of completion. An Evaluation Record will be completed by all evaluators documenting the trainee's progress after each evaluation opportunity.

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

INCIDENT/EVENT CODING

Each task has a code associated with the type of training assignment where the task may be completed.

The codes are: O = other, I = incident, W = wildfire, RX = prescribed fire, W/RX = wildfire OR prescribed fire and R = rare event.

The codes are defined as:

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

While tasks can be performed in any situation, they must be evaluated for the specific incident/event for which they are coded. For example, tasks coded W must be evaluated on a wildfire; tasks coded RX must be evaluated on prescribed fire and so on. Performance of any task other than the designated assignment is not valid for qualification.

Tasks within the PTB are numbered sequentially; however, the numbering does NOT indicate the order in which the tasks need to be performed or evaluated.

The bullets under each numbered task are examples or indicators of items or actions related to the task. The bullets are intended to assist the evaluator in evaluating the trainee; they 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 *CICCS - Qualification Guide*. This document can be found at http://www.firescope.org/specialist-groups/ciccs/ciccs.htm

RESPONSIBILITIES

The responsibilities of the Home Unit/Agency, Trainee, Coach, Training Specialist, Evaluator, Final Evaluator and Certifying Official are identified in the *CICCS - Qualification Guide*. It is incumbent upon each of these individuals to ensure their responsibilities are met.

INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD

Evaluation Record #

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

Trainee Information

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

Evaluator Information

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

Incident/Event Information

Incident/Event Name: Print the incident/event name.
Reference: Enter the incident code and/or fire code.
Duration: Enter inclusive dates during which the trainee was evaluated.
Incident Kind: Enter the kind of incident (wildfire, prescribed fire, search and rescue, flood, hurricane, etc.).
Location: Enter the geographic area, agency, and state.
Management Type or Prescribed Fire Complexity Level: Circle the ICS organization level (Type 5, Type 4, Type 3, Type 2, Type 1, Area Command) or the prescribed fire complexity level (Low, Moderate, High).

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

G = Grass Group (includes FBPS Fuel Models 1 – 3):
1 = short grass (1 foot); 2 = timber with grass understory; 3 = tall grass (1½ - 2 feet)

B = Brush Group (includes FBPS Fuel Models 4 – 6):
4 = Chaparral (6 feet); 5 = Brush (2 feet); 6 = dormant brush/hardwood slash;
7 = Southern rough

T = Timber Group (includes FBPS Fuel Models 8 – 10)
8 = closed timber litter; 9 = hardwood litter; 10 = timber (with litter understory)

S = Slash Group (includes FBPS Fuel Models 11 – 13)
11 = light logging slash; 12 = medium logging slash; 13 = heavy logging slash

Evaluator's Recommendation
For 1 – 4, initial only one line as appropriate; this will allow for comparison with your initials in the Qualifications Record.
Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature
Sign here to authenticate your recommendations.

Date
Document the date the Evaluation Record is being completed.

Evaluator's Relevant Qualification (or agency certification)
List your qualification or certification relevant to the trainee position you supervised.
Note: Evaluators must be either qualified in the position being evaluated or supervise the trainee; Final Evaluators must be qualified in the trainee position they are evaluating.

Critical Incident Clinician (CICL)

Competency: Assume position responsibilities.

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

Behavior: Establish Pre-Incident Preparations

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
1. Understand Confidentiality as Applied to Peer Support. • *How is Confidentiality Applied* • *Confidentiality Coverage Levels* • *Government Code 8669.05 (California Only)* *Bill Text - AB-1116 Peer Support and Crisis Referral Services Pilot Program. (ca.gov)* • *Confidentiality Exceptions* • *Mandatory Reporting Requirements (State/Federal)* • *Privileged Communication VS Confidentiality* • *Note Taking as it Applies to Peer Support* • *Destruction/Disposal of Confidential Information*	**O**		
2. Understand Various Courses/Training Available Prior to Deployments. • *Group and Individual Crisis Support* • *Suicide Response* • *Strategic Planning / CISM Planning*	**O**		
3. Have Knowledge of Various Peer Support and Crisis Response Resources and/or Resource Listings. • *Mental Health Professionals* • *Agency Peer Support Coordinators* • *Field Operations Guide (Chapter 23)* • *Substance Abuse Assistance* • *Incident Resources* • *CAL FIRE Incident Action Guidebook - example*	**O/I**		

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

Critical Incident Clinician (CICL)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
4. Build a Comprehensive Peer Support Crisis Kit. • *Office Supplies* • *Accountability Resources* • *Identification* • *Forms* • *Importance of Kit Re-Establishment After Deployment* • *Incident Guidebook - ICS 214, Documentation* • *ICS Forms | NWCG* • *Incident Guidebook - Peer Kit Checklist*	**O**		
5. Understand how the Role of a Peer Team Member works within assigned Incident Management / Command Teams. • *IMT Command Advisor* • *Engaging with Teams as a member* • *Types of Incident Management Teams (State, Federal, Local)* • *Roles of an IMT* • *Incident Management Teams | National Interagency Fire Center (nifc.gov)* • *CAL FIRE* • *California Wildland Fire Coordinating Group (nifc.gov)*	**O**		

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

Critical Incident Clinician (CICL)

Behavior: Gather Initial Order / Request Information for Activation

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
6. Obtain Initial Order Information and Response Guidelines. • *Incident location* • *Incident number* • *Incident type (state, federal, local)* • *Report date/time* • *Peer Support Lead contact number* • *Gather equipment needed* • *Peer support resources assigned, en route, on order, and local resource status (including initial attack as it relates to the peer support section).* • *Incident Guidebook - Deployment Considerations*	**O/I**		

Behavior: Gather, update, and apply situational information relevant to the assignment.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
7. Obtain Initial Briefing from assigned Peer Support Team Lead or designee. • *Peer support team priorities, goals, and objectives for providing peer support and the incident. (CISL Leader's Intent)* • *Expected timeframes for briefings, planning meetings, and team meetings.* • *Incident Briefing - Current Situation* • *Special considerations on the incident.* • *Anticipated incident duration, size, and type.* • *https://firescope.caloes.ca.gov - Chapter 23 Behavioral Health*	**I**		

Critical Incident Clinician (CICL)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
8. Collect Information from Outgoing CISM team members or Other Personnel Responsible for Peer Support Prior to Your Arrival. (If Applicable) • *Status of scheduled or planned defusing/debriefings, etc.* • *Information and status on the location of injured individuals (if applicable)* • *Information on location situations (e.g., ICP/base/ camp locations, medical facilities, road closures).* • *Knowledgeable of what agencies and disciplines are assigned (i.e., Local, State, Federal or Fire, Military, Law Enforcement, etc.*	**I**		

Behavior: Establish effective relationships with relevant personnel.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
9. Establish and Maintain Positive Interpersonal and Interagency Working Relationships. • *CISL – Peer Team Lead* • *CISM – Peer Team Members* • *Local agencies* • *Hosting unit* • *Public* • *Division/Group Supervisors* • *Command and General Staff* • *Multi-Agency Peer Support Teams (Determination and Considerations)*	**I**		

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

Critical Incident Clinician (CICL)

Behavior: Establish organization structure, reporting procedures, and chain of command of assigned resources.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
10. Understand Peer Support Roles and Responsibilities • *Understand peer support boundaries.* • *Understand proper team accountability guidelines and procedures (in camp and field)* • *Understand peer support team expectations, operating guidelines, roles, and responsibilities to assigned peer team*	**O/I**		
11. Understand Kind, Type and Number of Resources Required to Achieve Objectives. • *Consider terrain, weather, kinds and types of resource availability and safety factors* • *Order necessary personnel and equipment* • *Identify when a Large peer support team vs small peer support team might be deployed. (ICS Structure)*	**O/I**		
12. Understand How to Staff the Peer Support Section • *Qualifications* • *Ordering Process (Local, State, Federal)* • *Check-in procedures* • *Incident Guidebook - Ordering and Demob*	**I**		

Behavior: Determine and Establish Peer Support Logistical Needs

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
13. Understand What Logistical Support Needs and Acquisition Processes Might Be to Support an Assigned Peer Support Team. • *Wi-Fi connectivity* • *Printers or Printing Capabilities* • *Obtaining Office Supply Needs* • *Team Subsistence & Lodging*	**I**		

Critical Incident Clinician (CICL)

Behavior: Additional Support Methods.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
14. Understand Clinical Support – Mental Health Professional • *Roles of clinical support* • *Responsibilities* • *Chain of Command* • *Scope of duties & Rules of Engagement* • *Understanding Clinical modalities* • *Culturally competent* • *Successful use during deployments*	**O**		
15. Understand Employee Assistance Program (EAP) • *Department Specific* • *Coverage and Benefits*	**O**		
16. Understand Animal Usage • *Types (Service vs Support)* • *Types (Comfort, Therapy, Crisis)* • *Rules of Engagement* • *Ordering* • *Licensing and Liability* • *Conflict Resolution between handlers* • *AKC Therapy Dog – American Kennel Club* • *Incident Guidebook - Animal Usage*	**O**		

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

Critical Incident Clinician (CICL)

Competency: Exhibiting Leadership Qualities

Description: Influence, guide, and motivate yourself along with assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.

Behavior: Model leadership values and principles.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
17. Exhibit Principles of Respect. • *Know your team members and look out for their well-being.* • *Keep your supervisors (Peer Lead) informed.*	I		
18. Exhibit Principles of Integrity. • *Know yourself and seek improvement.* • *Seek responsibility and accept responsibility for your actions.* • *Set the example.*	I		

Behavior: Ensure the safety and welfare of assigned personnel.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
19. Comply with Agency Requirements • *Develop plans based on safety considerations/guidelines and applicable policy and procedures* • *Spot check operations to ensure compliance with safety considerations and applicable policy and procedures*	I		
20. Ensure Safety and Well-being While Assigned and After Assignments • *Self-care measures* • *Monitor burn-out and vicarious trauma impacts/fatigue* • *Team resiliency techniques* • *Team debriefings – Attend, Participate* • *Personal care plans* • *Understand vicarious trauma* • *Wellness, nutrition and physical fitness while assigned.*	I		

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

Critical Incident Clinician (CICL)

Behavior: Emphasize teamwork.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
21. Understand the Importance of and Establish Cohesiveness Among Assigned Resources. • *Assignments* • *Daily pre-meetings* • *Nightly debriefings/team building* • *Multi-Agency (importance of inclusion)* • *Role Changes (mix up groups/teams)*	**I**		

Behavior: Coordinate interdependent activities.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
22. Understand the Importance of Interacting and Coordinating with Command, General Staff, and Appropriate Unit Leaders. • *Receive and transmit current and accurate information.* • *Inform appropriate team members of significant changes in operations.* • *Brief and debrief between operational periods.* • *Remain available for immediate contact or designate a secondary contact when unavailable.*	**I**		
23. Coordinate with Supervisor (Peer Team Lead) to Understand Demobilization Processes and Information Needed. • *Kind/type* • *Quantity* • *Time/date of available release* • *Daily review of the list for accuracy*	**I**		

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

Critical Incident Clinician (CICL)

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
24. Understand the Importance of and How to Effectively Coordinate with Local Departments, Other Agencies, Local Resources, and Law Enforcement during and Post-activation. • *Local CISM Teams* • *Union Support Events* • *Incident Emergency Response Centers (EOC)* • *Livestock and pets (Know shelter locations)* • *Supplying Aid to Victims of Emergency (SAVE) - California Fire Foundation (cafirefoundation.org)* • *Disaster Relief - IAFF* • *Cal Fire Benevolent Foundation – CDF Benevolent Foundation*	**I**		

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

Competency: Critical Incident Stress Management

Description: Understand how to utilize tools established by the Critical Incident Stress Management model of crisis support

Behavior: Critical Incident Stress Management

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
25. Understand CISM Basics and Usage • *When to initiate* • *Strategic Planning* • *Safety Considerations* • *General Dos and Don'ts* • *Audience Consideration* • *Purpose* • *Target, Timing, and Theme* • *Mental Health Professional participation* • *Incident Guidebook - CISM*	**O**		
26. Understand and Implement Various Levels of CISM and Applications • *One-on-one* • *Crisis Management Briefing (CMB)* • *Defusing* • *Debriefing*	**O/I**		
27. Plan, Organize, and Staff a CISM Application • *Crisis Management Briefing (CMB)* • *Debriefing* • *Defusing*	**I**		
28. Apply Stress First Aid – Peer Support Triage • *USFS / IAFF training model* • *How to triage a person in crisis* • *Refer to a higher level of care* • *Boundaries* • *Understand addiction, substance abuse and recovery* • *Stress First Aid | US Forest Service (usda.gov)*	**O/I**		

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

Critical Incident Clinician (CICL)

Competency: Communicate effectively.

Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

Behavior: Ensure relevant information is exchanged during briefings and debriefings.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
29. Share Pertinent Operations Information That May Affect the Team's Management of The Incident.	I		
30. Participate in Daily Peer Team Briefing. • *Changes from the IAP.* • *Present current conditions, field information* • *Section-specific information.* • *Goals and Objectives* • *Team wellness check-in*	I		
31. Attend Daily Operational Incident Briefings to Personnel. • *Obtain current IAP*	I		

Behavior: Ensure documentation is complete, and disposition is appropriate.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
32. Ensure Assigned Operations Personnel and Equipment Time Records are Complete and Have Been Submitted to the appropriate Time Unit position at the End of Each Operational Period.	I		
33. Ensure Incident Documentation is Completed as Required. • *Completed ICS 214 has been submitted by peer team members directly to the assigned Peer Team Lead (CISL). To assist with after action report* • *Receive complete performance evaluations from the Peer Support Team Lead at the conclusion of the (CISM) Team Member Assignment.*	I		

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

Critical Incident Clinician (CICL)

Behavior: Gather, produce, and distribute information as required by established guidelines and ensure understanding by the recipient.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
34. Understand Public Information PIO Unit • *Obtain contact information for the peer support contact related to public information requests* • *Media and Publication Requests and the associated process of notification when assigned to an incident.* • *Roles and Responsibilities of the PIO Unit* • *Application to behavioral health*	**O**		
35. Report Special Events (e.g., Incidents Within an Incident (IWI), Accidents, Political Contacts, Property Loss or Damage). • *Obtain information about special events (e.g., subordinates, personal observation, other incident personnel, off-incident personnel).* • *Include standard information (e.g., nature of event, location, magnitude, personnel involved (do not release names of victims or agency over radio), initial action taken).* • *Understand actions needed by Pear Team Lead when an IWI event occurs. Pre-Plan Actions*	**I**		
36. Inform Incident Commander or Designee as Soon as Possible of Problems.	**I**		

Critical Incident Clinician (CICL)

Behavior: Communicate and ensure understanding of communication boundaries and basics.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
37. Understand Communication Basics • *How we communicate* • *Level of Care* • *Understanding Conflict Resolution* • *Talking to a grieving individual* • *Talking to a person in crisis* • *Suicide Communication/support* • *Stress Signs and Symptoms* • *Verbal Cues* • *Nutrition Importance*	**O**		
38. Understand Communication Boundaries • *Opposite sex boundaries* • *One-on-one precautions* • *Emotional decision making* • *Legal and ethical considerations* • *Agency policy and liabilities* • *Cultural diversity* • *Personal bias* • *Professional and personal limitations*	**O**		

Behavior: Communicate and ensure understanding of work expectations within the chain of command and across functional areas.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
39. Ensure Priorities and Tactics are Communicated and Understood Throughout. • *Understand the importance of radio communication* • *Understand the importance of safety gear*	**I**		
40. Ensure any Changes in Priorities or Tactics are communicated and understood. • *Ask Questions if clarity is needed.*	**I**		

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

Critical Incident Clinician (CICL)

Behavior: Develop, Establish, and Evaluate associated IAP materials

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
41. Understand how to create an IAP Message for the Operational Briefing Packet • *What is an Incident Action Plan (IAP)* • *IAP submission process* • *Develop an appropriate Message* • *Explain what the most effective duration for the message would be* • *Incident Guidebook - IAP*	**I**		

Behavior: Develop and apply appropriate peer team identification

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
42. Understand the Importance of Properly Identifying Associated Peer Personnel and Equipment • *Vehicle / Trailer / Tent identification* • *Individual identification and importance* • *Standardization of identification*	**I**		

Behavior: Assist in developing and implementing plans and gain concurrence of affected agencies and/or the public.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
43. Participate in the Preparation of Other Necessary Relevant Plans. • *Crisis Management Briefing (CMB)* • *Funeral (for Line of Duty Deaths)* • *Agency Peer Support Teams* • *Honor Guard Assistance (if applicable)* • *Repopulation and civilian assistance* • *Family Support of Involved employees* • *Serious Accident Review Teams (SART)*	**O/I**		

Critical Incident Clinician (CICL)

Competency: Ensure completion of assigned actions to meet identified objectives.

Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.

Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
44. Evaluate and Monitor Current Situation. • *Determine if statistics will need to be gathered for future reports. Obtain direction from Peer Support Lead.* • *Identify problems and concerns early and communicate often.*	**I**		

Behavior: Transfer position duties while ensuring continuity of authority and knowledge, and considering the increasing or decreasing incident complexity.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
45. Coordinate an Efficient Transfer of Position Duties When Mobilizing/Demobilizing. • *Consider transition early in the incident.*	**I**		
46. Update and Maintain Documentation According to Activities Associated with Section. • *Peer Support & clinical stats* • *ICS 214 daily log usage*	**O/I**		
47. Understand Why and How to Transition from Short Term Support to Long Term Care Plan • *Work with the local agency or the local peer team to determine how to transition from the incident-supported peer team to local resources.* • *Importance of proper transition.* • *Incident Guidebook - Incident Close Out*	**O**		

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

Evaluation Record # _____

Trainee Information

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

Incident/Event Information

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

Duration:

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

Location (include Geographic Area, Agency, and State):

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

FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

Evaluator's Recommendation

(Initial only one line as appropriate)

_____**1)** The tasks initialled and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.

_____**2)** The tasks initialled and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.

_____**3)** The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.

_____**4)** The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

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

Evaluator's Signature: _____ Date: _____

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

Additional Evaluation Record Sheets can be downloaded at www.nwcg.gov/pms/taskbook/taskbook.htm

Evaluation Record # _____

Trainee Information

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

Evaluator Information

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

Incident/Event Information

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

Duration:

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

Location (include Geographic Area, Agency, and State):

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

FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

Evaluator's Recommendation

(Initial only one line as appropriate)

_____**1)** The tasks initialled and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.

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_____**3)** The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.

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Evaluator's Signature: _____ Date: _____

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

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