|  |  |
| --- | --- |
|  | FIRESCOPE Task Book for the Positions of:**Damage Inspection Specialist (DINS)****Damage Inspection Manager (DINM)** |
| **March 2018**Version 1.0 |
|  |  |

|  |
| --- |
| **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:****Damage Inspection Specialist (DINS)** |
| **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:  |
| **Verification/Certification of Completed Task Book** **for the Position of:****Damage Inspection Manager (DINM)** |
| **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:  |

**POSITION TASK BOOK**

The California Incident Command Certification System (CICCS) Position Task Books (PTB’s) have been developed for designated Incident Qualification Systems (IQS) 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.

**ALL-HAZARDS TRAINING**

CICCS is committed to transitioning from wildland specific training mandates to all-hazards training mandates. Utilizing the relationship between State Fire Training (SFT) and CICCS will allow for unneeded duplication of training requirements. For a complete breakdown of required experience in the Damage Inspection Specialist and Damage Inspection Manager position refer to the FIRESCOPE position guide.

**INCIDENT/EVENT CODING**

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

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

The codes are defined as:

**O =**  Task can be completed in any situation (classroom, simulation, daily job, incident, prescribed fire, etc.).

**I =**  Task must be performed on an incident managed under the Incident Command System (ICS). Examples include wildland fire, structural fire, oil spill, search and rescue, hazardous material, and an emergency or non-emergency (planned or unplanned) event.

**W =**  Task must be performed on a wildfire incident.

**RX =** Task must be performed on a prescribed fire incident.

**W/RX =**  Task must be performed on a wildfire OR prescribed fire incident.

**R =**  Rare events such as accidents, injuries, vehicle or aircraft crashes occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation.

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

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

A more detailed description of this process and definitions of terms are included in the CICCS Administrative 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 Boss, Evaluator, Final Evaluator and Certifying Official are identified in the CICCS Administrative 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 must complete an evaluation record. Each evaluation record should be numbered sequentially. Place this number at the top of the evaluation record page and 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, and 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 in 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 either be qualified in the position being evaluated or supervise the trainee; Final Evaluators must be qualified in the trainee position they are evaluating.

**DINS/DINM Task Book**

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

The job of a DINS/DINM is a single resource position within the Incident Command System (ICS) that works within the Situation Unit. The position is designed to place individuals in a role to provide damage inspection 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.

This task book contains the tasks for the positions of DINS and DINM. The common tasks for both positions are listed first. The tasks specific to each position are listed following the common tasks. The DINS PTB must be initiated and completed prior to initiating the DINM PTB; the tasks cannot be completed simultaneously. A Verification/Certification page is included in the PTB for each position.

Common Tasks for DINS and DINM pages 6 – 9 (Tasks 1 – 19)

DINS Specific Tasks pages 10 – 11 (Tasks 20 – 24)

DINM Specific Tasks pages 12 – 15 (Tasks 25 – 47)

|  |
| --- |
| **Common Tasks for DINS and DINM** |
| **TASK** | **C****O****D****E** | **EVALUATION RECORD NUMBER** | **EVALUATOR: Initial & Date upon completion of task** |
| **Competency: Assume position responsibilities.***Description: Successfully assume role of and initiate position activities at the appropriate time according to the following behaviors.*  |
| **Behavior: Ensure readiness for assignment** |
| 1. Obtain and assemble equipment, supplies, personal gear and PPE needed for this assignment.
	* PPE (specific to agency and hazard)
	* Handheld GPS
	* Smart device with charging devices
	* Hand tool
	* Office supplies
	* IRPG
	* ICS forms
	* Damage inspection forms
	* Personal field pack
	* Personal travel pack
 | O |  |  |
| 1. Obtain complete information from dispatch upon assignment.
	* Incident name
	* Incident order number
	* Request number
	* Incident phone number
	* Reporting date and time
	* Reporting location
	* Position assigned
	* Transportation arrangements/travel routes
	* Contact procedures during travel (telephone/radio)
	* Current situation
	* Authorization for use of equipment (laptops, GPS, rental vehicle from home agency)
 | I |  |  |
| 1. Arrive at incident and check in.
	* Arrive properly equipped at assigned location within acceptable time limits
	* Notify sending agency of safe arrival at incident
	* Notify sending agency and incident of any time delays
	* Report to check in
 | I |  |  |

|  |
| --- |
|  |
| **Common Tasks for DINS and DINM** |
| **TASK** | **C****O****D****E** | **EVALUATION RECORD NUMBER** | **EVALUATOR: Initial & Date upon completion of task** |
| **Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.** |
| 1. Obtain and assemble all necessary personal documents.
* Task book
* Qualifications card
* Class certificates
 | I |  |  |
| 1. Obtain any necessary supplies and materials.
	* Batteries
	* ICS forms
	* Damage inspection marking supplies
	* Maps
	* Smart device with charging devices
	* Office supplies
	* Handheld GPS
	* Cloneable portable radio
 | I |  |  |
| **Behavior: Gather, update, and apply situational information relevant to the assignment.** |
| 1. Obtain initial briefing from supervisor.
	* Incident status
	* Organizational structure
	* Obtain their intent and expectations for the incident
	* Share your damage inspection experience
	* Obtain assignment
	* Work schedule
	* Information reporting timeframes
	* Ensure you are properly equipped and prepared for the given assignment
	* Discuss any questions or concerns you have prior to committing to the assignment
 | I |  |  |
| 1. Attend operational briefings and prepare for the shift/assignment
	* Obtain a copy of IAP and appropriate maps and update as necessary
	* Attend division/group breakouts
 | I |  |  |
| **Behavior: Establish effective relationships with relevant personnel.** |
| 1. Conduct self in a professional manner.
	* Be respectful and courteous
	* Be respectful of public and private property
 | I |  |  |
| 1. Establish and maintain positive interpersonal and interagency working relationships
 | I |  |  |
|  |
| **Common Tasks for DINS and DINM** |
| **TASK** | **C****O****D****E** | **EVALUATION RECORD NUMBER** | **EVALUATOR: Initial & Date upon completion of task** |
| **Behavior: Ensure ability to use tools necessary to complete assignment successfully.** |
| 1. Demonstrate competency with. .
	* Smart device used for electronic data collection
	* Electronic data collection process
	* Handheld GPS
	* Handheld portable radio
 | O |  |  |
| **Behavior: Understand and comply with ICS concepts and principles.** |
| 1. Apply ICS. .
	* Follow the chain of command
	* Use appropriate ICS forms
	* Use appropriate ICS terminology
 | I |  |  |
| **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 briefing and debriefings.** |
| 1. Attend operational briefings and meetings as directed.
	* Provide information as requested
 | I |  |  |
| 1. Participate in functional area briefings and After Action Reviews (AARs), as appropriate.
	* Keep supervisor informed of issues and potential problems
	* Provide an incident status update
 | I |  |  |
| **Behavior: Ensure documentation is complete and disposition is appropriate.** |
| 1. Submit completed original documentation at appropriate time.
	* Complete and submit ICS-214, Unit Log
 | I |  |  |
| **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.** |
| 1. Review damage inspection data for accuracy and report inaccuracies to your supervisor.
 | I |  |  |
|  |
| **Common Tasks for DINS and DINM** |
| **TASK** | **C****O****D****E** | **EVALUATION RECORD NUMBER** | **EVALUATOR: Initial & Date upon completion of task** |
| **Behavior: Follow established procedures and/or safety procedures relevant to given assignment.** |
| 1. Follow safety procedures and be aware of incident specific hazards.
	* Utilize PPE appropriate for the incident
	* Lookout, Communications, Escape Routes and Safety Zones (LCES)
	* Hazards (inform others)
	* Transportation
	* Work/rest guidelines
 | I |  |  |
| **Behavior: Ensure functionality of equipment.** |
| 1. Ensure equipment necessary for successful completion of assignment function correctly.
	* Smart device used for electronic data collection
	* Electronic data collection process
	* Handheld GPS
	* Handheld portable radio
 | I |  |  |
| **Behavior: Plan for demobilization and ensure demobilization procedures are followed.** |
| 1. Demobilize and check out.
	* Receive demobilization instructions from supervisor
	* If required, complete ICS-221, Demobilization Checkout, and submit completed form to the appropriate person
	* Complete appropriate forms for demobilization
 | I |  |  |
| 1. Plan travel route home and make proper notifications.
	* Make proper travel arrangements for travel home
	* Notify sending agency 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 |  |  |

|  |
| --- |
| **DINS Specific Tasks** |
| **TASK** | **C****O****D****E** | **EVALUATION RECORD NUMBER** | **EVALUATOR: Initial & Date upon completion of task** |
| **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 briefing and debriefings.** |
| 1. Participate in damage inspection briefing.
	* Obtain inspection area assignment
	* Obtain DINS team identification call sign
	* Assure that you have a clear understanding of assignment and expectations of DINM
	* Gather or download appropriate map data
	* Understand timeframes for data collection and reporting
 | I |  |  |
| 1. Participate in damage inspection debriefing.
	* Provide DINM a status update on progress made
	* Explain track logs
 | I |  |  |
| **Behavior: Ensure documentation is complete and disposition is appropriate.** |
| 1. Submit completed original documents at appropriate time
	* Download track logs
	* Turn in or sync damage inspection information with database
	* Validate damage inspection information collected
 | I |  |  |
| **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.** |
| 1. Ensure field data is collected according to process.
	* Ensure handheld GPS unit is turned on and properly set up for track logs to track the day’s progress
	* Conduct a systematic search for data collection efforts
	* Inspect all properties
	* Document damaged and destroyed property, infrastructure, environmental resources, and other items as needed through smart device or handwritten form
	* Mark the property inspected as determined by the DINM
 | I |  |  |

|  |
| --- |
| **DINS Specific Tasks** |
| **TASK** | **C****O****D****E** | **EVALUATION RECORD NUMBER** | **EVALUATOR: Initial & Date upon completion of task** |
| * + Stay within your assigned inspection area unless otherwise instructed
	+ Report data to DINM
	+ Maintain LCES awareness at all times
 | I |  |  |
| 1. Assure you can communicate while on the incident
	* Check in with Communication Unit and ensure your radio is properly programmed
	* Demonstrate the ability to read the Communications Plan (ICS-205) and locate other necessary radio channels vital to your assignment
	* Know the procedures in the Medical Plan (ICS-206) in the event of an emergency on the division or branch
	* Obtain cell phone numbers important to your assignment
	* Use clear text terminology
 | I |  |  |

|  |
| --- |
| **DINM Specific Tasks** |
| **TASK** | **C****O****D****E** | **EVALUATION RECORD NUMBER** | **EVALUATOR: Initial & Date upon completion of task** |
| **Competency: Assume position responsibilities.***Description: Successfully assume role of and initiate position activities at the appropriate time according to the following behaviors.* |
| **Behavior: Ensure readiness for assignment.** |
| 1. Obtain and assemble equipment and supplies needed for this assignment.
	* Computer
	* Flash drive
	* Printer (optional)
	* Damage inspection report
 | I |  |  |
| **Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.** |
| 1. Submit orders to meet immediate and long-term needs.
	* Staffing
	* Equipment
	* Supplies
 | I |  |  |
| **Behavior: Gather, update, and apply situational information relevant to the assignment.** |
| 1. Obtain initial briefing and information from the Situation Unit Leader or supervisor.
	* Incident briefing: ICS-209, Incident Status Summary
 | I |  |  |
| 1. Establish situation awareness pertinent to damage inspection.
	* Conduct initial survey of the incident
	* Organizational contacts (e.g., counterparts, host unit personnel, county EOC)
	* Attend daily Cooperators Meeting
 | I |  |  |
| **Behavior: Establish organization structure, reporting procedures, and chain of command.** |
| 1. Organize assigned personnel to meet needs of the incident.
 | I |  |  |
| **Competency: Lead assigned personnel.***Description: Successfully assume role of and initiate position activities at the appropriate time according to the following behaviors.* |
| **Behavior: Model leadership values and principles.** |

|  |
| --- |
| **DINM Specific Tasks** |
| **TASK** | **C****O****D****E** | **EVALUATION RECORD NUMBER** | **EVALUATOR: Initial & Date upon completion of task** |
| 1. Exhibit principles of duty.
	* Be proficient in your job, both technically and as a leader
	* Make sound and timely decisions
	* Ensure tasks are understood, supervised and accomplished
	* Develop your subordinates for the future
 | I |  |  |
| 1. Exhibit principles of respect.
	* Know your subordinates and look out for their well-being
	* Keep your subordinates informed
	* Build the team
	* Employ your subordinates in accordance with their capabilities
 | I |  |  |
| 1. Exhibit principles of integrity.
	* Know yourself and seek improvement
	* See responsibility and accept responsibility for you actions
	* Set the example
 | I |  |  |
| **Behavior: Ensure safety, welfare, and accountability of assigned personnel.** |
| 1. Provide for the safety and welfare of assigned resources.
	* Recognize, mitigate and communicate potentially hazardous situations
	* Monitor condition of assigned resources
	* Account for assigned resources
	* Provide for care of assigned personnel and notify supervisor in event of sickness, injury, or accident
 | I |  |  |
| **Behavior: Establish work assignments and performance expectations, monitor performance, and provide feedback.** |
| 1. Complete daily review of staffing requirements and ensure adequate personnel to meet needs.
 | I |  |  |
| 1. Ensure subordinates understand assignment for operational period.
 | I |  |  |
| 1. Establish time frames and deadlines for assignments.
 | I |  |  |
| 1. Continually evaluate performance.
	* Communicate deficiencies immediately and take corrective action
	* Maintain an appropriate span of control
	* Provide training opportunities to DINS when necessary
 | I |  |  |

|  |
| --- |
| **DINM Specific Tasks** |
| **TASK** | **C****O****D****E** | **EVALUATION RECORD NUMBER** | **EVALUATOR: Initial & Date upon completion of task** |
| * + Complete personnel performance evaluations according to incident guidelines
 | I |  |  |
| **Behavior: Emphasize teamwork.** |
| 1. Establish cohesiveness with incident personnel.
	* Provide for open communication
	* Seek commitment
	* Set expectations for accountability
	* Focus on the team result
 | I |  |  |
| **Behavior: Coordinate interdependent activities.** |
| 1. Coordinate with other units and sections for completion of work assignments.
	* Assist others to meet priorities and time frames
	* Receive and transmit needed information
 | I |  |  |
| 1. Coordinate with Authorities Having Jurisdiction and other agencies.
	* Regarding damage inspection needs and information
 | I |  |  |
| **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 documentation is complete and disposition is appropriate.** |
| 1. Compile unit documentation and submit final incident package to supervisor.
	* Damage Inspection Report
	* Electronic damage inspection database file
 | I |  |  |
| **Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.** |
| 1. Provide current and timely information.
	* Situation Unit Leader for the ICS-209
	* Authorities Having Jurisdiction and other cooperating agencies
 | I |  |  |

|  |
| --- |
| **DINM Specific Tasks** |
| **TASK** | **C****O****D****E** | **EVALUATION RECORD NUMBER** | **EVALUATOR: Initial & Date upon completion of task** |
| **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.** |
| 1. Evaluate available information and make recommendations to support the incident.
	* Workload priorities
	* Staff assignments and levels
	* Information requests
 | I |  |  |
| **Behavior: Make appropriate decisions based on analysis of gathered information.** |
| 1. Make independent decisions based on available information.
	* Determine and monitor status of damage inspection activities
	* Decisions result in incident efficiency
 | I |  |  |
| **Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.** |
| 1. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency, etc.).
	* Inform subordinate staff and supervisor
	* Document follow-up action needed and submit to supervisor
 | I |  |  |
| **Behavior: Plan for demobilization and ensure demobilization procedures are followed.** |
| 1. Anticipate demobilization of resources.
	* Identify excess resources
	* Prepare schedule for demobilization
 | I |  |  |
| 1. Ensure demobilization of resources.
	* Brief subordinate staff on demobilization procedures and responsibilities
	* Ensure incident and agency demobilization procedures are followed
 | I |  |  |

|  |
| --- |
| 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 CommandOR Prescribed Fire Complexity Level (circle one): Low, Moderate, HighFBPS 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 CommandOR Prescribed Fire Complexity Level (circle one): Low, Moderate, HighFBPS 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 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 CommandOR Prescribed Fire Complexity Level (circle one): Low, Moderate, HighFBPS 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 CommandOR Prescribed Fire Complexity Level (circle one): Low, Moderate, HighFBPS 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |