POSITION TASK BOOK FOR THE POSITION OF

ALL-HAZARD LIAISON OFFICER

Version: March 2010

POSITION TASK BOOK ASSIGNED TO:
INDIVIDUAL'S NAME, AHIMT NAME, AND PHONE NUMBER
POSITION TASK BOOK INITIATED BY:
OFFICIAL'S NAME, TITLE, AND PHONE NUMBER
DATE THAT THE POSITION BOOK WAS INITIATED:
MONTH, DAY, YEAR

Indiana Department of Homeland Security
Joseph E. Wainscott, Jr., Executive Director
Indiana Government Center South
302 West Washington Street, Room E208
Indianapolis, IN 46204

EVALUATOR

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR

VERIFICATION/QUALIFICATION OF COMPLETED POSITION TASK BOOK FOR THE POSITION OF
FINAL EVALUATOR'S VERIFICATION I verify that all tasks have been performed and are documented with appropriate initials. I also verify that _____ has performed as a trainee and should therefore be considered for qualification in this position.
FINAL EVALUATOR'S SIGNATURE AND DATE
EVALUATOR'S PRINTED NAME, TITLE, DUTY STATION, AND PHONE NUMBER

AGENCY HEAD RECOMMENDATION FOR CERTIFICATION I certify that _____ . has met all requirements for qualification in this position and I recommend that they be credentialed for the position.
OFFICIAL'S SIGNATURE AND DATE
OFFICIAL'S NAME TITLE, DUTY STATION, AND PHONE NUMBER

DISTRICT RESPONSE TASK FORCE COMMANDER RECOMMENDATION FOR QUALIFICATION I certify that _____ has met all requirements for qualification in this position and I recommend that they be credentialed for the position.
OFFICIAL'S SIGNATURE AND DATE
OFFICIAL'S NAME, TITLE, AGENCY, AND PHONE NUMBER

INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTB) were developed for designated positions as described under the National Interagency Incident Management System (NIIMS) and have been incorporated into the National Incident Management System (NIMS). The position task book is used by the State of Indiana to qualify that the person to whom the task book belongs meets the standards recommended by the National (NIMS) Integration Center (NIC).

Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by a Qualified Evaluator, will result in a recommendation that the trainee be qualified in that position. Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task that require an action (contain an action verb) must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Agency Management** is responsible for:
   - Selecting trainees based on the needs of their organization or area Incident Management Teams.
   - Providing opportunities for evaluation and/or making the trainee available for evaluation.

2. The **Individual** is responsible for:
   - Reviewing and understanding instructions in the PTB.
   - Identifying desired objectives/goals.
   - Providing background information to an evaluator.
   - Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
   - Assuring the evaluation record is complete.
   - Notifying the local agency head when the PTB is completed, and obtaining their signature recommending qualification.

3. The **Evaluator** is responsible for:
   - Being qualified and proficient in the position being evaluated.
   - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
   - Reviewing tasks with the trainee.
   - Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.

- Identifying tasks to be performed during the evaluation period.
- Accurately evaluating and recording demonstrated performance of tasks. Dating and initialing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Evaluation Record.
- Completing the Evaluation Record found at the end of each PTB.

4. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.

5. The **Agency Head** or designee is responsible for:
   - Tracking progress of the trainee.
   - Identifying incident evaluation opportunities.
   - Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
   - Documenting the assignment.
   - Conducting progress reviews.
   - Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.

Competency 1: Assume position responsibilities

Description: Successfully assume role of Liaison Officer and initiate position activities at the appropriate time according to the following behaviors.

Behavior 1: Ensure readiness for assignment.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Obtain and assemble information and materials needed for kit. Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for the assignment and items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitation. The basic information and materials needed may include, but is not limited to, any of the following: **Reference Materials** • Appropriate references for the incident (e.g., PMS 410-1, Fireline Handbook). • ICS 420-1, Field Operations Guide. • Position Manual- for the Liaison Officer. • Individual checklists/reminders. **Forms** • ICS Form 213, General Message. • ICS Form 214, Unit Log. • Agency specific forms appropriate to the function. **Supplies** • Office supplies appropriate to the function.	O		

Behavior 2: Ensure readiness of self and subordinates [crew] for assignment.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
2. Arrive properly equipped at incident assigned location within acceptable time limits.	I		
2. Check in according to agency guidelines.	I		

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Behavior 3: Ensure availability, qualifications, and capabilities of resources to complete assignment.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Establish a work location within the first operational period following check in. • Work location must be: -Visible. -Identifiable. -In close proximity to the Planning Section. -Have adequate space for two to four persons. • Coordinate bulletin board posting of agency information.	I		
2. Ensure sufficient personnel and resources to accomplish information exchange.	I		
3. If needed, obtain Assistant(s) for the liaison staff to complete required duties..	I		

Behavior 4: Gather, update, and apply situational information relevant to the assignment.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Obtain complete information from dispatch upon activation. • Incident name. • Incident order number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements/travel routes. • Contact procedures during travel (telephone/radio).	I		

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2. Gather information necessary to assess incident assignment and determine immediate needs and actions. • Incident Commander's/supervisor's name and location; make contact. • Type of incident. • Current resource commitments. • Current situation. • Expected duration of assignment.	I		
3. Assemble incident information for use in briefings and filling requests. • Within the first operational period after check in, obtain incident information from the Incident Commander, Resources Unit and Situation Unit. • Update incident information by the beginning of each operational period.	I		
4. Assemble agency information for use in answering requests and resolving problems. • Obtain assisting, cooperating and non-governmental agency information that includes: - Contact persons (Agency Representatives). - Radio frequencies. - Phone and pager numbers. - Cooperative agreements. - Equipment type. - Number of personnel. - Condition of equipment and personnel. - Agency constraints or limitations.	I		

Behavior 5: Establish effective relationships with relevant

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Establish and maintain positive interpersonal and interagency working relationships.	I		
2. Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident.	I		

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Behavior 6: Establish organization structure, reporting procedures, and chain of command of assigned resources.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Supervise liaison staff as needed, based on changes in incident situation and resource status. • Ensure that priorities are communicated and understood. • Ensure that safety procedures are maintained. • Ensure effective use and coordination of all assigned resources.	I		

Behavior 7: Understand and comply with ICS concepts and principles.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Maintain appropriate span of control.	I		
2. Demonstrate knowledge of ICS structure, principles, positions, and ICS forms.	I		

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Competency 2: Lead assigned personnel

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

Behavior 1: Model leadership principles of Duty, Respect and Integrity.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Exhibit principles of duty. • Be proficient in your job, both technically and as a leader. • Make sound and timely decisions. • Ensure that tasks are understood, supervised and accomplished. • Develop your subordinates for the future.	I		
2. 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		
3. Exhibit principles of integrity. • Know yourself and seek improvement. • Seek responsibility and accept responsibility for your actions. • Set the example.	I		
4. Use diplomacy to resolve concerns related to multi-agency involvement.	I		

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Behavior 2: Ensure the safety, welfare, and accountability of assigned

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Recognize potentially hazardous situations.	I		
2. Inform subordinates of hazards.	I		
3. Ensure that special precautions are taken when extraordinary hazards exist.	I		
4. Ensure adequate rest is provided to all liaison staff.	I		

Behavior 3: Establish work assignments and performance expectations, monitor performance, and provide feedback.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Brief and keep subordinates informed and updated.	I		
2. Establish time frames and schedules.	I		
3. Assign and monitor work assignments.	I		
4. Provide counseling and discipline as needed.	I		
5. Ensure that performance ratings are completed as required by the Incident Commander/Agency Administrator.	I		

Behavior 4: Emphasize teamwork.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Identify and emphasize the achievement of group goals.	I		

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Behavior 5: Coordinate interdependent activities.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Interact and coordinate with all Command and General Staff. • Receive and transmit current and accurate information.	I		

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Competency 3: 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 1: Ensure all relevant information is exchanged during check-in, briefings and debriefings.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Within the first operational period after check in, obtain incident information from the Incident Commander, resource unit and situation unit.	I		
4. Attend incident planning meetings. Provide assisting and cooperating agency input as necessary.	I		
3. Conduct briefings at predetermined times and locations with assisting, cooperating and non-governmental agencies prior to each operational period.	I		
4. Provide assisting and cooperating agencies' input to the planning process.	I		

Behavior 2: Ensure documentation is complete and disposition is appropriate.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Complete ICS Form 214 for each operational period.	I		
2. Record demobilization issues.	I		
3. File all records with documentation unit during demobilization.	I		

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Behavior 3: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Keep cooperating and assisting agencies informed of planning actions. • Conduct briefings prior to each operational period. • If necessary, conduct briefing with Agency Representatives prior to the Planning Meeting, following the Planning Meeting, or following any change in the Incident Action Plan (IAP). • Supply a copy of the Incident Action Plan to Agency Representatives.	I		
2. Respond to requests for information and resolve problems. • Fulfill request for information concerning any cooperating or assisting agencies in a timely manner. • Follow up on all requests and problems to ensure their completion within the work period following their initiation. • Problems or requests that remain incomplete after follow-up should be addressed at the next planning meeting. • Advise the Incident Commander of any political or stakeholder concerns related to multi-agency involvement.	I		
3. Supply cooperating and assisting agencies with demobilization information at least one operational period prior to demobilization.	I		

Behavior 4: Communicate and assure understanding of work expectations within the chain of command and across functional areas.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Ensure that subordinates understand their roles and responsibilities for carrying out the safety mission during the incident.	I		

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2. Ensure incident management team members are aware of the safety-related aspects of their jobs and undertake their job responsibilities in a safe manner based on expected duration, size, type of incident, potential values to be protected, and jurisdictional involvement.	I		

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Competency 4: 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 1: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Update incident information by the beginning of each operational period.	I		

Behavior 2: Modify approach based on evaluation of incident situation.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Respond to requests for information and resolve problems. • Fulfill request for information concerning any cooperating or assisting agencies in a timely manner. • Follow up on all requests and problems to ensure their completion within the work period following their initiation. • Problems or requests that remain incomplete after follow-up should be addressed at the next planning meeting. • Advise the Incident Commander of any political or stakeholder concerns related to multi-agency involvement.	I		

Behavior 3: Plan for demobilization and ensure demobilization procedures are followed.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Meet with agencies and gather information on personnel and equipment priorities prior to demobilization.	I		

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2. Provide assisting and cooperating agencies' input to the demobilization process. • Attend demobilization meeting • Supply cooperating and assisting agencies with demobilization information at least one operational period prior to demobilization. • Record demobilization issues. • File all records with the Documentation Unit. • Complete demobilization process.	I		

Behavior 8: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. Determine time of transfer, with Incident Commander and your replacement.	I		
2. Communicate transfer of Liaison duties to Command and General Staff, and assisting and cooperating agency representatives.	I		
3. If necessary, coordinate with agencies about transfer of command back to local jurisdiction.	I		

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INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, simulations in classroom, or depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional blocks are needed, a page can be copied from a blank task book and attached.

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Evaluator's name, incident/office title, and agency: List the name of the Evaluator, his/her incident position or office title, and agency.

Evaluator's home unit address and phone: Self-explanatory

#: The number next to the evaluator's name in the upper left corner of the evaluation record identifies a particular incident or group of incidents. This number should be placed in the column labeled "Evaluation Record #" on the PTB for each task performed satisfactorily. This number will enable reviewers of the completed PTB to ascertain the qualifications of the different evaluators prior to making the appropriate sign-off on the PTB.

Location of Incident/Simulation: Identify the location where the tasks were performed by agency and office.

Incident Kind: Enter kind of incident; e.g., hazmat, wildland fire, structural fire, search and rescue, flood, tornado, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Type of Resources: Enter the number of resources and types assigned to the incident pertinent to the Trainee's task book position.

Duration: Enter inclusive dates during which the Trainee was evaluated. This block may indicate a span of time covering several small and similar incidents if the Trainee has been evaluated on that basis; e.g., several initial attack wildfires in similar fuel types.

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator's initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the PTB.

Evaluator's relevant qualification: List your qualification relevant to the Trainee position you supervised.

Evaluation Record

TRAINEE NAME _____ TRAINEE POSITION _____

#1	Evaluator's name: Incident/office title & agency:			
Evaluator's home unit address & phone:				
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	
			to	

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee.

The individual has successfully performed all tasks for the position and should be considered for
The individual was not able to complete certain tasks (comments below) or additional guidance is
Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the
The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Recommendations: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency qualification or rating: _____

#2	Evaluator's name: Incident/office title & agency:			
Evaluator's home unit address & phone:				
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	
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Recommendations: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency qualification or rating: _____

Evaluation Record
(Continuation Sheet)

TRAINEE NAME _____ TRAINEE POSITION _____

#3	Evaluator's name: Incident/office title & agency:			
Evaluator's home unit address & phone:				
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	
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Recommendations: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

#4	Evaluator's name: Incident/office title & agency:			
Evaluator's home unit address & phone:				
Name and Location of Incident or situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	
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The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Recommendations: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____