



POSITION TASK BOOK FOR THE POSITION OF  
**Demobilization Unit Leader**  
**All-Hazards**  
**(DEMOB)**  
**Version: January 2012**

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  
John H. Hill, 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 DEMOBILIZATION UNIT LEADER

**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, AND PHONE NUMBER

AGENCY HEAD RECOMMENDATION FOR QUALIFICATION

I certify that \_\_\_\_\_ has met all requirements for qualification in this position, and I recommend he/she be credentialed for the position.

OFFICIAL'S SIGNATURE AND DATE

OFFICIAL'S PRINTED NAME, TITLE, AGENCY, 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 he/she be credentialed for the position.

OFFICIAL'S SIGNATURE AND DATE

OFFICIAL'S PRINTED NAME, TITLE, AGENCY, AND PHONE NUMBER

## HISTORICAL RECOGNITION

Historical recognition is a process that provides a means by which incident management personnel who have either:

- Documentation of previous ICS training, education, and experience in an ICS position(s); or
- Documentation of previous extensive on-the-job incident response experience,

may receive credit for that previous experience, training, or qualification(s) and be considered as meeting the minimum requirements of this guide in the categories of:

- Education;
- Training; and
- Experience

for an ICS position(s) until he/she has successfully completed the actual minimum requirements for that position. Historical Recognition does not apply to the categories of Physical/Medical Fitness, Currency, or qualification. The minimum requirements within those categories must be met regardless of any historical recognition process.

### HISTORICAL RECOGNITION PROCESS

If an Authority Having Jurisdiction (AHJ) does not form a Qualification Committee to assist with the management of the overall qualifications process, AHJ's should give strong consideration to at least forming a committee for the purposes of reviewing and processing applications for Historical Recognition. Because of the time commitment involved and the potential for perceptions of favoritism and unequal treatment during the process, other ICS qualifications processes currently used by federal and state agencies that included a historical recognition provision used review committees to accomplish that process.

The AHJ should develop a process to provide for the following:

- Developing a method to provide for historical recognition when there is sufficient documentation available to substantiate the experience;
- Developing a standardized method for any individual to submit documentation of the experience and training for review by the AHJ or the appropriate review committee established by the AHJ;
- Developing a method to determine if the previous experience or training is appropriate for the position, keeping in mind the required criteria for the position and the competencies necessary for safe and successful performance;
- Providing for Historical Recognition only when the individual has most recently performed the position within the last five years;
- Requiring the individual meet all minimum requirements in this guide for a position if the individual seeks an ICS position other than the position he/she was historically recognized for;
- Encouraging all individuals who are historically recognized into a position to complete the minimum requirements for the positions within five years of being historically recognized.

## 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 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 tasks may involve more than one evaluator and can occur on incidents, events, full scale exercises, 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 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:

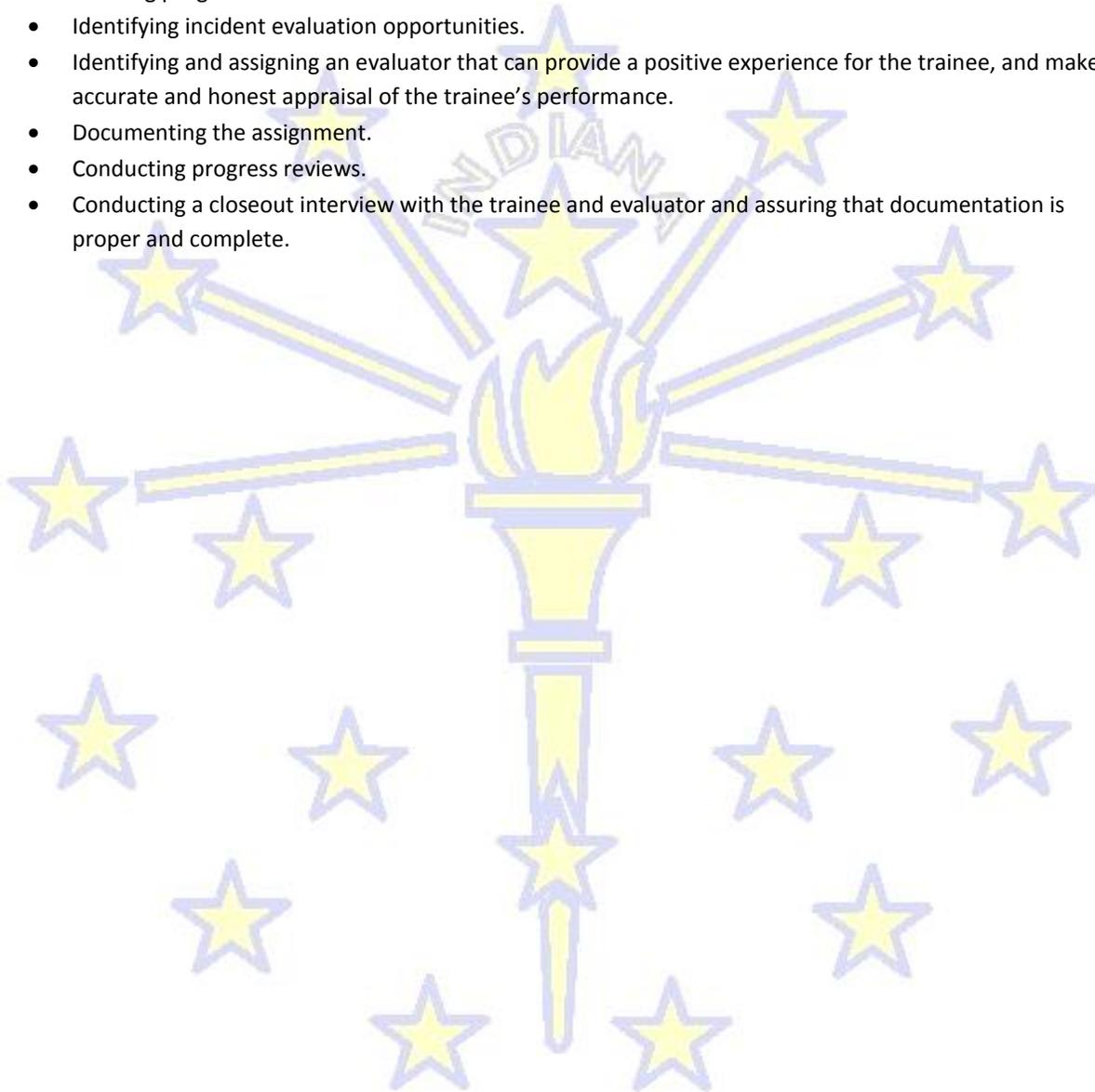
1. The **Agency Management** is responsible for:
  - Selecting trainees based on the needs of their organization or area Incident Management Teams.
  - Providing opportunities for evaluation and/or making the trainee available for evaluation.
  
2. The **Individual** is responsible for:
  - Reviewing and understanding instructions in the PTB.
  - Identifying desired objectives/goals.
  - Providing background information on 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 evaluation and recording demonstrated performance of tasks. Dating and initializing 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 initiated.

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 Demobilization Unit Leader and initiate position activities at the appropriate time according to the following behaviors.*

TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
<b>GENERAL</b>			
<p>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 <u>basic</u> information and materials needed <u>may include</u>, but is not limited to, any of the following:</p> <ul style="list-style-type: none"> <li>• NWCG Fireline Handbook 410-1</li> <li>• ICS 420-1 (Field Operations Guide)</li> <li>• U.S. Atlas</li> <li>• Example Demobilization Plan(s)</li> <li>• ICS Form 213, General Message</li> <li>• ICS Form 214, Unit Log (2)</li> <li>• ICS Form 221, Demobilization Check-Out (25 each)</li> <li>• Fire Time Report</li> <li>• Incident Command System Position Manual</li> <li>• ICS 221-4 (Demobilization Unit Leader) (NFES-283-1).</li> <li>• General supplies: pens, pencils, large markers, paper, tape, stapler, paper clips, ruler, highlighters, other personally developed items.</li> </ul>	O		
<p>2. Establish and maintain positive interpersonal and interagency working relationships.</p> <ul style="list-style-type: none"> <li>• Through briefings, discuss EEO, civil rights, sexual discrimination, and other sensitive issues with assigned personnel.</li> <li>• Recognize cultural language difficulties as it impacts work output and expectations.</li> <li>• Provide equal assignment opportunities based on individual skill level.</li> <li>• Monitor and evaluate progress based on expected work standards, not race, color or creed.</li> <li>• Individual agency values and policies are addressed throughout the tenure of the incident.</li> <li>• Integrate cultural resource considerations into all management activities.</li> </ul>	O		

Code: O= Task can be completed in an operations based exercise (Simulation or drill)  
 I = Task must be performed on an incident or Full Scale Exercise  
 R = Rare event – the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview, or the home office may need to arrange for another assignment or simulation.

TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
3. Provide for the safety and welfare of assigned personnel during the entire period of supervision <ul style="list-style-type: none"> <li>• Recognizes potentially hazardous situations</li> <li>• Informs subordinates of hazards</li> <li>• Ensures special precautions are taken when extraordinary hazards exist</li> <li>• Ensures adequate rest is provided to all unit personnel</li> </ul>	I		
4. Obtain complete information from dispatch upon initial activation. <ul style="list-style-type: none"> <li>• Incident name</li> <li>• Incident order number</li> <li>• Request number</li> <li>• Reporting location</li> <li>• Reporting time</li> <li>• Transportation arrangements/travel routes</li> <li>• Contact procedures during travel (telephone/radio)</li> </ul>	I		
5. Gather information necessary to assess incident assignment and determine immediate needs and actions <ul style="list-style-type: none"> <li>• Incident Commander's/Supervisor's name, location, contact</li> <li>• Current resource commitments</li> <li>• Current situation</li> <li>• Expected duration of assignment</li> </ul>	I		
<b>INCIDENT ACTIVITIES</b>			
6. Arrive at incident <ul style="list-style-type: none"> <li>• Report to check-in location according to agency guidelines and within acceptable time limits.</li> <li>• Report to assigned location</li> </ul>	I		
7. Obtain briefing from Planning Section Chief. Obtain the following information: <ul style="list-style-type: none"> <li>• Incident size</li> <li>• Number of resources</li> <li>• Incident potential</li> <li>• Project demobilization effort</li> <li>• Location of work area</li> <li>• Operational work period</li> <li>• Location of supplies</li> <li>• Requirements for unique or specific considerations to be included in demobilization plan</li> <li>• Local agency contact for plan review</li> <li>• Location of sleeping and feeding areas</li> </ul>	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
8. Organizes work area. Consider key items: <ul style="list-style-type: none"> <li>• Acquire table(s), seating, and additional supplies on it kit.</li> <li>• Acquire communications equipment: radio, telephone, public address system, data communications equipment and operator</li> <li>• Consider ready access to resource unit information</li> <li>• Establish filing system: check out forms by resource kind and alphabetically, other reference, i.e., Incident Action Plan</li> <li>• Establish tracking system for proposed releases.</li> </ul>	I		
9. Organize and supervise unit. <ul style="list-style-type: none"> <li>• Identify need for subordinates</li> <li>• Order subordinates as needed</li> <li>• Brief and keep subordinates informed</li> <li>• Establish unit timeframes and schedules</li> <li>• Make assignments</li> <li>• Spot check work</li> <li>• Evaluate and record performance</li> <li>• Review and approve time</li> <li>• Develop teamwork</li> <li>• Provide counseling and discipline as needed</li> </ul>	I		
10. Interact and coordinate with appropriate unit leader and operations personnel. <ul style="list-style-type: none"> <li>• Receive and transmit needed information.</li> </ul>	I		
11. Gathers resource information needed to write demobilization plan. Use the following sources of information: <ul style="list-style-type: none"> <li>• ICS Form 201 (Incident Briefing)</li> <li>• Incident Action Plan</li> <li>• ICS Form 211 (Check-In List)</li> <li>• Resource Order Forms (optional)</li> <li>• ICS Form 219 (Resource Status Card)</li> <li>• Computer data base if available</li> </ul>	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
12. Obtains objectives, priorities, schedules, and constraints for the Demobilization Plan Consult with: <ul style="list-style-type: none"> <li>• Planning Section Chief (initial briefing)</li> <li>• Logistics Section Chief</li> <li>• Ground Support Unit Leader</li> <li>• Medical Unit Leader</li> <li>• Finance Section Chief</li> <li>• Time Unit Leader</li> <li>• Facilities Unit Leader</li> <li>• Agency representatives/liaison officer</li> <li>• Incident Agency Dispatch of Coordination Center</li> </ul>	I		
13. Prepares Demobilization Plan General Information Section. Briefly describe: <ul style="list-style-type: none"> <li>• Incident location</li> <li>• Current incident status</li> <li>• Incident potential</li> <li>• Probable time restrictions</li> <li>• Lead time needed to process tentative releases.</li> </ul>	I		
14. Prepares the Demobilization Plan Responsibility Section. <ul style="list-style-type: none"> <li>• Identify specific responsibilities by section, unit, and off-incident locations</li> <li>• Use appropriate agency guidelines and specific incident type requirements</li> </ul>	I		
15. Prepares the Demobilization Plan Release Section <ul style="list-style-type: none"> <li>• Incorporate release priorities</li> </ul>	I		
16. Prepares Demobilization Plan Release Procedure Section <ul style="list-style-type: none"> <li>• Identify check-out points and procedures</li> </ul>	I		
17. Prepares Demobilization Plan Travel Information Section <ul style="list-style-type: none"> <li>• Provide phone numbers of incident agency dispatch</li> <li>• Identify radio frequencies that may be used by travelers</li> <li>• Include maps</li> <li>• Provide recommended route of travel</li> <li>• Provide instructions for agency contact while en route</li> <li>• Provide agency travel restrictions while en route</li> <li>• Provide instructions on packing tools for air travel</li> </ul>	I		
18. Completes Demobilization Plan within timeframes specified by Planning Section Chief.	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
19. Obtains review and approval of Demobilization Plan <ul style="list-style-type: none"> <li>• Provide copies to Planning Section Chief and Logistics Section Chief and incorporates their comments.</li> <li>• Provide final to Incident Commander for approving signature.</li> </ul>	I		
20. Distributes Demobilization Plan. <ul style="list-style-type: none"> <li>• Distribute a copy to command and general staff, appropriate unit leaders, agency representatives, check-out processing locations, incident agency dispatch and others who assist in implementation of plan</li> <li>• Post plan in prominent locations</li> </ul>	I		
21. Prepares ICS Form 221 <ul style="list-style-type: none"> <li>• Prepare for each resource prior to major demobilization</li> <li>• Include information about:                             <ul style="list-style-type: none"> <li>○ Incident name and number</li> <li>○ Check-out processing locations used by all resources</li> <li>○ Resource name</li> <li>○ Request number</li> <li>○ Exceptions to normal check-out process</li> <li>○ Transportation information if available</li> <li>○ Destination</li> </ul> </li> </ul>	I		
22. Advises Planning Section Chief on progress of demobilization <ul style="list-style-type: none"> <li>• Summarize for each operational period</li> <li>• Identify problems and bring to Planning Section Chief's attention</li> </ul>	I		
23. Attends planning section meetings <ul style="list-style-type: none"> <li>• Provides information on progress to date</li> <li>• Share planned demobilization activities</li> <li>• Coordinate shared activities as needed</li> </ul>	I		
24. Completes unit administrative and incident operational functions <ul style="list-style-type: none"> <li>• Maintain continuity within the Demobilization Unit and overall incident management group</li> <li>• Adjust priorities and work assignments to meet schedules and management objectives</li> </ul>	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
25. Completes ICS Form 214 <ul style="list-style-type: none"> <li>• Complete log for each operational period</li> <li>• Submit completed log to Documentation Unit Leader through Planning Section Chief each operational period</li> </ul>	I		
26. Processes emergency release requests <ul style="list-style-type: none"> <li>• Follow established demobilization process</li> <li>• Complete process in as short a timeframe as possible</li> <li>• Coordinate with agency representatives</li> </ul>	I		
27. Monitors demobilization progress <ul style="list-style-type: none"> <li>• Advise all sections and units of their responsibilities to implement the Demobilization Plan</li> <li>• Maintain contact with all who are responsible for implementing the Demobilization Plan</li> <li>• Insure released resources meet standards established in the Demobilization Plan; i.e., rest and feeding requirements</li> </ul>	I		
<b>DEMOBILIZATION</b>			
28. Demobilizes unit <ul style="list-style-type: none"> <li>• Declare surplus resources per Demobilization Plan</li> <li>• Inform unit personnel of scheduled releases</li> <li>• Submit all records to documentation unit</li> <li>• Return incident-issued equipment and supplies to appropriate units</li> <li>• Clean work area</li> <li>• Follow Demobilization Plan process</li> </ul>	I		
29. Briefs replacement. Briefing is adequate for replacement to perform all demobilization activities.	I		
30. Demobilization and check-out <ul style="list-style-type: none"> <li>• Receive demobilization instructions from work supervisor</li> <li>• Brief subordinate staff on demobilization procedures and responsibilities</li> <li>• Insure incident and agency demobilization procedures are followed</li> <li>• If required, complete ICS Form 221 (Demobilization Check-Out) and turn in to appropriate person</li> </ul>	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 (may include preplanned events and full scale exercises), simulations in classroom, or in daily duties, 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 agency, 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 experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily. This number will enable reviewers of the complete Qualification Record to ascertain the qualifications of the different evaluators prior to making the appropriate signoff on the Qualification Record.

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

**Incident Kind:** Enter kind of incident, (e.g., hurricane, search and rescue, flood, preplanned event, full scale exercise, etc.).

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

**Number and Type of Resource:** 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.

**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 Qualifications Record.

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

Evaluation Record

\_\_\_\_\_

TRAINEE NAME TRAINEE POSITION

<b>#1</b>	Evaluator's Name	Incident/Office Title	Agency	
Evaluator's Home Unit Address & Phone				
Name & Location of Incident or Situation (Agency & Area)	Incident Kind (e.g. Flood, Tornado)	Number & Type of Resources Pertinent to the Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
<p>Recommendations:</p> <p>The tasks initialed and 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.</p> <ul style="list-style-type: none"> <li>• The individual has successfully performed all tasks for the position and should be considered for qualification.</li> <li>• The individual was not able to complete certain tasks (comments below) or additional guidance is required.</li> <li>• Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</li> <li>• The individual is severely deficient in the performance of tasks for the position and needs further training (both required and knowledge and skills needed) prior to additional assignment(s) as a trainee.</li> </ul> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's Initials: _____</p> <p>Evaluator's relevant agency qualifications or rating: _____</p>				

<b>#2</b>	Evaluator's Name	Incident/Office Title	Agency	
Evaluator's Home Unit Address & Phone				
Name & Location of Incident or Situation (Agency & Area)	Incident Kind (e.g. Flood, Tornado)	Number & Type of Resources Pertinent to the Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
<p>Recommendations:</p> <p>The tasks initialed and 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.</p> <ul style="list-style-type: none"> <li>• The individual has successfully performed all tasks for the position and should be considered for qualification.</li> <li>• The individual was not able to complete certain tasks (comments below) or additional guidance is required.</li> <li>• Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</li> <li>• The individual is severely deficient in the performance of tasks for the position and needs further training (both required and knowledge and skills needed) prior to additional assignment(s) as a trainee.</li> </ul> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's Initials: _____</p> <p>Evaluator's relevant agency qualifications or rating: _____</p>				

Evaluation Record  
(Continuation Sheet)

TRAIINEE NAME		TRAIINEE POSITION		
<b>#3</b>	Evaluator's Name	Incident/Office Title	Agency	
Evaluator's Home Unit Address & Phone				
Name & Location of Incident or Situation (Agency & Area)	Incident Kind (e.g. Flood, Tornado)	Number & Type of Resources Pertinent to the Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
Recommendations: The tasks initialed and 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. <ul style="list-style-type: none"> <li>• The individual has successfully performed all tasks for the position and should be considered for qualification.</li> <li>• The individual was not able to complete certain tasks (comments below) or additional guidance is required.</li> <li>• Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</li> <li>• The individual is severely deficient in the performance of tasks for the position and needs further training (both required and knowledge and skills needed) prior to additional assignment(s) as a trainee.</li> </ul> Recommendations: _____ _____ Date: _____ Evaluator's Initials: _____ Evaluator's relevant agency qualifications or rating: _____				

TRAIINEE NAME		TRAIINEE POSITION		
<b>#4</b>	Evaluator's Name	Incident/Office Title	Agency	
Evaluator's Home Unit Address & Phone				
Name & Location of Incident or Situation (Agency & Area)	Incident Kind (e.g. Flood, Tornado)	Number & Type of Resources Pertinent to the Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
Recommendations: The tasks initialed and 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. <ul style="list-style-type: none"> <li>• The individual has successfully performed all tasks for the position and should be considered for qualification.</li> <li>• The individual was not able to complete certain tasks (comments below) or additional guidance is required.</li> <li>• Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</li> <li>• The individual is severely deficient in the performance of tasks for the position and needs further training (both required and knowledge and skills needed) prior to additional assignment(s) as a trainee.</li> </ul> Recommendations: _____ _____ Date: _____ Evaluator's Initials: _____ Evaluator's relevant agency qualifications or rating: _____				

ADDITIONAL NOTES

