



POSITION TASK BOOK FOR THE POSITION OF  
**Staging Area Manager  
All-Hazards  
(STAM)**  
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 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 STAGING AREA MANAGER

**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:

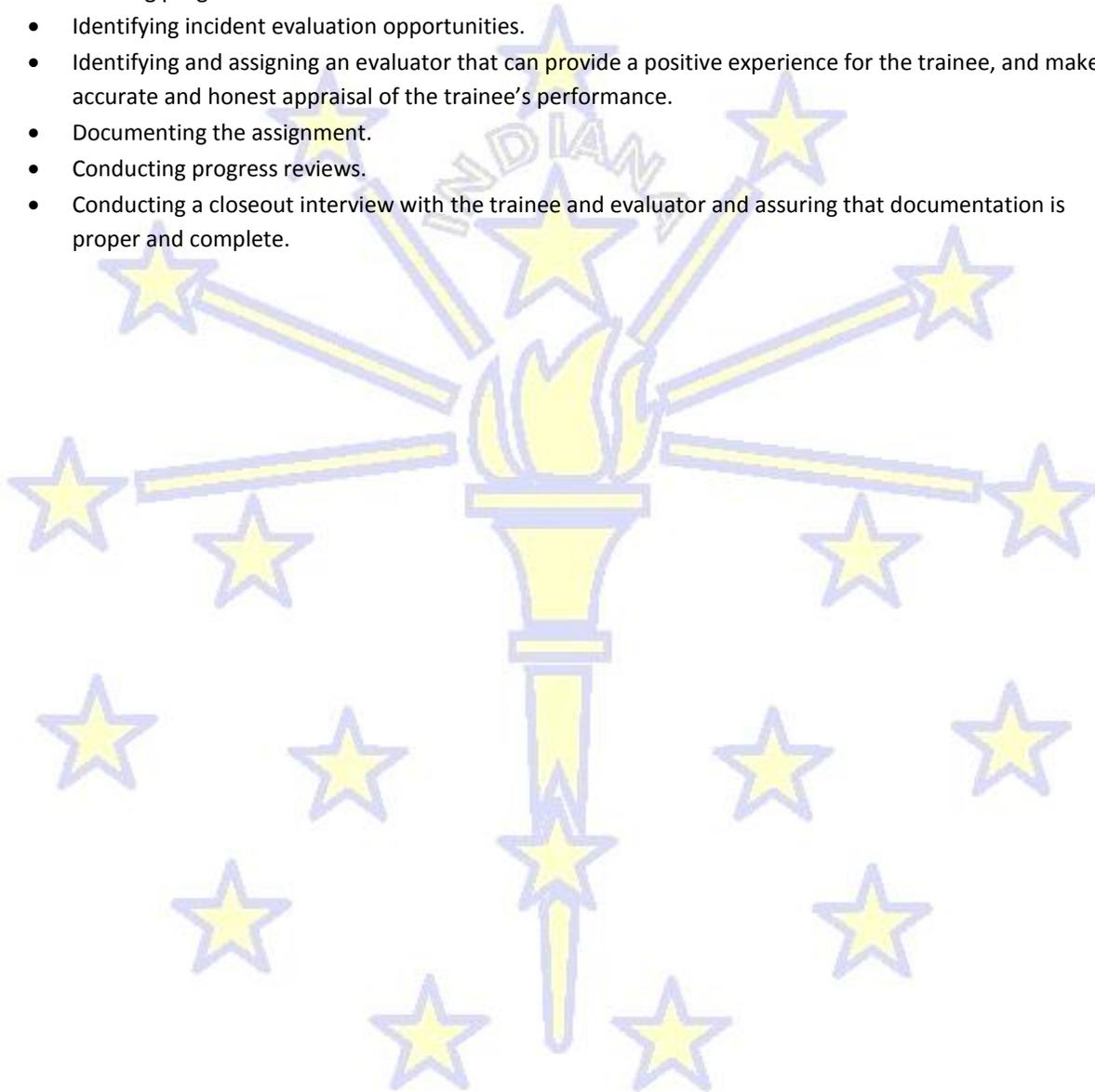
1. The **Agency Management** is responsible for:
  - Selecting trainees based on the needs of their organization or area Incident Management Teams.
  - Providing opportunities for evaluation and/or making the trainee available for evaluation.
  
2. The **Individual** is responsible for:
  - Reviewing 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 Staging Area Manager 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>• Resource listings</li> <li>• Telephone directory (local, assignment specific)</li> <li>• Notification requirements</li> <li>• Incident specific reference materials</li> <li>• ICS 410-1 Fireline Handbook</li> <li>• ICS 420-1 Field Operations Guide</li> <li>• Documentation materials</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
<b>MOBILIZATION</b>			
3. Obtain complete information from dispatch upon initial activation. Prior to dispatch to the incident, the following information is obtained: <ul style="list-style-type: none"> <li>• Incident order number</li> <li>• Request number</li> <li>• Incident name</li> <li>• Reporting location (drop point)</li> <li>• Phone contacts</li> <li>• Radio frequencies</li> <li>• Transportation arrangements and routes</li> <li>• Reporting times</li> </ul>	I		
4. Prior to departure, actively seek information to include: <ul style="list-style-type: none"> <li>• Assigned Incident Commander's name</li> <li>• Current resource commitments</li> <li>• Expected duration of incident</li> <li>• Terrain</li> <li>• Weather</li> <li>• Number of staging areas</li> </ul>	I		
5. Report to the designated official at the check-in point and provide required information (ICS Form 211).	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
<b>INCIDENT ACTIVITIES</b>			
6. Obtain briefing from operations section chief. Obtain briefing as soon as possible after check-in by first: <ul style="list-style-type: none"> <li>• Locating operations section chief at incident command post (or through plans or communications)</li> <li>• Obtaining Incident Action Plans from Plans Section or Operations Section Chief and review during briefing (validation)</li> <li>• Recording specific information that will influence staging area operations, including:                             <ul style="list-style-type: none"> <li>○ What are incident strategies and how staging area fits in</li> <li>○ Location of staging area</li> <li>○ List of specific resources assigned to staging area</li> <li>○ Estimated time of arrival for resources</li> <li>○ Present location of resources</li> <li>○ How you contact expected resources</li> <li>○ Authorized personnel who may order resources out of staging</li> <li>○ Length of shifts and number of shifts anticipated</li> <li>○ Names and locations of key overhead (to facilitate staging area operation)</li> </ul> </li> </ul>	I		
7. Determine the need for an assistant staging area manager by assessing span of control based on: <ul style="list-style-type: none"> <li>• Resources assigned</li> <li>• Support needs for resources</li> <li>• Anticipated duration of staging</li> <li>• Contingency plan objectives</li> <li>• How many shifts per day will occur</li> </ul>	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
<p>8. Organize preliminary staging area operations.</p> <ul style="list-style-type: none"> <li>• Coordinate with plans by checking proposed or actual staging area location, obtaining maps and determining transportation problems, reviewing current situation, determining availability of check-in recorder, obtaining demobilization plan for staging area and emergency procedures outlined in incident contingency plan regarding staging area.</li> <li>• Coordinate with logistics by checking types and available times of transportation.                             <ul style="list-style-type: none"> <li>○ Determining communication needs (coordinate needs with communications to determine availability to meet needs and anticipate communications problems and correct deficiencies).</li> <li>○ Determine supplies and equipment available for use at staging area and establish ordering procedures and chain of command for ordering supplies and services.</li> <li>○ Arrange for medical aid or assistance.</li> <li>○ Plan for feeding and needs of personnel.</li> <li>○ Provide for sanitation needs at staging area.</li> <li>○ Determine the needs for security at staging area.</li> </ul> </li> <li>• Coordinate with finance by:                             <ul style="list-style-type: none"> <li>○ Determining how to or who does procurement and what is available locally.</li> <li>○ Providing appropriate timekeeping procedures at staging area.</li> <li>○ Determining responsibility and procedures for timekeeping of contract equipment.</li> <li>○ Requesting time unit personnel to assist if necessary.</li> </ul> </li> </ul>	I		
<p>9. Proceed to staging area with necessary equipment and supplies.</p>	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
10. Establish a layout for the staging area. <ul style="list-style-type: none"> <li>• Evaluate the site on foot or in a vehicle.</li> <li>• Prepare a map of the staging area.</li> <li>• Set up signs showing traffic flow for personnel and vehicles, dispatch and check-in areas, location of crews and equipment, and other resources at the site.</li> <li>• Rope or flag off any special areas or safety hazards.</li> <li>• Provide a copy of the staging area layout map to the plans and logistics sections.</li> </ul>	I		
11. Determine and order support needs when layout is complete by: <ul style="list-style-type: none"> <li>• Compiling an inventory list of resources on site or en route to the site.</li> <li>• Discussing resource needs with supervisors who are assigned to the staging area.</li> <li>• Evaluating needs for sanitation facilities, food, water, fuel for vehicles and aircraft, maintenance, communications, and other resource requirements.</li> <li>• Recording resource needs list on the general message (ICS Form 213).</li> <li>• Coordinating and discussing resource needs with the Operations Section Chief and determining how orders will be placed.</li> <li>• Placing orders through the Operations Section Chief or the section he/she designates (logistics).</li> <li>• Setting up a system for tracking resources requested versus resources actually received.</li> </ul>	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
<p>12. Establish staging area procedures by:</p> <ul style="list-style-type: none"> <li>• Establishing a check-in location with check-in recorder and provide the necessary facilities and equipment.</li> <li>• Conducting a briefing with incoming resources pertaining to:                             <ul style="list-style-type: none"> <li>○ Staging area</li> <li>○ Restricted areas (helibase, private property)</li> <li>○ Procedures for staging, dispatching, and check-out</li> <li>○ Refueling</li> <li>○ Feeding</li> </ul> </li> <li>• Establishing a system of accountability for equipment issued at the staging area.</li> <li>• Verify time of resources assigned to staging area by signing the time report.</li> </ul>	I		
<p>13. Determine and report resource deficiencies to Operations Section Chief by:</p> <ul style="list-style-type: none"> <li>• Determining which resource cannot respond to a dispatch request in three minutes.                             <ul style="list-style-type: none"> <li>○ Check with single resource bosses and leaders throughout the shift on condition of resources.</li> <li>○ Determine if mitigating measures can correct problems.</li> </ul> </li> <li>• Reporting situations to Operations Section Chief; describe problems and include possible solutions.</li> <li>• Determining corrective action with Operations Section Chief and proceed to meet these objectives.</li> </ul>	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR Initial and Date upon completion of task
<p>14. Respond to requests for resource assignments.</p> <ul style="list-style-type: none"> <li>• Receive requests from Operations Section Chief or designated alternate.</li> <li>• Brief personnel about dispatch assignments including:                             <ul style="list-style-type: none"> <li>○ Duration of assignment</li> <li>○ Location</li> <li>○ Travel routes</li> <li>○ Assignments</li> <li>○ Name of supervisor</li> <li>○ Radio frequency to contact supervisor</li> </ul> </li> <li>• Administer dispatch procedures by:                             <ul style="list-style-type: none"> <li>○ Supervising movement of resources until they leave staging area.</li> <li>○ Notifying Operations Section Chief when resources have left staging area.</li> <li>○ Notifying Resource Unit Leader of destination of resources.</li> <li>○ Assessing dispatch procedures, adjust if necessary, and document changes.</li> </ul> </li> </ul>	I		
<b>DEMOBILIZATION</b>			
<p>15. Demobilize staging area in timely and orderly manner.</p> <ul style="list-style-type: none"> <li>• Confirm and obtain instructions from Operations Section Chief.</li> <li>• Notify staging area personnel of move.                             <ul style="list-style-type: none"> <li>○ Ensure resources are in a state of readiness prior to move or release.</li> <li>○ Designate staged resources to report to new location, new incident or home unit.</li> <li>○ Inform staged resources of time frames, travel routes, etc.</li> </ul> </li> <li>• Notify and coordinate with ground support unit leader for movement of resources to different location.</li> <li>• Notify Resource Unit Leader and Facilities Unit Leader of resource movement to different locations.</li> <li>• Remove signs and barriers and clean-up area.</li> <li>• Inspect and recommend site rehabilitation to Planning Section Chief.</li> <li>• Complete and submit evaluation forms and unit log (ICS Form 214) through supervisor to documentation unit as required.</li> <li>• Complete Demobilization Check-Out (ICS Form 211).</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 with 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>_____</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>_____</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
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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



INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

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

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**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

#1	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 of 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>_____</p> <p>Date: _____ Evaluator's Initials: _____</p> <p>Evaluator's relevant agency qualifications or rating: _____</p>				

#2	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 of 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>_____</p> <p>Date: _____ Evaluator's Initials: _____</p> <p>Evaluator's relevant agency qualifications or rating: _____</p>				

**Evaluation Record  
(Continuation Sheet)**

TRAINEE NAME		TRAINEE POSITION	
#3	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 of 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>_____ -</p> <p>Date: _____ Evaluator's Initials: _____ -</p> <p>Evaluator's relevant agency qualifications or rating: _____ -</p>				

#4	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 of 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>_____ -</p> <p>Date: _____ Evaluator's Initials: _____ -</p> <p>Evaluator's relevant agency qualifications or rating: _____ -</p>				

**ADDITIONAL NOTES**

