



**POSITION TASK BOOK (PTB) FOR**

**AMBULANCE STRIKE TEAM/MEDICAL TASK  
FORCE LEADER**

|  |
|--|
| <b>TASK BOOK ASSIGNED TO:</b>                          |
| INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER      |
| <b>TASK BOOK INITIATED BY:</b>                         |
| OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER |
| LOCATION AND DATE THAT TASK BOOK WAS 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.***

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION

**VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK  
FOR THE POSITION OF AMBULANCE STRIKE TEAM LEADER**

**PROVIDER 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 certification in this position

\_\_\_\_\_  
FINAL EVALUATOR'S SIGNATURE AND DATE

\_\_\_\_\_  
EVALUATOR'S PRINTED NAME, TITLE, DUTY STATION, AND PHONE NUMBER

**LEMSA CERTIFICATION**

I certify that \_\_\_\_\_  
has met all requirements for qualification in this position and that such qualification has been issued.

\_\_\_\_\_  
CERTIFYING OFFICIAL'S SIGNATURE AND DATE

\_\_\_\_\_  
CERTIFYING OFFICIAL'S NAME, TITLE, LEMSA, AND PHONE NUMBER

Additional copies of this publication are available at:

[www.emsa.ca.gov](http://www.emsa.ca.gov)

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California EMS Authority  
1930 – 9<sup>th</sup> Street  
Sacramento, CA 95814  
(916) 322-4336



## INDIVIDUAL LOG (ICS FORM 214a-OS)

**Special Note.** This optional ICS form 214a-OS is a log for individual use, and ICS form 214-OS is designed to log activities for an entire unit.

**Purpose.** The Individual Log, while not required, records details of each individual's activities. These logs provide a basic reference from which to extract information for inclusion in any after-action report.

**Preparation.** An Individual Log can be initiated and maintained by each member of the ICS. Completed logs are forwarded to supervisors who provide copies to the Documentation Unit.

**Distribution.** The Documentation Unit maintains a file of all Individual Logs. The original of each log **MUST** be submitted to the Documentation Unit.

| Item # | Item Title          | Instructions  |
|--------|---------------------|---|
| 1.     | Incident Name       | Enter the name assigned to the incident.  |
| 2.     | Operational Period  | Enter the time interval for which the form applies. Record the start and end date and time.   |
| 3.     | Individual Name     | Enter the name of the individual.   |
| 4.     | ICS Section         | Enter the ICS Section to which the individual is assigned.  |
| 5.     | Assignment/Location | Enter the assignment or location for the individual.  |
| 6.     | Activity Log        | Enter the time and briefly describe each significant occurrence or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.) |
| 7.     | Prepared By         | Enter name and title of the person completing the log. Provide log to immediate supervisor, at the end of each operational period.                            |
|        | Date/Time           | Enter date (month, day, year) and time prepared (24-hour clock).  |

## **AMBULANCE STRIKE TEAM - MEDICAL TASK FORCE LEADER POSITION TASK BOOK**

Position Task Books (PTB) have been developed for designated positions within the National Interagency Incident Management System. This PTB was developed for use in Ambulance Strike Team (AST)/Medical Task Force (MTF) Leader positions in California. The 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 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 of all the tasks may involve more than one Evaluator and can occur at incidents, planned events, full scale exercises, in classroom simulations, and in other work situations. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated before recommending certification. All bullet statements within a task which require an action (contain an action verb) must be demonstrated before that task can be signed off. Pictures, copies of IAP OR ICS 201s on an incident, exercise plans, and other supporting documents are encouraged.

### **RESPONSIBILITIES:**

1. The **Agency/Employer** shall be responsible to:
  - Select trainees based on the needs of the Agency/Employer and higher levels.
  - Select individuals to serve as Evaluators of trainees and who can sign off on various elements in the PTB.
  - Ensure that the trainee meets the training and experience requirements included in the Ambulance Strike Team Guidelines ([www.emsa.ca.gov](http://www.emsa.ca.gov))
  - Initiate PTBs to document task performance.
  - Explain to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
  - Provide opportunities for evaluation and/or making the trainee available for evaluation.
  - Provide an evaluator for local assignments.
  - Track progress of the trainee.
  - Confirm PTB completion.
  - Determine certification per EMSA standards.

- Ensure proof of certification and identifying personnel as resource for deployment
  - Sign the “Agency Certification” verification statement on page 2 of the PTB when all tasks have been initialed and if the trainee is recommended for certification.
2. The **Trainee** is responsible to:
1. Review and understanding instructions in the PTB.
  2. Identify desired objectives/goals.
  3. Provide background information to an evaluator.
  4. Satisfactorily demonstrate completion of all tasks for AST/MTF Leader within five years.
  5. Assure the Evaluation Record is complete and accurate.
  6. Notify Agency/Employer personnel when the PTB is completed
  7. Retain a copy of the PTB and providing the original PTB for placement in his/her personal records.
  8. Provide Agency/Employer(s) with proof of certification.
3. The **Evaluator** is responsible to:
- Understand the AST/MTF Leader qualification process.
  - Be aware of the proficiencies required in the position being evaluated.
  - If possible, meet with the trainee and determining past experience, current qualifications, and desired objectives/goals.
  - Review tasks with the trainee.
  - Explain to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
  - Identify tasks to be performed during the evaluation period.
  - Accurately evaluate and record demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record.

- Completing the Evaluation Record found at the end of this PTB.
4. When available, the **Incident Training Specialist** (someone in authority at the incident) is responsible to:
- Identify incident evaluation opportunities.
  - Assure that trainees have met prerequisites.
  - Identify and assign a qualified evaluator that can provide a positive experience for the trainee, and making an accurate and honest appraisal of the trainee's performance.
  - Document the assignment.
  - Conduct progress reviews.
  - Conduct a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.
  - Notify trainee's Agency/Employer.

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 (on incidents) or office title, and agency. The evaluator for any given incident or situation may be the trainee's employer, Training Officer, an Op Area or Regional Ambulance Coordinator, or representative from the Incident Management Team responsible for observing and/or managing ambulance resources.

**Evaluator's Agency/Employer address and phone:** Self explanatory

The **Incident Training Specialist** is any person at the incident performing in a position of authority who has the opportunity to observe AST/MTF Leader trainee performing the tasks listed.

The **Regional AST/MTF Resource Coordination Process** is to be determined within each region, taking into consideration the unique structure, design and function of disaster planning and response in the counties within that region.

**#:** The number in the upper left corner of the experience block 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.

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

**Incident Kind:** Enter kind of incident, e.g. MCI, earthquake, search and rescue, flood, 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, i.e., several incidents.

**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 rating:** List your certification relevant to the trainee position you supervised.

## QUALIFICATION RECORD

Tasks must be performed on a deployment (incident), planned field event, or full scale exercise

**POSITION: AMBULANCE STRIKE TEAM/MEDICAL TASK FORCE LEADER**

| TASK   | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial and date upon<br>completion of task |
|--|------------------------|---|
| <p><b><u>MOBILIZATION</u></b></p> <p>1. <u>Inspect assigned resources for:</u></p> <ul style="list-style-type: none"> <li>• Qualifications of personnel</li> <li>• Personal protective equipment (PPE)</li> <li>• Establish and maintain personnel accountability</li> <li>• Type(s) of equipment/tools and operating condition</li> <li>• Communication capability</li> </ul> |                        |   |
| <p>2. <u>Survey assigned units for radio frequencies and ID numbers</u></p>  |                        |   |
| <p>3. <u>Report strike team status to agency dispatcher or supervisor. (Include any units that fail to arrive or fail readiness inspection).</u></p>   |                        |   |
| <p>4. <u>Brief assigned ambulance personnel and determine route of travel, en route logistical needs (fuel, food, etc.).</u><br/>Determine proper formation, communications, and en route check points.</p>  |                        |   |
| <p>5. <u>Direct units during travel to check-in point.</u><br/>Follow correct agency procedures in event of breakdown or accident en route.</p>  |                        |   |
| <p>6. Review individual unit documentation required (214's)</p>  |                        |   |

**QUALIFICATION RECORD  
(Continued)**

**POSITION: AMBULANCE STRIKE TEAM/MEDICAL TASK FORCE LEADER**

| TASK  | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial and date upon<br>completion of task |
|---|------------------------|---|
| <b><u>INCIDENT ACTIVITIES</u></b>   |                        |   |
| 7. <u>Attend Operational briefing prior to assignment</u>   |                        |   |
| 8. <u>Obtain briefing from on-scene supervisor.</u> <ul style="list-style-type: none"> <li>• Request and receive briefing from supervisor regarding initial instructions concerning work activities, who, what, when, where, how and why.</li> <li>• Review and compare tactical assignment with incident objectives to determine feasibility of assignment. List problems that may be encountered.</li> <li>• Request clarifying information or resolution from immediate supervisor as required.</li> <li>• Review Incident Action Plan (IAP or ICS 201) with training officer.</li> <li>• Obtain maps and routes.</li> </ul> |                        |   |
| 9. <u>Ensure assigned resources arrive at assignment location.</u> <ul style="list-style-type: none"> <li>• Specify any check-in intervals and methods throughout the operational period.</li> <li>• Identify patient pick-up locations, potential destinations, routes, medical control, and communications issues.</li> </ul>   |                        |   |

**QUALIFICATION RECORD  
(Continued)**

**POSITION: AMBULANCE STRIKE TEAM/MEDICAL TASK FORCE LEADER**

| TASK   | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial and date upon<br>completion of task |
|--|------------------------|---|
| <p>10. <u>Plan tactical action on assigned area based on objectives of IAP or ICS 201, division/group assignments (ICS Form 204), and other incident considerations.</u></p> <ul style="list-style-type: none"> <li>• Match resource capability with needed tasks.</li> <li>• Identify what impacts modified objectives will have on resource assignments.</li> <li>• Determine situations that might modify tactics.</li> <li>• Identify effective use of assigned resources.</li> <li>• Obtain intelligence and/or other information as available from AST/MTF units.</li> <li>• Communicate as appropriate and be prepared to modify activities as necessary. (Returning units may have updated information on receiving locations, routes, conditions, etc.)</li> <li>• Conduct periodic check of units for condition, supply/equipment needs, condition of batteries, crew condition, etc.</li> </ul> |                        |   |

**QUALIFICATION RECORD  
(Continued)**

**POSITION: AMBULANCE STRIKE TEAM/MEDICAL TASK FORCE LEADER**

| TASK  | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial and date upon<br>completion of task |
|---|------------------------|---|
| <p>11. <u>When at assigned work location, brief and assign tasks to resources based on IAP or ICS 201 objectives, division/group assignments, and resource capabilities.</u></p> <ul style="list-style-type: none"> <li>• Brief personnel using information from IAP or ICS 201.               <ul style="list-style-type: none"> <li>○ Safety (Use of PPE, LCES, etc)</li> <li>○ IAP or ICS 201 objectives and division/group control assignments.</li> <li>○ Work standards, expectations, and Employee Code of Conduct.</li> <li>○ Weather (in conjunction with IAP or ICS 201).</li> <li>○ Medical Plan (ICS 206)</li> <li>○ Communication Plan (in conjunction with IAP or ICS 201).</li> <li>○ Expected incident conditions or status of events.</li> <li>○ Explain organization.</li> </ul> </li> <li>• Describe clean up and restocking practices and standards.</li> <li>• Specify actions to be taken after completion of each patient transport or assignment (reporting location, communications, restocking, etc.)</li> <li>• Define contingency plan for managing when AST is mobilized on separate assignments</li> <li>• Define process of determining rendezvous point when team is unexpectedly separated.</li> </ul> |                        |   |

**QUALIFICATION RECORD  
(Continued)**

**POSITION: AMBULANCE STRIKE TEAM/MEDICAL TASK FORCE LEADER**

| TASK   | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial and date upon<br>completion of task |
|--|------------------------|---|
| <p>12. <u>Coordinate activities with other Strike Team/Task Force Leader(s) and single resources as appropriate.</u></p> <ul style="list-style-type: none"> <li>• Contact adjoining resources</li> <li>• Make list of supervisors of adjoining resources.</li> <li>• Inform adjoining resources of status.</li> <li>• Receive status of adjoining resources.</li> <li>• Determine communication channels with adjoining resources from IAP or ICS 205.</li> <li>• Maintain communication with assigned resources.</li> </ul> |                        |   |
| <p>13. <u>Monitor progress/work during operational period by:</u></p> <ul style="list-style-type: none"> <li>• Receiving reports from subordinate supervisors, based on your briefing and work expectations.</li> <li>• Conducting personal observations based on your work expectations.</li> <li>• Inspecting and locating ambulance response points</li> </ul>  |                        |   |

**QUALIFICATION RECORD  
(Continued)**

**POSITION: AMBULANCE STRIKE TEAM/MEDICAL TASK FORCE LEADER**

| TASK   | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial and date upon<br>completion of task |
|--|------------------------|---|
| <p>14. <u>Determine and provide for assistance or corrections to assigned work task(s) during operational period.</u></p> <ul style="list-style-type: none"> <li>• Identify needs for corrections in work tasks to meet standards and safety policy.</li> <li>• Identify fatigue producing factors and take preventative as well as corrective measures.</li> <li>• Contact Division/Group Supervisor, etc. to review tactical objectives and IAP or ICS 201.</li> <li>• Compare objectives vs. accomplishments.</li> <li>• Identify need for additional assistance, logistical support and replacements due to slow progress or unexpected events.               <ul style="list-style-type: none"> <li>○ Identify types of resources; air ambulances, heavy rescue, non-ambulance transportation options, etc.</li> </ul> </li> <li>• Determine assistance, logistical support, and replacements required to implement correction action. Evaluate recommendations from subordinate supervisors; e.g., split assignment with another division.</li> <li>• Evaluate scene and transport route safety issues.</li> </ul> |                        |   |

**QUALIFICATION RECORD  
(Continued)**

**POSITION: AMBULANCE STRIKE TEAM/MEDICAL TASK FORCE LEADER**

| TASK  | EVALUATION RECORD # | EVALUATOR:<br>Initial and date upon completion of task |
|---|---------------------|--|
| <p>15. <u>Use tactics applied to special situations (extrication, decon, WMD, etc.)</u></p> <ul style="list-style-type: none"> <li>• Size up the situation and identify associated risks for current assignment.               <ul style="list-style-type: none"> <li>○ Identify usable tactics for current resources.</li> <li>○ Request specialized resources if applicable.</li> </ul> </li> <li>• Safely and effectively utilize the resources available based on capabilities and limitations.</li> </ul>  |                     |  |
| <p>16. <u>Submit situation and resource status information to supervisor.</u></p> <ul style="list-style-type: none"> <li>• Inform supervisor of any change in conditions or events based on amended or adjusted work assignment or assigned resources.</li> <li>• Request additional resources, logistical support, and/or replacements through supervisors based on IAP or ICS 201, briefings, and discussions.</li> <li>• Identify hazards or special considerations identified in the IAP, ICS 201 or Unit Log.</li> <li>• Report special events.</li> </ul> |                     |  |

**QUALIFICATION RECORD  
(Continued)**

**POSITION: AMBULANCE STRIKE TEAM/MEDICAL TASK FORCE LEADER**

| TASK  | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial and date upon<br>completion of task |
|---|------------------------|---|
| <p>17. <u>Brief relief resources on:</u></p> <ul style="list-style-type: none"> <li>• Progress during operational period.</li> <li>• Reference points or geographic features.</li> <li>• Hazards or special considerations.</li> <li>• Established patient pick-up points, potential destinations and routes and communications plans including potential patient destinations</li> </ul>   |                        |   |
| <p>18. <u>Establish communication links.</u></p> <ul style="list-style-type: none"> <li>• Provide radios and radio frequencies for all strike team resources, and identifiers (including patient destinations)</li> <li>• Establish communication with supervisors and adjoining resources.</li> <li>• Know the communications plan for communicating with dispatch and receiving facilities, and follow the plan</li> <li>• Utilize ICS 205 when available.</li> </ul> |                        |   |
| <p>19. <u>Ensure transportation needs are provided by Logistics as specified in the IAP or ICS 201.</u></p> <ul style="list-style-type: none"> <li>• Adequate for number of patients?</li> <li>• Consider crew shift lengths.</li> <li>• Review fuel needs</li> </ul>   |                        |   |

**QUALIFICATION RECORD  
(Continued)**

**POSITION: AMBULANCE STRIKE TEAM/MEDICAL TASK FORCE LEADER**

| TASK   | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial and date upon<br>completion of task |
|--|------------------------|---|
| 20. <u>Brief assigned personnel on procedures for traveling to staging area and any assigned areas and off-incident locations (i.e. patient destinations)</u>  |                        |   |
| 21. <u>Check in with Staging Area Manager.</u>   |                        |   |
| 22. <u>Determine and obtain logistics needs.</u>   |                        |   |
| 23. <u>Maintain assigned resources for required three minute dispatch status when staged.</u>  |                        |   |
| 24. <u>Brief personnel.</u> <ul style="list-style-type: none"> <li>• Meet with personnel and establish out-of-service status and standards.</li> <li>• Provide personnel with area layout and logistic support locations.</li> </ul> |                        |   |
| 25. <u>Contact liaison if needed – ASTL is point of contact for team and responsible for status of team 24/7</u>   |                        |   |

**QUALIFICATION RECORD  
(Continued)**

**POSITION: AMBULANCE STRIKE TEAM/MEDICAL TASK FORCE LEADER**

| TASK  | EVALUATION<br>RECORD # | EVALUATOR:<br>Initial and date upon<br>completion of task |
|---|------------------------|---|
| 26. <u>Contact resource unit.</u> <ul style="list-style-type: none"> <li>• Provide update status and location of assigned resources.</li> <li>• Establish and confirm out-of-service time frame.</li> <li>• Establish contact or communication procedures.</li> </ul> |                        |   |
| <b><u>DEMOBILIZATION</u></b>  |                        |   |
| 27. <u>Confirm demobilization instructions with your supervisor at incident. (ICS 221)</u>  |                        |   |
| 28. <u>Inspect units and personnel to ensure that they are ready to leave in a state of readiness (rest, repairs, medical equipment and supplies, fuel, etc.).</u>  |                        |   |
| 29. <u>Collect time reports, ICS 214s, and manage according to instructions.</u>  |                        |   |
| 30. <u>Collect information necessary for completion of ICS 224, 225 or 226</u>  |                        |   |
| 31. <u>Assemble strike team for briefing and departure.</u> <ul style="list-style-type: none"> <li>• Determine travel routes and en route logical needs. Determine travel information, communication, and check points.</li> </ul>                                    |                        |   |
| 32. <u>Complete Performance Evaluations for AST (ICS 224,225,226) and forward to provider agency</u>  |                        |   |

## INSTRUCTIONS for EVALUATION RECORD

### 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 (on incidents) or office title, and agency. The evaluator for any given incident or situation may be the trainee's employer, Training Officer, an Op Area or Regional Ambulance Coordinator, or representative from the Incident Management Team responsible for observing and/or managing ambulance resources.

**Evaluator's Agency/Employer address and phone:** Self explanatory

**#:** The number in the upper left corner of the experience block 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.

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

**Incident Kind:** Enter kind of incident, e.g. MCI, earthquake, search and rescue, flood, 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, i.e., several incidents.

**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 rating:** List your certification relevant to the trainee position you supervised.

## Evaluation Record

**TRAINEE NAME**

**TRAINEE POSITION**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b># 1</b>  | Evaluator's name: _____<br>Incident/office title & agency: _____ |   |  |  |  |
| Evaluator's Agency/Employer address & phone: _____  |  |   |  |  |  |
| Name and Location of Incident or Simulation (agency & area)   | Incident Kind (earthquake, MCI, search & rescue, etc.)           | # & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Prescribed Fire Complexity Level |  |
|   |  |   | to   |  |  |
| The tasks initiated & 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.<br>_____ The individual has successfully performed all tasks for the position and should be considered for certification.<br>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.<br>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.<br>_____ The individual is 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.<br>Recommendations: _____ |  |   |  |  |  |
| Date: _____ Evaluator's initials: _____ Evaluator's incident qualification card(or agency certification rating): _____  |  |   |  |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b># 2</b>  | Evaluator's name: _____<br>Incident/office title & agency: _____ |   |  |  |  |
| Evaluator's Agency/Employer address & phone: _____  |  |   |  |  |  |
| Name and Location of Incident or Simulation (agency & area)   | Incident Kind (earthquake, MCI, search & rescue, etc.)           | # & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Prescribed Fire Complexity Level |  |
|   |  |   | to   |  |  |
| The tasks initiated & 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.<br>_____ The individual has successfully performed all tasks for the position and should be considered for certification.<br>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.<br>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.<br>_____ The individual is 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.<br>Recommendations: _____ |  |   |  |  |  |
| Date: _____ Evaluator's initials: _____ Evaluator's incident qualification card(or agency certification rating): _____  |  |   |  |  |  |

## Evaluation Record - Continued

| # 3  | TRAINEE NAME   | TRAINEE POSITION                                      |
|--|--|---|
| Evaluator's name:<br>Incident/office title & agency:   |  |   |
| Evaluator's Agency/Employer address & phone:   |  |   |
| Name and Location of Incident or Simulation (agency & area)  | Incident Kind (earthquake, MCI, search & rescue, etc.) | # & Type of Resources Pertinent to Trainee's Position |
|  |  | to  |
| Duration (inclusive dates in trainee status)   |  |   |
| Management Level or Prescribed Fire Complexity Level   |  |   |
| 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.                         |  |   |
| <input type="checkbox"/> The individual has successfully performed all tasks for the position and should be considered for certification.  |  |   |
| <input type="checkbox"/> The individual was not able to complete certain tasks (comments below) or additional guidance is required.  |  |   |
| <input type="checkbox"/> Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.  |  |   |
| <input type="checkbox"/> The individual is 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 incident qualification card(or agency certification rating): _____   |  |   |

| # 4  | TRAINEE NAME   | TRAINEE POSITION                                      |
|--|--|---|
| Evaluator's name:<br>Incident/office title & agency:   |  |   |
| Evaluator's Agency/Employer address & phone:   |  |   |
| Name and Location of Incident or Simulation (agency & area)  | Incident Kind (earthquake, MCI, search & rescue, etc.) | # & Type of Resources Pertinent to Trainee's Position |
|  |  | to  |
| Duration (inclusive dates in trainee status)   |  |   |
| Management Level or Prescribed Fire Complexity Level   |  |   |
| 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.                         |  |   |
| <input type="checkbox"/> The individual has successfully performed all tasks for the position and should be considered for certification.  |  |   |
| <input type="checkbox"/> The individual was not able to complete certain tasks (comments below) or additional guidance is required.  |  |   |
| <input type="checkbox"/> Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.  |  |   |
| <input type="checkbox"/> The individual is 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 incident qualification card(or agency certification rating): _____   |  |   |

