

**Task Book for the Position of**

**Type 3 All-Hazards**

**FINANCE/ADMINISTRATION SECTION CHIEF(FSC3-AH)**

*This Position Task Book allows “direct entry” and includes tasks for the following positions;*

**Time Unit Leader (TIME-AH)**

**Procurement Unit Leader (PROC-AH)**

**Compensation/Claims Unit Leader (COMP-AH)**

**Cost Unit Leader (COST-AH)**

**An individual who is qualified in one or more of these subordinate positions can be recorded as having completed the associated task(s) in this position task book.**

**Version: December 2016**

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| **Finance/Administration Section Chief (FSC3-AH)** |
| **Position Task Book Assigned to** |
| Trainee’s Name |
| Duty Station |
| Phone Number |
| E-Mail |
|  |
| **Was initiated by** |
| Official’s Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
|  |
| **Was initiated at** |
| Location |
| Date |

The All-Hazards Incident Management Teams Association (AHIMTA) was founded in 2010, as a grassroots 501(c) (6) professional association comprised of several hundred incident management practitioners from multiple disciplines representing Federal, State and local agencies, nongovernmental organizations (NGOs), and the private sector. The main driving factor for the creation of the Association was the critical need for standardized qualifications for All-Hazards Incident Management Teams (AHIMTs), particularly at the Type 3 complexity level for interstate deployment. In 2013 The AHIMTA formed the Incident Qualifications System Committee (IQS) to further the ICS qualifications guidance work started at the Federal level. After a year of development, stakeholder input, and vetting the first edition of the Interstate Incident Management Team Qualifications Systems (IIMTQS) Guide was published in March of 2014.

This Position Task Book (PTB) was developed and is owned and maintained by the AHIMTA as one of the components of its *Interstate Incident Management Team Qualifications System*. Any comments, corrections, or suggestions to this PTB or to any component of its *Interstate Incident Management Team Qualifications System* should be emailed to the All-Hazards Incident Management Teams Association. AHIMTA@AHIMTA.org

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| **FINANCE/ADMINISTRATION SECTION CHIEF(FSC3-AH)** |
| Trainee Name:  |
| ***FINAL EVALUATOR’S VERIFICATION:*** |
| *Evaluator; DO NOT complete this unless you are recommending the trainee for certification.* |
| I verify all tasks have been performed and are documented with appropriate initials. |
| I also verify the trainee should be considered for certification in this position. |
| Evaluator’s Signature |
| Date |
| Evaluator’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| E-Mail |
| ***CERTIFYING OFFICIAL***  |
| Trainee Name: |
| Has met all requirements for qualification in this position is certified for the position. |
| Official’s Signature: |
| Date |
| Official’s Printed Name |
| Title |
| Duty Station |
| Phone Number |
| Email |

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**NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)**

**INCIDENT COMMAND SYSTEM (ICS)**

**POSITION TASK BOOKS (PTBs)**

Position Task Books (PTBs) are designed to be used by any individual (trainee) interested in becoming certified under the National Incident Management System (NIMS). The PTB’s are intended to be used to document experiences that indicate successful completion of tasks specific to an Incident Command System (ICS) position. The performance requirements for each position are associated with core ICS competencies, behaviors and tasks as suggested to the Federal Emergency Management Agency (FEMA) by a multi-disciplined, highly experienced expert panel.

Trainees are evaluated during this process by qualified evaluators, and the trainee’s performance is documented in the PTB for each task by the evaluator’s initials and date of completion. An Evaluation Record will be completed by all evaluators documenting the trainee’s progress after each evaluation opportunity.

Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the “authority having jurisdiction” (of the trainee), that the trainee be certified in that position. Evaluation and confirmation of the trainee’s performance while completing all tasks will normally require more than one training assignment and several different evaluators. Incidents lasting several days may involve multiple evaluators. Tasks may be evaluated on incidents, simulation/tabletop exercise, planned events, in training and HSEEP compliant functional or full-scale exercises and in other work situations as long as there is a qualified evaluator.

It is important performances be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated.

The Interstate Incident Management Team Qualifications System [IIMTQS] Guide lists the definitions for trainee, evaluator, training officer and authority having jurisdiction.

***Responsibilities:***

1. **Authority having jurisdiction (AHJ)**:
* Select trainees based on the needs of their organization or to fulfill their obligations to contribute to Incident Management Teams or other Mutual Aid agreements.
* Provide opportunities for evaluation and/or making the trainee available for evaluation.
1. **Training Officer:**
* Providing the correct version of the PTB to the individual in order to document performance.
* Explaining to the trainee the purpose and processes of the PTB as well as the trainee’s responsibilities.
* Tracking progress of the trainee.
* Identifying incidents or situations where the trainee may have evaluation opportunities.
* Identifying and assigning an evaluator who can provide a positive experience for the trainee, when the evaluation opportunity is within the AHJ’s jurisdiction.
* Receiving and filing documentation from the assignment.
1. **The Individual/ Trainee:**
* Reviewing and understanding instructions in the PTB.
* Identifying desired objectives/goals whenever an opportunity for evaluation is recognized.
* Providing background information to an evaluator.
* Assuring the evaluation record is complete.
* Completing all tasks for an assigned position within the timeframe allowed for that position. All tasks with an approval older than the allowed timeframe must be reevaluated.
* Notifying the local AHJ /training officer when the PTB is completed, and obtaining the appropriate signature recommending certification.
* Retaining the original PTB and provide a copy of the PTB to the appropriate individual for review by the State Qualification Review Committee (SQRC) (refer to the current edition of the *IIMTQS Guide*).
1. **Evaluator(s)**:
* Being qualified and proficient in the evaluated position.
* 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 tasks may be performed during the evaluation period.
* Accurately evaluating and recording demonstrated performance of tasks. Dating and initialing completion of the task to indicate satisfactory performance. Unsatisfactory performance should also be documented.
* Evaluate the numbered tasks only. Do not evaluate bullets as they are provided as examples or additional clarification.
* Completing the Evaluation Record found at the end of each PTB.
* Completing an Incident Personnel Performance Rating (ICS 225) form.
1. The **Final Evaluator:**
* Being qualified and proficient in the position being evaluated.
* Reviewing the trainee’s record to ensure completeness.
* Signing the appropriate verification statement found in the beginning of the PTB when all tasks have been initialed.
* Ensuring all tasks have been completed within the three years prior to submission for final approval.
1. **Incident Training Specialist**
* Issue the PTB with concurrence of employing/sponsoring organization to document task performance.
* Identify incident evaluation opportunities.
* Assist trainees, coaches/trainers and evaluators with proper documentation.
* Conduct progress reviews and answer questions.
* Ensure that coach/trainer and evaluators are qualified and can make accurate and honest appraisal of the trainee’s performance.

***Position Tasks and Associated Task Book Codes***

Each Position Task Book lists the performance requirements (tasks) for specific positions set by the latest version of ICS competencies and behaviors recognized by FEMA’s National Integration Center and posted to the NIMS Resource Center Web site, <http://www.fema.gov/>media-library/assets/documents/11685.

The tasks required of a position range in criticality. A Trainee must demonstrate competency at critical tasks while functioning in the target position on an incident. The IIMTQS recognizes that the nature of some less critical tasks may be performed on planned events, in exercises, or in other situations and be sufficient demonstration of competency upon which to base qualification.

Each task in this Position Task Book has at least one code associated with the situation(s) within which the task MUST be completed. Performance of any task in a situation(s) other than that required by the task’s code(s) is not valid for qualification.

If more than one code is listed, the task may be completed in any of the situations (e.g. If code **I1**, **I2**, and **O1** are listed, the task may be completed in any of the three situations). The evaluator should circle the evaluation code for which the task was evaluated.

**Definitions for these codes are:**

**I1** = Task must be performed on an incident which meets the following criteria:

* Is managed under the Incident Command System (ICS)
* Requires a written Incident Action Plan (IAP)
* Requires using the Planning P to plan for multiple operational periods
* Matches or is higher complexity level (see IIMTQS Appendix A – Incident Complexity Analysis Chart) than the type rating being pursued

**I2** = Task can be performed in the following situations:

* Incident
* Incident within an Event or Incident

 The situation must meet the following criteria:

* + Is a critical time-pressured, high-consequence incident managed under the Incident Command System (ICS)
	+ Matches or is higher complexity level (see IIMTQS Appendix A – Incident Complexity Analysis Chart) than the type rating being pursued

**O1** = Task can be performed in the following situations:

* Planned Event
* “Full Scale Exercise” or “Functional Exercise” as defined by HSEEP (see IIMTQS Section XIII. Qualifying Incident, Event, and Exercise Guidelines; Qualifying Exercise Attributes)

 This situation must meet the following criteria:

* + Is managed under the Incident Command System (ICS)
	+ Matches or is higher complexity level (see IIMTQS Appendix A – Incident Complexity Analysis Chart) than the type rating being pursued
	+ Requires a formal written Incident or Event Action Plan (IAP/EAP)
	+ Requires using the Planning P to plan for multiple operational periods
	+ For an Event, requires contingency planning for an Incident within the Event.

**O2** = Task can be performed in the following situations if the situation affords the opportunity to evaluate the knowledge/skills associated with the ICS position:

* Planned Event not meeting the requirements in O1.
* Exercise not meeting the requirements in O1.
* Training
* Daily Job

**R** = Rare events seldom occur and opportunities to evaluate Trainee performance in real settings are limited. Examples of rare events include accidents, injuries, vehicle and aircraft crashes. Through interviews, the evaluator may be able to determine if the trainee could perform the task in a real situation.

There are numerous bullet statements listed under each task. The bullet statements are listed as guidelines/examples for the evaluator to consider when insuring the intent of the task has been completed. Not all bullet statements for a task are required to be completed if the overall intent of the task has been satisfied.

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| **Competency: Demonstrate knowledge and ability to perform subordinate ICS positions.***Description****: Direct Entry*** *positions allow an individual to train and be qualified in this Staff position without being qualified in subordinate positions.**This behavior and associated task(s) are not required if the trainee is already qualified in the subordinate position.* |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Demonstrate knowledge, understanding and ability to perform the positions in the Finance Function that are subordinate to the unit.**  |
| 1. Demonstrate the ability to perform the duties and skills of a Time Unit Leader according to the most current version of the Position Task Book for this position.
* *Ensure proper equipment and personnel time recording*
* *Manage commissary operations (if needed)*
 | I1I2O1O2 |  |  |
| 1. Demonstrate the ability to perform the duties and skills of a Procurement Unit Leader according to the most current version of the Position Task Book for this position.
* *Manage procurement of supplies and equipment per direction from the Agency Administrator and coordination with the Emergency Operations Center*
* *Administer all financial matters pertaining to vendor contracts, leases and fiscal agreements*
 | I1I2O1O2 |  |  |
| 1. Demonstrate the ability to perform the duties and skills of a Cost Unit Leader according to the most current version of the Position Task Book for this position.
* *Collect all cost data*
* *Perform cost effectiveness analyses*
* *Provide cost estimates and cost saving recommendations for the incident*
 | I1I2O1O2 |  |  |
| 1. Explain your knowledge and understanding of the job of a Compensation and Claims Unit Leader according to the most current version of the Position Task Book for this position.
* *Manage administrative matters pertaining to compensation for injury and other claims-related activities (other than injury) for an incident*
 | R |  |  |

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| **Competency: Assume position responsibilities***Description: Successfully assume role of Finance/Administration Section Chief and initiate position activities at the appropriate time according to the following behaviors.*  |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior***:* **Ensure readiness for assignment.** |
| 1. Obtain and assemble information and materials needed for kit. Kit assembled and prepared prior to receiving an assignment. Kit contains essential items needed for the assignment and items needed for functioning. Kit is easily transportable. The basic information and materials needed may include, but is not limited to, any of the following:

**Reference Material** * *References appropriate for the incident kind and agencies involved*
* Coast Guard “*Incident Management Handbook”*
* Incident Management Training Consortium “*Response and Planning Guide”*
* EMSI ICS Institute *“Finance/Administration Section Chief”, Job Aid*
* *Agency/organization specific policies and procedures.*
* *Acceptable Union Agreements*
* *IMT contact information*

**Forms** * *ICS 213, General Message*
* *ICS 214, Activity Log*
* *Minimum supply of forms appropriate to the finance/administration section.*
* *Agency/organization specific forms*

**Supplies** * *Office supplies appropriate to the finance/administration section*
 | I1I2O1O2 |  |  |
| 1. Arrive properly equipped at incident assigned location within acceptable time limits.
 | I1I2O1O2 |  |  |
| 1. Check in according to receiving agency/organization guidelines.
 | I1I2O1O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Ensure availability, qualifications and capabilities of resources to complete assignment.** |
| 1. Identify units within the section to be activated and order resources required for section operation.
 | I1I2O1 |  |  |
| 1. Identify work space requirements and determine locations.
 | I1I2O1O2 |  |  |
| **Behavior: Gather, update and apply situational information relevant to the assignment.** |
| 1. Obtain complete information from dispatch upon activation.
* *Incident name*
* *Incident order number*
* *Request number*
* *Reporting location*
* *Reporting time.*
* *Transportation arrangements/travel routes*
* *Contact procedures during travel (telephone/radio)*
 | I1I2O1 |  |  |
| 1. Gather information necessary to assess incident assignment and determine immediate needs and actions
* Incident Commander’s name and agency/organization contact information
* Type of incident
* Current resource commitments
* Current situation
* Expected duration of assignment
* Topography
* Weather
 | I1I2O1 |  |  |
| 1. Attend Agency Administrator or outgoing Incident Commander briefing. Obtain available incident information and incident agency/organization guidelines and policies:
* *Obtain a copy of Delegation of Authority as necessary.*
* *Obtain names, contact numbers and positions/functions of cooperating/assisting agencies.*
 | I1O1 |  |  |
| 1. Obtain briefing from Incident Commander. May be one-on-one or in an Incident Management Team (IMT) meeting.
* *Receive Incident Commander's priorities, goals and objectives for the IMT and management of the incident.*
* *Obtain initial instructions concerning Finance/Administration Section priorities*
* *Receive expected timeframes for briefings, planning meetings and team meetings*
 | I1O1O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| 1. Collect information from outgoing Finance/Administration Section Chief, outgoing Incident Commander or other personnel responsible for incident prior to your arrival.
* *Obtain status of incident and assigned resources*
* *Obtain status of existing. Finance/Administration Section*
* *Order necessary personnel and equipment*
 | I1O1O2 |  |  |
| **Behavior: Establish effective relationships with relevant personnel.** |
| 1. Establish and maintain positive interpersonal and interagency working relationships.
* *Local agencies*
* *Hosting agency/organization*
* *Public*
* *Division/Group Supervisors*
* *Command and General Staff*
 | I1I2O1 |  |  |
| 1. Create a work environment that provides mutual respect and equal opportunity for all personnel assigned to the incident.
 | I1I2O1 |  |  |
| **Behavior: Establish organization structure, reporting procedures and chain of command of assigned resources.** |
| 1. Plan and activate the section.
* *Brief unit leaders including summary of incident, current activity and anticipated section activity for individual unit planning*
* *Identify work space requirements and determine locations.*
* *Brief unit leaders including summary of incident, current activity and anticipated section activity for individual unit planning*
* *Provide initial operating instructions to section personnel, including health and safety and security concerns and expectations*
 | I1O1 |  |  |
| **Behavior: Understand and comply with ICS concepts and principles.**  |
| 1. Maintain appropriate span of control.
 | I1I2O1O2 |  |  |
| 1. Demonstrate knowledge of ICS structure, principles, positions and ICS forms.
 | I1I2O1O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| 1. Understand scope, roles, responsibilities, jurisdiction and authority of responder agencies.
 | I1I2O1 |  |  |
| 1. Assure execution of appropriate administrative requirements (to include documentation, ICS forms, personnel and equipment time records, performance ratings).
 | I1O1O2 |  |  |
| **Competency: Lead assigned personnel** *Description: Influence, guide and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.* |
| **Behavior: Model leadership values and principles.** |
| 1. Exhibit principles of duty.
* *Be proficient in your job, both technically and as a leader*
* *Make sound and timely decisions*
* *Ensure tasks are understood, supervised and accomplished*
* *Train and mentor assigned subordinates for the future*
 | I1I2O1 |  |  |
| 1. Exhibit principles of respect.
* *Know your subordinates and look out for their well-being*
* *Keep your subordinates informed*
* *Build the team*
* *Assign your subordinates in accordance with their capabilities*
 | I1I2O1 |  |  |
| 1. Exhibit principles of integrity.
* *Know yourself and seek improvement*
* *Seek responsibility and accept responsibility for your actions*
* *Set the example*
 | I1I2O1 |  |  |
| **Behavior: Ensure the safety, welfare and accountability of assigned personnel.** |
| 1. Recognize potentially hazardous situations in your working area.
 | I1I2O1 |  |  |
| 1. Inform subordinates of hazards.
 | I1I2O1 |  |  |
| 1. Control positions and function of resources.
 | I1O1 |  |  |
| 1. Ensure adequate rest is provided to all unit personnel.
 | I1O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Establish work assignments and performance expectations, monitor performance and provide feedback.** |
| 1. Provide initial operating instructions to section personnel.
 | I1O1 |  |  |
| 1. Establish, monitor, and adjust performance expectations of subordinates.
 | I1O1 |  |  |
| 1. Communicate deficiencies immediately and take corrective action.
 | I1O1 |  |  |
| 1. Reinforce acceptable performance.
 | I1O1 |  |  |
| 1. Identify training needs and provide opportunities for training.
 | I1O1O2 |  |  |
| 1. Prepare and discuss performance ratings with subordinates
 | I1O1 |  |  |
| 1. Periodically evaluate section personnel status and needs to determine if personnel assignments are appropriate.
 | 1O1 |  |  |
| **Behavior: Emphasize teamwork.** |
| 1. Establish cohesiveness among assigned resources
* *Establish trust through open communications.*
* *Require commitment*
* *Set expectations of accountability*
* *Bring focus to the team result*
 | I1O1 |  |  |
| **Behavior: Coordinate interdependent activities.** |
| 1. Interact and coordinate with all command and general staff. Receive and provide current information.
* *Claims and potential claims*
* *Injury information*
* *Work/rest guidelines*
* *Pay issues*
* *Financial responsibilities*
* *Procurement*
 | I1O1 |  |  |
| 1. Coordinate with subordinates and provide Planning Section Chief a list of excess personnel and other resources.
 | I1O1 |  |  |

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| **Competency: Communicate effectively***Description:* *Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a potentially rapidly changing environment.* |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Ensure relevant information is exchanged during briefings and debriefings.** |
| 1. Brief unit leaders on current and anticipated activity.
 | I1O1 |  |  |
| 1. Provide daily or operational briefing information to section personnel.
 | I1O1 |  |  |
| 1. Participate in the operational briefing, emphasizing the needs of the Finance/Administration Section.
 | I1O1 |  |  |
| 1. Update Incident Commander on current accomplishments and/or problems.
 | I1O1 |  |  |
| 1. Brief staff on demobilization responsibilities.
 | I1O1 |  |  |
| 1. Participate in IMT debriefing with the Agency Administrator.
 | I1O1 |  |  |
| 1. Participate in the closeout session with agency/organization administrative staff.
 | I1O1 |  |  |
| 1. Brief replacement if necessary.
 | I1O1O2 |  |  |
| 1. Participate in after-incident review per agency/organization policy.
 | I1O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Ensure documentation is complete and disposition is appropriate.** |
| 1. Ensure reports and forms are complete, accurate and timely. Check periodically.
 | I1O1 |  |  |
| 1. Complete ICS 214 Activity Log for each operational period.
 | I1I2O1O2 |  |  |
| 1. Ensure all financial documents are completed and submitted in a timely manner.
* *Pay documents*
* *Injury reports*
* *Procurement documents*
* *Property damage reports*
* *Claim documents*
 | I1O1 |  |  |
| 1. Ensure preparation of timely financial and administrative reports to enable IC to respond appropriately.
 | I1O1 |  |  |
| 1. Consolidate incident finance package.
 | I1O1 |  |  |
| 1. Transfer incident finance package to responsible agency/organization or person and/or the documentation unit.
 | I1O1 |  |  |
| **Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.** |
| 1. Evaluate and share pertinent information for the section with IMT members which may affect incident management.
* *Potential and existing problems, especially in areas of injury compensation, pay, claims and procurement*
 | I1O1 |  |  |
| 1. Provide financial summary information on current incident operations.
 | I1O1 |  |  |
| 1. Review contracts, memoranda of understanding and cooperative agreements to ascertain their impact and application.
 | I1O1O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Communicate and ensure understanding of work expectations within the chain of command and across functional areas.** |
| 1. Evaluate and share with incident management team members, all information for your section and what is anticipated for incident operations based on expected duration, size, type of incident, priorities and values to be protected (life, property, infrastructure, environment, etc.) and jurisdictional involvement.
 | I1O1 |  |  |
| **Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public.** |
| 1. Develop and implement a section operating plan. Consider the following:
* *Size and complexity of incident*
* *Incident agency/organization policies and procedures*
* *Section timeframes and schedules*
* *Job performance expectations*
* *Incident finance package requirements*
 | I1O2 |  |  |
| 1. Participate in preparation and review of IAP.
* *Advise on cost effective resource allocation*
 | I1O1 |  |  |
| 1. Assist in development and approval of Incident Demobilization Plan.
* *Provide input to Demobilization Plan*
* *Lead times*
* *Payment team needs*
* *Ensure all documents address financial document requirements*
* *Ensure adequate staffing in demobilization plan*
* *Identify high-cost resources*
* *Equipment release considerations*
* *Coordinate with local agency/organization concerning functional demobilization procedures*
 | I1O1 |  |  |

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| **Competency:** **Ensure completion of assigned actions to meet identified objectives***Description:* *Identify, analyze and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.* |
| **TASK** | **C O D E** | **Evaluation Record****Number** | **EVALUATOR:****Initial & date upon completion of task** |
| **Behavior: Gather, analyze and validate information pertinent to the incident or event and make recommendations for setting priorities.** |
| 1. Monitor section activities against Incident Action Plan (IAP) and adjust priorities accordingly.
 | I1O1O2 |  |  |
| 1. Personally review finance data to ensure spending within limits and contractual obligations are being met.
 | I1O1O2 |  |  |
| **Behavior: Plan for demobilization and ensure demobilization procedures are followed.** |
| 1. Consider demobilization needs throughout the incident.
* *Reassign personnel within section as appropriate*
 | * *I*
* *I1*
* *O1*
 |  |  |
| 1. Implement Demobilization Plan.
* *Brief staff on demobilization responsibilities*
* *Consolidate incident finance package*
* *Ensure incident and agency/organization demobilization procedures are followed*
 | I1O1 |  |  |
| **Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.** |
| 1. Assist in development, approval and implementation of transfer of command when incident escalates/deescalates.
 | I1O1 |  |  |
| 1. Monitor and document progress toward incident objectives and prepare for transition.
 | I1O1 |  |  |
| 1. Determine with replacement, time of transfer of financial duties and documents.
 | I1O1 |  |  |
| 1. If necessary, coordinate with agencies about transition of command back to local jurisdiction.
 | I1O1O2 |  |  |

**INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD**

A separate Evaluation Record needs to be completed for each incident, event, full-scale exercise, functional exercise, tabletop, daily duties, or in a classroom where a Trainee can be evaluated and is required for any task signed off in the PTB. If additional Evaluation Records are needed, a page can be copied from a blank task book and attached.

**Each Evaluation Record will need to have the following information provided:**

**Evaluation Record #:** *The number at the top of the evaluation record which identifies a particular incident or group of incidents. This number should be placed in the column labeled “Evaluation Record #” on the PTB for each task performed satisfactorily. This number enables reviewers of the completed PTB to ascertain the qualifications of the different evaluators prior to making the appropriate sign-off on the PTB.*

***Trainee Name*:** *Insert the Trainee’s full name.*

***Trainee Position*:** *Insert the Trainee’s ICS Trainee position.*

**Evaluator’s Information:**

***Evaluator’s Name:*** *Insert the Evaluator’s full name.*

***Incident Position/Assignment:*** *Identify the ICS position the Evaluator selected during this evaluation.*

***Evaluator’s Agency/Organization:*** *Identify the**agency/organization the Evaluator is representing*

***Evaluator’s Office Title:*** *Identify the position or title the Evaluator has within their home agency/organization.*

***Agency/Organization Address:*** *Insert the mailing address of the Agency/Organization where the Evaluator receives US mail service.*

***Phone and E-mail:*** *Insert the Evaluator’s phone number and e-mail address.*

***Evaluator’s Relevant Certification Qualification System:*** *List the evaluator’s NIMS ICS certification relevant to the Trainee position supervised and the Qualification System (i.e., IIMTQS, NWCG, USCG).*

***Name and Location of Exercise/Event/Incident:*** *Identify the name and location where the tasks were evaluated.*

***Exercise/Event/Incident Kind and Complexity:*** *Enter type of incident (hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.) and* complexity of incident or sub-incident that the evaluation is for by Type (Type 1, 2, 3, etc).

***Number and Type of Resources:*** *Enter the number and type of resources assigned to the incident pertinent to the Trainee’s position.*

***Duration:*** *Enter inclusive dates during which the Trainee was evaluated and number of operational periods in Trainee status. This block may indicate a span of time covering small incidents/events considered (or managed) as one on-going incident 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.*

***Recommendations/Comments:*** *Provide comments and observations of the Trainee while they were assigned to the incident/event/exercise. The ICS 225 can also be completed and used as an accompanying document to record the incident experience or it can be used as guidance on the type of information that is necessary in this section of the Evaluation Record.*

***Evaluator’s Signature:*** *Evaluator signs here.*

***Date:*** *Indicate* *the calendar date the record is being completed.*

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

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| **Evaluation Record # 1** |
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| TRAINEE NAME | TRAINEE POSITION |
| **Evaluator’s Information** |
| Evaluator’s Name:  |
| Incident Position/Assignment  |
| Evaluator’s Agency/Organization:  |
| Evaluator’s Office Title:  |
| Agency/Organization Address:  |
| Phone and Email**:**  |
| Evaluator’s Relevant Certification and Qualification System:  |
| Name and Location of Exercise/Event/Incident Kind: |
| Exercise/Event/Incident Type (*hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.) and Complexity (Type 1, 2, 3, etc.):* |
| Number and Type of Resources Pertinent to Trainee’s Position: *(number of personnel being supervised, number of resources by type and kind)* |
| Duration: *(inclusive dates in Trainee status and number of operational periods in Trainee status)* |
| **Recommendation:** 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.\_\_\_\_\_\_ The individual has successfully performed all tasks for the position and should be considered for certification.\_\_\_\_\_\_ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.\_\_\_\_\_\_ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.\_\_\_\_\_\_ The individual is deficient in the performance of tasks for the position and needs further training in both required knowledge and skills prior to additional assignment(s) as a Trainee (comments below).Recommendations/Comments *(Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating)*:  |
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| Evaluator’s Signature: Date:  |
| Evaluator’s Initials:  |
| **Evaluation Record # 2** |
|  |  |
| TRAINEE NAME | TRAINEE POSITION |
| **Evaluator’s Information** |
| Evaluator’s Name:  |
| Incident Position/Assignment  |
| Evaluator’s Agency/Organization:  |
| Evaluator’s Office Title:  |
| Agency/Organization Address:  |
| Phone and Email**:**  |
| Evaluator’s Relevant Certification and Qualification System:  |
| Name and Location of Exercise/Event/Incident Kind: |
| Exercise/Event/Incident Type (*hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.) and Complexity (Type 1, 2, 3, etc.):* |
| Number and Type of Resources Pertinent to Trainee’s Position: *(number of personnel being supervised, number of resources by type and kind)* |
| Duration: *(inclusive dates in Trainee status and number of operational periods in Trainee status)* |
| **Recommendation:** 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.\_\_\_\_\_\_ The individual has successfully performed all tasks for the position and should be considered for certification.\_\_\_\_\_\_ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.\_\_\_\_\_\_ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.\_\_\_\_\_\_ The individual is deficient in the performance of tasks for the position and needs further training in both required knowledge and skills prior to additional assignment(s) as a Trainee (comments below).Recommendations/Comments *(Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating)*:  |
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| Evaluator’s Signature: Date:  |
| Evaluator’s Initials:  |
| **Evaluation Record # 3** |
|  |  |
| TRAINEE NAME | TRAINEE POSITION |
| **Evaluator’s Information** |
| Evaluator’s Name:  |
| Incident Position/Assignment  |
| Evaluator’s Agency/Organization:  |
| Evaluator’s Office Title:  |
| Agency/Organization Address:  |
| Phone and Email**:**  |
| Evaluator’s Relevant Certification and Qualification System:  |
| Name and Location of Exercise/Event/Incident Kind: |
| Exercise/Event/Incident Type (*hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.) and Complexity (Type 1, 2, 3, etc.):* |
| Number and Type of Resources Pertinent to Trainee’s Position: *(number of personnel being supervised, number of resources by type and kind)* |
| Duration: *(inclusive dates in Trainee status and number of operational periods in Trainee status)* |
| **Recommendation:** 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.\_\_\_\_\_\_ The individual has successfully performed all tasks for the position and should be considered for certification.\_\_\_\_\_\_ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.\_\_\_\_\_\_ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.\_\_\_\_\_\_ The individual is deficient in the performance of tasks for the position and needs further training in both required knowledge and skills prior to additional assignment(s) as a Trainee (comments below).Recommendations/Comments *(Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating)*:  |
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| Evaluator’s Signature: Date:  |
| Evaluator’s Initials:  |
| **Evaluation Record # 4** |
|  |  |
| TRAINEE NAME | TRAINEE POSITION |
| **Evaluator’s Information** |
| Evaluator’s Name:  |
| Incident Position/Assignment  |
| Evaluator’s Agency/Organization:  |
| Evaluator’s Office Title:  |
| Agency/Organization Address:  |
| Phone and Email**:**  |
| Evaluator’s Relevant Certification and Qualification System:  |
| Name and Location of Exercise/Event/Incident Kind: |
| Exercise/Event/Incident Type (*hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.) and Complexity (Type 1, 2, 3, etc.):* |
| Number and Type of Resources Pertinent to Trainee’s Position: *(number of personnel being supervised, number of resources by type and kind)* |
| Duration: *(inclusive dates in Trainee status and number of operational periods in Trainee status)* |
| **Recommendation:** 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.\_\_\_\_\_\_ The individual has successfully performed all tasks for the position and should be considered for certification.\_\_\_\_\_\_ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.\_\_\_\_\_\_ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.\_\_\_\_\_\_ The individual is deficient in the performance of tasks for the position and needs further training in both required knowledge and skills prior to additional assignment(s) as a Trainee (comments below).Recommendations/Comments *(Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating)*:  |
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| Evaluator’s Signature: Date:  |
| Evaluator’s Initials:  |

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