Exercise 10
Everyday COML Competencies
Unit 10

Purpose

The purpose of the exercise is to provide the participants with an opportunity to identify functions essential to the Communications Unit Leader that they perform regularly at their daily jobs.

Objectives

Students will understand the purpose of the Position Task Book (PTB) and its relationship to their current position.

Exercise Structure

This exercise is scheduled to last approximately 30 minutes, including small group discussions and presentation of group findings. The Instructor will divide the class into groups and direct students to their Communications Unit Leader PTBs. Participants will review the PTB and identify those current job responsibilities that are similar to those identified in the PTB, listing them on an easel pad. This analysis should stay at the competencies level; students should not start comparing their job with the behaviors and Tasks listed in the PTB. Each group will present their findings to the rest of the groups.

Rules, Roles, and Responsibilities

Following are the specific activities / instructions for your participation in the exercise:

1. Review the Position Task Book.
2. Apply this information to knowledge of your job.
3. Identify and list commonalities with the group.
4. Present your group's findings to the full class.

Instructors moderate discussions, answer questions, and provide additional information as required.

Exercise 10 Schedule

Activity	Duration	Participation Type
Exercise Introduction	5 minutes	Classroom
Discussion/Identification	15 minutes	Small Groups
Presentations/Review	10 minutes	Classroom

Completing the COML Position Task Book Supplement

Background: The PTB is supplied in .pdf format on the Student CD. There are four separate Record of Evaluation pages provided. This allows for four different evaluation opportunities. These evaluations may be made on incidents (may include planned events and full scale exercises), simulation in classroom, or in daily duties, depending on what the position task book indicates. If there are more than 4 evaluators, additional pages can be added by copying a blank Record of Evaluation page and changing the Evaluation Record numbers to 5, 6, 7, 8. etc.

Final Evaluator signoff can be that of the evaluator who completes sign-off of the last entry in the Task Book, if allowed by the State, or someone else as designated by the State or another agency with jurisdiction.

23. Interact and coordinate with appropriate unit leaders and operations personnel. • Coordinate with operations regarding system coverage and needs. • Coordinate with first responders and public safety support organizations regarding needed support (e.g., medical unit for medical evacuation plan). • Coordinate with special units (air operations, EOD, SWAT, etc.) for special frequency needs. • Participate in planning meetings and briefings. Know what other resources may be coming to the incident, such as those from Urban Search and Rescue (USAR), National Interagency Fire Center (NIFC), FEMA, Coast Guard, etc.	I	1 JM	11/4/14
24. Identify for release any excess unit resources. Coordinate with unit managers and provide a list of excess personnel and facilities. List will include: • Who or what is excess. • Time and date of excess. The list will be reviewed daily for accuracy. Follow the established demobilization process, including notification to communications resource coordinators.	I	2 R.W	4-25-15

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)
Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

COMPLETE THESE ITEMS ON THE RECORD OF EVALUATION AT THE START OF THE EVALUATION PERIOD:

Trainee's name and Trainee's position: Self Explanatory

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

Evaluator's agency address, e-mail address and phone: Self explanatory

Evaluation Record #: The number prepopulated in the upper left corner of the evaluation page 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 during the evaluation opportunity.

Name and Location of Incident or Situation: Identify the name of the incident (if there is one) and the location where the tasks were performed. If evaluation occurs during a short term situation rather than a named incident, list the responding agency and area.

Incident Kind: Enter kind of incident, e.g., hurricane, wild land fire, search and rescue, flood, preplanned event, full scale exercise, etc.

COMPLETE THESE ITEMS ON THE RECORD OF EVALUATION AT THE END OF THE EVALUATION PERIOD**:**

Number and Kind of Resources: Enter how many resources of each kind were assigned to the incident pertinent to the trainee's task book position. (e.g. 2 mobile communications vehicles)

Duration: Enter inclusive dates during which the trainee was evaluated. If evaluation occurs during a short term situation, enter date and start and end time of evaluation.

Management Level or Complexity Level: Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command.

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: Evaluator initials here to authenticate their recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant rating: Evaluator lists their certification relevant to the trainee position they supervised.

RECORD OF EVALUATION

Mike Smith — **TRAINEE NAME**

COML (T) — **TRAINEE POSITION**

Evaluation Record #1	Evaluator's name: **Jose Hernandez**	Evaluator's Title: **Logistics Chief**	Evaluator's Agency: **State EMA**
Evaluator's agency address: **123 Main St. Anytown, USA**			
Evaluator's e-mail: **jhernandez@anytown.gov**			Phone: **(555) 555-4440**

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
Sr 105 Closure **RR crodding in Mycity, USA**	**Train Derailment**	**1. Radio Cache** **1. COW** **2. Mobil comm. vehicle**	**11/1/14** **to** **11/4/14**	**3**

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

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

___✓___ **Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation**.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____**Mike has been assigned to the Yorktown Marathon next spring and should**_____

be able to complete remaining tasks._____

_____

_____

Date: ____**11/4/14**_____ Evaluator's initials: _____**JH**_____

Evaluator's relevant agency certification or rating: _____**LSC**_____

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF ALL- HAZARDS COMMUNICATIONS UNIT LEADER (COML)

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials. I also verify that _____Mike Smith_____ has performed as a trainee and should therefore be considered for certification in this position.

Final Evaluators Signature _Ronald Walker_ Date ____04-25-2015____

Printed Name____Ronald Walker_____ Agency____Yorktown, OD_____

Phone Number____(555) 555-1212_____ Email _____Rwalker@yorktown.gov__

Explain: Final Evaluator signoff can be that of the evaluator who completes sign-off of the last entry in the Task Book if allowed by the State or someone else as designated by the State or another agency with jurisdiction.

AGENCY CERTIFICATION

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

Certifying Official's Signature____Justin X. Hoehn_____ Date _____5/6/15_____

Printed Name___Justin X. Hoehn_____ Agency____State EMA_____

Title_____STO_____ Phone Number ___(555) 555-4135_____

Explain: Some States are adding an additional State level sign-off by an individual or group of qualified COMLs who review each Task Book for completeness following submission of the completed Book to the State.

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ALL-HAZARD COMMUNICATIONS UNIT LEADER (COML)

Position Task Book

Task Book Assigned To:

Trainee's Name:_____

Home Unit/Agency:_____

Home Unit Phone Number:_____

Task Book Initiated By:

Official's Name:_____

Home Unit Title:_____

Home Unit/Agency:_____

Home Unit Phone Number:_____

Home Unit Address:_____

Date Initiated:_____

Version 2.1

November 2014

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF ALL- HAZARDS COMMUNICATIONS UNIT LEADER (COML)

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 certification in this position.

Final Evaluators Signature _____ Date _____

Printed Name_____ Agency_____

Phone Number_____ Email _____

AGENCY CERTIFICATION

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

Certifying Official's Signature_____ Date _____

Printed Name_____ Agency_____

Title_____ 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 they have successfully completed the actual minimum requirements for that position. Historical Recognition does not apply to the categories of Physical/Medical Fitness, Currency, or certification. 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 Qualifications 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 they were 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 authority having jurisdiction to certify that the person to whom the task book belongs meets the standards recommended by the National (NIMS) Integration Center (NIC).

Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation that the trainee be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task that require an action (contain an action verb) must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Agency Management** is responsible for:
   - Selecting trainees based on the needs of their organization or area Incident Management Teams.
   - Providing opportunities for evaluation and/or making the trainee available for evaluation.
2. The **Individual** is responsible for:
   - Reviewing and understanding instructions in the PTB.
   - Identifying desired objectives/goals.
   - Providing background information to an evaluator.
   - Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
   - Assuring the record of evaluation is complete.
   - Notifying the local agency head when the PTB is completed, and obtaining their signature recommending certification.
   - Keeping the original PTB in personal records.
3. The **Evaluator** is responsible for:
   - Being qualified and proficient in the position being evaluated.
   - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
   - Reviewing tasks with the trainee.
   - Explaining to the trainee the evaluation procedures that will be utilized and which

objectives may be attained.

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

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

5. The **Agency Head** or designee is responsible for:

   - Issuing the PTB to document task 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 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.

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Competency 1: General

TASK	Code	Evaluator # and Initials	Date
1. Obtain and assemble information and materials needed for a response kit prior to receiving an assignment, including critical items needed for the assignment and items needed for functioning during the first 48 hours. The following items are suggested as basic information and materials kept in a go bag: **Reference Materials** • Appropriate ICS forms and logs. • Current Tactical Interoperable Communications Plan (TICP) and Statewide Communications Interoperability Plan (SCIP), if available. • Inventories or other lists of local and regional communications response equipment. • Preplanned local system coverage maps. • Contact, capability, and availability information for local and regional Communications Technicians and Specialists. • Field Operation Guide (NIFOG). • COML Mobilization Guide (specific to locality). **Supplies** • Pads of paper, pencils, pens, and tape. • Portable radio(s) as appropriate for the region. • Personal items (including medicine and cash), food and beverage to be self-sustained for 48 hours or more. • Radio programming equipment (cloning cable or computer), adapters, and suitable tools. • GPS. • First-aid kit. • 24-hour clock. • Multi-purpose knife.	O		

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)
Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

TASK	Code	Evaluator # and Initials	Date
2. Establish and maintain positive interpersonal and interagency working relationships. • Through briefings, discuss EEO, civil rights, sexual discrimination, and other sensitive issues, with assigned personnel. • Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident. • Provide equal assignment opportunities based on individual skill level. • Monitor and evaluate progress based on expected work standards.	O		
3. Provide for the safety and welfare of assigned personnel during the entire period of supervision. • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Provide safety and identifying equipment, such as vests identifying the communication's function, flashlights, and glow sticks. • Ensure that special precautions are taken when extraordinary hazards exist. • Ensure adequate rest, hydration, and nutrition is provided to all unit personnel. • Recognize any special medical needs of all unit personnel.	I		

Competency 2: Mobilization

TASK	Code	Evaluator # and Initials	Date
4. Obtain complete information from the public safety communications center(s) serving the area and incident upon initial activation, including: • Incident name and, as appropriate, an order, request, or other unique number identifying the incident for tracking purposes. • Reporting location. • Reporting time. • Transportation arrangements/travel routes. • Contact procedures during travel (telephone/radio).	I		

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TASK	Code	Evaluator # and Initials	Date
5. Gather information to assess the incident assignment. This is an ongoing task throughout all phases of the incident. Include assigned resources in a draft Incident Radio Communications Plan (ICS Form 205). Examples of important information include: • Frequencies and/or talkgroups already assigned. • Other mutual aid channels or equipment already in use. • Gateway or other interoperability devices already in use. • Other current incidents or events that may create conflicts communications plans or tax resources.	I		
6. Contact Local Communications Coordinator or Communications Duty Officer (CDO) at NIFC or any local or state resources as necessary to determine frequencies and equipment assigned to the incident. If appropriate for this incident.	I		
7. Arrive at incident and check in. Arrive properly equipped at the assigned incident location within acceptable time limits.	I		
8. Obtain briefing from supervisor. Examples of briefing items are: • Work space. • Work schedule. • Policies and operating procedures. • Current resource commitments and expectations. • Current situation. • Expected duration of assignment. • Special needs. This list is not all inclusive; COML is responsible for asking adequate questions.	I		
9. Receive Incident Action Plan (IAP) or Incident Briefing Form (ICS Form 201), if developed. Determine support needs to meet the IAP.	I		

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Task	Code	Evaluator # and Initials	Date
10. Determine requirements for communications to be established and place the initial order. Using information obtained from IAP, section briefings, and agency briefings; immediately order (using proper procedures) supplies, materials, and equipment necessary to support projected incident size.	I		
11. Evaluate needs and order supplies, materials, and personnel to keep unit operating. • Order materials and supplies using procedures established by the section chief. • Maintain quantities of supplies and materials at a level to prevent shortage of any basic needed items. • Ensure adequate personnel to support the communications unit, technicians, radio operators, etc. • Coordinate with the participating agencies for any or additional interoperability resources that may be needed. • Assess current tactical communications equipment needs such as power sources for extended operations.	I		
12. Organize and supervise unit. • Brief and keep subordinates informed and updated. • Establish unit time frames and schedules. • Assign and monitor work assignments. • Review and approve time. • Develop team work. • Provide counseling and discipline as needed. • Follow established procedures for reporting inappropriate actions involving contractors, military, or other personnel. • Brief relief personnel.	I		

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Task	Code	Evaluator # and Initials	Date
13. Participate in incident planning meetings as the technical expert for communications needs. • Determine the feasibility of providing the required communications support. • Provide operational and technical information on communications equipment available for the incident. • Provide operational and technical information on communications equipment and systems capabilities and restrictions. Coordinate with other Communications Unit Leaders under any Area Command established to share information and assure communications interoperability.	I		
14. Design communications systems to meet incident operational needs. • Determine additional resource needs and order necessary equipment and personnel. • Prepare Incident Radio Communications Plan, ICS Form 205. • Request any additional communications vendor services (e.g., telephone, SATCOM, microwave) and identify costs associated with equipment. • Coordinate, through the chain of command, the locations for equipment to be installed (e.g., repeaters, satellite telephones, telephone lines, etc.). • Provide communications support for external and internal data operations. • Order frequencies following the proper procedures. • Create diagrams of current communication system(s). • Determine optimal locations for any future expansion of communications equipment using topographical maps to evaluate elevation and separation needs.	I		

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Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Task	Code	Evaluator # and Initials	Date
15. Install communications equipment. • Obtain equipment from supply unit, if one exists and/or from authorized sources. • Provide for the installation of and test all components of the communications equipment to ensure the incident's systems are operational, for example: - Command repeater. - Logistics repeater. - Links (radio and wire-based). - Remotes. - Gateways. - Aircraft and other special needs. • Develop installation priorities, while adhering to safety standards regarding communications needs of tactical personnel (i.e., operations before logistics.). • Clone or program radios as necessary and authorized.	I		
16. Assign communications equipment. • Identify kinds and numbers of communications equipment to be distributed to specific units according to the communications plan. • Provide resources and unit leaders with appropriate equipment based on the communications plan. • Provide basic training as needed on equipment being fielded. • Maintain equipment inventory to provide accountability	I		
17. Establish Incident Communications Center (ICC). • Coordinate location of ICC with Facilities Unit Leader. • Locate ICC close to the incident command post and away from high traffic areas and noise. • Locate ICC away from radio frequency and electronic noise. • Verify Estimated Time of Arrival (ETA) of communications personnel and establish assignments based on incident requirements. Set schedules around operations requirements. • Obtain necessary supplies for ICC to function properly.	I		

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Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Task	Code	Evaluator # and Initials	Date
18. Manage operations of the ICC. • Document radio/telephone activities on appropriate forms. • Set up filing system for ICC documentation. • Direct radio/telephone traffic to proper destinations. • Establish notification procedures for emergency messages. • Identify system problems, both technical and operational, and determine appropriate solutions. • Follow established routing procedures for messages.	I		
19. Coordinate frequencies, activities, and resources with communications resource coordinators outside of the incident. • Contact communications coordinators and notify them of incident frequency, talkgroup, mutual aid channel, dispatch center, or other shared resource assignments, as appropriate. • Identify communications equipment and personnel that are excess to incident needs and demobilize if appropriate. • Identify resources as to type/qualifications, quantity, and location. • Provide a copy of the ICS Form 205 to other agencies or to the COML at any nearby incidents as necessary to avoid interference or other conflicts.	I		
20. Notify appropriate local, county, regional, State and/or Federal agencies on adjacent incident(s) of system design and frequency allocations.	I		
21. Initiate and maintain accurate records of all communications equipment • Initiate and maintain accountability system for issuing hand-held radio resources • Document geographic locations of equipment and transfer this information to local maps (latitude/longitude, legal). • Keep records for local and national resources to ensure return to proper locations.	I		

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)
Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Task	Code	Evaluator # and Initials	Date
22. Perform operational tests of communications systems throughout the duration of the incident. • Identify and take necessary action to accomplish minor field repair or place orders for replacement of equipment. • Monitor all gateways in use. • Plan for battery replacement. • Act decisively to minimize interruptions in system operation.	I		
23. Interact and coordinate with appropriate unit leaders and operations personnel. • Coordinate with operations regarding system coverage and needs. • Coordinate with first responders and public safety support organizations regarding needed support (e.g., medical unit for medical evacuation plan). • Coordinate with special units (air operations, EOD, SWAT, etc.) for special frequency needs. • Participate in planning meetings and briefings. Know what other resources may be coming to the incident, such as those from Urban Search and Rescue (USAR), National Interagency Fire Center (NIFC), FEMA, Coast Guard, etc.	I		
24. Identify for release any excess unit resources. Coordinate with unit managers and provide a list of excess personnel and facilities. List will include: • Who or what is excess. • Time and date of excess. The list will be reviewed daily for accuracy. Follow the established demobilization process, including notification to communications resource coordinators.	I		
25. Maintain ICS Unit Log. Unit Log will be kept current, legible, and will document all major activities, which may include: • Equipment locations. • Medical evacuations. • Personnel changes.	I		

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)
Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Task	Code	Evaluator # and Initials	Date
26. Evaluate performance of subordinates as required by agency policy and/or permitted by agreement. • Discuss performance evaluations with individual(s). • Maintain accuracy and fairness. • List training if needed or desired.	I		

Competency 3: Demobilization

TASK	Code	Evaluator # and Initials	Date
27. Demobilization and check out. • Submit all required information to the Documentation Unit Leader. • Receive demobilization instructions from work supervisor. • Brief subordinate staff on demobilization procedures and responsibilities. • Ensure that incident and agency demobilization procedures are followed. • Complete required ICS form(s) and turn in to the appropriate person. • Ensure that personnel in the unit are demobilized correctly. • Document lost equipment on agency specific forms.	I		

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Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

All-Hazard Communication Unit Leader

INSTRUCTIONS FOR COMPLETING THE RECORD OF EVALUATION

There are four separate pages allowing evaluations to be made. These evaluations may be made on incidents (may include planned events and full scale exercises), simulation 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. (Remember to change the Evaluation Record # to the next sequential number.)

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Trainee's name and Trainee's position: Self Explanatory

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

Evaluator's agency address, e-mail address and phone: Self explanatory

Evaluation Record #: The number prepopulated in the upper left corner of the evaluation page 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 during the evaluation opportunity.

Name and Location of Incident or Situation: Identify the name of the incident (if there is one) and the location where the tasks were performed. If evaluation occurs during a short term situation rather than a named incident, list the responding agency and area.

Incident Kind: Enter kind of incident, e.g., hurricane, wild land fire, search and rescue, flood, preplanned event, full scale exercise, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Kind of Resources: Enter how many resources of each kind assigned to the incident pertinent to the trainee's task book position. (e.g. 2 mobile communications vehicles)

Duration: Enter inclusive dates during which the trainee was evaluated. If evaluation occurs during a short term situation, enter date and start and end time of evaluation. (e.g. 11/1/14 to 11/4/14)

Management Level or Complexity Level: Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command

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: Evaluator initials here to authenticate their recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant rating: Evaluator lists their certification relevant to the trainee position they supervised.

RECORD OF EVALUATION

TRAINEE NAME **TRAINEE POSITION**

Evaluation Record #1	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:	
Evaluator's agency address:				
Evaluator's e-mail:			Phone:	
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or 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:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

_____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

RECORD OF EVALUATION

TRAINEE NAME **TRAINEE POSITION**

Evaluation Record #2	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:
Evaluator's agency address:			
Evaluator's e-mail:			Phone:

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or 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:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

_____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

RECORD OF EVALUATION

TRAINEE NAME **TRAINEE POSITION**

Evaluation Record #3	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:
Evaluator's agency address:			
Evaluator's e-mail:			Phone:

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or 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:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

_____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

RECORD OF EVALUATION

TRAINEE NAME **TRAINEE POSITION**

Evaluation Record #4	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:
Evaluator's agency address:			
Evaluator's e-mail:			Phone:

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or 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:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

_____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____