Homeland Security

All-Hazards
INCIDENT TACTICAL
DISPATCHER (INTD)

Position Task Book

Task Book Assigned To:

Trainee's Name: _____

Trainee's Email Address: _____

Home Agency: _____

Home Agency Phone Number_____

Task Book Initiated By:

Official's Name: _____

Agency Official's Title: _____

Agency: _____

Agency Phone Number: _____

Agency Address: _____

_____

Date 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.

Version 1.2
September 2021

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF INCIDENT TACTICAL DISPATCHER

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 recognition in this position.

Final Evaluator's Signature _____ Date _____

Printed Name _____

Title_____

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 _____

Title_____

Agency _____

Phone Number _____ Email _____

NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTB) are developed for designated Incident Command System (ICS) positions[1] as described under the National Integration Center (NIC) and have been incorporated into the National Incident Management System (NIMS). The PTB is used by the authority having jurisdiction, to certify that the person to whom the task book belongs meets the standards recommended by the 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 recognized in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and varied activities such as Incidents, Planned Events, Functional Exercises (FE), Full Scale Exercises (FSE), Drills, Simulation, Classroom, or Daily Job functions (as specified in the task tables). It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated, and bullet statements within a task that require an action must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Trainee** is responsible for:
   - Fulfilling the pre-requisite requirements:[2]
     - Public safety background with three years of experience in dispatch
     - Awareness of fundamental public safety communications technology
     - Awareness of the ICS Communications Unit function
     - Completion of IS-100, IS-144, IS-200, IS-700, and IS-800
   - Reviewing and understanding instructions in the PTB.
   - Identifying desired objectives/goals.
   - Providing background information to an evaluator.
   - Requesting Agency Head to initiate the PTB; putting name on cover and second page, initials on subsequent pages.
   - Satisfactorily demonstrating completion of all tasks for an assigned position within three years of the Date Initiated.
   - Assuring the evaluation record is complete.
   - Notifying their agency head when the PTB is completed, and obtaining their signature recommending certification.
   - Keeping the original PTB in personal records.
   - Providing copies of their completed PTB to the designated authorities within their

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[1] The Incident Tactical Dispatch (INTD) position is not currently a NIMS-approved Incident Command System (ICS) title.
[2] ICS-300, Intermediate ICS for Expanding Incidents, is also recommended.

home agency, jurisdiction, region, or state in accordance with applicable SOPs for recognition of Communications Unit (COMU) positions.

2. The **Evaluator** is responsible for:

   - Being qualified and proficient in the position being evaluated, or higher ICS position (e.g. IC, COML, INTD, etc.).
   - 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 Evaluation Record.
   - Completing an Evaluation Record found at the end of each PTB.

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

4. The **Agency Head** or designee 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.
   - Initiating 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.
   - Providing trainees the opportunity to attend the applicable training course(s).

Competency: INTD Preparedness

Task	Code	Evaluator # and Initials	Date
Behavior: Ensure readiness prior to assignment			

1. Assemble and maintain an INTD response kit prior to receiving an assignment, including critical operating supplies and equipment needed to support the INTD job assignment over multiple operational periods (up to 72 hours). The following items are suggested as a partial listing of items needed:
• *Communications equipment*
  o *Portable radio*
  o *Cellphone*
  o *Batteries/chargers*
• *First aid kit*
• *Personal safety gear*
• *ICS Forms cache*
• *Office Supplies (e.g. clipboard, tape, paper, pencil, etc.)*
• *Multi-purpose tool/Flashlight*
• *Clock/Watch with countdown timer function*
• *Reference Documents (e.g. TICP, NIFOG, TIC-FOG, etc.)*
• *Computer/Printer/Thumb drive*
	O		

2. Obtain and assemble supplies and materials for a personal sustainment kit of items needed for functioning over multiple operational periods. The following items are suggested as basic information and materials needed for a personal kit: • *Multiple changes of clothing (as appropriate for anticipated weather conditions)* • *Personal identification/credentials* • *Toiletries* • *Medicines (prescription and over-the-counter)* • *Cash and credit cards* • *Alarm clock* • *Food/Water*	O		

*Evaluate ALL numbered tasks. **ONLY** evaluate bullets with action verbs.*

Code: O = Can be completed in any situation (Drill, 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))

Competency: INTD Mobilization

Task	Code	Evaluator # and Initials	Date
Behavior: Obtain complete information for response			
3. Obtain complete information for assignment and initiate documentation: • *Incident name* • *Incident/Mission/Tracking/Order #* • *Calling channel/phone number* • *Reporting time/Check-in location* • *Transportation arrangements/travel routing instructions* • *Contact procedures during travel* • *Specific equipment/supplies needed*	I		

Task	Code	Evaluator # and Initials	Date
Behavior: Ensure check-in is recorded and accountability is activated			

4. Arrive at incident and check in:
 • *Arrive properly equipped at assigned location within acceptable time limits*
 • *Follow established policies and procedures for checking in, and provide the needed information and documentation:*
    o *Incident/Mission/Tracking/Order #*
    o *Unit Leader's name*
    o *Incident assignment, etc.*
    o *Identification/credentials*
	I		

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Behavior: Gather and apply situational information relevant to the assignment			

5. Document initial briefing from Incident Communications Center Manager (INCM) /incident supervisor:
• *Situation Summary*
• *Safety Briefing*
• *Current and Planned Goal/Objectives*
• *Current and Planned Actions, Strategies and Tactics*
• *Current Organization (ICS 207 – Incident Organization Chart)*
• *Current/Planned communications plan*
   o *Communications Nets, e.g., Command, Tactical, Logistics, etc.*
   o *Map Sketch of communication system*
• *Current/Planned Resource Summary*
	I		

Competency: Incident Tactical Dispatch Operations

Task	Code	Evaluator # and Initials	Date
Behavior: Support establishment of Incident Communications Center (ICC)			

6. Assist INCM/supervisor with setup of the ICC if needed/as assigned:
• *Facility/vehicle in which to situate the ICC*
• *Appropriate location of ICC*
• *ICC equipment activation and testing*
   o *Radio*
   o *Data*
   o *Telephone*
   o *Video*
   o *Ancillary equipment*
• *ICC documentation organization*
• *Notification of ICC activation*
	I		

7. Evaluate needs and request additional resources to support ICC operations: • *Develop or initiate an inventory control system for INTD supplies and equipment* • *Request supplies, equipment, and/or personnel using procedures established by INCM/supervisor* • *Maintain quantities of supplies and equipment at a level to prevent shortage of any needed items*	I		

*Evaluate ALL numbered tasks. **ONLY** evaluate bullets with action verbs.*

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Task	Code	Evaluator # and Initials	Date
8. Assist in maintaining Security of the ICC • *Keep ICC entry/access points secured/locked in accordance with established policies* • *Notify INCM/supervisor of any security concerns*	I		
9. Demonstrate safety awareness: • *Location of First Aid kit supplies and equipment* • *ICS 206 – Medical Plan* • *Potential safety issues or hazards*	I		

Competency: Incident Tactical Dispatch Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Establish effective relationships			
10. Conduct self in a professional manner: • *Be respectful and courteous* • *Respect public and private property* • *Establish and maintain positive interpersonal and interagency working relationships* • *Encourage and promote team environment* • *Follow established procedures to report and document any inappropriate personnel actions* • *Report any situations of concern to INCM/supervisor*	O		

Task	Code	Evaluator # and Initials	Date
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient			
11. Communicate information effectively to incident personnel: • *Speak clearly and use concise language* • *Speak at a pace sufficient for recipients to copy information when applicable* • *Maintain appropriate level of radio discipline when operating on assigned nets* • *Use proper microphone/headset techniques* • *Record information in an easily understood manner*	I		

*Evaluate ALL numbered tasks. **ONLY** evaluate bullets with action verbs.*

Code: O = Can be completed in any situation (Drill, 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))

Competency: Incident Tactical Dispatch Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient (continued)			

12. Provide effective communications support during routine or non-emergency situations:
• *Dispatch incident personnel based upon needs of the incident and at the direction of incident management*
• *Monitor and prioritize traffic simultaneously over all networks:*
  o *Repeated voice Nets*
  o *Simplex voice Nets*
  o *Data networks*
• *Receive/relay/log information/ messages/ instructions to and from incident personnel*
  o *Supply orders (e.g., Operations, Logistics, etc.)*
  o *Message traffic routing*
  o *Weather reports*
  o *Resource status changes*
  o *Loss of communication assets*
  o *Safety updates*
  o *Situation reports*
• *Conduct radio checks at specified intervals for personnel safety and accountability*
• *Acknowledge all requests received in person or via phone, radio, and data networks*
	I		

Evaluate ALL numbered tasks. **ONLY** *evaluate bullets with action verbs.*

Code: O = Can be completed in any situation (Drill, 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))

Competency: Incident Tactical Dispatch Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient (continued)			

13. Provide effective communications support during emergency situations:
• *Recognize and react decisively to urgent situations if encountered:*
• *Request assistance from other ICC personnel if needed*
• *Restrict or move unrelated radio traffic*
• *Use appropriate notification procedures for emergency situations*
   ○ *Requests for emergency/urgent assistance or additional resources/support*
   ○ *Activations of radio emergency call buttons*
   ○ *Medical transport/ Medevac request*
   ○ *Aircraft emergency*
   ○ *Evacuation*
   ○ *Search and Rescue*
   ○ *Serious injury/Fatality*
• *Notify INCM/supervisor of emergency situations*
	I		

*Evaluate ALL numbered tasks. **ONLY** evaluate bullets with action verbs.*

Code: O = Can be completed in any situation (Drill, 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))

Competency: Incident Tactical Dispatch Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Conduct tactical dispatch operations			
14. Demonstrate proper use of ICC communications systems for dispatch: • *Radio equipment* • *Data equipment* • *Telephone equipment* • *Video equipment* • *Ancillary equipment*	I		
15. Demonstrate familiarity with other ICC functions/capabilities: • *Radio systems (e.g. Simplex, Conventional, Trunked, Digital & Analog modes)* • *Types of Radio Nets (i.e. Command, Tactical, Logistics/Support, Dispatch, Air Operations Nets, etc.)* • *Types and appropriate usage of Interoperability channels (e.g. local, regional, State, National)* • *Audio Gateways*	I		
16. Demonstrate use of mapping tools (electronic and manual) • *Locate key incident venues, personnel, and deployed resource* • *Locate key incident hazards, terrain features, ingress/egress routes, and fall back locations*	I		

*Evaluate ALL numbered tasks. **ONLY** evaluate bullets with action verbs.*

Code: O = Can be completed in any situation (Drill, 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))

Competency: Incident Tactical Dispatch Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Conduct Incident Tactical Dispatch Operations (continued)			
17. Use specialized resources/technology to track the location of incident personnel where immediate, continuous, and accurate awareness of incident personnel is critical. Specific resources or technologies could include: • GPS technology • AVL technology • Maps • Status boards • Personal Accountability Report (PAR) • Personal Alert Safety System Device Activation (PASS)	I		
18. Demonstrate compliance with applicable communication policies and procedures: • *Memoranda of Understanding (MOUs)* • *Tactical Interoperable Communications Plan (TICP)* • *Tactical Interoperable Communications Field Operations Guide (TIC-FOG)* • *Mobile Communications Unit Standard Operating Procedures (SOPs)* • *Tactical Dispatch SOPs* • *Jurisdictional requirements* • *Equipment accountability procedures*	I		
19. Participate in all COMU briefings during each operational period: • *Provide information on communication issues (e.g., radio equipment performance, shift activities, significant events, etc.)*	I		

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Competency: Incident Tactical Dispatch Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Conduct Tactical Dispatch Operations (continued)			
20. Maintain and organize ICC documentation: • *Radio logs* • *Activity logs* • *Telephone logs* • *Status Cards* • *Equipment check-in/check-out information* • *Lost/Damaged equipment documentation* • *Software Applications* 　○ *WebCAD* 　○ *WebEOC®* 　○ *Google Earth®* 　○ *Email, etc.*	I		
21. Support unique operations, terminology, capabilities and characteristics of multiple public safety disciplines and their special teams: • *Emergency Management* • *Emergency Medical Services* • *Fire* • *Law Enforcement* • *Forestry*	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))

Competency: Incident Tactical Dispatch Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Comply with NIMS and ICS concepts and principles			

22. Demonstrate awareness of NIMS and ICS COMU concepts and principles:
• *COMU structure, roles and responsibilities of each COMU position*
• *Plain language/common terminology*
• *ICS terminology*
   o *Unit identification*
   o *Position titles*
   o *Resource naming*
• *Incident Organizational Structure*
• *Functions of Incident Management Teams*
• *ICS map symbols, designators, and mnemonics*
	I		

23. Obtain, and correctly fill out the NIC approved ICS forms needed to perform INTD functions within the ICC: • *ICS 205 – Incident Radio Communications Plan* • *ICS 205A – Communications List* • *ICS 210 – Resource Status Change* • *ICS 213 – General Message* • *ICS 213 – RR Resource Request Message* • *ICS 214 – Activity Log* • *ICS 219-7- Equipment Resource Status (T-) Card*	I		
24. Demonstrate ability to correctly interpret and respond to the following NIC approved ICS forms: • *ICS 201 – Incident Briefing* • *ICS 203 – Organization Assignment List* • *ICS 204 – Assignment List* • *ICS 206 – Medical Plan* • *ICS 207 – Incident Organization Chart* • *ICS 208 – Safety Message/Plan* • *ICS 209 – Incident Status Summary* • *ICS 211 – Incident Check-in List* • *ICS 221 – Demobilization Check-Out* • *ICS 225 – Incident Personnel Performance Rating*	I		

*Evaluate ALL numbered tasks. **ONLY** evaluate bullets with action verbs.*

Code: O = Can be completed in any situation (Drill, 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))

Competency: Incident Tactical Dispatch Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Comply with NIMS and ICS concepts and principles (continued)			
24a. Demonstrate ability to correctly interpret the following forms: • *Form 217A – Communications Resource Availability Worksheet* • *Form 309 – Communication Log*	I		

*Evaluate ALL numbered tasks. **ONLY** evaluate bullets with action verbs.*

Code: O = Can be completed in any situation (Drill, 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))

Competency: INTD Demobilization

Task	Code	Evaluator # and Initials	Date
Behavior: Transfer INTD position duties while ensuring continuity of authority and knowledge, taking into account the increasing or decreasing incident complexity			
25. Coordinate an efficient transfer of position duties: • *Document and coordinate demobilization actions* • *Brief relief personnel* • *Coordinate with incident/planned event personnel as necessary*	I		

Task	Code	Evaluator # and Initials	Date
Behavior: Complete demobilization procedures and restore response-readiness			
26. Demobilize from assignment: • *Check in equipment and submit required documentation* • *Address safety and notification considerations for return to home agency*	I		
27. Complete Demobilization Documentation • *If required, complete and submit ICS 221 – Demobilization Check-Out completed form as appropriate* • *Obtain ICS 225 – Incident Personnel Performance Rating from INCM/supervisor* • *Provide input for After-Action Report (AAR)* • *Submit final documentation to INCM/supervisor*	I		

28. Prepare for next operational period/incident
• *Inventory and restock ICC supplies*
• *Inventory and restock INTD response kit and personal sustainment kit*
• *Attend applicable post-incident debriefings*
  ○ *Hotwash*
  ○ *Post-Incident/Event After Action Debriefings*
  ○ *Critical Incident Stress Management/ Debriefing (CISM/CISD)*
	I		

*Evaluate ALL numbered tasks. **ONLY** evaluate bullets with action verbs.*

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All-Hazards INCIDENT TACTICAL DISPATCHER

INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate pages provided to allow evaluations to be made during four separate occasions. These evaluations may be made on Incidents, Planned Events, Functional Exercises, Full Scale Exercises, Simulations, Drills, Classroom, or Daily Job functions (as specified in the Task tables). This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation pages are needed, they 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 END 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:

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, 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:			

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, 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.

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_____ 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:			

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, 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:			

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, 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: _____