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**Task Book for the Position of**

**Type 3 ALL-HAZARDS**

**SAFETY OFFICER (SOF3-AH)**

**Version: December 2016**

Text box for adapting State name, logo, etc.

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| |  | | --- | | **All-Hazards Safety Officer (SOF3-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 | |

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](mailto:xxxxx@AHIMTA.org)

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| **ALL-HAZARDS SAFETY OFFICER (SOF3-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: Assume position responsibilities**  *Description: Successfully assume role of Safety Officer 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.** | | | |
| * Obtain and assemble information and materials needed for kit. Kit assembled and prepared prior to receiving an assignment. Kit contains critical items needed for the assignment. Kit is easily transportable. The basic information and materials needed may include, but is not limited to, any of the following:   **Reference Material**   * *Reference materials appropriate to the incident kind (e.g. Hazmat, law enforcement, fire, Public Works, Public Health, etc.).* * Coast Guard “*Incident Management Handbook”* * Incident Management Training Consortium “*Response and Planning Guide”* * EMSI ICS Institute *“Safety Officer”, Job Aid* * *Agency health and safety code handbook.*   **Forms**   * *ICS 208, Safety Message/Plan* * *ICS 213, General Message* * *ICS 214, Activity Log* * *ICS 215A, Incident Action Plan Safety Analysis* * *ICS 221, Demobilization Checkout* * *Injury and accident forms*   **Supplies**   * *Safety Officer's identity strip* * *100-ft tape* * *Flagging (several colors)* * *Writing tablet and clipboard* * *Flashlight and batteries* * *Pencils and assortment of markers* * *Pocket notebook* * *Digital camera or camera and several rolls of ASA 400-rated film (color print, slide, no Polaroid)* * *Hand-held tape recorder and extra batteries* * *Compass* * *Alarm clock* * *Thermometer and wind gauge/belt weather kit or access to local weather information* * *Personal protective equipment (PPE)* * *Whistle* * *Binoculars* | I1  I2  O1  O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| 1. Arrive properly equipped at incident assigned location within acceptable time limits. Check in according to agency/organization guidelines. | I1  I2  O1  O2 |  |  |
| **Behavior: Ensure availability, qualifications and capabilities of resources to complete assignment.** | | | |
| 1. Ensure sufficient Assistant Safety Officers (ASOs) to complete necessary tasks.  * *Identify need for ASOs* * *Order ASOs* * *Assign ASOs* * *Supervise ASOs* * *Ensure appropriate knowledge and skills for potential risk.* | I1  I2  O1  O2 |  |  |
| **Behavior: Gather, update and apply situational information relevant to the assignment.** | | | |
| 1. Gather information necessary to assess incident assignment and determine immediate needs and actions.  * *Incident Commander's name and agency/organization contact information.* * *Make contact.* * *Current resource commitments.* * *Current and anticipated situation.* * *Expected duration of assignment.* | I1  I2  O1  O2 |  |  |
| **Behavior: Establish effective relationships with relevant personnel.** | | | |
| 1. Establish and maintain positive interpersonal and interagency working relationships. | I1  I2  O1  O2 |  |  |
| 1. Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident. | I1  I2  O1  O2 |  |  |
| 1. Recognize functional capabilities of cooperating entities. | I1  I2  O1  O2 |  |  |
| 1. Proactively work with necessary personnel to collect information and further the investigation process. | I1  O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| **Behavior: Understand and comply with ICS concepts and principles.** | | | |
| 1. Maintain appropriate span of control. | I1  I2  O1 |  |  |
| 1. Demonstrate knowledge of ICS structure, principles, positions and ICS forms. | I1  O1 |  |  |
| 1. Act as agent of the Incident Commander. | I1  I2  O1 |  |  |
| **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.* | I1  I2  O1  O2 |  |  |
| 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*. | I1  I2  O1  O2 |  |  |
| 1. Exhibit principles of integrity.  * *Know yourself and seek improvement.* * *Seek responsibility and accept responsibility for your actions.* * *Set the example.* | I1  I2  O1  O2 |  |  |
| **Behavior: Ensure the safety, welfare and accountability of assigned personnel.** | | | |
| 1. Recognize potentially hazardous situations. | I1  I2  O1  O2 |  |  |
| 1. Inform subordinates of hazards or threats. | I1  I2  O1  O2 |  |  |
| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| 1. Ensure special precautions are taken when extraordinary hazards or threats exist. | I1  I2  O1  O2 |  |  |
| 1. Ensure adequate rest is provided to all unit personnel. | I1  I2  O1 |  |  |
| **Behavior: Establish work assignments and performance expectations, monitor performance and provide feedback.** | | | |
| 1. Brief and keep subordinates informed and updated. | I1  I2  O1  O2 |  |  |
| 1. Assign Safety assistants to monitor potentially high-hazard areas or operations considered to be high risk. | I1  I2  O1 |  |  |
| 1. Initiate accident investigation team for those accidents occurring within the incident area. | R |  |  |
| 1. Provide counseling and discipline as needed. | I1  I2  O1  O2 |  |  |
| 1. Ensure performance ratings are completed as required by the Incident Commander/Agency Administrator. | I1  I2  O1 |  |  |
| 1. Ensure Assistant Safety Officers understand their roles and responsibilities for carrying out the health and safety mission during the incident. | I1  I2  O1  O2 |  |  |
| 1. Ensure incident management team members are aware of the health and safety-related aspects of their jobs and undertake their job responsibilities in a safe manner based on expected duration, size, type of incident, priorities and values to be protected (life, property, infrastructure environment, etc.), and jurisdictional involvement. | I1  I2  O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| **Behavior: Coordinate interdependent activities.** | | | |
| 1. Interact and coordinate with all command and general staff.  * *Receive and transmit current and accurate information.* * *Work directly with Medical Unit Leader on ICS 206 (Medical Plan).* | I1  O1  O2 |  |  |
| **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.* | | | |
| **Behavior: Ensure relevant information is exchanged during briefings and debriefings.** | | | |
| 1. Discuss the ICS 215A (Incident Action Plan Safety Analysis) at operational briefings as appropriate. | I1  O1  O2 |  |  |
| 1. Prepare and present health and safety briefing.   **Task must be completed at two (2) different incidents/events or exercises.**   * *Present a health and safety briefing at each briefing session.* * *Briefing should contain information to alert incident personnel of potential risk/hazard or threat considered to be most critical.* * *Answer any questions that may arise.* | I1  O1 | **Two Evaluation Records required for this task** |  |
| 1. Conduct debriefing with off-duty personnel. | I1  I2  O1 |  |  |
| 1. Debrief with incident Field Observers.  * *Meet with the incident Field Observer(s) to obtain information on potential high-hazard areas or operations considered to be of high risk.* * *Use this information in preparation of health and safety messages and for discussions at briefings.* * *Safety assistants will be assigned to monitor these areas or operations.* | I1  O1 |  |  |
| 1. Participate in agency/organization debriefing or closeout as appropriate.  * *As directed by the Incident Commander, provide a debriefing to the Agency Administrator regarding incident safety history, including accidents, hazards, threats, corrective actions and commendations.* | I1  I2  O1 |  |  |

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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. Complete ICS 214 (Activity Log) for each operational period.  * *Document incidents of a serious nature in the ICS 214 (Activity Log).* | I1  O1  O2 |  |  |
| 1. Ensure accident investigation report(s) is/are complete and provided to Incident Commander and local agency/organization. | R |  |  |
| 1. If required, ICS 221 (Demobilization Checkout) is completed and turned in to the appropriate person. | I1  O1 |  |  |
| 1. Complete ICS 215A (Incident Action Plan Safety Analysis) for each operational period. | I1  O1 |  |  |
| 1. Ensure copies of ICS 215A (Incident Action Plan Safety Analysis) are included in documentation package. | I1  O1 |  |  |
| **Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.** | | | |
| 1. Prepare health and safety messages for the incident. | I1  O1 |  |  |
| 1. Post health and safety information on incident bulletin board if appropriate. | I1  O1  O2 |  |  |
| 1. Prepare narrative or special reports.  * *When requested by the incident agency and/or Incident Commander, prepare narrative report of incident.* * *Include the following items: number of injuries and accidents, general health and safety situation and problems encountered description of significant incidents or unsafe situations and recommendations for corrective action.* | I1  I2  O1  O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| 1. Distribute accident investigation reports and initiate follow-up action.  * *Follow up to ensure all accident investigation reports are completed, and include all required information.* * *Distribute copies of the report to the Incident Commander and finance position assigned as appropriate.* * *Recommend need for corrective action based on findings of the report to the Incident Commander. Initiate immediate corrective action, if necessary.* * *Distribute information concerning accidents to Incident Commander.* | R |  |  |
| 1. Communicate to incident personnel any change in weather conditions during the operational period not predictable and could cause high risk conditions. | I1  I2  O1 |  |  |
| **Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public.** | | | |
| 1. Develop or implement a health and safety action plan.  * *Ensure hazards, threats and risks are identified and adequately monitored for the duration of the incident.* * *Share action plan with the Incident Commander and incident staff and revise as necessary.* * *Ensure any changes in incident hazards, threats and risks with relevant corrective actions are reflected in the safety action plan, health and safety messages and/or safety briefings as appropriate.* * *Coordinate elements of the health and safety action plan to the IAP.* | I1  I2  O1  O2 |  |  |
| **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.* | | | |
| **Behavior: Gather, analyze and validate information pertinent to the incident or event and make recommendations for setting priorities.** | | | |
| 1. Monitor food and sanitation conditions as needed. | I1  I2  O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| 1. Inspect potable water supplies as needed.  * *Inspect potable water sources, hauling and storage containers.* * *Document any deficiencies identified and take corrective action.* | I1  O1 |  |  |
| 1. Monitor incident personal protective equipment needs. | I1  I2  O1 |  |  |
| 1. Inspect incident facilities as appropriate.  * *Conduct a general inspection of the base and camp facilities soon after they become operational and follow up on a periodic basis throughout the incident for compliance to all health and safety standards.* * *Identify and document all unsafe conditions and provide this information to the Incident Commander or the Base/Camp Manager.* | I1  I2  O1  O2 |  |  |
| 1. Review and approve medical plan as appropriate.  * *Monitor plan to ensure it addresses current status of incident.* | I1  O1 |  |  |
| 1. Ensure roads are inspected within the incident area as needed.  * *Ensure an inspection has been done on all roads that will be used for the transportation of personnel and equipment.* * *All roads must be of adequate width, grade and maintenance condition to allow safe use by the vehicles being utilized on the incident.* * *Any roads identified as unsafe for vehicle travel will be closed and monitored for unauthorized use.* | I1  I2  O1 |  |  |
| 1. Monitor operational period length.  * *Identify personnel exceeding the work standards established by the agency/organization responsible for the incident.* * *Recommend corrective action to incident commander.* * *Ensure work/rest guidelines are followed.* | I1  O1 |  |  |
| 1. Monitor incident personnel for general welfare.  * *Monitor personnel to determine if their needs are being met as related to food, water and rest.* * *Personnel identified as being high risk due to extreme fatigue or poor physical condition will be evaluated and discussed with Incident Commander, and agency/organization representative for final resolution to problem.* | I1  I2  O1 |  |  |
| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| 1. Monitor responders for PPE use.  * *Visually check responders preparing for duty to see they are wearing or have all required PPE and other personal gear.* * *Responders who lack the PPE will be supplied such equipment prior to going into service.* | I1  I2  O1  O2 |  |  |
| **Behavior: Prepare clear and concise assessments regarding hazards, hazard behavior, weather and other relevant events.** | | | |
| 1. Develop ICS 215A (Incident Safety Analysis, planning matrix).  * *Complete ICS 215A (Incident Action Plan Safety Analysis) for each operational period.* * *Discuss ICS 215A (Incident Action Plan Safety Analysis) at operational briefings as appropriate.* | I1  O1 |  |  |
| 1. Conduct initial and ongoing assessments to gather information and determine incident health and safety needs. | I1  I2  O1 |  |  |
| **Behavior: Take appropriate action based on assessed risks.** | | | |
| 1. Remove and identify tools and power equipment determined to be unsafe for use. | I1  I2  O1 |  |  |
| 1. Relieve immediately vehicles/operators who have exceeded operational period standards. | I1  O1 |  |  |
| 1. Close any roads identified as unsafe for vehicle travel and monitor for unauthorized use. | I1  I2  O1 |  |  |
| 1. Supply PPE to responders who lack PPE prior to them going into service. | I1  I2  O1  O2 |  |  |
| 1. Initiate accident investigations within the incident area.  * *Initiate accident investigation team for those accidents that occur within the incident area.* * *Assure information, materials, and the scene etc. are preserved to support a complete and thorough investigation of the accident.* * *Ensure accident investigation report is completed and provided to Incident Commander and local agency/organization.* * *The investigation should not interfere with the primary duties of the Safety Officer.* | I1  I2  O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| **Behavior: Modify approach based on evaluation of incident situation.** | | | |
| 1. Recognize limits of knowledge and seek advice or help on health and safety management as appropriate. | I1  I2  O1  O2 |  |  |
| **Behavior: Anticipate, recognize and mitigate unsafe situations.** | | | |
| 1. Identify potentially unsafe situations.  * *Monitor all incident activities to identify any potentially unsafe situations.* * *Take appropriate action by contacting the responsible supervisor for corrective action.* * *If necessary, take direct action.* * *Report to Incident Commander and General Staff any action affecting the Incident Action Plan.* | I1  I2  O1  O2 |  |  |
| 1. Identify those risks or hazards/threats with the highest potential for serious accident or injury.  * *Identify those types of operations on an incident of this type that most frequently lead to serious injuries or fatalities.* * *Discuss with Incident Commander.* * *Identify actions needed to prevent an accident from taking place.* | I1  I2  O1 |  |  |
| 1. Exercise emergency authority to stop and prevent unsafe acts.  * *Use direct intervention to correct any extremely dangerous act, which is being performed outside of agency/organization regulations, policies, standards and guidelines.* * *Discuss with Incident Commander and document action in ICS 214 (Activity Log).* | I1  I2  O1  O2 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| **Behavior: Utilize information to produce outputs.** | | | |
| 1. Report unexpected occurrences.  * *Obtain information about special hazards or threats from:* * *Subordinates* * *Personal observation* * *Other incident personnel* * *Off incident personnel* * *Standard information shall contain nature of event, location, magnitude, personnel involved (do not release names of victims or agency/organization over radio), initial action taken (e.g., helicopter picking up injured), and appropriate subsequent action.* | I1  I2  O1  O2 |  |  |
| 1. Perform assigned job duties in accordance with established health and safety procedures. | I1  I2  O1 |  |  |
| **Behavior: Ensure compliance with all legal and safety requirements relevant to air operations.** | | | |
| 1. Monitor all air operations activities if needed.  * *Review compliance with agency/organization flight duty limitations.* * *Monitor to ensure air safety requirements are being implemented and followed.* * *Document all identified serious hazards, threats or unsafe conditions.* * *Corrective action will be implemented through the Incident Commander.* | R |  |  |
| 1. Review aircraft incidents/accident reports.  * *Review on a daily basis all aircraft incident/accident reports.* * *Monitor to ensure recommended corrective action is implemented.* | R |  |  |
| **Behavior: Ensure functionality of equipment.** | | | |
| 1. Ensure inspection of tools and power equipment for unsafe conditions.  * *Review on a periodic basis the condition of hand tools being received on the incident and those being reconditioned to determine they are safe for use.* * *Identify and remove tools and power equipment determined to be unsafe for use.* | I1  I2  O1 |  |  |

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| **TASK** | **C O D E** | **Evaluation Record**  **Number** | **EVALUATOR:**  **Initial & date upon completion of task** |
| 1. Ensure inspection of vehicles, mechanical equipment and driver/operator qualifications are completed.  * A *periodic inspection of vehicles conducted to ensure they meet all mechanical and maintenance standards.* * *Ensure drivers/operators are properly trained and have a valid license to operate the vehicle/equipment assigned.* * *Document deficiencies.* | I1  O1 |  |  |
| **Behavior: Plan for demobilization and ensure demobilization procedures are followed.** | | | |
| 1. Receive demobilization instructions from supervisor.  * Brief subordinate staff on demobilization procedures and responsibilities as appropriate. * Ensure incident and agency/organization demobilization procedures are followed. * If required, ICS 221 (Demobilization Checkout) is completed and turned in to the appropriate person. * Ensure copies of ICS 215A (Incident Action Plan Safety Analysis) are included in documentation package. | I1  O1 |  |  |
| **Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.** | | | |
| 1. Determine with replacement time of transfer. | I1  O1 |  |  |
| 1. Communicate transfer of command to operations and command staff. | I1  O1 |  |  |
| 1. If necessary, coordinate with agencies about transfer of command back to local jurisdiction. | I1  O1  O2 |  |  |

**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** | |
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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 # 3** | |
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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 # 4** | |
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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: | |

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