Department *of* Public Safety
Division *of* Emergency Management

Task Book for the Position of:

Type 3
ALL-HAZARDS LOGISTICS SECTION CHIEF
(LSC3-AH)

July 2026

This position task book is for a direct entry position and includes tasks of the Logistics Section Unit Leader positions. An individual who is qualified in one or more of these subordinate positions can be recorded as having completed the associated task(s) in this position task book.

This position task book (PTB) is adopted from the All-Hazards Incident Management Teams Association. None of the Tasks have been modified or eliminated. Information has been added to the front of the PTB to align with the Utah Interstate/Intrastate Incident Management Team Qualifications System (UT-IIIIMTQS).

Position Task Book Assigned To:

Trainee's Printed Name:
Phone Number:
Email:
Duty Station:

Was initiated by:

Trainee's Name:
Initiator's Signature:
Initiator's Printed Name:
Title:
Date:
Phone Number:
Email:
Duty Station:
Location When Initiated:

FINAL EVALUATOR

DO **NOT** COMPLETE THIS PART UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CREDENTIALING

VERIFICATION/CERTIFICATION OF COMPLETED POSITION TASK BOOK FOR THE POSITION OF:

All-Hazards Logistics Section Chief (OSC3-AH)

Final Evaluator's Verification:
I verify all tasks have been performed and are documented with appropriate initials. I also verify _____has performed as a trainee and should be considered to be credentialed in this position.
Final Evaluator's Signature:
Date:
Evaluator's Printed Name:
Title:
Duty Station:
Phone Number:
E-Mail:

Employing/Sponsoring Organization's Agency Head
Trainee's Name:
Has met all requirements for this position and recommends the individual for credentialing.
Agency Head's Signature:
Agency Head's Printed Name:
Title:
Date:
Phone Number:
Email:
Duty Station:

Credentialing Officer
Trainee's Name:
Is credentialed in the following position:
Credentialing Officer's Signature:
Credentialing Officer's Printed Name:
Title:
Date:
Phone Number:

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)
INCIDENT COMMAND SYSTEM (ICS)
POSITION TASK BOOKS (PTBs)

Position Task Books (PTBs) are designed for use by any individual (trainee) interested in becoming certified under the National Incident Management System (NIMS). The PTB's are 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. All evaluators documenting the trainee's progress will complete an Evaluation Record after each evaluation opportunity.

Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the "Employing/Sponsoring Organization" (of the trainee), that the trainee be certified in that position. Evaluation and confirmation of the trainee's performance in 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, on 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 Utah Interstate/Intrastate Incident Management Team Qualifications System [UT-IIIMTQS] Guide lists the definitions for trainee, evaluator, training officer, credentialing officer, and Employing/Sponsoring Organization. To obtain a copy of the UT-IIIMTQS go to the AH-IMT page at: dem.utah.gov.

Responsibilities:

1. **Employing/Sponsoring Organization (ESO)**:

- 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.

2. Individual/Trainee:

- Review and understand the instructions in the PTB.
- Identify desired objectives/goals whenever an opportunity for evaluation is recognized.
- Provide background information to an evaluator.
- Assure the evaluation record is complete.
- Complete all tasks for the position within the three year timeframe from the completion of the first task, have the task revaluated, or seek an extension from the ESO Training Officer.
- Notifying the ESO Training Officer when the PTB is completed so a signature can be obtained

from the ESO Agency Head recommending credentialing.

- Retain the original PTB and submit a copy of the PTB to their Regional QRC Representative for review by the Utah Qualification Review Committee for possible recommendation to the Credentialing Officer to credential the trainee.

3. Training Officer:

- Provide the correct version of the PTB to the trainee in order to document performance.
- Explain to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
- Track progress of the trainee.
- Identify incidents or other situations where the trainee may have evaluation opportunities.
- Identify and assigning an evaluator who can provide a positive experience for the trainee, when the evaluation opportunity is within the ESO's jurisdiction.
- Receive and retain documentation from the assignment.
- Document the assignment.
- Conduct progress reviews.
- Conduct a closeout interview with the trainee and final evaluator to assure documentation is proper and complete.

4. Evaluator(s):

- Be 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.
- Explain to the trainee the evaluation procedures that will be utilized and which tasks may be performed during the evaluation period. Letting the trainee know only the numbered tasks will be evaluated not the bullets. (The bullets provide examples or additional clarification of the task.)
- Complete the Evaluator's Record found at the end of the PTB.
- Accurately evaluating and recording demonstrated performance of tasks. Listing Evaluator's Record Number, dating and initialing completion of the task to indicate satisfactory performance. Unsatisfactory performance should also be documented.
- Complete an Incident Personnel Performance Rating (ICS 225) form.

5. Final Evaluator:

- Be currently credentialed and proficient in the position being evaluated.
- Review the trainee's record to ensure completeness.
- Ensure all tasks have been completed within the three years prior to submission for final approval. Any task with an approval older than three years must be reevaluated and brought up to date.
- Sign the Final Evaluator's Verification statement, in the front of the PTB, when the trainee is ready for the qualification review process.

Position Tasks and Associated Task Book Codes

Each Position Task Book lists the performance requirements (tasks) for specific positions set by the ICS competencies and behaviors (September 2007) recognized by FEMA's National Integration Center and posted to the NIMS Resource Center Web site, http://www.fema.gov/emergency/nims/.

There are numerous bullet statements listed under each task. The bullet statements are listed as guidelines/examples for the evaluator to follow to insure that 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.

Each task has a code associated with the type of training assignment where the task may be completed. **Definitions for these codes are below**. While tasks can be performed in any situation, they must be evaluated on the specific type of incident/event for which they are coded.

Tasks coded I must be evaluated on an incident/event, and so on. Performance of any task on other than the designated assignment is not valid for qualification.

If more than one code is listed, the task may be completed on any of the listed situations (e.g. If code I, O1 and O2 are listed, the task may be completed on any of the three listed). The evaluator should circle the evaluation code the task was evaluated at.

O1 = Task can be performed on a Planned Event, HSEEP compliant or Full Scale Exercise with equipment deployment which is managed under the Incident Command System (ICS). Examples of exercises that may employ ICS include oil spill, search and rescue, hazardous material response, and fire.

O2 = Task can be performed on an Exercise which is managed under the Incident Command System (ICS). Examples of exercises that may employ ICS include oil spill, search and rescue, hazardous material response, and fire.

O3 = Training or Daily Job environment that tests knowledge/skills associated with the task.

O4 = Task can be performed during an ICS course classroom environment that tests knowledge/skills associated with the task.

I = Task must be performed on an incident, which is managed under the Incident Command System (ICS). Examples of incidents that may employ ICS include oil spill, search and rescue, hazardous material response, fire, or law enforcement incidents that may be emergency or non-emergency in nature.

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.

Competency: Assume position responsibilities

Description: Successfully assume role of Logistics Section Chief and initiate position activities at the appropriate time according to the following behaviors.

Behavior: Ensure readiness for assignment.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
1. 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 and items needed for functioning during the assignment. Kit is easily transportable. The basic information and materials needed may include, but is not limited to, any of the following: **Reference Materials** ● References appropriate for the incident type and agencies involved. ● Functional Guidelines relative to incident type (e.g. Agency guidance and/or functional guidelines). ● Emergency Responder Field Operations Guide (ERFOG). ● OSC Position manuals. ● IMT contact information. **Forms** ● ICS 205, Incident Radio Communications Plan ● ICS 206, Medical Plan ● ICS 213, General Message ● ICS 214, Activity Log ● ICS 220 (as applicable), Air Operations Summary Worksheet ● Agency specific forms appropriate to the function **Supplies** ● Office supplies appropriate to the function ● Maps	I O1 O2 O3 O4		
2. Arrive properly equipped at incident assigned location within acceptable time limits.	I O1		
3. Check in according to receiving agency/organization guidelines.	I O1		

Behavior: Ensure availability, qualifications and capabilities of resources to complete assignment.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
4. Identify and order kind, type and number of facilities, services and material required to achieve objectives as requested by the Incident Commander. ● Consider topography, weather, kinds and types of facilities, services and material needed and availability and health and safety factors.	I O1 O2		

Behavior*:* Gather, update and apply situational information relevant to the assignment.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
5. Obtain initial briefing from Agency Administrator and/or outgoing Incident Commander (IC). ● Incident information. ● Organizational structure (area command or single organization). ● Unexpected occurrences. ● Resources assigned, en--route, on order, and local resource status (including initial response as it relates to the Logistics Section). ● Facilities established and other options. ● Anticipated incident duration, size, and type. ● Key contact list with phone and fax numbers. ● Cooperators.	I O1		
6. Obtain complete information from dispatch upon activation. ● Incident name. ● Incident order number. ● Request number. ● Reporting location. ● Reporting time. ● Transportation arrangements/travel routes. ● Contact procedures during travel (telephone/radio).	I O1		

7. Obtain initial briefing from Incident Commander (one-on-one or in Incident Management Team (IMT) meeting). • Incident Commander's priorities, goals and objectives for IMT and the incident. • Initial instructions concerning the tasks expected of the Logistics Section. • Expected timeframes for briefings, planning meetings and team meetings.	I O1		
8. Collect information from outgoing Logistics Section Chief or other personnel responsible for incident prior to your arrival. • Status of incident and assigned resources. • Status of existing Logistics Section. • Status of agreements. • Other information relevant to Logistics Section.	I O1		

Behavior: Establish effective relationships with relevant personnel.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
9. Establish and maintain positive interpersonal and interagency working relationships.	I O1 O2		

Behavior: Establish organization structure, reporting procedures and chain of command of assigned resources.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
10. Plan and activate section. • Identify units within the section to be activated and order resources required for section operation. • Identify work space requirements and determine locations. • Brief unit leaders on current and anticipated activity. • Provide initial operating instructions to section personnel.	I O1		

Behavior: Understand and comply with ICS concepts and principles.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
11. Maintain appropriate span of control.	I O1		

12. Demonstrate knowledge of ICS structure, principles, positions and ICS forms.	I O1 O2		
13. Understand scope, roles, responsibilities, jurisdiction and authority of responder agencies.	I O1		
14. Assure execution of appropriate administrative requirements (to include documentation, ICS forms, personnel and equipment time records, performance ratings)	I O1		

Competency: Lead assigned personnel

Description: Influence, guide and direct assigned personnel to accomplish objectives and desired outcomes in a potentially rapidly changing environment.

Behavior: Model leadership values and principles.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
15. 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.	I O1 O2		
16. Exhibit principles of respect. ● Know your subordinates and look out for their well--being. ● Keep your subordinates informed. ● Build the team. ● Employ your subordinates in accordance with their capabilities.	I O1 O2		
17. Exhibit principles of integrity. ● Know yourself and seek improvement. ● Seek responsibility and accept responsibility for your actions. ● Sedt the example	I O1		

Behavior: Ensure the safety, welfare and accountability of assigned personnel.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
18. Ensure assigned resources are following health and safety guidelines appropriately.	I O1		
19. Manage operational periods to achieve objectives. ● Evaluate need for extended operational periods. ● Ensure adequate work/rest ratio.	I O1		

Behavior: Establish work assignments and performance expectations, monitor performance and provide feedback.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
20. Ensure subordinates understand assignment for operational period.	I O1 O2		
21. Demonstrate the knowledge and abilities of the Supply Unit Leader ● Determine the types and amount of supplies in route ● Arrange for receiving, storing and disbursing ordered supplies ● Order qualified Ordering Manager ● Order qualified Receiving and Distribution Manager ● Order qualified Tool and Equipment Specialist	I O1 O2		
22. Demonstrate the knowledge and abilities of a Food Unit Leader ● Determine method of feeding incident personnel ● Insure sufficient potable water is available to meet incident needs ● Order food or arrange for feeding incident personnel	I O1 O2		
23. Demonstrate the knowledge and abilities of the Medical Unit Leader ● Determine the level of emergency medical activities performed prior to activation of the medical unit. ● Prepare the ICS 205 (Medical Plan) ● Advise on medical capabilities and/or limitations ● Insure medical Unit is established ● Order qualified medical personnel and equipment	I O1 O2		

24. Demonstrate the knowledge and abilities of a Ground Support Unit Leader • Develop and implement a parking and traffic plan for the incident base, camps • Support out-of-service resources • Notify Resources Unit of all status changes on support and transportation vehicles • Arrange for Fueling, maintenance and repair of ground resources • Maintain inventory of support and transportation vehicles (ICS Form 218) • Provided transportation services • Arrange for incident road maintenance and repairs • Inspect vehicles and equipment during check-in and demobilization • Maintain equipment rental records • Order qualified Equipment Manager	I O1 O2		
25. Demonstrate the knowledge and abilities of a Facilities Unit Leader • Determine facilities needed • Prepare layout of incident facilities • Establish incident facilities • Determine incident security requirements • Order qualified Base and Camp Managers • Order qualified Security Manager	I O1 O2		
26. Demonstrate the knowledge and abilities of a Communications Unit Leader • Determine level of communications activities preformed prior to activation of communications unit • Prepare the Communications Plan (ICS Form 206) • Advise on communications capabilities and/or limitations • Insure the Incident Communications Center is established • Insure an equipment accountability system is established • Order qualified Incident Communication Center Manager • Order qualified Incident Communication Technician • Order qualified Incident Dispatchers	I O1 O2		

27. Continually evaluate performance. • Communicate deficiencies immediately and take corrective action. • Provide training opportunities where available.	I O1		
28. Prepare and discuss performance ratings with subordinates	I O1		

Behavior: Emphasize teamwork.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
29. Establish cohesiveness among assigned resources. • Establish trust through open communication. • Require commitment. • Set expectations of accountability. • Bring focus to the team result.	I O1 O2		

Behavior: Coordinate interdependent activities.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
30. Establish priorities and coordinate units within the section.	I O1		
31. Interact and coordinate with command, general staff and appropriate unit leaders. • Receive and transmit current and accurate information (e.g., claims and potential claims, work/rest guidelines).	I O1		
32. Coordinate with other individuals and organizations to meet section needs.	I O1		

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.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
33. Share pertinent logistics information that may affect the team's management of the incident.	I O1		

34. Participate in operational period briefing. • Changes from the Incident Action Plan (IAP). • Section-specific information.	I O1		
35. Provide daily briefings to section personnel. • Expected duration and size of incident.	I O1		
36. Participate in agency administrator closeout/after action review (AAR).	I O1		

Behavior: Ensure documentation is complete and disposition is appropriate.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
37. Ensure incident documentation is completed as required by the Incident Commander. • ICS 214 (Activity Log) • Personnel and equipment time records to Finance Section/Time Unit Leader each operational period. • Incident reports and summary/narrative prior to leaving incident.	I O1 O2		
38. Assemble and submit relevant logistics documents for final incident package. • Waybills • ICS 213 (general message) • Invoices	I O1		

Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
39. Update Incident Commander on current accomplishments and/or concerns. • Inform Incident Commander as soon as possible of problems.	I O1		

Behavior: Communicate and ensure understanding of work expectations within the chain of command and across functional areas.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
40. Ensure logistics expectations are communicated to other functional areas during meetings and briefings.	I O1		

Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
41. Participate in preparation of IAP or relevant plan. ● Review tactical plans for next operational period or periods. ● Advise on current capabilities and limitations. ● Determine additional/excess resources. ● Discuss long range plans and identify potential or future requirements.	I O1		

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: Administer and/or apply agency policy, contracts and agreements.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
42. Apply agency/organization policy, legal and fiscal constraints, and political considerations. ● Strategic plans. ● IAP or other relevant plan. ● Cost containment.	I O1 O2		
43. Ensure work/rest guidelines and length of assignments are monitored and followed.	I O1		
44. Ensure release priorities address contractual requirements. ● Coordinate with Finance/Administration Section.	I O1		

Behavior: Gather, analyze and validate information pertinent to the incident or event and make recommendations for setting priorities.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
45. Evaluate and monitor current situation to determine if present plan of action will support incident objectives.	I O1 O2		

Behavior: Modify approach based on evaluation of incident situation.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
46. Adjust incident support based on changing conditions. ● Weather ● Incident escalation/de--escalation ● Incident within an incident ● Political considerations	I O1		

Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
47. Coordinate an efficient transfer of position duties when mobilizing and demobilizing. ● Consider transition early in the incident. ● Inform subordinate staff and IC. ● Document follow--up action needed and submit to agency/ organization representative.	I O1 O2		

Behavior: Plan for demobilization and ensure demobilization procedures are followed.

TASK	CODE	EVALUATION RECORD #	EVALUATOR

48. Assist in development, approval and implementation of Incident Demobilization Plan.
● Consider demobilization early in the incident.
● Coordinate with the Demobilization Unit/Planning Section Chief during development and implementation of Demobilization Plan.
  o Ensure all equipment and supplies have been returned and accounted for.
  o Check in and out of equipment, facility, etc.
● Coordinate during development and implementation with local agency/organization concerning functional demobilization procedures.
● Brief staff on demobilization responsibilities.
● Ensure all units are demobilized in a timely and complete manner.
● Brief replacement if necessary.
	I
	O1		

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 (e.g., UT-IIIMTQS, IIMTQS, NWCG, and 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.*

Evaluator's Record #1

Trainee's Printed Name:
Trainee's Position:
Evaluator's Information:
Evaluator's Printed 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, functional exercise, full scale exercise, etc.) and complexity (Type 1, 2, or 3):
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 the tasks I have initialed. _____ The individual attempted but was not able to successfully complete certain tasks or additional guidance is required (list task number and/or guidance needed below). _____ 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 consider using the ICS-225 -Incident Personnel Performance Rating form):
Evaluator's Signature: Initials: Date:

Evaluator's Record #2

Trainee's Printed Name:
Trainee's Position:
Evaluator's Information:
Evaluator's Printed 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, functional exercise, full scale exercise, etc.) and complexity (Type 1, 2, or 3):
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 the tasks I have initialed. _____ The individual attempted but was not able to successfully complete certain tasks or additional guidance is required (list task number and/or guidance needed below). _____ 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 consider using the ICS-225 -Incident Personnel Performance Rating form):
Evaluator's Signature: Initials: Date:

Evaluator's Record #3

Trainee's Printed Name:
Trainee's Position:
Evaluator's Information:
Evaluator's Printed 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, functional exercise, full scale exercise, etc.) and complexity (Type 1, 2, or 3):
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 the tasks I have initialed. _____ The individual attempted but was not able to successfully complete certain tasks or additional guidance is required (list task number and/or guidance needed below). _____ 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 consider using the ICS-225 -Incident Personnel Performance Rating form):
Evaluator's Signature: Initials: Date:

Evaluator's Record #4

Trainee's Printed Name:
Trainee's Position:
Evaluator's Information:
Evaluator's Printed 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, functional exercise, full scale exercise, etc.) and complexity (Type 1, 2, or 3):
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 the tasks I have initialed. _____ The individual attempted but was not able to successfully complete certain tasks or additional guidance is required (list task number and/or guidance needed below). _____ 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 consider using the ICS-225 -Incident Personnel Performance Rating form):
Evaluator's Signature: Initials: Date:

Evaluator's Record #5

Trainee's Printed Name:
Trainee's Position:
Evaluator's Information:
Evaluator's Printed 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, functional exercise, full scale exercise, etc.) and complexity (Type 1, 2, or 3):
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 the tasks I have initialed. _____ The individual attempted but was not able to successfully complete certain tasks or additional guidance is required (list task number and/or guidance needed below). _____ 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 consider using the ICS-225 -Incident Personnel Performance Rating form):
Evaluator's Signature: Initials: Date:

Evaluator's Record #6

Trainee's Printed Name:
Trainee's Position:
Evaluator's Information:
Evaluator's Printed 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, functional exercise, full scale exercise, etc.) and complexity (Type 1, 2, or 3):
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 the tasks I have initialed. _____ The individual attempted but was not able to successfully complete certain tasks or additional guidance is required (list task number and/or guidance needed below). _____ 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 consider using the ICS-225 -Incident Personnel Performance Rating form):
Evaluator's Signature: Initials: Date: