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

Task Book for the Position of:

Type 3
ALL-HAZARDS LIAISON OFFICER
(LOFR-AH)

July 2026

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-IIIMTQS).

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 Liaison Officer (LOFR-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: Carly Sands
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.

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Competency: Assume position responsibilities

Description: Successfully assume role of Liaison Officer 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. Kit is easily transportable. The basic information and materials needed may include, but is not limited to, any of the following: **Reference Materials** ● Appropriate references for the incident (e.g., agency/organization specific policies and procedures). ● Emergency Responder Field Operations Guide (ERFOG). **Forms** ● ICS 213, General Message ● ICS 214, Activity Log ● Agency/organization specific forms appropriate to the function **Supplies** ● Office supplies appropriate to the function.	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. Establish a work location within the first operational period. ● Work location must be: - Visible. - Identifiable. ● Have adequate work space. Coordinate bulletin board posting of agency/organization information.	I O1		

5. Ensure sufficient personnel and resources to accomplish information exchange.	I O1 O2		
6. If needed, obtain Assistant(s) for the liaison staff to complete required duties.	I O1 O2		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

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

TASK	CODE	EVALUATION RECORD #	EVALUATOR
7. 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		
8. Gather information necessary to assess incident assignment and determine immediate needs and actions. ● Incident Commander's name and agency/organization contact information. ● Type of incident. ● Current resource commitments. ● Current situation. ● Expected duration of assignment.	I O1 O2		
9. Assemble incident information for use in briefings and filling requests. ● Within the first operational period, obtain incident information from the Incident Commander, Planning Section Chief, Resources Unit and/or Situation Unit. ● Update incident information by the beginning of each operational period.	I O1		
10. Assemble receiving agency/organization information for use in answering requests and resolving problems. ● Obtain assisting, cooperating and non--governmental agency information including: - Contact persons (Agency Representatives). - Radio frequencies. - Phone and pager numbers. - Cooperative agreements. - Equipment type. - Number of personnel. - Condition of equipment and personnel. - Agency/organization constraints or limitations.	I O1		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Behavior: Establish effective relationships with relevant personnel.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
11. Establish and maintain positive interpersonal and interagency working relationships.	I O1		
12. Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident.	I O1 O2		

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

TASK	CODE	EVALUATION RECORD #	EVALUATOR
13. Supervise liaison staff as needed, based on changes in incident situation and resource status. ● Ensure priorities are communicated and understood. ● Ensure health and safety procedures are maintained. ● Ensure effective use and coordination of all assigned resources.	I O1		

Behavior: Understand and comply with ICS concepts and principles.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
14. Maintain appropriate span of control.	I O1 O2		
15. Demonstrate knowledge of ICS structure, principles, positions and ICS forms.	I O1 O2		

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
16. 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		
17. 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.	I O1		
18. Exhibit principles of integrity. ● Know yourself and seek improvement. ● Seek responsibility and accept responsibility for your actions. ● Set the example.	I O1		
19. Use diplomacy to resolve concerns related to multi- agency/organization involvement.	I O1		

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

TASK	CODE	EVALUATION RECORD #	EVALUATOR
20. Identify potentially hazardous situations in your working area.	I O1		
21. Inform subordinates of hazards/threats.	I O1		
22. Ensure special precautions are taken when extraordinary hazards/threats exist.	I O1		

23. Ensure adequate rest is provided to all liaison staff.	I O1		

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

TASK	CODE	EVALUATION RECORD #	EVALUATOR
24. Brief and keep subordinates informed and updated.	I O1 O2		
25. Establish time frames and schedules.	I O1 O2		
26. Assign and monitor work assignments.	I O1 O2		
27. Provide counseling and discipline as needed.	I O1		
28. Ensure performance ratings are completed as required by the Incident Commander/Agency Administrator.	I O1		

Behavior: Emphasize teamwork.

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

Behavior: Coordinate interdependent activities.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
30. Interact and coordinate with all Command and General Staff. ● Receive and transmit current and accurate information.	I O1		

Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

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
31. Within the first operational period obtain incident information from the Incident Commander, resource unit and situation unit.	I O1		
32. Attend incident planning meetings. Provide assisting and cooperating agency/organization input as necessary.	I O1		
33. Conduct briefings at predetermined times and locations with assisting, cooperating and non--governmental agencies prior to each operational period.	I O1		
34. Provide assisting and cooperating agencies' input to the planning process.	I O1		

Behavior: Ensure documentation is complete and disposition is appropriate.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
35. Complete ICS 214 (Activity Log) for each operational period.	I O1 O2		
36. Record demobilization issues.	I O1		
37. File all records with planning section and/or documentation unit during demobilization.	I O1		

Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient. Modify approach based on evaluation of incident situation.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
38. Keep cooperating and assisting agencies informed of planning actions. ● If necessary, conduct briefing with Agency/Organization Representatives prior to the Planning Meeting, following the Planning Meeting, or following any change in the Incident Action Plan (IAP). ● Supply a copy of the Incident Action Plan to Agency/Organization Representatives.	I O1		

39. Respond to requests for information and resolve problems. ● Fulfill request for information concerning any cooperating or assisting agencies in a timely manner. ● Follow up on all requests and problems to ensure their completion within the work period following their initiation. ● Problems or requests that remain incomplete after follow--up should be addressed at the next planning meeting. ● Advise the Incident Commander of any political or stakeholder concerns related to multi- agency/organization involvement.	I O1		
40. Supply cooperating and assisting agencies with demobilization information at least one operational period prior to demobilization.	I O1		

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

TASK	CODE	EVALUATION RECORD #	EVALUATOR
41. Assist the Incident Commander in developing a written Incident Action Plan for next operational period (by sharing it with the affected agencies and/or the public, and gaining their support or understanding).	I O1 O2 O3 O4		
42. Assist the Incident Commander in developing and sharing with affected agencies and/or the public and gaining their support or understanding other plans such as, but not limited to: ● Contingency plans ● Media and public information plans ● Long term plans (exit strategy or incident completion strategy) ● Incident Emergency Plans (incident within an incident) ● Mitigation/treatment plan ● Demobilization plan	I O1 O2 O3 O4		

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.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
43. Update incident information by the beginning of each operational period.	I O1 O2		

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

TASK	CODE	EVALUATION RECORD #	EVALUATOR
44. Meet with agencies and gather information on personnel and equipment priorities prior to demobilization.	I O1		
45. Provide assisting and cooperating agencies' input to the demobilization process. ● Attend demobilization meeting. ● Supply cooperating and assisting agencies. with demobilization information at least one operational period prior to demobilization. ● Record demobilization issues. ● File all records with the Documentation Unit. ● Complete demobilization process.	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
46. Determine time of transfer, with Incident Commander and your replacement.	I O1		
47. Communicate transfer of Liaison duties to Command and General Staff, and assisting and cooperating agency/organization representatives.	I O1		

48. If necessary, coordinate with agencies about transfer of command back to local jurisdiction.	I O1		

Behavior: Follow established procedures and/or health and safety procedures relevant to given assignment.

TASK	CODE	EVALUATION RECORD #	EVALUATOR
49. Follow health and safety procedures and be aware of incident-- specific hazards/ threats. ● Have available and use appropriate personal protective equipment. ● Follow established health and safety procedures. ● Brief media and public on health and safety concerns of the incident as needed.	I O1 O2		
50. Provide personal protective equipment to assisting and cooperating agencies as appropriate.	I O1 O2		
51. Obtain clearance for access to incident from operations personnel.	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: