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

Task Book for the Position of:

ALL-HAZARDS DIVISION/GROUP SUPERVISOR (DIVS-AH)

July 2026

This position can be pursued as an **entry level**. Prerequisites for the position will have experience and qualification in low and mid-level supervisory jobs that entail some decision making under stress. These positions should have equivalency to the skills and abilities of the ICS Single Resource Leader. Some examples are police corporals or sergeants, structural fire apparatus officers, Public Works crew supervisors, or an equivalent position requiring lead supervisory experience.

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 Division/Group Supervisor (DIVS-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 latest version of the ICS competencies and behaviors, recognized by FEMA's National Integration Center and posted to the ICS Resource Center Web site, https://training.fema.gov/emiweb/is/icsresource/.

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 UT-IIIMTQS recognizes that the nature of some less critical tasks may be performed on planned events, in exercises, or in other situations and be a sufficient demonstration of competency upon which to base a task completion.

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 UT-IIIMTQS Section XVI – 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 UT-IIIMTQS Section XVI – 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 UT-IIIMTQS Section XIV. Qualifying Incident, Event, and Exercise Guidelines; Qualifying Exercise Attributes)

  The situation must meet the following criteria:

- Is managed under the Incident Command System (ICS)
- Matches or is higher complexity level (see UT-IIIMTQS Section XVI – 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.

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

Competency: Demonstrate knowledge and ability to perform subordinate ICS positions.

Description: **Direct Entry** positions allow an individual to train and be qualified in this Unit Leader position without being qualified in subordinate positions. This behavior and associated task(s) are not required if the trainee is already qualified in the subordinate position.

TASK	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
Behavior: Demonstrate knowledge and ability to perform as a Task Force Leader that is subordinate to Division/Group Supervisor.			
1. Gather and organize multiple resources for the assignment.	I1 I2 O1		
2. Inspect and identify tactical capabilities of assigned resources. • *Ensure qualifications of personnel* • *Ensure personal protective equipment (PPE)* • *Establish and maintain personnel accountability* • *Ensure type(s) of equipment/tools and operating condition* • *Establish common communications and frequency capability* • *Survey assigned resources for radio frequencies and ID numbers* • *Match resource capabilities with needed tasks* • *Determine resource limitations* and make adjustments	I1 I2 O1 O2		
3. Demonstrate ability to coordinate and use radios with multiple frequencies.	I1 I2 O1		
4. Ensure understanding of work expectations by multiple resources within the chain of command.	I1 I2 O1 O2		
5. Ensure assigned resources apply appropriate tactics for assignment.	I1 I2 O1		
6. Ensure assigned resources are following health and safety guidelines appropriately. • *Monitor condition of assigned resources* • *Account for assigned resources*	I1 I2 O1 O2		

7.	Identify, evaluate and take appropriate action to protect identified values. • *Ingress and egress* • *Review map if available* • *Logistical needs* • *Resource requirements* • *Appropriate tactics used* • *Contact information (internal/external)* • *Consult with supervisor on "Go/No-Go" decision.*	I1 I2 O1		

TASK	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task

Behavior: Demonstrate knowledge and ability to perform as a Task Force Leader that is subordinate to the unit.

8.	Monitor progress/work during operational period. • *Receive reports from subordinate supervisors* • *Conduct personal observations* • *Assess values to be protected*	I1 I2 O1 O2		
9.	Authorize personnel and equipment time of assigned resources.	I1 I2 O1 O2		

Competency: Assume position responsibilities

Description: Successfully assume role of Division/Group Supervisor within the Operations Section and initiate position activities at the appropriate time according to the following behaviors.

Behavior: Ensure readiness for assignment

10.	Obtain and assemble critical items needed for the assignment and items needed for functioning during the first 48 hours. The following items are suggested as basic information and materials kept in a go bag: • *ICS forms and logs applicable to position* • *Tools and supplies applicable to position*	I1 I2 O1 O2		
11.	Obtain information prior to deployment. • *Incident type, name, and number* • *Travel authorization number*	I1 I2 O1		

	• *Specific job assignment* • *Name and phone of supervisor if available* • *Reporting time and location* • *Transportation arrangements* • *Contact procedures during travel* • *Expected duration of assignment* • *Expected working conditions*	O2		
12.	Check in at designated incident check-in location and complete check-in documentation.	I1 I2 O1 O2		
13.	Report to the Planning Section Chief or Training Specialist (if staffed) to check in as a trainee.	I1 O1 O2		

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

TASK	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task

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

14.	Review division/group assignment from Incident Action Plan (IAP) or relevant plans to identify resources assigned to division/group by type and quantity. • *Determine location and status* • *Verify resources have completed check-in process*	I1 O1		
15.	Develop Unit Operating Plan. • *Include Continuity of Operations*	I1 O1 O2		
16.	Establish situation awareness pertinent to unit. • *Determine EOC or other support* • *Organizational contacts (e.g., counterparts, host unit personnel)* • *Supporting documentation (e.g., maps; digital information; Resource Orders)*	I1 I2 O1 O2		

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

17.	Obtain initial briefing from Supervisor. • *Policies and operating procedures (e.g., ordering resources and supplies, work schedule, timelines and priorities)* • *Operational work period* • *Current unit staffing levels* • *General orientation to the Incident Command Post and/or incident base* • *Incident briefing; Incident Action Plan (IAP) or other relevant plan* • *Expectations for attending meetings/briefings* • *Safety concerns/hazards* • *Political/sensitive information considerations*	I1 I2 O1		
18.	Establish situation awareness pertinent to unit. • *Organizational contacts (e.g., counterparts, host unit personnel).* • *Supporting documentation (e.g., maps; digital information; Resource Orders)*	I1 I2 O1 O2		

Behavior: Establish effective relationships with relevant personnel.

19.	Establish and maintain positive interpersonal and interagency working relationships. • *Federal, State, Local, Tribal, NGOs*	I1 O1 O2		

TASK	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task

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

20.	Organize assigned resources into configurations that will meet incident/tactical objectives.	I1 I2 O1		
21.	Determine Division/Group support staffing requirements. • *Request and document additional staffing approved by the section chief* • *Recommend and document demobilization of excess staff established by the section chief*	I1 I2 O1 O2		

Behavior: Understand and comply with ICS concepts and principles

22.	Coordinate with functional areas within the ICS structure.	I1 I2 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

23.	Exhibit principles of duty. • *Be proficient in the 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		
24.	Exhibit principles of respect. • *Know subordinates and look out for their well-being* • *Keep subordinates informed* • *Build the team* • *Assign subordinates in accordance with their capabilities*	I1 I2 O1 O2		
25.	Exhibit principles of integrity. • *Know yourself and seek improvement* • *Seek responsibility and accept responsibility for your actions*	I1 I2 O1		

• *Set the example*	O2		

TASK	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure the health and safety, welfare, and accountability of assigned personnel.			
26. Provide for the safety and welfare of assigned resources. • *Be alert to, and monitor the health and welfare of assigned resources* • *Account for assigned resources* • *Evaluate the need for a Safety Officer assigned to the Division/Group* • *Provide for care of assigned personnel and notify supervisor in event of sickness, injury, or accident* • *Ensure adequate rest, hydration, and nutrition is provided to all unit personnel* • *Recognize any special medical needs of all unit personnel.* • *Recognize, mitigate and communicate potentially hazardous situations*	I1 I2 O1		
Behavior: Establish work assignments and performance expectations, monitor performance, and provide feedback.			
27. Determine assigned resources ability to complete assignment within time frame.	I1 I2 O1 O2		
28. Ensure subordinates understand assignment for operational period Assign responsibilities within the division/group.	I1 I2 O1 O2		
29. Ensure subordinates have the ability to clearly understand and give instructions in the incident's common language.	I1 I2 O1 O2		
30. Develop units' schedule/assignments based on IAP relevant plan.	I1 O1 O2		
31. Complete daily review of units staffing requirements and ensure adequate personnel to meet needs.	I1 O1		
32. Evaluate subordinate's performance. • *Communicate deficiencies immediately and take corrective action* • *Provide training opportunities where available* • *Complete personnel performance evaluations according to*	I1 I2 O1 O2		

	agency guidelines			

Behavior: Emphasize and foster teamwork

33.	Establish cohesiveness among assigned resources. • *Promote an environment of open communication* • *Demonstrate and encourage commitment* • *Set expectations for accountability* • *Focus on the team result*	I1 I2 O1		

TASK	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
Behavior: Coordinate interdependent activities.			
34. Coordinate activities with adjacent division/groups. • *Review division/group assignments to determine specific areas or tasks involving coordination* • *Maintain communications with adjoining divisions/groups*	I1 I2 O1		
35. Coordinate activities with air operations as needed. • *Ensure communications are maintained (e.g., brief resources on procedures for utilizing air resources* • *Brief resources on procedures for air medical transport vs. medevac as defined in IAP or relevant plan*	R		

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.			
36. Obtain briefing from previous operational period supervisor.	I1 O1		
37. Provide subordinates tactical briefings. • *Discuss alternate plan based on strategies, control objectives and type of resources available*	I1 I2 O1 O2		
38. Obtain periodic reports from subordinates and adjacent resources on progress.	I1 I2 O1		
39. Inform Operations Chief or Branch Director as appropriate. • *Conditions affecting division/group operations* • *Recognize and communicate potentially hazardous situations in your work area* • *Unresolved conflicts with adjacent divisions/groups* • *Effectiveness of specialized resources*	I1 I2 O1		
40. Brief relief forces. • *Current status/conditions/concerns regarding assignment*	I1 O1		
41. Participate in operational and functional area briefings.	I1 O1 O2		

42. Conduct After Action Reviews (AARs).	I1 I2 O1 O2		

TASK	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure documentation is complete and disposition is appropriate.			
43. Report and document unexpected occurrences or events (e.g., accidents, sickness, etc.) to immediate supervisor. • *Receive reports of events from subordinates or personal observation of events (e.g. nature of event, location, magnitude, personnel involved, action taken)* • *Request assistance as established in response protocol outlined in the IAP or relevant plan*	I1 I2 O1 O2		
44. Review and approve subordinate time reports.	I1 I2 O1 O2		
45. Submit documentation to Documentation Unit Leader or appropriate agency representative within established timeframes. • *General Message, ICS 213* • *Activity Log, ICS 214*	I1 O1 O2		
Behavior: Communicate and ensure understanding of work expectations within the chain of command and across functional areas.			
46. Coordinate across functional areas. • *Provide timely feedback in response to requests* • *Communicate, Cooperate, and Coordinate*	I1 I2 O1 O2		
47. Provide timely feedback in response to requests from other ICS sections.	I1 I2 O1 O2		
Behavior: Develop and implement plans and gain concurrence of affected responders, agencies and/or the public.			
48. Participate in the development of the IAP or relevant plan for the next operational period. • *Submit situation and resources status to Branch Director or Operations Section Chief (e.g., summary of resource utilization, work progress, changes from assignment, conditions affecting division/group operations, hazards, threats, unresolved conflicts with adjacent divisions/groups, effectiveness of air operations within division/group area)*	I1 O1 O2		

	• *Identify resources and logistical needs.* • *Recommend objectives for next operational period*			
49.	Support development of plans for: • *Contingency Plans* • *Incident within an Incident*	I1 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.

TASK	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task

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

50.	Identify kind, type and number of resources required to achieve objectives.	I1 I2 O1 O2		
51.	Implement objectives and special instructions for division/group. • *Monitor work progress and evaluate incident situation* • *Evaluate different uses of single and combined resources based on tactical needs within division/group* • *Compare accomplishments within division or group to Assignment List ICS 204* • *Develop recommendations for next operational period*	I1 I2 O1		

Behavior: Make appropriate decisions based on analysis of gathered information

52.	Determine need for assistance. • *Identify need for additional assistance by monitoring work progress or based on reports from subordinates.* • *Coordinate with Operations Section Chief or Branch Director and request assistance according to procedures discussed in briefing* • *Notify Operations Section Chief when resources are moved or shared between divisions/groups or excess to operational needs*	I1 I2 O1		

Behavior: Take appropriate action based on assessed risks.

53.	Apply a risk management process. • *Situational Awareness* • *Hazardous assessment*	I1 I2 O1		

	• *Hazard control* • *Decision Point* • *Evaluation*			
54.	Manage an incident within an incident and take appropriate action based on established procedure. • *Notify your supervisor of situation* • *Document actions taken*	R		

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

TASK	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
Behavior: Modify approach based on evaluation of incident situation in accordance with overall incident objectives.			
55. Adjust tactical plan in response to opportunities or problems encountered.	I1 I2 O1		
Behavior: Provide logistical support as necessary.			
56. Identify and plan for logistical support needs. • *Review logistics elements of plan to determine if they meet operational needs* • *Maintain documentation of accountable property assigned to the division/group* • *Anticipate and resolve logistical needs*	I1 I2 O1 O2		
Behavior: Transfer position duties while ensuring continuity of authority and knowledge and while taking into account the increasing or decreasing incident complexity			
57. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g. incoming Incident Management Team (IMT), host agency/organization). • *Inform subordinate staff and IC* • *Document follow-up action needed and submit to supervisor*	I1 O1		
Behavior: Plan for demobilization and ensure demobilization procedures are followed.			
58. Anticipate demobilization of resources. • *Identify excess resources* • *Prepare schedule for demobilization*	I1 O1		
59. Ensure demobilization of resources. • *Brief subordinate staff on demobilization procedures and responsibilities* • *Ensure incident and agency/organization demobilization procedures are followed*	I1 O1		
60. Demobilize and check out. • *Receive demobilization instructions from incident supervisor* • *If required, complete Demobilization Check-out, ICS 221 and submit completed form to the appropriate person*	I1 O1		
61. Demobilize equipment as needed.	I1 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: