



Department of Public Safety

Division of Emergency Management

ALL-HAZARDS PLANNING SECTION

Task Book for the Positions of:

RESOURCES UNIT LEADER (RESL-AH)

SITUATION UNIT LEADER (SITL-AH)

DEMOBILIZATION UNIT LEADER (DMOB-AH)

DOCUMENTATION UNIT LEADER (DOCL-AH)

This Position Task Book has a direct entry position and includes tasks for the following position;

Status/Check-In Recorder

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:

RESOURCE UNIT LEADER (RESL-AH) – Signature Section**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:**
RESOURCE UNIT LEADER (RESL-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:

<i>Credentialing Officer</i>

Trainee's Name:

Is credentialed in the following position:
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Credentialing Officer's Signature:

Credentialing Officer's Printed Name:

Title:

Date:

Phone Number:

SITUATION UNIT LEADER (SITL-AH) – Signature Section

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:

SITUATION UNIT LEADER (SITL-AH)

<i>Final Evaluator's Verification:</i> 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:

<i>Employing/Sponsoring Organization's Agency Head</i>

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:

<i>Credentialing Officer</i>

Trainee's Name:

Is credentialed in the following position:
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Credentialing Officer's Signature:

Credentialing Officer's Printed Name:

Title:

Date:

Phone Number:

DEMOBILIZATION UNIT LEADER (DMOB-AH) – Signature Section**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:

DEMOBILIZATION UNIT LEADER (DMOB-AH)

<i>Final Evaluator's Verification:</i> 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:

<i>Employing/Sponsoring Organization's Agency Head</i>

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:

<i>Credentialing Officer</i>

Trainee's Name:

Is credentialed in the following position:
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Credentialing Officer's Signature:

Credentialing Officer's Printed Name:

Title:

Date:

Phone Number:

DOCUMENTATION UNIT LEADER (DOCL-AH) – Signature Section**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:

DOCUMENTATION UNIT LEADER (DOCL-AH)

<i>Final Evaluator's Verification:</i> 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:
<i>Employing/Sponsoring Organization's Agency Head</i>
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:

<i>Credentialing Officer</i>
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 reevaluated, 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.

Task Book for the Positions of
ALL-HAZARDS
RESOURCES UNIT LEADER (RESL-AH)
SITUATION UNIT LEADER (SITL-AH)
DEMOBILIZATION UNIT LEADER (DMOB-AH)
DOCUMENTATION UNIT LEADER (DOCL-AH)

This Position Task Book has a direct entry position and includes tasks for the following position;

Status/Check-In Recorder

The common tasks for these positions are listed first

These tasks only need to be completed once

The tasks specific to each position are listed following the common tasks

All-Hazards Planning Section Unit Leader Common Tasks	pages 16-23	(Tasks 1-43)
Resources Unit Leader (RESL-AH) Specific Tasks	pages 24-27	(Tasks 44-60)
Situation Unit Leader (SITL-AH) Specific Tasks	pages 28-29	(Tasks 61-67)
Demobilization Unit Leader (DMOB-AH) Specific Tasks	pages 30-32	(Tasks 68-75)
Documentation Unit Leader (DOCL-AH) Specific Tasks	pages 33-34	(Tasks 76-86)
Evaluator Instructions	Page 35-36	
Evaluator Information	Pages 37-50	

The following Competencies, Behaviors, and Tasks (1 through 43) are common for all the Unit Leader positions in this task book and need to be evaluated once unless the evaluator of an additional Unit Leader position feels the trainee needs to be reevaluated on some or all the Common Task and is noted on the Evaluation Record.

Competency: Assume position responsibilities.

Description: Successfully assume role of All Hazards Unit Leader within the Planning Section and initiate position activities at the appropriate time according to the following behaviors.

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Ensure readiness for assignment.

1. Obtain and assemble information and materials needed for a response kit prior to receiving an assignment, including 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: • <i>ICS forms and logs applicable to position</i> • <i>Tools and supplies applicable to position</i>	I1 I2 O1 O2		
2. Obtain information prior to deployment. • <i>Incident type, name, and number</i> • <i>Travel authorization number</i> • <i>Specific job assignment</i> • <i>Name and phone of supervisor if available</i> • <i>Reporting time and location</i> • <i>Transportation arrangements</i> • <i>Contact procedures during travel</i> • <i>Expected duration of assignment</i> • <i>Expected working conditions</i>	I1 I2 O1 O2		
3. Check in at designated incident check-in location and complete check-in documentation.	I1 I2 O1 O2		
4. Report to the Planning Section Chief or Training Specialist (if staffed) to check in as a trainee.	I1 O1 O2		
5. Organize workspace and keep unit operating. • <i>Order staff, materials and supplies using procedures established by the section chief</i>	I1 I2		

- Maintain quantities of forms, supplies, equipment, and materials at a level to prevent shortage of any basic needed items - Track orders and confirm time of arrival	O1		
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TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.

6. Determine unit support needs and staffing requirements to meet the Incident Action plan (IAP) or other relevant plans. Request and document additional staffing established by the section chief	I1 O1 O2		
7. Ensure that unit subordinates are qualified to perform assigned positions.	I1 O1		
8. Develop Unit Operating Plan. Include Continuity of Operations	I1 O1 O2		

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

9. Obtain initial briefing and information from Incident 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 O1 O2		
10. 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: Establish effective relationships with relevant personnel.

11. Establish and maintain positive interpersonal and interagency working relationships. <i>Federal, State, Local, Tribal, Non-Governmental Organizations</i>	I1 O1		
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Behavior: Establish organization structure, reporting procedures, and chain of command of assigned resources.

12. Organize assigned personnel to meet the needs of the unit.	I1 O1 O2		
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Behavior: Understand and comply with ICS concepts and principles.

13. Coordinate with functional areas within the ICS structure.	I1 I2 O1		
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Competency: Lead assigned personnel.

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

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Model leadership values and principles.

14. Exhibit principles of duty. <i>Be proficient in your job, both technically and as a leader</i> <i>Make sound and timely decisions</i> <i>Ensure tasks are understood, supervised and accomplished</i> <i>Develop your subordinates for the future</i>	I1 I2 O1 O2		
15. Exhibit principles of respect. <i>Know your subordinates and look out for their well- being</i> <i>Keep your subordinates informed</i> <i>Build the team</i> <i>Employ your subordinates in accordance with their capabilities</i>	I1 I2 O1 O2		
16. Exhibit principles of integrity. <i>Know yourself and seek improvement</i> <i>Seek responsibility and accept responsibility for your actions</i> <i>Set the example</i>	I1 I2 O1 O2		

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

17. Provide for the safety and welfare of assigned resources. • <i>Be alert to, and monitor the health and welfare of assigned resources</i> • <i>Account for assigned resources</i> • <i>Provide for care of assigned personnel and notify supervisor in event of sickness, injury, or accident</i> • <i>Ensure adequate rest, hydration, and nutrition is provided to all unit personnel</i> • <i>Recognize any specific or medical needs or other special needs of all unit personnel</i> • <i>Recognize, mitigate and communicate potentially hazardous situations</i> • <i>Provide safety and identifying equipment, such as vests identifying the communications function, flashlights, and glow sticks</i> • <i>Ensure that special precautions are taken when extraordinary hazards exist</i>	I1		
	I2		
	O1		
	O2		

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Establish work assignments and performance expectations, monitor performance, and provide feedback.

18. Ensure subordinates understand assignment for operational period.	I1		
	I2		
	O1		
	O2		
19. Ensure subordinates have the ability to clearly understand and give instructions in the incident's common language.	I1		
	I2		
	O1		
	O2		
20. Develop units' schedule/assignments based on IAP relevant plan.	I1		
	O1		
	O2		
21. Complete daily review of units staffing requirements and ensure adequate personnel to meet needs.	I1		
	O1		

22. Evaluate subordinate's performance. - Communicate deficiencies immediately and take corrective action - Provide training opportunities where available - Complete personnel performance evaluations according to agency guidelines	I1		
	I2		
	O1		
	O2		
Behavior: Emphasize teamwork.			
23. Establish cohesiveness among assigned resources. - Provide for open communication - Seek commitment - Set expectations for accountability - Focus on the team result	I1		
	I2		
	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 rapidly changing, high-risk environment.

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task	
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Behavior: Ensure relevant information is exchanged during briefings and debriefings.

24. Brief and keep subordinates informed and updated. Ensure unit leader expectations are communicated and understood	I1			
	I2			
	O1			
	O2			
25. Participate in incident operational briefings and meetings as directed. - Record corrections to documents (e.g., IAP, maps) - Provide information as requested	I1			
	I2			
	O1			
	O2			
26. Participate in functional area briefings and conduct section After Action Reviews (AARs).	I1			
	I2			
	O1			
	O2			

Behavior: Ensure documentation is complete and disposition is appropriate.

27. Review and approve subordinate time reports.	I1			
	I2			
	O1			
	O2			
28. Submit documentation to Documentation Unit Leader or appropriate agency representative within established timeframes. - General Message, ICS 213 - Activity Log, ICS 214	I1			
	O1			
	O2			
29. Compile unit documentation for final incident package.	I1			
	O1			
30. Prepare units input for transition plan as requested.	I1			
	O1			
31. Prepare units input for final narrative as requested.	I1			
	O1			

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.

32. Prepare unit information for briefings and meetings.	I1		
	O1		

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

33. Coordinate across functional areas. - Provide timely feedback in response to requests - Communicate, Cooperate, and Coordinate	I1		
	I2		
	O1		
	O2		
34. Establish protocols and set time frames for information exchange to appropriate section to complete work assignments. - IAP inputs - Incident Status Summary (ICS 209) - Tentative releases	I1		
	O1		
	O2		

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

35. Support the development of plans. • <i>Incident Action Plan (IAP)</i> • <i>Contingency/Continuity of Operations (COOP)</i> • <i>Equipment breakdown</i> • <i>Power outages</i> • <i>Unexpected staffing shortages</i> • <i>Incident within the incident</i>	I1 O1		
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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: Follow established procedures and/or safety procedures relevant to given assignment.

36. Ensure established guidelines are followed. • <i>Work/rest</i> • <i>Personal protective equipment (PPE) when required for field assignments</i> • <i>Communication (e.g., radio, cell phone)</i>	I1 O1		
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TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.

37. Coordinate an efficient transfer of position duties when mobilizing (e.g., host agency or outgoing Incident Management Team (IMT)). • <i>Inform subordinate staff and supervisor as appropriate</i> • <i>Document follow-up action needed and submit to supervisor</i>	I1 O1		
38. Coordinate an efficient transfer of position duties when demobilizing [e.g., incoming Incident Management Team (IMT), host agency]. • <i>Inform subordinate staff and supervisor as appropriate</i> • <i>Document follow-up action needed and submit to supervisor</i>	I1 O1		

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

39. Anticipate demobilization of unit resources. • <i>Identify excess resources</i> • <i>Prepare schedule for demobilization</i>	I1 O1		
40. Ensure demobilization of unit resources. • <i>Brief subordinate staff on demobilization procedures and responsibilities</i> • <i>Ensure incident and agency demobilization procedures are followed.</i>	I1 O1		
41. Demobilize and check out. • <i>Receive demobilization instructions from incident supervisor</i> • <i>If required, complete Demobilization Check-out, ICS 221 and submit completed form to the appropriate person</i>	I1 O1		
42. Demobilize equipment as needed. • <i>Documentation of lost/missing equipment or supplies</i>	I1 O1		

Behavior: Take appropriate action based on assessed risk.

43. Apply a risk management process. • <i>Situation Awareness</i> • <i>Hazard Assessment</i> • <i>Hazard Control</i> • <i>Decision Point</i> • <i>Evaluate</i>	I1 I2 O1		
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Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

The following competencies, Behaviors, and Tasks (44 through 60) are specific to the position of Resources Unit Leader and should be completed only by those individuals who are working towards becoming qualified in that Position.

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	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Demonstrate knowledge and ability to perform the Status/Check-in function that is subordinate to the unit.

44. Manage or perform Status/Check-in functions. - Establish data collection standards for check-in (e.g., data format, calculation of data) - Establish type of information to gather (e.g., travel status information, contract work limitation, incident qualifications, and phone numbers) - Establish check in locations - Collect and process check-in information (e.g., Check-In List, ICS 211; Resource Status Card, ICS 219; data base) following established timeline - Evaluate check-in information and ensure established standards are being met - Demonstrate ability to meet operational resource needs (e.g. create STs and TFs using unassigned resources) - Determine logistical needs (e.g., electricity, shade, transportation, communication)	I1 I2 O1 O2		
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Competency: Lead assigned personnel.

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

Behavior: Coordinate interdependent activities.

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

45. Coordinate with the Logistics Section/Supply Unit or ordering point on status of outstanding resource orders.	I1 O1		
46. Coordinate with Finance, Logistics, and Operations Sections to verify status of current resources. Identify unassigned resources and take appropriate action	I1 O1		

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Coordinate interdependent activities.

47. Interact with Demobilization Unit Leader to provide access to resource status system and other information. Adjust resource availability information to reflect implementation of incident demobilization plan and pending scheduled releases	I1 O1		
48. Provide information on current status of resources to Situation Unit Leader for completion of Incident Status Summary, ICS 209 within established time frames.	I1 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 rapidly changing, high-risk environment.

Behavior: Ensure relevant information is exchanged during briefings and debriefings.

49. Attend strategy, tactics, and planning meetings as directed. Provide resource information as requested	I1 O1		
50. Complete Operational Planning Worksheet, ICS 215 with the Operations Section Chief. Record changes to Operational Planning Worksheet, ICS 215	I1 O1		

Behavior: Ensure documentation is complete and disposition is appropriate.

51. Submit completed original documents as appropriate (e.g., each operational period, final package).	I1 O1		
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Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

• <i>Original IAP</i> • <i>Corrected copy of IAP</i> • <i>Organization chart/list</i> • <i>Operational Planning Worksheet, ICS 215</i> • <i>Check-In List, ICS 211</i> • <i>Resource Status Cards, ICS 219</i>			
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TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.

52. Establish time frames and protocols for information exchange to complete work assignments. • <i>Organizational list, ICS 203 and 207, if needed</i>	I1 O1		
53. Respond to requests for information about resources. • <i>Process requests for information and create reports using manual and automated database systems.</i> • <i>Process emergency requests for information in a timely manner</i>	I1 I2 O1		
54. Set up and maintain resource status system (e.g., status cards, automated system) to reflect the function, organization, status, and location of resources on the incident. • <i>Adjust resource status to reflect changes in status for incident resources</i> • <i>Check and maintain accuracy of current resource information and document operational changes in a corrected IAP, status card displays, or automated system</i>	I1 I2 O1		

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

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

55. Prepare Assignment List, ICS 204, for the next operational period. • <i>Include assignments, instructions, and additional information contained in the Operational Planning Worksheet, ICS 215</i> • <i>Include the hazard/risk mitigation measures from the IAP Safety Analysis, ICS 215A</i> • <i>Use information from the most recent communications plan</i> • <i>Submit Assignment List, ICS 204 as part of the IAP</i>	I1 I2 O1		
56. Prepare Organization Assignment List, ICS 203 and/or Incident Organization Chart, ICS 207. • <i>Reflect results of most recent planning meeting and updated resource status system</i> • <i>Submit Organization Assignment List, ICS 203 as part of the IAP</i> • <i>Post Organization Chart, ICS 207 in highly visible locations</i>	I1 I2 O1 O2		

Competency: Ensure completion of assigned actions to meet identified objectives.

Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.

57. Monitor restrictions/work requirements for all resources to maximize safe and efficient assignments and demobilization. • <i>Number of days worked in succession</i> • <i>Rest and recuperation requirements</i> • <i>Number of days on previous assignment</i> • <i>Contract limitations</i> • <i>Restrictions on type of assignment</i> • <i>Assignment to remote locations</i> • <i>Assignment to special work periods</i> • <i>Incident qualifications</i>	I1 O1		
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Behavior: Utilize information to produce outputs.

58. Reconcile resource needs as identified on the ICS 215. • <i>If requested by the Operations Section Chief, and with</i>	I1		
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Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

<i>approval of the Planning Section Chief, prepare resource orders</i>	O1 O2		
59. Coordinate resource assignments with Operations Section Chief to assign specific resources to fill needs as identified on ICS 215. • <i>Update resource status system to reflect approved assignments</i>	I1 O1 O2		
60. Compile master IAP. • <i>Submit to Planning Section Chief and/or Incident Commander for approval signature</i>	I1 O1 O2		

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

The following competencies, Behaviors, and Tasks (61 through 67) are specific to the position of **Situation Unit Leader** and should be completed only by those individuals who are working towards becoming qualified in that Position.

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Competency: Assume position responsibilities.

Description: Successfully assume role of Unit Leader within the Planning Section and initiate position activities at the appropriate time according to the following behaviors.

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

61. Obtain maps, charts and data (paper or digital). • Ensure maps are high quality and suitable for copying • Ensure data is in a format that can be utilized • Ensure maps and data provide adequate detail and cover the area that can potentially be involved in the incident • Collect existing maps and data from prior operational periods	I1 I2 O1		
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Competency: Communicate effectively.

Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

Behavior: Ensure documentation is complete and disposition is appropriate.

62. Submit documentation to Documentation Unit Leader within established time frames. • Incident Status Summary, ICS 209 (original) • Maps, charts and overlays • Electronic media (photos, electronic presentations, maps, videos) • Unit narrative	I1 O1		
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Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.

63. Prepare, update and distribute incident maps and map data. • Collect, analyze, and evaluate incident information • Balance the need for accuracy with the need for timeliness • Adhere to agency or specific incident standard symbols • Maintain incident maps (e.g., Situation Unit, IAP, Operational Briefing, Transportation, Facilities, Progression and Evacuation) in a neat and orderly manner	I1 O1 O2		
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Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

Coordinate with Information Officer to establish and maintain displays			
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TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.

64. Attend strategy, tactics, and planning meetings as directed. Provide information to help increase situational awareness as requested	I1 O1		
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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: Utilize information to produce outputs.

65. Complete and submit Incident Status Summary, ICS 209. - Collect and evaluate incident information from appropriate sections - Balance need for accuracy with the need for timeliness - Obtain final approval by Incident Commander - Determine appropriate method for timely submission to Agencies having jurisdiction - Distribute to appropriate incident staff	I1 O1 O2		
66. Ensure required IAP inputs are provided within established timeframes. - Weather forecast - Fire, Flood or environmental behavior forecast - Maps	I1 O1 O2		
67. Present appropriate types of data to the Operations Section in a useable format. - Order infrared or other services using established procedures - Mapping/GIS - Sampling - Damages - Plume modeling	I1 O1 O2		

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

The following competencies, Behaviors, and Tasks (68 through 75) are specific to the position of Situation Unit Leader and should be completed only by those individuals who are working towards becoming qualified in that Position.

Competency: Communicate effectively.

Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.

68. Gather resource information needed to plan for demobilization from various sources. • Incident briefing • IAP • Check-in information • Resource orders • Resource status system • Section Chiefs and Unit Leaders • Tentative release dates	I1 O1		
69. Distribute final version of incident demobilization plan. • Provide copies to command and general staff and agency dispatch for comment and approval • Distribute final copies to Command and General Staff, appropriate Unit Leaders, Agency Representatives, dispatch, coordination center (EOC) and others who assist in implementation of plan	I1 O1		

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

70. Obtain objectives, priorities, schedules, and constraints for the incident demobilization plan. • Consult with Planning Section Chief, Agency Representatives, Liaison Officer, and dispatch or coordination center (EOC) • Develop a mutually acceptable format for exchange of demobilization information with dispatch or the coordination center (EOC) • Collect demobilization guidelines from local agency and/or	I1 O1		
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Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

coordination center (EOC) Contact Section Chiefs and Unit Leaders to obtain incident level direction			
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TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public.

71. Prepare incident demobilization plan within established time frames. - General information section - Responsibility section - Release section - Release procedure section - Travel information section - Emergency demobilization section	I1 O1 O2		
72. Obtain review and approval of the incident demobilization plan.	I1 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: Utilize information to produce outputs.

73. Implement and monitor incident demobilization plan. - Collect from Command and General Staff information on proposed demobilization dates and times - Create tentative demobilization list for approval by dispatch - Post tentative/confirmed demobilization list in highly visible location - Prepare complete Demobilization Check-out, ICS 221 for each resource prior to demobilization - Maintain contact with those responsible for implementing the incident demobilization plan - Request itinerary from departing resources including Estimated Time of Departure (ETD)/Estimated Time of Arrival (ETA)	I1 O1		
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Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

• <i>Provide remobilization information to reassigned resources</i> • <i>Ensure transportation information is provided to demobilizing resource in a timely manner</i> • <i>Notify dispatch and/or the coordination center (EOC) of confirmed demobilization ETD/ETAs</i> • <i>Advise Planning Section Chief of progress/problems with demobilization</i>			
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TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Utilize information to produce outputs.

74. Finalize incident demobilization. • <i>Coordinate with agency dispatch and coordination center (EOC) to ensure identified resources are demobilized and issues are resolved</i>	I1 O1		
75. Process emergency release requests, following established emergency demobilization plan.	I1 O1		

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

The following competencies, Behaviors, and Tasks (76 through 86) are specific to the position of **Documentation Unit Leader** and should be completed only by those individuals who are working towards becoming qualified in that Position.

Competency: Communicate effectively.

Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Ensure documentation is complete and disposition is appropriate.

76. Prepare and maintain index of incident files. - Organize incident documentation system for both electronic and hard copy files in accordance with the Host Agency Administrator's guidance, or records retention guidance provided by the Agency Administrator - Organize incident files according to guidelines such as National Archives and Records Administration (NARA), HIPPA, and Intelligence Information - Maintain classified data and/or access-controlled sensitive or restricted data that is classified, declassified or downgraded, for use by the intended audience	I1 O1		
77. Ensure electronically stored information meets legal documentation, security, and archival requirements of the Agency Administrator.	I1 O1		
78. Maintain, safeguard, and securely store incident records.	I1 O1		
79. Deliver final documentation package to designated person.	I1 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.

80. Ensure maintenance agreements for unit equipment meet needs.	I1 O1		
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Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

TASK	C O D E	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.

81. Coordinate with functional areas for collection of incident documentation. • <i>Timeframes</i> • <i>Pertinent submissions</i>	I1 O1		
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Behavior: Make appropriate decisions based on analysis of gathered information

82. Establish priorities for duplication in conjunction with Planning Section timeframes. • <i>Ensure contingency plans are in place for back up duplication services</i>	I1 O1		
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Behavior: Utilize information to produce outputs.

83. Provide duplication and collation services. • <i>Consider alternatives for duplication services (e.g., on-incident, off-incident, contract services)</i> • <i>Anticipate and plan for future incident duplication needs</i>	I1 O1		
84. Provide for IAP or other relevant plan duplication. • <i>Determine with Planning Section Chief, number of copies needed</i> • <i>Produce copies within established timeframe</i>	I1 O1		
85. Produce final documentation package. • <i>Include appropriate files from sections and units</i> • <i>Determine recipients for final documentation package</i> • <i>Provide to Planning Section Chief for final review</i> • <i>Complete index for final documentation package</i>	I1 O1		

Behavior: Ensure functionality of equipment.

86. Ensure duplication equipment is operational.	I1 O1 O2		
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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:

Evaluator's Record #7

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 #8

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 #9

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 #10

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 #11

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 #12

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:

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