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

ALL-HAZARDS FINANCE/ADMINISTRATION SECTION

Task Book for the Positions of:

COMPENSATION/CLAIMS UNIT LEADER (COMP-AH)

PROCUREMENT UNIT LEADER (PROC-AH)

TIME UNIT LEADER (TIME-AH)

COST UNIT LEADER (COST-AH)

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

Personnel Time Recorder

Equipment Time 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:

COMPENSATION/CLAIMS UNIT LEADER (COMP-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 <u>NOT</u> COMPLETE THIS PART UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CREDENTIALING

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

COMPENSATION/CLAIMS UNIT LEADER (COMP-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:

PROCUREMENT UNIT LEADER (PROC-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:

PROCUREMENT UNIT LEADER (PROC-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:

TIME UNIT LEADER (TIME-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:

TIME UNIT LEADER (TIME-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:

COST UNIT LEADER (COST-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 <u>NOT</u> COMPLETE THIS PART UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CREDENTIALING

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

COST UNIT LEADER (COST-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.

Task Book for the Positions of

ALL-HAZARDS

COMPENSATION/CLAIMS UNIT LEADER (COMP-AH)

PROCUREMENT UNIT LEADER (PROC-AH)

TIME UNIT LEADER (TIME-AH)

COST UNIT LEADER (COST-AH)

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

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 Logistics Section and initiate position activities at the appropriate time according to the following behaviors.

TASK	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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: ● *ICS forms and logs applicable to position* ● *Tools and supplies applicable to position*	I1 I2 O1 O2		
2. Obtain information prior to deployment. ● *Incident type, name, and number* ● *Travel authorization number* ● *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*	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. ● *Order staff, materials and supplies using procedures established by*	I1		

the section chief ● *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*	I2 O1		

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

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 02		

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. ● *Federal, State, Local, Tribal, Non-Governmental Organizations*	I1 O1		

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		

Behavior: Understand and comply with ICS concepts and principles.

13.	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 rapidly changing, high-risk environment.

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

Behavior: Model leadership values and principles.

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

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

17. 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* • *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* • *Recognize, mitigate and communicate potentially hazardous situations* • *Provide safety and identifying equipment, such as vests identifying the communications function, flashlights, and glow sticks* • *Ensure that special precautions are taken when extraordinary hazards exist*	I1 I2 O1 O2		

TASK	**CODE**	**Evaluation Record Number**	**EVALUATOR: Initial & date upon completion of task**
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	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
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 .	I1 I2 O1 O2		
27. Conduct unit After Action Reviews (AARs).	I1		

	I2 O1 O2		

Behavior: Ensure documentation is complete and disposition is appropriate.

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

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

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

33. 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.

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

• *Tentative releases*	O2		

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

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

37. Ensure established guidelines are followed. • *Work/rest* • *Personal protective equipment (PPE) when required for field assignments* • *Communication (e.g., radio, cell phone)*	I1 O1		

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

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

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

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

40. Anticipate demobilization of unit resources. ● *Identify excess resources* ● *Prepare schedule for demobilization*	I1 O1		
41. Ensure demobilization of unit resources. ● *Brief subordinate staff on demobilization procedures and responsibilities* ● *Ensure incident and agency demobilization procedures are followed.*	I1 O1		
42. 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		
43. Demobilize equipment as needed. ● *Documentation of lost/missing equipment or supplies*	I1 O1		

Behavior: Take appropriate action based on assessed risk.

44. Apply a risk management process. ● *Situation Awareness* ● *Hazard Assessment* ● *Hazard Control* ● *Decision Point* ● *Evaluate*	I1 I2 O1		

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

The following competencies, Behaviors, and Tasks (45 through 53) are specific to the position of ***Compensation/Claims Unit Leader*** *and should be completed only by those individuals who are working towards becoming qualified in that Position.*

Competency: Assume position responsibilities.

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

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

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

45. Establish secure and confidential interview location.	I1O1		
46. Develop access to check in and employment information of all incident responders.	I1O1		
47. Follow employee incident from initial report through to return to home unit.	I1O1		

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.

48. Coordinate and interact with host incident agency. ● *Daily report of comp/claims cases* ● *Establish relationship with purchasing officials*	I1O1		
49. Establish relationship with the Medical Unit.	I1O1		
50. Initiate communications and protocols with potential patient care facilities. ● *Hospitals, clinics, care facilities* ● *Payment* procedures	I1O1		

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	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure documentation is complete and disposition is appropriate.			
45. Provide input for the Incident Status Summary (ICS 209).	I1 O1		
46. Maintain appropriate documentation. ● *Host agency property damage or replacement forms* ● *Host agency Worker Compensation forms*	I1 O1		
47. Review paperwork for accuracy and ensure case files are completed and transmitted to the appropriate administrative processing agency. ● *Determine proper documentation for incident personnel is completed*	I1 O1		

The following competencies, Behaviors, and Tasks (54 through 63) are specific to the position of ***Procurement Unit Leader*** *and should be completed only by those individuals who are working towards becoming qualified in that Position.*

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	CODE	Evaluation Record Number	EVALUATOR: Initial & date upon completion of task
Behavior: Coordinate interdependent activities.			
54. Coordinate and interact with host incident agency. ● *Procurement staff - ensure agency guidelines are followed* ● *Payment team - meet specific requirements*	I1 O 1		
55. Provide contract administration guidance to logistics and operations. ● *Emergency Equipment Rental Agreements* ● *Shift time records* ● *Fuel issues* ● *Double shifts* ● *Contract disputes* ● *Contractor billing statements*	I1 O 1		

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.

56. Ensure auditing process is followed.	I1 O 1		
57. Review paperwork for accuracy and ensure payment packages are completed and transmitted to appropriate administrative processing agency.	I1 O 1		
58. Ensure time is recorded and other relevant documents are completed for contracted resources.	I1		

	O 1		
59. Establish tracking method for fuel, repair and commissary issues.	I1 O 1		
60. Provide information for cost containment effort, as requested.	I1 O 1		

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

61. Ensure agreement and contract documents are in place to meet incident needs and are properly administered. ● *Refer contractor claims or disputes to Contracting Officer for resolution*	I1 O 1		

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

62. Review excessive shift lengths and ensure mitigation measures are documented.	I1 O 1		
63. Coordinate with Cost Unit Leader.	I1 O 1		

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

64.	Restrict purchases of fuel, and/or equipment repairs based on demobilization schedule.	I1 O 1		

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

*The following competencies, Behaviors, and Tasks (64 through 89) are specific to the position of **Time Unit Leader** and should be completed only by those individuals who are working towards becoming qualified in that Position.*

***NOTE**: Some qualification systems have the Equipment Time Recorder in the Ground Support Unit and others in the Procurement Unit; the IIMTQS has retained this position and Personnel Time Recorder in the Time Unit.*

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 the Personnel Time Recorder that is subordinate to this unit.			
65. Establish filing system for incident personnel time reports.	I1 O1		
66. Close out time documents prior to personnel leaving the incident.	I1 O1		
67. Initiate a time report for personnel assigned to the incident. ● *Determine time report documentation needed for incident personnel*	I1 O1		
68. Post, or update time for personnel assigned to the incident.	I1 O1		
69. Ensure employee identification information is verified (Resource Order number, employee type, and position).	I1 O1		
70. Post commissary issues to personnel time documents.	R		
71. Ensure time reports have been signed by an appropriate supervisor.	I O1 O2		
Behavior: Demonstrate knowledge and ability to perform the Equipment Time Recorder that is subordinate to the unit.			
72. Set up Equipment Time Recorder function in location designated by supervisor.	I1 O1		
73. Assist resources, ground support and facilities units in establishing a	I1		

	system for collecting equipment time reports.	O1	
74.	Prepare payment document for equipment as required and per host agency policy.	I1 O1	

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

Behavior: Demonstrate knowledge and ability to perform the Equipment Time Recorder that is subordinate to the unit

75.	Post equipment time after each operational period.	I1 O1		
76.	Maintain current posting on charges or credits for fuel, parts, services and commissary.	I1 O1		
77.	Verify equipment time data and deductions with owner or operator of equipment.	I1 O1		
78.	Complete Equipment Time forms according to host agency specifications.	I1 O1		
79.	Close out Equipment Time forms prior to demobilization; distribute copies per host agency and incident policy.	I1 O1		

Competency: Lead assigned personnel.

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

Behavior: Coordinate interdependent activities.

80.	Advise incident personnel on pay and travel regulations, policies and procedures. ● *Work/rest guidelines* ● *Agency specific hiring and payment processes and procedures* ● *Assignment extensions* ● *Meal breaks* ● *Hazard/environmental pay*	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 documentation is complete and disposition is appropriate.

81.	Ensure auditing process is established. ● *Continuation of pay, mandatory days off, and deductions are posted*	I1 O1		
82.	Brief subordinate personnel. ● *Personnel Time Recorder* ● *Equipment Tine Recorder*	R		

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

Behavior: Ensure documentation is complete and disposition is appropriate.

83.	Review paperwork for accuracy and ensure payment packages are completed and transmitted to appropriate administrative processing agency.	I1 O1		
84.	Brief Finance/Administration Section Chief on current problems and recommendations, outstanding issues and follow-up requirements.	I1 O1		
85.	Ensure paperwork is completed for hiring of emergency workers.	R		
86.	Submit cost estimate data to Cost Unit as required.	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: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.

87.	Review excessive shift lengths and ensure mitigation measures are documented.	I1 O1		

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

88.	Schedule resource demobilization with appropriate incident units.	I1 O1		
89.	Ensure that personnel time records are current or complete prior to demobilization.	I1 O1		
90.	Ensure equipment records are current or completed prior to demobilization.	I1 O1		

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

The following competencies, Behaviors, and Tasks (90 through 101) are specific to the position of ***Cost Unit Leader*** *and should be completed only by those individuals who are working towards becoming qualified in that Position.*

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

Competency: Lead 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.

91. Establish information flow with other cost centers. ● *Air Support* ● *Facilities* ● *Procurement*	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.

92. Provide input for the Incident Status Summary (ICS 209).	I1 O1		
93. Coordinate cost estimates to host agency and incident personnel per Host Agency guidelines.	I1 O1		

Behavior: Ensure documentation is complete and disposition is appropriate.

94. Document incident costs according to direction, timeframes, and regulations.	I1 O1		
95. Finalize cost documentation. ● *Coordinate completion of incident finance package with Finance Section Chief and Host Agency Having Jurisdiction.*	I1 O1		

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

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.

96.	Assist with the development of cost share agreements.	I1 O1		
97.	Track costs in accordance with established cost share agreements.	I1 O1		

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.

98.	Verify incident resources with Planning Section.	I1 O1		
99.	Provide information for cost containment effort, as requested. ● *Coordinate with Procurement Unit Leader and other cost centers*	I1 O1		
100.	Ensure resources are entered and tracked in the applicable cost reporting program. ● *Validate rates within the applicable cost reporting program for accuracy by geographic area* ● *Provide projections as necessary*	I1 O1		

Behavior: Utilize information to produce outputs.

101.	Ensure cost packages are completed and distributed in accordance with agency policy.	I1 O1		
102.	Ensure accruals are reported in accordance with host agency policy.	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:

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: