



Task Book for the Position of

ALL-HAZARDS

LIAISON OFFICER (LOFR-AH)

Version: December 2016



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All-Hazards Liaison Officer (LOFR-AH)

Position Task Book Assigned to

Trainee's Name
Duty Station
Phone Number
E-Mail

Was initiated by

Official's Name
Title
Duty Station
Phone Number
E-Mail

Was initiated at

Location
Date

All-Hazards Incident Management Teams Association (AHIMTA) was founded in 2010, as a grassroots 501(c) (6) professional association comprised of several hundred incident management practitioners from multiple disciplines representing Federal, State and local agencies, nongovernmental organizations (NGOs), and the private sector. The main driving factor for the creation of the Association was the critical need for standardized qualifications for All-Hazards Incident Management Teams (AHIMTs), particularly at the Type 3 complexity level for interstate deployment. In 2013 The AHIMTA formed the Incident Qualifications System Committee (IQS) to further the ICS qualifications guidance work started at the Federal level. After a year of development, stakeholder input, and vetting the first edition of the Interstate Incident Management Team Qualifications Systems (IIMTQS) Guide was published in March of 2014.

This Position Task Book (PTB) was developed and is owned and maintained by the AHIMTA as one of the components of its *Interstate Incident Management Team Qualifications System*. Any comments, corrections, or suggestions to this PTB or to any component of its *Interstate Incident Management Team Qualifications System* should be emailed to the All-Hazards Incident Management Teams Association. AHIMTA@AHIMTA.org

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ALL-HAZARDS LIAISON OFFICER (LOFR-AH)

Trainee Name:
FINAL EVALUATOR'S VERIFICATION:
<i>Evaluator; DO NOT complete this unless you are recommending the trainee for certification.</i>
I verify all tasks have been performed and are documented with appropriate initials.
I also verify the trainee should be considered for certification in this position.
Evaluator's Signature
Date
Evaluator's Printed Name
Title
Duty Station
Phone Number
E-Mail

CERTIFYING OFFICIAL

Trainee Name:
Has met all requirements for qualification in this position is certified for the position.
Official's Signature:
Date
Official's Printed Name
Title
Duty Station
Phone Number
Email

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NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

INCIDENT COMMAND SYSTEM (ICS)

POSITION TASK BOOKS (PTBs)

Position Task Books (PTBs) are designed to be used by any individual (trainee) interested in becoming certified under the National Incident Management System (NIMS). The PTB's are intended to be 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. An Evaluation Record will be completed by all evaluators documenting the trainee's progress after each evaluation opportunity.

Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the "authority having jurisdiction" (of the trainee), that the trainee be certified in that position. Evaluation and confirmation of the trainee's performance while 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, simulation/tabletop exercise, planned 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 Interstate Incident Management Team Qualifications System [IIMTQS] Guide lists the definitions for trainee, evaluator, training officer and authority having jurisdiction.

Responsibilities:

1. Authority having jurisdiction (AHJ):

- 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. Training Officer:

- Providing the correct version of the PTB to the individual in order to document performance.
- Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
- Tracking progress of the trainee.
- Identifying incidents or situations where the trainee may have evaluation opportunities.
- Identifying and assigning an evaluator who can provide a positive experience for the trainee, when the evaluation opportunity is within the AHJ's jurisdiction.
- Receiving and filing documentation from the assignment.

3. The Individual/ Trainee:

- Reviewing and understanding instructions in the PTB.
- Identifying desired objectives/goals whenever an opportunity for evaluation is recognized.
- Providing background information to an evaluator.
- Assuring the evaluation record is complete.

- Completing all tasks for an assigned position within the timeframe allowed for that position. All tasks with an approval older than the allowed timeframe must be reevaluated.
- Notifying the local AHJ /training officer when the PTB is completed, and obtaining the appropriate signature recommending certification.
- Retaining the original PTB and provide a copy of the PTB to the appropriate individual for review by the State Qualification Review Committee (SQRC) (refer to the current edition of the *IIMTQS Guide*).

4. **Evaluator(s):**

- Being qualified and proficient in the evaluated position.
- Meeting with the trainee and determining past experience, current qualifications and desired objectives/goals.
- Reviewing tasks with the trainee.
- Explaining to the trainee the evaluation procedures that will be utilized and which tasks may be performed during the evaluation period.
- Accurately evaluating and recording demonstrated performance of tasks. Dating and initialing completion of the task to indicate satisfactory performance. Unsatisfactory performance should also be documented.
- Evaluate the numbered tasks only. Do not evaluate bullets as they are provided as examples or additional clarification.
- Completing the Evaluation Record found at the end of each PTB.
- Completing an Incident Personnel Performance Rating (ICS 225) form.

5. The **Final Evaluator:**

- Being qualified and proficient in the position being evaluated.
- Reviewing the trainee's record to ensure completeness.
- Signing the appropriate verification statement found in the beginning of the PTB when all tasks have been initialed.
- Ensuring all tasks have been completed within the three years prior to submission for final approval.

6. **Incident Training Specialist**

- Issue the PTB with concurrence of employing/sponsoring organization to document task performance.
- Identify incident evaluation opportunities.
- Assist trainees, coaches/trainers and evaluators with proper documentation.
- Conduct progress reviews and answer questions.
- Ensure that coach/trainer and evaluators are qualified and can make accurate and honest appraisal of the trainee's performance.

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 ICS competencies and behaviors recognized by FEMA's National Integration Center and posted to the NIMS Resource Center Web site, <http://www.fema.gov/media-library/assets/documents/11685>.

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 IIMTQS recognizes that the nature of some less critical tasks may be performed on planned events, in exercises, or in other situations and be sufficient demonstration of competency upon which to base qualification.

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 IIMTQS Appendix A – 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 IIMTQS Appendix A – 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 IIMTQS Section XIII. Qualifying Incident, Event, and Exercise Guidelines; Qualifying Exercise Attributes)

This situation must meet the following criteria:

- Is managed under the Incident Command System (ICS)
- Matches or is higher complexity level (see IIMTQS Appendix A – Incident Complexity Analysis Chart) than the type rating being pursued
- Requires a formal written Incident or Event Action Plan (IAP/EAP)
- Requires using the Planning P to plan for multiple operational periods
- For an Event, requires contingency planning for an Incident within the Event.

O2 = Task can be performed in the following situations if the situation affords the opportunity to evaluate the knowledge/skills associated with the ICS position:

- Planned Event not meeting the requirements in O1.
- Exercise not meeting the requirements in O1.
- Training
- Daily Job

R = Rare events seldom occur and opportunities to evaluate Trainee performance in real settings are limited. Examples of rare events include accidents, injuries, vehicle and aircraft crashes. Through interviews, the evaluator may be able to determine if the trainee could perform the task in a real situation.

There are numerous bullet statements listed under each task. The bullet statements are listed as guidelines/examples for the evaluator to consider when insuring the intent of the task has been completed. Not all bullet statements for a task are required to be completed if the overall intent of the task has been satisfied.

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

Competency: Assume position responsibilities

Description: Successfully assume role of Liaison Officer 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.

<ul style="list-style-type: none"> Obtain and assemble information and materials needed for kit. Kit assembled and prepared prior to receiving an assignment. Kit contains critical items needed for the assignment. Kit is easily transportable. The basic information and materials needed may include, but is not limited to, any of the following: <p>Reference Materials</p> <ul style="list-style-type: none"> Appropriate references for the incident (e.g., agency/organization specific policies and procedures). Coast Guard "Incident Management Handbook" Incident Management Training Consortium "Response and Planning Guide" EMSI ICS Institute "Liaison Officer", Job Aid <p>Forms</p> <ul style="list-style-type: none"> ICS 213, General Message ICS 214, Activity Log Agency/organization specific forms appropriate to the function <p>Supplies</p> <ul style="list-style-type: none"> Office supplies appropriate to the function. 	I1 I2 O1 O2		
<p>1. Arrive properly equipped at incident assigned location within acceptable time limits.</p>	I1 I2 O1		
<p>2. Check in according to receiving agency /organization guidelines.</p>	I1 I2 O1		

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

<p>3. Establish a work location within the first operational period.</p> <ul style="list-style-type: none"> Work location must be: Visible. Identifiable. Have adequate work space. Coordinate bulletin board posting of agency/organization information. 	I1 I2 O1 O2		
<p>4. Ensure sufficient personnel and resources to accomplish information exchange.</p>	I1 I2 O1 O2		

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
5. If needed, obtain Assistant(s) for the liaison staff to complete required duties.	I1 O1 O2		

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

6. Obtain complete information from dispatch upon activation. <ul style="list-style-type: none"> • <i>Incident name.</i> • <i>Incident order number.</i> • <i>Request number.</i> • <i>Reporting location.</i> • <i>Reporting time.</i> • <i>Transportation arrangements/travel routes.</i> • <i>Contact procedures during travel (telephone/radio).</i> 	I1 I2 O1		
7. Gather information necessary to assess incident assignment and determine immediate needs and actions. <ul style="list-style-type: none"> • <i>Incident Commander's name and agency/organization contact information.</i> • <i>Type of incident.</i> • <i>Current resource commitments.</i> • <i>Current situation.</i> • <i>Expected duration of assignment.</i> 	I1 I2 O1 O2		
8. Assemble incident information for use in briefings and filling requests. <ul style="list-style-type: none"> • <i>Within the first operational period, obtain incident information from the Incident Commander, Planning Section Chief, Resources Unit and/or Situation Unit.</i> • <i>Update incident information by the beginning of each operational period.</i> 	I1 I2 O1		
9. Assemble receiving agency/organization information for use in answering requests and resolving problems. <ul style="list-style-type: none"> • <i>Obtain assisting, cooperating and non-governmental agency information including:</i> <ul style="list-style-type: none"> - <i>Contact persons (Agency Representatives).</i> - <i>Radio frequencies.</i> - <i>Phone and pager numbers.</i> - <i>Cooperative agreements.</i> - <i>Equipment type.</i> - <i>Number of personnel.</i> - <i>Condition of equipment and personnel.</i> - <i>Agency/organization constraints or limitations.</i> 	I1 I2 O1 O2		

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: Establish effective relationships with relevant personnel.

10. Establish and maintain positive interpersonal and interagency working relationships.	I1 I2 O1 O2		
11. Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident.	I1 I2 O1 O2		

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

12. Supervise liaison staff as needed, based on changes in incident situation and resource status. <ul style="list-style-type: none"> • <i>Ensure priorities are communicated and understood.</i> • <i>Ensure health and safety procedures are maintained.</i> • <i>Ensure effective use and coordination of all assigned resources.</i> 	I1 I2 O1		
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Behavior: Understand and comply with ICS concepts and principles.

13. Maintain appropriate span of control.	I1 I2 O1 O2		
14. Demonstrate knowledge of ICS structure, principles, positions and ICS forms.	I1 I2 O1 O2		

Competency: Lead assigned personnel

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

Behavior: Model leadership values and principles.

15. Exhibit principles of duty. <ul style="list-style-type: none"> • <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>Train and mentor assigned subordinates.</i> 	I1 I2 O1 O2		
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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
16. Exhibit principles of respect. <ul style="list-style-type: none"> Know your subordinates and look out for their well-being. Keep your subordinates informed. Build the team. Assign your subordinates in accordance with their capabilities. 	I1 I2 O1 O2		
17. Exhibit principles of integrity. <ul style="list-style-type: none"> Know yourself and seek improvement. Seek responsibility and accept responsibility for your actions. Set the example. 	I1 I2 O1 O2		
18. Use diplomacy to resolve concerns related to multi-agency/organization involvement.	I1 I2 O1		

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

19. Identify potentially hazardous situations in your working area.	I1 I2 O1		
20. Inform subordinates of hazards/threats.	I1 I2 O1		
21. Ensure special precautions are taken when extraordinary hazards/threats exist.	I1 I2 O1		
22. Ensure adequate rest is provided to all liaison staff.	I1 I2 O1		

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

23. Brief and keep subordinates informed and updated.	I1 I2 O1 O2		
24. Establish time frames and schedules.	I1 I2 O1 O2		

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
25. Assign and monitor work assignments.	I1 I2 O1 O2		
26. Provide counseling and discipline as needed.	I1 I2 O1		
27. Ensure performance ratings are completed as required by the Incident Commander/Agency Administrator.	I1 I2 O1		

Behavior: Emphasize teamwork.

28. Establish cohesiveness among assigned resources. <ul style="list-style-type: none"> • <i>Establish trust through open communications.</i> • <i>Require commitment</i> • <i>Set expectations of accountability</i> • <i>Bring focus to the team result.</i> 	I1 I2 O1		
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Behavior: Coordinate interdependent activities.

29. Interact and coordinate with all Command and General Staff. <ul style="list-style-type: none"> • <i>Receive and transmit current and accurate information.</i> 	I1 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 potentially rapidly changing environment.

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

30. Within the first operational period obtain incident information from the Incident Commander, resource unit and situation unit.	I1 O1		
31. Attend incident planning meetings. Provide assisting and cooperating agency/organization input as necessary.	I1 O1		
32. Conduct briefings at predetermined times and locations with assisting, cooperating and non-governmental agencies prior to each operational period.	I1 I2 O1		
33. Provide assisting and cooperating agencies' input to the planning process.	I1 O1		

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: Ensure documentation is complete and disposition is appropriate.

34. Complete ICS 214 (Activity Log) for each operational period.	I1 O1 O2		
35. Record demobilization issues.	I1 O1		
36. File all records with planning section and/or documentation unit during demobilization.	I1 O1		

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

37. Keep cooperating and assisting agencies informed of planning actions. <ul style="list-style-type: none"> • <i>If necessary, conduct briefing with Agency/Organization Representatives prior to the Planning Meeting, following the Planning Meeting, or following any change in the Incident Action Plan (IAP).</i> • <i>Supply a copy of the Incident Action Plan to Agency/Organization Representatives.</i> 	I1 O1		
38. Respond to requests for information and resolve problems. <ul style="list-style-type: none"> • <i>Fulfill request for information concerning any cooperating or assisting agencies in a timely manner.</i> • <i>Follow up on all requests and problems to ensure their completion within the work period following their initiation.</i> • <i>Problems or requests that remain incomplete after follow-up should be addressed at the next planning meeting.</i> • <i>Advise the Incident Commander of any political or stakeholder concerns related to multi-agency/organization involvement.</i> 	I1 I2 O1		
39. Supply cooperating and assisting agencies with demobilization information at least one operational period prior to demobilization.	I1 O1		

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

40. Assist the Incident Commander in developing a written Incident Action Plan for next operational period (by sharing it with the affected agencies and/or the public, and gaining their support or understanding).	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
41. Assist the Incident Commander in developing and sharing with affected agencies and/or the public and gaining their support or understanding other plans such as, but not limited to: <ul style="list-style-type: none"> • Contingency plans • Media and public information plans • Long term plans (exit strategy or incident completion strategy) • Incident Emergency Plans (incident within an incident) • Mitigation/treatment plan • Demobilization plan 	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.

42. Update incident information by the beginning of each operational period.	I1 O1		
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Behavior: Plan for demobilization and ensure demobilization procedures are followed.

43. Meet with agencies and gather information on personnel and equipment priorities prior to demobilization.	I1 O1		
44. Provide assisting and cooperating agencies' input to the demobilization process. <ul style="list-style-type: none"> • Attend demobilization meeting. • Supply cooperating and assisting agencies. with demobilization information at least one operational period prior to demobilization. • Record demobilization issues. • File all records with the Documentation Unit. • Complete demobilization process. 	I1 O1		

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

45. Determine time of transfer, with Incident Commander and your replacement.	I1 I2 O1		
46. Communicate transfer of Liaison duties to Command and General Staff, and assisting and cooperating agency/organization representatives.	I1 O1		

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
47. If necessary, coordinate with agencies about transfer of command back to local jurisdiction.	I1 I2 O1		

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

48. Follow health and safety procedures and be aware of incident-specific hazards/ threats. <ul style="list-style-type: none"> • <i>Have available and use appropriate personal protective equipment.</i> • <i>Follow established health and safety procedures.</i> • <i>Brief media and public on health and safety concerns of the incident as needed.</i> 	I1 I2 O1 O2		
49. Provide personal protective equipment to assisting and cooperating agencies as appropriate.	I1 I2 O1 O2		
50. Obtain clearance for access to incident from operations personnel.	1 I2 O1		

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

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 (i.e., IIMTQS, NWCG, 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.*

Evaluation Record # 1

TRAINEE NAME	TRAINEE POSITION
Evaluator's Information	
Evaluator's 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 (<i>hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.</i>) and Complexity (<i>Type 1, 2, 3, etc.</i>):	
Number and Type of Resources Pertinent to Trainee's Position: (<i>number of personnel being supervised, number of resources by type and kind</i>)	
Duration: (<i>inclusive dates in Trainee status and number of operational periods in Trainee status</i>)	
<p>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.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ 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).</p> <p>Recommendations/Comments (<i>Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating</i>):</p>	
Evaluator's Signature:	Date:
Evaluator's Initials:	

Evaluation Record # 2

TRAINEE NAME	TRAINEE POSITION
Evaluator's Information	
Evaluator's 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 (<i>hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.</i>) and Complexity (<i>Type 1, 2, 3, etc.</i>):	
Number and Type of Resources Pertinent to Trainee's Position: (<i>number of personnel being supervised, number of resources by type and kind</i>)	
Duration: (<i>inclusive dates in Trainee status and number of operational periods in Trainee status</i>)	
<p>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.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ 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).</p> <p>Recommendations/Comments (<i>Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating</i>):</p>	
Evaluator's Signature:	Date:
Evaluator's Initials:	

Evaluation Record # 3

TRAINEE NAME	TRAINEE POSITION
Evaluator's Information	
Evaluator's 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 (<i>hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.</i>) and Complexity (<i>Type 1, 2, 3, etc.</i>):	
Number and Type of Resources Pertinent to Trainee's Position: (<i>number of personnel being supervised, number of resources by type and kind</i>)	
Duration: (<i>inclusive dates in Trainee status and number of operational periods in Trainee status</i>)	
<p>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.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ 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).</p> <p>Recommendations/Comments (<i>Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating</i>):</p>	
Evaluator's Signature:	Date:
Evaluator's Initials:	

Evaluation Record # 4

TRAINEE NAME	TRAINEE POSITION
Evaluator's Information	
Evaluator's 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 (<i>hazmat, tornado, flood, structural fire, search and rescue, tabletop exercise, full scale exercise, etc.</i>) and Complexity (<i>Type 1, 2, 3, etc.</i>):	
Number and Type of Resources Pertinent to Trainee's Position: (<i>number of personnel being supervised, number of resources by type and kind</i>)	
Duration: (<i>inclusive dates in Trainee status and number of operational periods in Trainee status</i>)	
<p>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.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual attempted but was not able to successfully complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ 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).</p> <p>Recommendations/Comments (<i>Attach additional comment sheets as needed. Also see ICS-225: Incident Personnel Performance Rating</i>):</p>	
Evaluator's Signature:	Date:
Evaluator's Initials:	

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