



COLORADO INCIDENT MANAGEMENT SYSTEM

TASK BOOK FOR THE POSITION OF TYPE 3 ALL-HAZARD INCIDENT COMMUNICATIONS CENTER MANAGER (INCM3)

In Cooperation With:

- Colorado Association of Chiefs of Police
- Colorado Department of Local Affairs, Division of Emergency Management
- Colorado Department of Public Health and Environment, Emergency Medical Services Branch
- Colorado Department of Public Safety, Colorado State Patrol
- Colorado Department of Public Safety, Division of Fire Safety
- Colorado Emergency Managers Association
- Colorado Search and Rescue Board
- Colorado State Fire Chiefs' Association
- Colorado State Forest Service
- County Sheriffs of Colorado
- Emergency Medical Services Association of Colorado
- US Department of Agriculture, US Forest Service
- US Department of the Interior, Bureau of Land Management
- US Department of Homeland Security, US Fire Administration

~ August 2009 ~

Task Book Assigned To: _____
Complete Name, Address, Phone Number

Task Book Initiated By: _____
Complete Name Duty Station and Date



EVALUATOR

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials.

I also verify that _____

has performed as a trainee and should therefore be considered for certification in this position.

FINAL EVALUATOR'S SIGNATURE AND DATE

EVALUATOR'S PRINTED NAME, TITLE, DUTY STATION, AND PHONE NUMBER

AGENCY HEAD RECOMMENDATION FOR CERTIFICATION

I certify that _____

has met all requirements for qualification in this position and I recommend that they be certified for the position.

AGENCY HEAD'S SIGNATURE AND DATE

OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER

STATE COMMITTEE CERTIFICATION

I certify that _____

has met all requirements for qualification in this position and that such qualification has been issued.

COMMITTEE CHAIR'S SIGNATURE AND DATE

OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER

COLORADO INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTBs) have been developed for designated positions as described under the National Interagency Incident Management System and have been incorporated into the National Incident Management System (NIMS). The position task book is used by the authority having jurisdiction and the state of Colorado to certify that the person to whom the task book belongs meets the standards recommended by the National (NIMS) Integration Center (NIC).

Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation that the trainee be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. **Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident.** It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task that require an action (contain an action verb) must be demonstrated before that task can be signed off.

A more detailed description of this process, definitions of terms, and responsibilities are included in the Wildland and Prescribed Fire Qualification Guide 310-1 and the Colorado Incident Management Program Qualification System Guide, which is located at <http://dfs.state.co.us/>. A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. **Agency Management** is responsible for:

- Selecting trainees based on the needs of their organization or area Incident Management Teams.
- Providing opportunities for evaluation and/or making the trainee available for evaluation.

2. The **Individual** is responsible for:

- Reviewing and understanding instructions in the PTB.
- Identifying desired objectives/goals.
- Providing background information to an evaluator.
- Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
- Assuring the Evaluation Record is complete.
- Notifying local agency head when the PTB is completed and obtaining their signature recommending certification.
- Sending a copy of the PTB, a resume documenting job experience and qualifications, and incident experience to: State of Colorado, Division of Fire Safety, 9195 E Mineral Ave., Suite 234, Centennial, CO 80112. Electronic submittals are preferred.

This information will be reviewed by the Multi-Disciplinary Certification Committee for final certification and entry into the State Resource Ordering and Status System (ROSS).

- Keeping the original PTB in personal records.

3. The **Evaluator** is responsible for:

- Being qualified and proficient in the position being evaluated, or in a higher 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 objectives may be attained.
- Identifying tasks to be performed during the evaluation period.
- Accurately evaluating and recording demonstrated performance of tasks. Dating and initialing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Evaluation Record.
- Completing the Evaluation Record found at the end of this PTB.

4. The **Final Evaluator** is responsible for:

- Signing the verification statement inside the front cover of the PTB when all tasks have been initialed.

5. The **Agency Head or Designee** is responsible for:

- Issuing PTBs to document task performance.
- Explaining to the trainee the purpose and processes of the PTBs as well as the trainee's responsibilities.
- Tracking progress of the trainee.
- Identifying incident evaluation opportunities.
- Identifying and assigning a qualified evaluator that can provide a positive experience for the trainee, and making an accurate and honest appraisal of the trainee's performance.
- Documenting the assignment.
- Conducting progress reviews.
- Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.
- The Agency Head will then indicate a recommendation for certification on the PTB by their signature and have the trainee forward the required documentation to the State.

A key component of the certification or re-certification process is the subjective evaluation by the Agency Head of an individual's capability to perform in the position.

Completion of the required training and experience requirements alone does not guarantee that a trainee is qualified to perform in a position.

COLORADO INCIDENT MANAGEMENT SYSTEM



Task Book Submittal Checklist

1. Personal Data

- "Task Book Assigned To" completed
- "Task Book Initiated By" completed
- "Location and Date Task Book was Initiated" completed

2. Evaluation Data

- "Agency Head Recommendation" signed
- "Final Evaluator's Verification" signed
 - *Final Evaluator must be currently qualified at the same level or higher of the task book being evaluated under any of the following qualification systems: Colorado, NWCG, Coast Guard, or National Park Service*
- All tasks signed off
- *Evaluation Record (back of position task book) fully completed
 - *May be signed by Agency Head or designee, or any qualified individual as described above under "Final Evaluator's Verification"

3. Copies of Required and Optional Certifications/Equivalencies

*See Position Qualifications and Training Requirement Charts for requirements

- IS-700
- IS-800
- I-100
- I-200
- I-300
- I-400

4. Resume documenting

- Relevant job experience and time in position, or narratives

5. Additional Documentation

- Incident Experience Narrative, Incident Evaluation(s), or ICS 214
 - Incident Action Plans that list your name, position and incident
- or**
- IQS documentation of above

Please submit the above materials to:

Mail

Colorado Department of Public Safety
Division of Homeland Security and
Emergency Management
9195 E Mineral Ave Suite 200
Centennial, CO 80112

or

Electronic Submittals are Preferred

William.miederhoff@state.co.us
For questions, please call 720.852.6689

QUALIFICATION RECORD

POSITION: INCIDENT COMMUNICATIONS CENTER MANAGER (COML)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
<u>GENERAL</u>			
1. <u>Obtain and assemble information and materials needed for kit.</u> Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for the assignment and items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitation (per National Mobilization Guide). The suggested materials are:	O		
<ul style="list-style-type: none"> • PMS 410-1, Fireline Handbook. • ICS Form 210, Status Change Card. • ICS Form 213, General Message. • ICS Form 214, Unit Log. • Assorted pens, pencils, felt tip markers, thumb tacks, string tags, pads of paper, clipboard, and masking tape. • Flashlight. • Alarm clock. • Pad of radio logs (agency specific). 			

*Code: O = task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)
 I = task must be performed on an incident (flood, fire, prescribed fire, search & rescue, planned event, etc.)
 R = rare event - the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

QUALIFICATION RECORD
Continuation Sheet

POSITION: INCIDENT COMMUNICATIONS CENTER MANAGER (COML)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
2. <u>Obtain complete information from dispatch upon initial activation.</u> Prior to dispatch to the incident, the following information is obtained.	O		
<ul style="list-style-type: none"> • Incident order number. • Request number. • Incident name. • Reporting location. • Phone contacts. • Radio frequencies. • Transportation arrangements and routes. • Reporting times. 			
3. <u>Gather information.</u> Gather all available information necessary to accurately assess incident; make appropriate decisions about immediate needs and actions including:	O		
<ul style="list-style-type: none"> • Check-in location. • Reporting time. • Travel route. • Order number. • Type of incident. • Current situation status. • Expected duration of incident. • Terrain. • Weather (current and expected). • Phone/radio contact procedures during travel. 			

*Code: O = task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)
 I = task must be performed on an incident (flood, fire, prescribed fire, search & rescue, planned event, etc.)
 R = rare event - the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

QUALIFICATION RECORD
Continuation Sheet

POSITION: INCIDENT COMMUNICATIONS CENTER MANAGER (COML)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
INCIDENT ACTIVITIES			
4. <u>Arrive at incident and check in.</u> Arrive properly equipped at incident assigned location within acceptable time limits. Check in according to agency guidelines.	I		
5. <u>Obtain briefing from the Communications Unit Leader.</u>	I		
<ul style="list-style-type: none"> • Determine numbers of communications personnel ordered and on site. • Discuss “check out” procedures for communications equipment; e.g., radios. • Discuss the specifics of the Communications Plan, ICS Form 205. • Discuss the current organization of the incident; e.g., section chiefs, unit leaders, operations staff, etc. • Discuss how messages from the incident area are handled; e.g., orders from the line, emergency, etc. • Discuss the Medical Plan, ICS Form 206, and procedures. • Obtain a copy of the Incident Action Plan and other informational documents from Communications Unit Leader; e.g., maps. • Discuss unit planning meetings and operational period briefings. • Follow parameters outlined by Communications Unit Leader for physical establishment of the Incident Communications Center (ICC). 			

*Code: O = task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)
 I = task must be performed on an incident (flood, fire, prescribed fire, search & rescue, planned event, etc.)
 R = rare event - the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

QUALIFICATION RECORD
Continuation Sheet

POSITION: INCIDENT COMMUNICATIONS CENTER MANAGER (COML)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
6. <u>Establish the ICC.</u>	I		
<ul style="list-style-type: none"> • Coordinate, with the Facilities Unit Leader, the location of the ICC. • Ensure the orderly arrangement of supplies and equipment. • Request sufficient staff to meet the needs of the communications center. • Order supplies, through the supply unit, to set up and operate the ICC. • Acquire forms; e.g., ICS Form 210 (Status Change Card), ICS Form 213 (General Message), ICS Form 214 (Unit Log), Telephone Logs, Radio Logs. 			

*Code: O = task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)
 I = task must be performed on an incident (flood, fire, prescribed fire, search & rescue, planned event, etc.)
 R = rare event - the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

QUALIFICATION RECORD
Continuation Sheet

POSITION: INCIDENT COMMUNICATIONS CENTER MANAGER (COML)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
7. <u>Assist the Communications Unit Leader with the following duties:</u>	I		
<ul style="list-style-type: none"> • Maintain equipment accountability and inventories. • Maintain or, if directed, establish issue accountability system and issue hand-held radio resources. • Maintain or, if directed, establish an inventory accountability system. • Ensure that issued equipment is operational (includes battery replacement). • Tag nonfunctioning equipment upon return. • Order needed equipment (e.g., batteries), if directed. • Clone radios. • Assist user in interpreting the Communications Plan. • Recognize basic communications network malfunctions (low battery on repeater, intermittent repeater transmissions, dead spots) and alert COML. • Fill out lost radio reports. • Implement a document filing system. • Ensure information regarding communications restrictions or coverage limitations is disseminated to operations and ICC personnel. 			

*Code: O = task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)
I = task must be performed on an incident (flood, fire, prescribed fire, search & rescue, planned event, etc.)
R = rare event - the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

QUALIFICATION RECORD
Continuation Sheet

POSITION: INCIDENT COMMUNICATIONS CENTER MANAGER (COML)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
8. <u>Supervise and manage the ICC.</u>	I		
<ul style="list-style-type: none"> • Carry out established policies, priorities, and operational procedures. • Provide for safety and general welfare of ICC personnel. • Directly supervise each Radio Operator (RADO) position; e.g., the use of radio/telephone logs, proper radio procedures, and protocols. • Brief subordinate(s) and relief personnel. Direct communication is critical. • Information is to be given periodically and with every change from planned work. • Maintain an incident message board. • Develop and maintain an incident telephone directory. • Plan and implement an operational period staffing schedule. • Ensure that proper radio and documentation procedures are followed in the event of an emergency situation; e.g., medivac/accidents, blowups or critical weather event. 			
9. <u>Maintain ICS Form 214, Unit Log. Keep current and legible unit logs, documenting all major activities.</u>	I		

*Code: O = task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)
 I = task must be performed on an incident (flood, fire, prescribed fire, search & rescue, planned event, etc.)
 R = rare event - the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

QUALIFICATION RECORD
Continuation Sheet

POSITION: INCIDENT COMMUNICATIONS CENTER MANAGER (COML)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
10. <u>Evaluate performance of subordinates as required by agency policy.</u> Complete a performance evaluation for all unit personnel prior to their release from the incident. Discuss performance evaluations with individual(s).	I		
DEMOBILIZATION			
11. <u>Demobilization and check out.</u>	I		
<ul style="list-style-type: none"> • Receive demobilization instructions from work supervisor. • Brief subordinate staff on demobilization procedures and responsibilities. • Ensure that incident and agency demobilization procedures are followed. • If required, complete ICS Form 221 (Demobilization Check-Out) and turn in to the appropriate person. • Ensure all personnel in the unit are demobilized correctly. 			

*Code: O = task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)
I = task must be performed on an incident (flood, fire, prescribed fire, search & rescue, planned event, etc.)
R = rare event - the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

INSTRUCTIONS for EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, simulation in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional blocks are needed, a page can be copied from a blank task book and attached.

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Evaluator's name, incident/office title, and agency: List the name of the evaluator, his/her incident position (on incidents) or office title, and agency.

Evaluator's home unit address and phone: Self explanatory

#: The number in the upper left corner of the experience block identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily.

Location of Incident/Simulation: Identify the location where the tasks were performed by agency and office.

Incident Kind: Enter kind of incident, e.g., Hazmat, structural fire, wildland fire, prescribed fire, search and rescue, flood, tornado etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Type of Resources: Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

Duration: Enter inclusive dates during which the trainee was evaluated. This block may indicate a span of time covering several small and similar incidents if the trainee has been evaluated on that basis, i.e., several initial attack fires in similar fuel types.

Management Level or Prescribed Fire Complexity Level: Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command or prescribed fire complexity level (low, moderate, high).

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator's initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant red card rating: List your certification relevant to the trainee position you supervised.

Evaluation Record

TRAINEE NAME

TRAINEE POSITION

#1	Evaluator's name: Incident title:		
Evaluator's home unit address & phone:			
Name and Location of Incident or Exercise	Incident Type (hazmat, structural fire, wildland fire, prescribed fire, search, rescue, flood & tornado, etc.)	Number & Type of Resources	Duration (inclusive dates in trainee status)
			to
The tasks initialed & 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 all tasks for the position and should be considered for certification. _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required. _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. _____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee. Recommendations: _____ Date: _____ Evaluator's initials: _____			

#2	Evaluator's name: Incident title:		
Evaluator's home unit address & phone:			
Name and Location of Incident or Exercise	Incident Type (hazmat, structural fire, wildland fire, prescribed fire, search, rescue, flood & tornado, etc.)	Number & Type of Resources	Duration (inclusive dates in trainee status)
			to
The tasks initialed & 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 all tasks for the position and should be considered for certification. _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required. _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. _____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee. Recommendations: _____ Date: _____ Evaluator's initials: _____			

Evaluation Record

TRAINEE NAME

TRAINEE POSITION

#3	Evaluator's name: Incident title:		
Evaluator's home unit address & phone:			
Name and Location of Incident or Exercise	Incident Type (hazmat, structural fire, wildland fire, prescribed fire, search, rescue, flood & tornado, etc.)	Number & Type of Resources	Duration (inclusive dates in trainee status)
			to
The tasks initialed & 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 all tasks for the position and should be considered for certification.			
_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.			
_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.			
_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee.			
Recommendations: _____			
Date: _____ Evaluator's initials: _____			

#4	Evaluator's name: Incident title:		
Evaluator's home unit address & phone:			
Name and Location of Incident or Exercise	Incident Type (hazmat, structural fire, wildland fire, prescribed fire, search, rescue, flood & tornado, etc.)	Number & Type of Resources	Duration (inclusive dates in trainee status)
			to
The tasks initialed & 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 all tasks for the position and should be considered for certification.			
_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.			
_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.			
_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee.			
Recommendations: _____			
Date: _____ Evaluator's initials: _____			