

**COLORADO
INCIDENT MANAGEMENT SYSTEM**



**TASK BOOK FOR THE POSITION OF
STATUS/CHECK-IN RECORDER
(SCKN)**

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*

~ October 2008 ~

TASK BOOK ASSIGNED TO:

NAME, DUTY STATION, AND PHONE NUMBER

TASK BOOK INITIATED BY:

NAME, TITLE, DUTY STATION, AND PHONE NUMBER

LOCATION AND DATE TASK BOOK WAS INITIATED:

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 **or** **Electronically Submittals are Preferred**

Colorado Department of Public Safety
Division of Fire Safety
9195 E Mineral Ave, Suite 234
Centennial, CO 80112

Marlinda.Acevedo@cdps.state.co.us

For questions, please call 720-852-6735.

QUALIFICATION RECORD

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

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 Interagency Mobilization Guide). The basic information and materials needed are:	O		
<ul style="list-style-type: none"> • ICS 211, Check-in List. • ISC 219, Resource Status Cards. • Current three-letter unit identifier, • NFES 2080. • Current position codes. • Waterproof pen. • NWCG Fireline Handbook, PMS 410-1. • SF-245, Manifest, Passenger/Cargo, • NFES 1289. • Jetport identifiers. • Office supplies. 			

*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: STATUS/CHECK-IN RECORDER (SCKN)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
<u>MOBILIZATION</u>			
2. <u>Obtain complete information from dispatch upon initial activation.</u>	I		
<ul style="list-style-type: none"> • Incident name. • Incident order number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements/travel routes. • Contact procedures during travel (telephone/radio). • Current situation. • Expected duration of assignment. 			
<u>INCIDENT ACTIVITIES</u>			
3. <u>Arrive at incident and check in.</u>	I		
<ul style="list-style-type: none"> • Arrive properly equipped. • Locate check-in and check in according to agency guidelines within appropriate time limits. • Determine sleeping and eating arrangements. 			

*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: STATUS/CHECK-IN RECORDER (SCKN)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
4. <u>Obtain briefing from Resources Unit Leader.</u> To include:	I		
<ul style="list-style-type: none"> • Established chain of command. • Location of resources unit. • Work schedule. • Location of all check-in stations. • Method of transferring check-in information to the Resources Unit Leader. • General layout of camp/base/Incident Command Post (ICP). • Work expectations and standards. <ul style="list-style-type: none"> – Incident automation team policy. – Customer service and work ethics. 			
5. <u>Obtain work materials and equipment.</u>	I		
<ul style="list-style-type: none"> • Acquire appropriate supplies for check-in station(s) to fully function. • Anticipate needs for duration of incident. • Order supplies using established procedures approved by Resources Unit Leader. 			
6. <u>Organize and maintain check-in station.</u>	I		
<ul style="list-style-type: none"> • Provide visible signs to identify station. • Organize work area for an efficient check-in process. • Maintain station operation within time frames set by Resources Unit Leader. 			

*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: STATUS/CHECK-IN RECORDER (SCKN)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
7. <u>Perform check-in process.</u>	I		
<p>A. Collect information during check-in interviews.</p> <ul style="list-style-type: none"> • Request, verify, and record all resource orders. • Verify incident qualifications. • Record complete, accurate, and legible information on ICS 211 following standard procedures. • Identify length of tour of duty. • Include previous assignment as appropriate. • Identify work/rest compliance. • Determine travel status information. • Confirm at-work limitations if appropriate. • Unusual restrictions and limitations (medical problems, etc.). 			
<p>B. Information management.</p> <ul style="list-style-type: none"> • Demonstrate ability to use current incident automation software. • Accurately input data within established time frames. • Troubleshoot data inconsistencies. • Provide information as requested. • Organize and file documents according to established procedures. • Complete forms within time frames established by Resources Unit Leader. 			

*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: STATUS/CHECK-IN RECORDER (SCKN)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
8. <u>Direct personnel to supervisor or to resources unit for further instructions.</u>	I		
9. <u>Display resource information according to established incident protocol.</u>	I		
10. <u>Track restrictions/work requirements for operational resources.</u>	I		
<ul style="list-style-type: none"> • Assist Resources Unit Leader. • Update information for each operational period for each operational resource: <ul style="list-style-type: none"> – Length of tour of duty/assignment. – Previous assignments as appropriate. – Unusual restrictions and limitations. • Brief Resources Unit Leader about status of resources prior to preparation of ICS 215. 			
11. <u>Maintain information about incident resources (total number, location, etc.).</u>	I		
<ul style="list-style-type: none"> • Respond to requests as time is available. • Process emergency requests as quickly as possible. 			

*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: STATUS/CHECK-IN RECORDER (SCKN)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
12. <u>Transition with relief personnel.</u>	I		
<ul style="list-style-type: none"> • Brief relief personnel about major events of the concluding operational period, unusual situations, or conditions, and information required by the Resources Unit Leader as personnel and resources are checked in. • Provide written notes about items that need follow-up during the upcoming operational period. • Brief relief personnel on data entry conventions. • Brief relief personnel on customized use of database fields. • Brief relief personnel on filing system. 			

*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: STATUS/CHECK-IN RECORDER (SCKN)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
13. <u>Assist Demobilization Unit Leader.</u>	I		
<p>A. Planning and preparation.</p> <ul style="list-style-type: none"> • Coordinate efforts with Resources Unit Leader. • Transfer information from ICS 211 to ICS 221, Demobilization Checkout, for each resource according to incident protocol. • Generate reports to reflect similarities in information as directed: <ul style="list-style-type: none"> – Resource types – Date and time of release – Transportation needs – Destination • Provide for each resource: <ul style="list-style-type: none"> – Request number – Name of resource – Position on incident – Home agency – Transportation needed • Prepare a list of scheduled releases. • Assist with preparation of transportation information. • Complete subject tasks within time frame set by Demobilization Unit Leader. • Distribute information as instructed by Demobilization Unit Leader. 			

*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: STATUS/CHECK-IN RECORDER (SCKN)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
B. Check out resources. <ul style="list-style-type: none"> • Provide checkout forms to appropriate resources. • Obtain travel information from all resources (ETA, destination, ETD, RON, type of transportation, etc.). • Instruct resources about demobilization process. • Update status of resource: <ul style="list-style-type: none"> – ICS 219 – Database 	I		
14. <u>Advise other entities of resource status change as appropriate.</u>	I		
<ul style="list-style-type: none"> • Dispatch/expanded dispatch • Finance • Logistics • Operations 			

*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: STATUS/CHECK-IN RECORDER (SCKN)

TASK	CODE	EVALUATION RECORD #	EVALUATOR
<u>DEMOBILIZATION</u>			
15. <u>Demobilize and check out.</u>	I		
<ul style="list-style-type: none"> • Receive demobilization instructions from supervisor. • Ensure that incident and agency demobilization procedures are followed. If required, complete ICS 221, Demobilization Checkout, and turn in as appropriate. 			

*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: _____			