

**COLORADO
INCIDENT MANAGEMENT SYSTEM**



**TASK BOOK FOR THE POSITION OF
STAGING AREA MANAGER (STAM)**

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: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|--|------|------------------------|-----------|
| <u>GENERAL</u> | | | |
| <p>1. <u>Obtain and assemble information and materials needed for kit.</u></p> <p>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:</p> | O | | |
| <p>1. Telephone directory (local, assignment specific)</p> <p>2. Incident-specific reference materials</p> <p>3. PMS 410-1, NWCG Fireline Handbook</p> <p>4. Documentation materials</p> | | | |
| <p>2. <u>Establish and maintain positive interpersonal and interagency working relationships.</u></p> | O | | |

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 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: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|---|------|------------------------|-----------|
| <u>MOBILIZATION</u> | | | |
| 3. <u>Obtain complete information from dispatch upon initial activation.</u> Prior to dispatch to the incident, the following information is obtained: | I | | |
| <ul style="list-style-type: none"> • Incident order number • Request number • Incident name • Reporting location (drop point) • Phone contacts • Radio frequencies • Transportation arrangements and routes • Reporting times | | | |
| 4. <u>Prior to departure, actively seek information to include:</u> | I | | |
| <ul style="list-style-type: none"> • Current resource commitments • Type of incident • Expected duration of incident • Terrain • Weather • Number of staging areas | | | |
| 5. <u>Report to the designated official at the check-in point and provide required information (ICS 211, Check-in List).</u> | I | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|--|------|------------------------|-----------|
| <u>INCIDENT ACTIVITIES</u> | | | |
| 6. <u>Obtain briefing from Operations Section Chief.</u> Obtain briefing as soon as possible after check-in. | I | | |
| <ul style="list-style-type: none"> • Locate Operations Section Chief at Incident Command Post (ICP) or through planning or communications. • Obtain Incident Action Plans (IAPs) from Planning Section or Operations Section Chief and review during briefing (validation). • Record specific information that will influence staging area operations, including: <ul style="list-style-type: none"> – Incident strategies. – Location of staging area. – List of specific resources assigned to staging area. – Estimated time of arrival for resources. – Present location of resources. – How to contact expected resources. – Authorized personnel who may order resources out of staging. – Length and number of operational periods that are anticipated. – Names and locations of key overhead (to facilitate staging area operation). | | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|--|------|------------------------|-----------|
| 7. <u>Determine the need for an assistant Staging Area Manager by assessing span of control based on:</u> | I | | |
| <ul style="list-style-type: none"> • Resources assigned. • Support needs for resources. • Anticipated duration of staging. • Contingency plan objectives. • Number of operational periods per day. | | | |
| 8. <u>Organize preliminary staging area operations.</u> | I | | |
| <ul style="list-style-type: none"> • Coordinate with plans by checking proposed or actual staging area location, obtaining maps and determining transportation problems, reviewing current situation, determining availability of Status Check-in Recorder, and obtaining demobilization plan for staging area and emergency procedures outlined in incident contingency plan regarding staging area. • Coordinate with logistics by checking types and available times of transportation. <ul style="list-style-type: none"> – Determine communications needs. (Coordinate needs with communications to determine availability to meet needs and anticipate communication problems and correct deficiencies.) | | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|---|------|------------------------|-----------|
| <ul style="list-style-type: none"> - Determine supplies and equipment available for use at staging area and establish ordering procedures and chain of command for ordering supplies and services. -Arrange for medical aid or assistance. -Plan for feeding and needs of personnel. - Provide for sanitation needs at staging area. - Determine the needs for security at staging area. • Coordinate with finance. <ul style="list-style-type: none"> - Determine how to or who does procurement and what is available locally. - Provide appropriate timekeeping procedures at staging area. - Determine responsibility and procedures for timekeeping of contract equipment. - Request time unit personnel to assist if necessary. | | | |
| 9. <u>Proceed to staging area with necessary equipment and supplies.</u> | I | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|---|------|------------------------|-----------|
| 10. <u>Establish a layout for the staging area.</u> | I | | |
| <ul style="list-style-type: none"> • Evaluate the site on foot or in a vehicle. • Prepare a map of the staging area. • Set up signs showing traffic flow for personnel and vehicles, dispatch and check-in areas, location of crews and equipment, and other resources at the site. • Rope or flag off any special areas or safety hazards. • Provide a copy of the staging area layout map to the plans and logistics sections. | | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|---|------|------------------------|-----------|
| 11. <u>Determine and order support needs when layout is complete.</u> | I | | |
| <ul style="list-style-type: none"> • Compile an inventory list of resources on site or en route to the site. • Discuss resource needs with supervisors who are assigned to the staging area. • Evaluate needs for sanitation facilities, food, water, fuel for vehicles and aircraft, maintenance, communications, and other resource requirements. • Record resource needs on the ICS 213, General Message. • Coordinate and discuss resource needs with the Operations Section Chief and determine how orders will be placed. • Place orders through the Operations Section Chief or the designated section (logistics). • Set up a system for tracking resources requested vs. resources actually received. | | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|---|------|------------------------|-----------|
| 12. <u>Establish staging area procedures.</u> | I | | |
| <ul style="list-style-type: none"> • Establish a check-in location with Status Check-in Recorder and provide the necessary facilities and equipment. • Conduct a briefing with incoming resources pertaining to: <ul style="list-style-type: none"> – Staging area. – Restricted areas (helibase, private property). – -Procedures for staging, dispatching, and checkout. – Refueling. – Feeding. • Establish a system of accountability for equipment issued at the staging area. • Verify time of resources assigned to staging area by signing time report. | | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|---|------|------------------------|-----------|
| 13. <u>Determine and report resource deficiencies to Operations Section Chief.</u> | I | | |
| <ul style="list-style-type: none"> • Determine which resources cannot respond to a dispatch request within three minutes. <ul style="list-style-type: none"> – Check with Single Resource Bosses and leaders throughout the operational period on condition of resources. – Determine if mitigating measures can correct problems. • Report situations to Operations Section Chief; describe problems and include possible solutions. • Determine corrective action with Operations Section Chief and proceed to meet these objectives. | | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|--|------|------------------------|-----------|
| 14. <u>Respond to requests for resource assignments.</u> | I | | |
| <ul style="list-style-type: none"> • Receive requests from Operations Section Chief or designated alternate. • Brief personnel about dispatch assignments including: <ul style="list-style-type: none"> – Duration of assignment – Location – Travel routes – Assignments – Name of supervisor – Radio frequency to contact supervisor • Administer dispatch procedures. <ul style="list-style-type: none"> – Supervise movement of resources until they leave staging area. – Notify Operations Section Chief when resources have left staging area. – Notify Resource Unit Leader of, and destination of, resources. – Assess dispatch procedures, adjust if necessary, and document changes. | | | |

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STAGING AREA MANAGER (STAM)

| TASK | CODE | EVALUATION RECORD # | EVALUATOR |
|---|------|------------------------|-----------|
| <u>DEMOBILIZATION</u> | | | |
| 15. <u>Demobilize staging area in timely and orderly manner.</u> | I | | |
| <ul style="list-style-type: none"> • Confirm and obtain instructions from Operations Section Chief. • Notify staging area personnel of move. <ul style="list-style-type: none"> – Ensure resources are in a state of readiness prior to move or release. – Designate staged resources to report to new location, new incident, or home unit. – Inform staged resources of time frames, travel routes, etc. • Notify and coordinate with Ground Support Unit Leader on movement of resources to different location. • Notify Resource Unit Leader and Facilities Unit Leader of resource movement to different locations. • Remove signs and barriers and clean up area. • Inspect and recommend site rehabilitation to Planning Section Chief. • Complete and submit evaluation and documentation forms through supervisor to documentation unit as required. • Complete ICS 221, Demobilization Checkout | | | |

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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. | | | |
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| _____ 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. | | | |
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| _____ 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. | | | |
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| _____ 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: _____ | | | |