

A Publication of the  
National Wildfire  
Coordinating Group

# NATIONAL INTERAGENCY INCIDENT MANAGEMENT SYSTEM

Sponsored by  
United States  
Department of Agriculture

## TASK BOOK FOR THE POSITION OF

United States  
Department of the Interior

# CREW REPRESENTATIVE (CREP)

National Association of  
State Foresters



**PMS 311-12**  
**NFES 2317**

**August 1993**

<b>TASK BOOK ASSIGNED TO:</b>
INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER
<b>TASK BOOK INITIATED BY:</b>
OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER
LOCATION AND DATE THAT TASK BOOK WAS INITIATED

*The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.*

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

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**FINAL EVALUATOR'S VERIFICATION**

I verify that all tasks have been performed and are complete with signatures. I also verify that

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

**EVALUATOR'S SIGNATURE AND DATE**

---

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

**AGENCY CERTIFICATION :**

I certify that \_\_\_\_\_

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

**CERTIFYING OFFICIAL'S SIGNATURE AND DATE**

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\_\_\_\_\_ CERTIFYING OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER

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3833 S. Development Avenue  
Boise, Idaho 83705-5354

Order NFES # 2317

Ad

## NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

Position Task Books (PTB) have been developed for designated positions within the National Interagency Incident Management System. 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 to the agency 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. Some positions also required that specific tasks be performed on a wildland fire—performance of these tasks on other types of incidents are NOT qualifying. 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 which 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 Fire Qualification Subsystem Guide 310-1. A brief list of responsibilities also appears below.

### **RESPONSIBILITIES:**

1. The **Local Office** is responsible for:
  - Selecting trainees based on the needs of the local office and the geographic area.
  - Ensuring that the trainee meets the training and experience requirements included in the Wildland Fire Qualification Subsystem Guide 310-1.
  - Issuing PTBs to document task performance.
  - Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
  - Providing opportunities for evaluation and/or making the trainee available for evaluation.
  - Providing an evaluator for local assignments.
  - Tracking progress of the trainee.
  - Confirming PTB completion.
  - Determining certification per local policy.
  - Issuing proof of certification.
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 office personnel when the PTB is completed and providing a copy.
  - Keeping the original PTB in personal records.
3. The **Evaluator** is responsible for:
- Being qualified and proficient in the position being evaluated.
  - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
  - Reviewing tasks with the trainee.
  - 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. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record.
  - Completing the Evaluation Record found at the end of each PTB.
  - Signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. The **Training Specialist** is responsible for:
- Identifying incident evaluation opportunities.
  - Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
  - Providing PTBs to approved trainees on the incident when local agency was unable to provide them.
  - Documenting the assignment.
  - Conducting progress reviews.
  - Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.

## QUALIFICATION RECORD

POSITION: CREW REPRESENTATIVE (CREP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><b><u>GENERAL</u></b></p> <p>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 basic information and materials needed are:</p> <ul style="list-style-type: none"> <li>• Resource Listings.</li> <li>• Telephone Directory (Local, Assignment Specific).</li> <li>• Notification Requirements.</li> <li>• Incident specific reference materials.</li> <li>• ICS 420-1 Field Operations Guide.</li> <li>• Documentation materials.</li> </ul>	O		
<p>2. <u>Provide for the safety and welfare of assigned personnel during the entire period of supervision.</u></p> <ul style="list-style-type: none"> <li>• Recognizes potentially hazardous situations.</li> <li>• Informs subordinates of hazards.</li> <li>• Controls positions and function of resources.</li> <li>• Ensures that special precautions are taken when extraordinary hazards exist.</li> <li>• Ensures adequate rest and hydration is provided to all operations personnel.</li> </ul>	I		

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 I = task must be performed on an incident (flood, fire, search & rescue, etc.)  
 W = task must be performed on a wildfire incident  
 /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: CREW REPRESENTATIVE (CREP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>3. <u>Follow the Standard Fire Orders, Watch Out Situations, and agency policy.</u></p> <ul style="list-style-type: none"> <li>• Develop plans based on safety guidelines.</li> <li>• Spot check tactical operations to ensure compliance with safety guidelines.</li> <li>• Ensures all tactical operations comply with the principles of LCES.</li> </ul>	W		
<p>4. <u>Establish and maintain positive interpersonal and interagency working relationships.</u></p> <ul style="list-style-type: none"> <li>• Through briefings, discuss EEO, civil rights, sexual discrimination and other sensitive issues, with assigned personnel.</li> <li>• Recognize cultural language difficulties as it impacts work output and expectations.</li> <li>• Provide equal assignment opportunities based on individual skill level.</li> <li>• Monitor and evaluate progress based on expected work standards not race, color or creed.</li> <li>• Individual agency values and policies are addressed throughout the tenure of the incident.</li> <li>• Differences in agency values and policies that affect the operation are arbitrated in a manner that fosters continuous positive working relationships.</li> <li>• Integrate cultural resource considerations into all management activities.</li> </ul>	O		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: CREW REPRESENTATIVE (CREP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><b><u>MOBILIZATION</u></b></p> <p>5. <u>Obtain complete information from dispatch upon initial activation.</u> Prior to dispatch to the incident, the following information is obtained.</p> <ul style="list-style-type: none"> <li>• Incident order number.</li> <li>• Request number.</li> <li>• Incident name.</li> <li>• Reporting location.</li> <li>• Phone contacts.</li> <li>• Radio frequencies.</li> <li>• Transportation arrangements.</li> <li>• Reporting times.</li> </ul>	I		
<p>6. <u>Gathers all available information necessary to accurately assess incident, make appropriate decisions about immediate needs, and actions.</u> Including at least:</p> <ul style="list-style-type: none"> <li>• Assigned incident commander's name/ location.</li> <li>• Type of incident.</li> <li>• Current situation status.</li> <li>• Expected duration of incident.</li> <li>• Terrain.</li> <li>• Weather (current and expected).</li> <li>• Special equipment needed.</li> </ul>	I		
<p>7. <u>Prior to departure.</u> Actively seek information about resources assigned (copy of crew contract, manifest, resource order), any information on health problems, crew qualification, type and experience.</p>	O		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: CREW REPRESENTATIVE (CREP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
8. <u>Prior to departure.</u> The crew representative will inspect assigned resources to ensure the resources are properly and fully equipped for the assignment and that the crew supervisor(s) has individual time slips for each individual.	O		
9. <u>Prior to departure.</u> Inform dispatch of verification of resource status (includes resources failing to arrive or failing readiness inspection) and departure time.	O		
10. <u>Brief assigned crew supervisors on:</u> Route and mode of travel, communications, travel procedures, safety and action items in case of problems, following correct agency procedures.	I		
11. <u>Direct crew supervisors during travel to check-in point.</u>	I		
<b><u>INCIDENT ACTIVITIES</u></b>			
12. <u>Arrive at incident and check in.</u> Arrives properly equipped at incident assigned location within acceptable time limits. Checks in according to agency guidelines.	I		
13. <u>Turn in individual fire time slips to Time Unit.</u>	I		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: CREW REPRESENTATIVE (CREP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
14. <u>Report to interagency resource representative. Give status of assigned resources.</u>	I		
15. <u>Assume delegation of authority to represent agency in absence of interagency resource representative to make agency specific decisions.</u>	I		
16. <u>Inform plans section and operations section of crew capabilities at the time of check-in.</u>	I		
17. <u>Determine whether you can control all assigned resources while completing operational period assignment in accordance with the Incident Action Plan.</u>	I		
18. <u>Request through interagency resource coordinator/incident commander for additional crew representative if assigned crews are separated by location or operational period and their crew representative needs cannot be met.</u>	O/R		
19. <u>According to agency policy and type of crew, the crew representative performs the duties and function of crew supervisor or, as needed, facilitates with the crew supervisor.</u>	I		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: CREW REPRESENTATIVE (CREP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
20. <u>Coordinate the completion of accident and injury forms and other claims and ensure crew members receive prompt medical attention.</u>	I/R		
21. <u>Coordinate rest and recuperation (R&amp;R) needs for the crew.</u>	I		
22. <u>Advise crew supervisors how to obtain logistical support and/or make necessary arrangements for logistical support.</u>	I		
23. <u>Coordinate timekeeping and payroll needs.</u>	I		
24. <u>Resolve problems, conflicts and complaints identified by assigned resources and/or incident command. According to agency policy, procedures and regulations and/or crew contact. Expedite resolution of problems of emergency nature and follow up as required.</u>	I/R		
25. <u>In absence of interagency resource coordinator, contact home agency within 12-hours after arriving at incident and inform of situation, status, personnel problems, and location when phone is available.</u>	I		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: CREW REPRESENTATIVE (CREP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
26. <u>All documentation and forms filled out within established agency standards. Submitted to appropriate parties (time unit, ICS Form 214) facilitate with crew supervisor as needed.</u>	I		
27. <u>Evaluate crew(s) and crew supervisor(s) performance and safety practices during out-of-service status.</u>	I		
28. <u>Serve as liaison or advisor between crew(s) and strike team/task force leader.</u>	I		
29. <u>Evaluate crew(s) and crew supervisor(s) performance and safety practices during tactical operations and review crew supervisor(s) on a daily basis. Identify any training needs.</u>	I		
30. <u>Obtain transportation as needed from ground support unit.</u>	I		
31. <u>Ensure communications links are maintained with crew(s) and Strike Team/ Task Force Leader.</u>	I		
32. <u>Document activities and unusual events on ICS Form 214.</u>	I		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: CREW REPRESENTATIVE (CREP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
33. <u>Turn in time to time unit after each operational period.</u> Facilitate with crew supervisor as needed. Ensure crew time is signed by strike team/task force leader.	I		
34. <u>Confirm demobilization instructions and notify interagency resource coordinator.</u>	I		
35. <u>Have crew supervisor(s) confirm demobilization instructions with supervisor at incident.</u>	I		
36. <u>Inspect and/or monitor resources to ensure that they are ready to leave in a state of readiness (rest, repairs, tools, fuel, etc.) and consult crew supervisor(s) as necessary.</u>	O		
37. <u>Complete crew performance evaluation forms for assigned crew(s) and give to the documentation unit.</u>	I		
38. <u>Complete ICS Form 214 and submit to the documentation unit.</u>	I		
39. <u>Ensure crew supervisor(s) complete any personnel evaluation forms and Unit Logs and submit to the documentation unit.</u>	I		

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QUALIFICATION RECORD  
Continuation Sheet

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
40. <u>Ensure crew supervisor(s) time reports from the time unit.</u> Facilitate with crew supervisor as needed.	I		
<b><u>DEMOBILIZATION</u></b>			
41. <u>Demobilization and check out.</u> Receive demobilization instructions from work supervisor. Subordinate staff are briefed on demobilization procedures and responsibilities. Ensure that incident and agency demobilization procedures are followed. If required, ICS Form 221 (Demobilization Check-Out) is completed and turned in to the appropriate person.	I		
42. <u>Contact home agency with status and travel schedule.</u>	I		
43. <u>Check in with agency dispatch prior to disassembly of crew(s).</u>	I		
44. <u>Ensure all paperwork and documentation is completed before disassembly of crew(s).</u>	I		
45. <u>Report all the crews performance and problems to sending agency's headquarters upon completion of the assignment.</u>	I		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: CREW REPRESENTATIVE (CREP)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
46. <u>Submit copy of your crew performance evaluation, copy of individual time report, and any other documentation to the sending agency's headquarters upon completion of the assignment.</u>	I		

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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, by 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.**

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

**Evaluator's home unit address & 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 in order to indicate the circumstances under which a particular task was performed.

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

**Incident Type:** Enter type of incident, e.g., wildfire, search and rescue, flood, etc.

**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 individual was evaluated. This block may indicate a span of time covering several small and similar incidents if the individual has been evaluated on that basis, i.e., several initial attack fires in similar fuel types.

**Mgt. Level:** Indicate ICS organization level, i.e., Type 4, Type 3, Type 2, Type 1 or Area Command.

**NFFL Fuel Model:** For wildfire experience, enter number (1-13) of the fuel model in which the incident occurred and under which the individual was evaluated.

- |                                 |                                |
|---------------------------------|--------------------------------|
| 1. Short Grass (1 foot)         | 8. Closed Timber Litter        |
| 2. Timber (grass & understory)  | 9. Hardwood Litter             |
| 3. Tall grass (2 1/2 feet)      | 10. Timber (litter understory) |
| 4. Chaparral (6 feet)           | 11. Light Logging Slash        |
| 5. Brush (2 feet)               | 12. Medium Logging Slash       |
| 6. Dormant brush-Hardwood Slash | 13. Heavy Logging Slash        |
| 7. Southern Rough               |                                |

**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/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
			to		
<p>The tasks initialed &amp; dated by me have been performed under my supervision and 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>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory &amp; suggested) prior to further assignment as a trainee.</p> <p>Recommendations: _____</p>					
<p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					

#2	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
			to		
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<p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					

**Evaluation Record**  
(Continuation Sheet)

TRAINEE NAME		TRAINEE POSITION			
<b>#3</b>	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
			to		
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<b>#4</b>	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
			to		
<p>The tasks initialed &amp; dated by me have been performed under my supervision and 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>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory &amp; suggested) prior to further assignment as a trainee.</p> <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					