

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

**ADVANCED FIREFIGHTER/SQUAD  
BOSS (FFT1)**

National Association of  
State Foresters

**(WILDFIRE ASSIGNMENT REQUIRED)**



**PMS 311-14  
NFES 2319**

**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**

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

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National Interagency Fire Center, ATTN: Supply  
3833 S. Development Avenue  
Boise, Idaho 83705-5354

Order NFES # 2319

## **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: ADVANCED FIREFIGHTER/SQUAD BOSS (FFT1)

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>• Kit should contain those items specified in task book for FFT2.</li> </ul>	O		
<p>2. <u>Demonstrates the ability to apply first aid to stop any bleeding: splints fractures, cares for burns or heat injuries, administers CPR and shock control measures.</u> Uses Red Cross standards.</p>	O/R		
<p>3. <u>Demonstrate ability to apply these business management practices.</u></p> <ul style="list-style-type: none"> <li>• Complete employee time report.</li> <li>• Explain basic employee compensation for injury.</li> <li>• Report accidents and injuries.</li> <li>• Obtain commissary items at base camp.</li> </ul>	O		

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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: ADVANCED FIREFIGHTER/SQUAD BOSS (FFT1)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>4. <u>Properly uses FM portable or mobile multi-channel radio.</u></p> <ul style="list-style-type: none"> <li>• Uses correct nomenclature.</li> <li>• Correctly prepares radio for operation.</li> <li>• Successfully completes radio check.</li> <li>• Selects proper channel.</li> <li>• Makes appropriate adjustments (squelch/volume).</li> <li>• Changes location to improve reception/transmission (as needed).</li> <li>• Protects radio from damage at all times.</li> <li>• Uses proper radio procedures and techniques.</li> </ul>	O		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: ADVANCED FIREFIGHTER/SQUAD BOSS (FFT1)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>5. <u>Properly uses maps and compass.</u></p> <ul style="list-style-type: none"> <li>• Accurately determines local declination.</li> <li>• Uses compass to point to true North.</li> <li>• Accurately orients map using compass, landmarks and topographic features.</li> <li>• Accurately identifies current location by determining back azimuths to two identifiable landmarks or topographic features.</li> <li>• Verifies location by comparing topographic features with map.</li> <li>• Describes location in terms of coordinates or other acceptable description.</li> <li>• Accurately reads map symbols.</li> <li>• Accurately computes distance and bearing.</li> <li>• Navigates from point to point using map, compass and pacing.</li> <li>• Accurately navigates to an assigned destination.</li> </ul>	O		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: ADVANCED FIREFIGHTER/SQUAD BOSS (FFT1)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>6. <u>Properly sets up, operates and maintains portable pump (Pacific Marine Mark III, Pacific Mark 26 or Gormon Rupp).</u></p> <ul style="list-style-type: none"> <li>• Plans pumping operation (water source, type of pump and accessories).</li> <li>• Obtains correct pump and accessories.</li> <li>• Correctly lays out pump and accessories.</li> <li>• Primes, starts and warms up pump within 15 minutes.</li> <li>• Determines correct pump engine pressure (in PSI) to provide requested nozzle pressure (head pressure) for a specific hose lay.</li> <li>• Operates portable pump engine at desired PSI.</li> <li>• Refuels and maintains portable pump for continuous operation.</li> <li>• Correctly stops portable pump.</li> <li>• Provides correct field maintenance to engine and pump in accordance with maintenance guidelines.</li> </ul>	O		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: ADVANCED FIREFIGHTER/SQUAD BOSS (FFT1)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>9. <u>Gather intelligence.</u> Gathers all available information necessary to accurately assess incident, make appropriate decisions about immediate needs and actions including:</p> <ul style="list-style-type: none"> <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> <li>• Phone/radio contact procedures during travel.</li> </ul>	O		
<p>10. <u>Wildland Fire Investigation.</u> Actively investigate fire cause while traveling to, arriving at, and during initial attack of a fire. Record and report all information that might help in determining fire cause and origin. Designate and protect the area of fire origin.</p>	O		
<b><u>INCIDENT ACTIVITIES</u></b>			
<p>11. <u>Arrives at incident and checks in.</u> Arrives properly equipped at assigned location within acceptable time limits. Checks in according to agency guidelines.</p>	O		
<p>12. <u>Demonstrate use of NWCG Fireline Handbook 410-1 for your ICS position and agency.</u></p>	O		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: ADVANCED FIREFIGHTER/SQUAD BOSS (FFT1)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>13. <u>Receives task/assignment and briefing from supervisor.</u> Instructions from supervisor may be written and/or verbal. Information provided includes fire situation or conditions. Receives task/assignment and briefing face-to-face with supervisor.</p> <ul style="list-style-type: none"> <li>• Asks necessary questions to clarify information provided by supervisor. Task/assignment from supervisor is clearly understood. All pertinent information available is provided.</li> <li>• Takes written notes when necessary. Record pertinent information when receiving assignment/briefings. Information recorded is accurate as conveyed by supervisor.</li> </ul>	W		
<p>14. <u>Brief subordinates or relief.</u> Following information is given periodically and with every change from planned work.</p> <ul style="list-style-type: none"> <li>• Communications.</li> <li>• Chain-of-command.</li> <li>• Overall incident information.</li> </ul>	W		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: ADVANCED FIREFIGHTER/SQUAD BOSS (FFT1)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>15. <u>Keeps assigned crew members informed on a continuing basis about all pertinent information.</u> This includes:</p> <ul style="list-style-type: none"> <li>• Fire location.</li> <li>• Fire size.</li> <li>• Fuel types.</li> <li>• Transportation arrangements (modes and routes).</li> <li>• Predicted fire behavior.</li> <li>• Safety.</li> <li>• Equipment.</li> <li>• Potential hazards.</li> <li>• Escape routes.</li> <li>• Shift duration.</li> <li>• In camp and out-of-service procedures.</li> <li>• Agency policy and procedures.</li> <li>• Supervisor's instructions.</li> </ul>	W		
<p>16. <u>Inspects squad members and their personal protective equipment.</u></p> <ul style="list-style-type: none"> <li>• Checks members qualifications. Assures crew members meet agency qualification requirements for tasks/assignment.</li> <li>• Examines members personal protective equipment. Agency standards are met.</li> <li>• Notifies supervisor of corrective action needed. All personnel and equipment will meet agency requirements, conditions of hire and supervisor's instructions.</li> </ul>	O		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: ADVANCED FIREFIGHTER/SQUAD BOSS (FFT1)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
17. <u>Inspects assigned equipment and supplies.</u> <ul style="list-style-type: none"> <li>• Examines tools, equipment and supplies required to complete assigned task for amount, serviceability and safety.</li> <li>• Notifies supervisor of corrective action needed to reconcile deficiencies noted.</li> </ul>	O		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: ADVANCED FIREFIGHTER/SQUAD BOSS (FFT1)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>18. <u>Provides leadership and supervision for members assigned to squad.</u></p> <ul style="list-style-type: none"> <li>• Directs and controls squad throughout incident. Continually evaluates Watch Out Situations.</li> <li>• Takes action to correct unsafe action or conditions.</li> <li>• Solves problems through analysis and decisive action.</li> <li>• Sets priorities and determines work objectives.</li> <li>• Delegates tasks to employees and holds them accountable for their actions.</li> <li>• Assures supervisors work objectives and performance standards are met.</li> <li>• Develops crew members skills by providing training opportunities.</li> <li>• Conducts performance appraisals.</li> <li>• Provides praise or discipline, as warranted.</li> <li>• Develops team work.</li> <li>• Provides for care of squad members in event that sickness, injury or accident occurs.</li> <li>• Notifies supervisor of crew member injury/illness as soon as possible.</li> <li>• Completes agency medical and compensation for injury reports, as required.</li> </ul>	W		

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QUALIFICATION RECORD  
Continuation Sheet

POSITION: ADVANCED FIREFIGHTER/SQUAD BOSS (FFT1)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>19. <u>Assists with preparation of necessary reports and records.</u></p> <ul style="list-style-type: none"> <li>• Assists CRWB with completion of crew members time sheets, commissary, tools and supplies requisitions, and necessary medical and compensation for injury forms.</li> <li>• Reports are legible and accurate according to agency standards and supervisors instructions.</li> <li>• Collects necessary information to complete check-in and check-out procedures. Accurate according to agency standards, supervisor's instructions.</li> <li>• Maintain ICS Form 214 (Unit Log), when required by supervisor. Follows supervisor's instructions.</li> <li>• Maintain ICS Form 201 (Incident Briefing), when directed by supervisor. Follow supervisor's instructions.</li> </ul>	O		
<p><b><u>DEMOBILIZATION</u></b></p> <p>20. <u>Demobilization and check-out.</u></p> <ul style="list-style-type: none"> <li>• Receive demobilization instructions from work supervisor.</li> <li>• Brief subordinate staff on demobilization procedures and responsibilities.</li> <li>• 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.</li> </ul>	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			
<b>#1</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>					

<b>#2</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>					

**Evaluation Record  
(Continuation Sheet)**

<b>TRAINEE NAME</b>		<b>TRAINEE POSITION</b>			
<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
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<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>					

<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>					