

**Pennsylvania Task Book for the  
Position of:**

**FIREFIGHTER TYPE 1 (PA-FFT1)**

**February 2013**

**Task Book Assigned To:**

Trainee's Name: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_

**Task Book Initiated By:**

Official's Name: \_\_\_\_\_

Home Unit Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_

Home Unit Address: \_\_\_\_\_

Date 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:**

**FIREFIGHTER TYPE 1 (PA-FFT1)**

---

**Final Evaluator's Verification**

*To be completed **ONLY** when you are recommending the trainee for certification.*

I verify that (trainee name) \_\_\_\_\_ has successfully performed as a trainee by demonstrating all tasks for the position listed above and should be considered for certification in this position. All tasks are documented with appropriate initials.

Final Evaluator's Signature: \_\_\_\_\_

Final Evaluator's Printed Name: \_\_\_\_\_

Home Unit Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Agency Certification**

I certify that (trainee name) \_\_\_\_\_ has met all requirements for qualification in the above position and that such qualification has been issued.

Certifying Official's Signature: \_\_\_\_\_

Certifying Official's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Additional copies of this publication are available through:  
The Pennsylvania Prescribed Fire Council at <http://www.paprescribedfire.org>

## RGPPU NXCPK'RQUW/QP 'VCUMDQQM

Position Task Books (PTBs) have been developed for each position listed in the Pennsylvania Prescribed Fire Qualifications Standards. Each PTB lists the competencies, behaviors and tasks required for successful performance in specific positions. Trainees must be observed completing all tasks and show knowledge and competency in their performance during the completion of this PTB.

Trainees are evaluated during this process by qualified evaluators, and the trainee's performance is documented in the PTB for each task by the evaluator's initials and date of completion. An Evaluation Record will be completed by all evaluators documenting the trainee's progress after each evaluation opportunity.

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 trainee's performance while completing all tasks may occur on one or more training assignments and may involve more than one evaluator during any opportunity.

### INCIDENT/EVENT CODING

Each task has a code associated with the type of training assignment where the task may be completed. The codes are: O = other, I = incident, W = wildfire, RX = prescribed fire, W/RX = wildfire OR prescribed fire and R = rare event. The codes are defined as:

- O = Task can be completed in any situation (classroom, simulation, daily job, incident, prescribed fire, etc.).
- I = Task must be performed on an incident managed under the Incident Command System (ICS). Examples include wildland fire, structural fire, oil spill, search and rescue, hazardous material, and an emergency or non-emergency (planned or unplanned) event.
- W = Task must be performed on a wildfire incident.
- RX = Task must be performed on a prescribed fire incident.
- W/RX = Task must be performed on a wildfire OR prescribed fire incident.
- R = Rare events such as accidents, injuries, vehicle or aircraft crashes occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation.

While tasks can be performed in any situation, they must be evaluated on the specific type of incident/event for which they are coded. For example, tasks coded W must be evaluated on a wildfire; tasks coded RX must be evaluated on prescribed fire and so on. Performance of any task on other than the designated assignment is not valid for qualification.

Tasks within the PTB are numbered sequentially; however, the numbering does NOT indicate the order in which the tasks need to be performed or evaluated.

The bullets under each numbered task are examples or indicators of items or actions related to the task. The purpose of the bullets is to assist the evaluator in evaluating the trainee; the bullets are not all-inclusive. Evaluate and initial ONLY the numbered tasks. DO NOT evaluate and initial each individual bullet.

## **RESPONSIBILITIES**

The responsibilities of the Home Unit/Agency, Trainee, and Evaluator are identified in the Pennsylvania Prescribed Fire Qualifications Standards. It is incumbent upon each of these individuals to ensure their responsibilities are met.

## **INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD**

### **Evaluation Record #**

Each evaluator will need to complete an evaluation record. Each evaluation record should be numbered sequentially. Place this number at the top of the evaluation record page and also use it in the column labeled “Evaluation Record #” for each numbered task the trainee has satisfactorily performed.

### **Trainee Information**

Print the trainee’s name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

### **Evaluator Information**

Print the Evaluator’s name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

### **Incident/Event Information**

**Incident/Event Name:** Print the incident/event name.

**Reference:** Enter the incident code and/or fire code.

**Duration:** Enter inclusive dates during which the trainee was evaluated.

**Incident Kind:** Enter the kind of incident (wildfire, prescribed fire, search and rescue, flood, hurricane, etc.).

**Location:** Enter the geographic area, agency, and state.

**Management Type or Prescribed Fire Complexity Level:** Circle the ICS organization level (Type 5, Type 4, Type 3, Type 2, Type 1, Area Command) or the prescribed fire complexity level (Low, Moderate, High).

**Fire Behavior Prediction System (FBPS) Fuel Model Group:** Circle the Fuel Model Group letter that corresponds to the predominant fuel type in which the incident/event occurred.

**G = Grass Group** (includes FBPS Fuel Models 1 – 3):

1 = short grass (1 foot); 2 = timber with grass understory; 3 = tall grass (1½ - 2 feet)

**B = Brush Group** (includes FBPS Fuel Models 4 – 6):

4 = Chaparral (6 feet); 5 = Brush (2 feet); 6 = dormant brush/hardwood slash; 7 = Southern rough

**T = Timber Group** (includes FBPS Fuel Models 8 – 10)

8 = closed timber litter; 9 = hardwood litter; 10 = timber (with litter understory)

**S = Slash Group** (includes FBPS Fuel Models 11 – 13)

11 = light logging slash; 12 = medium logging slash; 13 = heavy logging slash

### **Evaluator's Recommendation**

For 1 – 4, initial only one line as appropriate; this will allow for comparison with your initials in the Qualifications Record.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

### **Evaluator's Signature**

Sign here to authenticate your recommendations.

### **Date**

Document the date the Evaluation Record is being completed.

### **Evaluator's Relevant Qualification (or agency certification)**

List your qualification or certification relevant to the trainee position you supervised.

**Note:** Evaluators must be qualified in the position they are evaluating.

### **Task Book Completion Timeframes**

The position task book (PTB) is valid for three years from the day it is initiated. Upon documentation of the first task in the PTB, the three-year time limit is reset from that new date.

If the PTB is not completed in three years from the date of the PTB (or first task being evaluated) the PTB will no longer be valid. A new PTB may be initiated, but all current qualification standards will then apply.

## Tasks for FFT1

### Competency: Assume position responsibilities.

*Description: Successfully assume role of Firefighter and/or Incident Commander and initiate position activities at the appropriate time according to the following behaviors.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure readiness for assignment.</b>			
1. Obtain complete information from dispatch upon assignment. <ul style="list-style-type: none"> <li>• <i>Incident name</i></li> <li>• <i>Incident order number</i></li> <li>• <i>Request number</i></li> <li>• <i>Incident phone number</i></li> <li>• <i>Reporting time</i></li> <li>• <i>Reporting location (drop point)</i></li> <li>• <i>Transportation arrangements/travel routes</i></li> <li>• <i>Contact procedures during travel (telephone/radio)</i></li> </ul>	O		
2. Bring adequate personal gear and effects within established weight requirements.	O		
3. Follow safety procedures for foot travel and for transporting personnel and equipment (loading, riding, and unloading). <ul style="list-style-type: none"> <li>• <i>Vehicles</i></li> <li>• <i>Boats</i></li> <li>• <i>Helicopters</i></li> <li>• <i>Large transport aircraft</i></li> <li>• <i>Small fixed-wing aircraft</i></li> </ul>	O		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
4. Correctly prepare radio for operation. • <i>Successfully complete radio check.</i>	O		
5. Arrive at incident and check in. • <i>Arrive properly equipped at assigned location within acceptable time limits.</i>	I		

**Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.**

6. Inspect squad members and their personal protective equipment (PPE) and ensure personnel and equipment meet agency requirements, conditions of hire, and supervisor's instructions. • <i>Check members' qualifications and ensure crew members meet agency qualification requirements for tasks/assignments.</i> • <i>Notify supervisor of corrective action needed.</i> • <i>Request additional resources as needed.</i>	O		
7. Examine tools, equipment, and supplies required to complete assigned task for amount, serviceability, and safety. • <i>Notify supervisor of corrective action needed to reconcile deficiencies noted.</i>	O		

**Behavior: Gather, update, and apply situational information relevant to the assignment.**

8. Obtain initial briefing from supervisor. • <i>Task/assignment (instructions may be written and/or oral).</i> • <i>Incident situation or conditions.</i>	I		
--	---	--	--

**Behavior: Establish effective relationships with relevant personnel.**

9. Conduct self in a professional manner. • <i>Respectful and courteous as an organized crew member.</i> • <i>Respectful of public and private property.</i>	I		
--	---	--	--

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
10. Establish and maintain positive interpersonal and interagency working relationships.	I		

**Behavior: Ensure ability to use tools necessary to complete assignment.**

11. Accurately navigate to an assigned destination. <ul style="list-style-type: none"> <li>• <i>Properly use maps and compass (e.g., verify location by comparing topographic features or street references with map; describe location in terms of coordinates or other acceptable description; accurately compute distance and bearing).</i></li> <li>• <i>Properly use Global Positioning System (GPS), if available.</i></li> </ul>	O		
12. Use the Incident Response Pocket Guide (IRPG) and Fireline Handbook.	O		
13. Demonstrate proficiency with tools and equipment. <ul style="list-style-type: none"> <li>• <i>Water handling equipment</i></li> <li>• <i>Hand tools</i></li> <li>• <i>Firing/ignition devices</i></li> <li>• <i>Power tools</i></li> <li>• <i>Motorized equipment</i></li> <li>• <i>Weather monitoring devices</i></li> </ul>	O		
14. Properly use portable or mobile multichannel radio. <ul style="list-style-type: none"> <li>• <i>Use clear text.</i></li> <li>• <i>Correctly prepare radio for operation.</i></li> <li>• <i>Successfully complete radio check.</i></li> <li>• <i>Select proper channel.</i></li> <li>• <i>Change location to improve reception/transmission (as needed).</i></li> <li>• <i>Protect radio from damage.</i></li> <li>• <i>Use proper radio procedures and techniques.</i></li> <li>• <i>Exercise proper radio discipline.</i></li> <li>• <i>Describe agency procedures for emergency notification (emergency traffic).</i></li> <li>• <i>Describe limitations of radio communications.</i></li> </ul>	O		

**Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.**



TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Understand and comply with ICS concepts and principles.</b>			
15. Apply the ICS. <ul style="list-style-type: none"> <li>• <i>Follow chain of command.</i></li> <li>• <i>Use appropriate ICS terminology.</i></li> </ul>	I		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

**Competency: Lead assigned personnel.**

*Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
------	------------------	----------------------	--

**Behavior: Model leadership values and principles.**

16. Exhibit principles of duty. <ul style="list-style-type: none"> <li>• <i>Be proficient in your job, both technically and as a leader.</i></li> <li>• <i>Make sound and timely decisions.</i></li> <li>• <i>Ensure tasks are understood, supervised and accomplished.</i></li> <li>• <i>Develop your subordinates for the future.</i></li> </ul>	I		
17. Exhibit principles of respect. <ul style="list-style-type: none"> <li>• <i>Know your subordinates and look out for their well-being.</i></li> <li>• <i>Keep your subordinates informed.</i></li> <li>• <i>Build the team.</i></li> <li>• <i>Employ your subordinates in accordance with their capabilities.</i></li> </ul>	I		
18. Exhibit principles of integrity. <ul style="list-style-type: none"> <li>• <i>Know yourself and seek improvement.</i></li> <li>• <i>Seek responsibility and accept responsibility for your actions.</i></li> <li>• <i>Set the example.</i></li> </ul>	I		

**Behavior: Ensure the safety, welfare, and accountability of assigned personnel.**

19. Provide for the safety and welfare of assigned resources. <ul style="list-style-type: none"> <li>• <i>Recognize, mitigate and communicate potentially hazardous situations during tactical operations.</i></li> <li>• <i>Monitor condition of assigned resources.</i></li> <li>• <i>Account for assigned resources.</i></li> <li>• <i>Provide for care of squad members and notify supervisor in event of sickness, injury, or accident.</i></li> <li>• <i>Identify agency policy and practice safety procedures appropriate to conditions.</i></li> </ul>	W/RX		
--	------	--	--

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
20. Serve as lookout. <ul style="list-style-type: none"> <li>• <i>Establish/maintain communications with assigned resources.</i></li> <li>• <i>Choose position with good view of all aspects of hazard, values to be protected, and personnel.</i></li> <li>• <i>Provide updates on any changes that may compromise the safety of fireline personnel.</i></li> <li>• <i>Ensures escape routes and safety zones are maintained for lookout.</i></li> </ul>	W/RX		

**Behavior: Establish work assignments and performance expectations, monitor performance, and provide feedback.**

21. Provide supervision for members assigned to squad. <ul style="list-style-type: none"> <li>• <i>Set priorities and determine work objectives.</i></li> <li>• <i>Delegate tasks to employees and hold them accountable for their actions.</i></li> <li>• <i>Ensure supervisor's work objectives and performance standards are met.</i></li> <li>• <i>Conduct performance evaluations.</i></li> <li>• <i>Provide praise or discipline, as warranted.</i></li> </ul>	I		
--	---	--	--

**Behavior: Emphasize teamwork.**

22. Establish crew cohesiveness. <ul style="list-style-type: none"> <li>• <i>Provide for open communication.</i></li> <li>• <i>Seek commitment.</i></li> <li>• <i>Set expectations for accountability.</i></li> <li>• <i>Focus on the team result.</i></li> </ul>	I		
---	---	--	--

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

**Competency: Communicate effectively.**

*Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure relevant information is exchanged during briefings and debriefings.</b>			
23. Obtain tactical assignment from supervisor following the IRPG briefing checklist. <ul style="list-style-type: none"> <li>• <i>Special considerations and hazards.</i></li> <li>• <i>Values to be protected.</i></li> </ul>	I		
24. Brief subordinates or relief personnel periodically and with every change from planned work. <ul style="list-style-type: none"> <li>• <i>Communications</i></li> <li>• <i>Chain of command</i></li> <li>• <i>Overall assignment information</i></li> </ul>	I		
25. Participate in After Action Reviews (AAR).	I		
<b>Behavior: Ensure documentation is complete and disposition is appropriate.</b>			
26. Complete required documentation. <ul style="list-style-type: none"> <li>• <i>Employee time report</i></li> <li>• <i>Accidents and injuries reports</i></li> <li>• <i>ICS 214, Unit Log</i></li> </ul>	O		
27. Assist with preparation of necessary reports and records.	O		
<b>Behavior: Communicate and ensure understanding of work expectations within the chain of command and across functional areas.</b>			
28. Keep assigned crew members informed on a continuing basis about pertinent information.	W/RX		
29. Maintain communication with adjoining resources.	W/RX		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

**Competency: Ensure completion of assigned actions to meet identified objectives.**

*Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
------	------------------	----------------------	--

**Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.**

30. Properly size up fire. <ul style="list-style-type: none"> <li>• <i>Hazards and escape routes/safety zones.</i></li> <li>• <i>Point of origin and cause.</i></li> <li>• <i>Size of fire.</i></li> <li>• <i>Location of head.</i></li> <li>• <i>Values to be protected (e.g., improved properties, agricultural, recreational).</i></li> <li>• <i>Weather conditions (current/forecasted).</i></li> <li>• <i>Fuel group (may also include building materials and arrangement of improved properties).</i></li> <li>• <i>Topography</i></li> <li>• <i>Time of day.</i></li> <li>• <i>Current and expected fire behavior/intensity.</i></li> </ul>	W/RX		
31. Monitor, document, and report weather observations.	W/RX		

**Behavior: Take appropriate action based on assessed risks.**

32. Apply the Risk Management Process found in the IRPG and Fireline Handbook. <ul style="list-style-type: none"> <li>• <i>Step 1: Situation Awareness</i></li> <li>• <i>Step 2: Hazard Assessment</i></li> <li>• <i>Step 3: Hazard Control</i></li> <li>• <i>Step 4: Decision Point</i></li> <li>• <i>Step 5: Evaluate</i></li> </ul>	W/RX		
--	------	--	--

**Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.**

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
33. Develop strategy and apply appropriate tactics for the assignment. <ul style="list-style-type: none"> <li>• <i>Evaluate relevant plans.</i></li> <li>• <i>Direct tactical operations which provide safety to the firefighter.</i></li> <li>• <i>Use appropriate fire suppression strategy.</i></li> <li>• <i>Develop appropriate tactics based on selected strategy, values to be protected and expected fire behavior.</i></li> <li>• <i>Maintain status reporting (ICS 201, Incident Briefing).</i></li> <li>• <i>Properly locate fireline.</i></li> <li>• <i>Use appropriate fireline construction methods.</i></li> <li>• <i>Request additional resources as needed.</i></li> </ul>	W/RX		
34. Demonstrate proficiency on a low complexity firing operation. <ul style="list-style-type: none"> <li>• <i>Review priorities, hazards, and fire sensitive areas.</i></li> <li>• <i>Review and refine the ignition/firing plan (verbal or written) utilizing fuel and predicted weather conditions and fire behavior.</i></li> <li>• <i>Explain use of appropriate ignition devices and ensure those devices are adequate and operational.</i></li> <li>• <i>Consult with supervisor on “Go/No-Go” decision.</i></li> <li>• <i>Implement a test fire and coordinate with supervisor to ensure that objectives can be met.</i></li> <li>• <i>Evaluate ignition/firing activities and modify as needed.</i></li> </ul>	W/RX		
35. Patrol fireline. <ul style="list-style-type: none"> <li>• <i>Look for spots across lines.</i></li> <li>• <i>Observe downwind areas utilizing sight and sound.</i></li> <li>• <i>Frequently check dangerous areas on both sides of line.</i></li> <li>• <i>Notify supervisor of spot fires or slopovers.</i></li> <li>• <i>Patrol until the fire is completely safe to leave or you are relieved.</i></li> </ul>	W/RX		

**Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.**

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Modify approach based on evaluation of incident situation.</b>			
36. Maintain situation awareness and adjust tactics as necessary.	W/RX		
<b>Behavior: Anticipate, recognize, and mitigate unsafe situations</b>			
37. Identify and correct unsafe actions or conditions.	I		
<b>Behavior: Follow established procedures and/or safety procedures relevant to given assignment.</b>			
38. Identify escape routes and safety zones. <ul style="list-style-type: none"> <li>• <i>Make them known to assigned personnel.</i></li> <li>• <i>Flag route to assure awareness when necessary.</i></li> </ul>	W/RX		
<b>Behavior: Plan for demobilization and ensure demobilization procedures are followed.</b>			
39. Demobilize and check out. <ul style="list-style-type: none"> <li>• <i>Receive demobilization instructions from incident supervisor.</i></li> </ul>	I		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

**Trainee Information**

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Incident/Event Information**

Incident/Event Name: Reference (Incident Number/Fire Code): Duration:

Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify):

Location (include Geographic Area, Agency, and State):

Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command

OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High

FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

**Evaluator's Recommendation**

(Initial only one line as appropriate)

- \_\_\_\_\_ **1)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ **2)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- \_\_\_\_\_ **3)** The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- \_\_\_\_\_ **4)** The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_



**Trainee Information**

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Incident/Event Information**

Incident/Event Name: Reference (Incident Number/Fire Code): Duration:

Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify):

Location (include Geographic Area, Agency, and State):

Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command

OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High

FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

**Evaluator's Recommendation**

(Initial only one line as appropriate)

- \_\_\_\_\_ **1)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ **2)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- \_\_\_\_\_ **3)** The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- \_\_\_\_\_ **4)** The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

**Trainee Information**

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Incident/Event Information**

Incident/Event Name: Reference (Incident Number/Fire Code): Duration:

Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify):

Location (include Geographic Area, Agency, and State):

Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command

OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High

FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

**Evaluator's Recommendation**

(Initial only one line as appropriate)

- \_\_\_\_\_ 1) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ 2) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- \_\_\_\_\_ 3) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- \_\_\_\_\_ 4) The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

**Trainee Information**

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Incident/Event Information**

Incident/Event Name: Reference (Incident Number/Fire Code): Duration:

Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify):

Location (include Geographic Area, Agency, and State):

Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command

OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High

FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

**Evaluator's Recommendation**

(Initial only one line as appropriate)

- \_\_\_\_\_ **1)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ **2)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- \_\_\_\_\_ **3)** The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- \_\_\_\_\_ **4)** The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

Additional Evaluation Record Sheets can be downloaded at [www.paprescribedfire.org](http://www.paprescribedfire.org)

**Trainee Information**

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Incident/Event Information**

Incident/Event Name: Reference (Incident Number/Fire Code): Duration:

Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify):

Location (include Geographic Area, Agency, and State):

Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command

OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High

FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

**Evaluator's Recommendation**

(Initial only one line as appropriate)

- \_\_\_\_\_ **1)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ **2)** The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- \_\_\_\_\_ **3)** The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- \_\_\_\_\_ **4)** The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_