

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

DEMOBILIZATION UNIT LEADER (DMOB)

United States
Department of the Interior

National Association of
State Foresters



PMS 311-26
NFES 2336

August 1993

TASK BOOK ASSIGNED TO:
INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER
TASK BOOK INITIATED BY:
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**

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 # 2336

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: DEMOBILIZATION UNIT LEADER (DMOB)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><u>GENERAL</u></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"> • NWCG Fireline Handbook 410-1. • ICS 420-1 (Field Operations Guide). • U. S. Atlas. • Example Demobilization Plan(s). • ICS Form 213, General Message. • ICS Form 214, Unit Log (2). • ICS Form 221, Demobilization Check-Out (25 each). • Fire Time Report. • Incident Command System Position Manual. • ICS 221-4 (Demobilization Unit Leader) (NFES-2831). • General supplies: pens, pencils, large markers, paper, tape, stapler, paper clips, ruler, highlighters, other personally developed items. 	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: DEMOBILIZATION UNIT LEADER (DMOB)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>2. <u>Establish and maintain positive interpersonal and interagency working relationships.</u></p> <ul style="list-style-type: none"> • Through briefings, discuss EEO, civil rights, sexual discrimination and other sensitive issues, with assigned personnel. • Recognize cultural language difficulties as it impacts work output and expectations. • Provide equal assignment opportunities based on individual skill level. • Monitor and evaluate progress based on expected work standards not race, color or creed. • Individual agency values and policies are addressed throughout the tenure of the incident. • Differences in agency values and policies that affect the operation are arbitrated in a manner that fosters continuous positive working relationships. • Integrate cultural resource considerations into all management activities. 	O		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: DEMOBILIZATION UNIT LEADER (DMOB)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>3. <u>Provide for the safety and welfare of assigned personnel during the entire period of supervision.</u></p> <ul style="list-style-type: none"> • Recognizes potentially hazardous situations. • Informs subordinates of hazards. • Ensures that special precautions are taken when extraordinary hazards exist. • Ensures adequate rest is provided to all unit personnel. 	I		
<p>4. <u>Obtain complete information from dispatch upon initial activation.</u></p> <ul style="list-style-type: none"> • Incident name. • Incident order number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements/travel routes. • Contact procedures during travel (telephone/radio). 	I		
<p>5. <u>Gather information necessary to assess incident assignment and determine immediate needs and actions.</u></p> <ul style="list-style-type: none"> • Incident Commander's/Supervisor's name, location, contact. • Current resource commitments. • Current situation. • Expected duration of assignment. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: DEMOBILIZATION UNIT LEADER (DMOB)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<u>INCIDENT ACTIVITIES</u>			
6. <u>Arrive at incident.</u> <ul style="list-style-type: none"> • Report to check-in location according to agency guidelines and within acceptable time limits. • Report to assigned location. 	I		
7. <u>Obtain briefing from Planning Section Chief.</u> Obtain the following information: <ul style="list-style-type: none"> • Incident size. • Number of resources. • Incident potential • Project demobilization effort. • Location of work area. • Operational work period. • Location of supplies. • Requirements for unique or specific considerations to be included in demobilization plan. • Local agency contact for plan review. • Location of sleeping and feeding areas. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: DEMOBILIZATION UNIT LEADER (DMOB)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>8. <u>Organizes work area.</u> Consider key items:</p> <ul style="list-style-type: none"> • Acquire table(s); seating; additional supplies not in kit. • Acquire communications equipment: radio, telephone, public address system, data communications equipment and operator. • Consider ready access to resource unit information. • Establish filing system: check out forms by resource kind and alphabetically, other references, i.e., Incident Action Plan. • Establish tracking system for proposed releases. 	I		
<p>9. <u>Organize and supervise unit.</u></p> <ul style="list-style-type: none"> • Identify need for subordinates. • Order subordinates as needed. • Brief and keep subordinates informed. • Establish unit timeframes and schedules. • Make assignments. • Spot check work. • Evaluate and record performance. • Review and approve time. • Develop teamwork. • Provide counseling and discipline as needed. 	I		
<p>10. <u>Interact and coordinate with appropriate Unit Leader and operations personnel.</u></p> <ul style="list-style-type: none"> • Receive and transmit needed information. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: DEMOBILIZATION UNIT LEADER (DMOB)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>11. <u>Gathers resource information needed to write demobilization plan.</u> Use the following sources of information.</p> <ul style="list-style-type: none"> • ICS Form 201 (Incident Briefing). • Incident Action Plan. • ICS Form 211 (Check-In List). • Resource Order forms (optional). • ICS Form 219 (Resource Status Card). • Computer data base if available. 	I		
<p>12. <u>Obtains objectives, priorities, schedules, and constraints for the Demobilization Plan.</u> Consult with:</p> <ul style="list-style-type: none"> • Planning Section Chief (initial briefing). • Logistics Section Chief. • Ground Support Unit Leader. • Medical Unit Leader. • Finance Section Chief. • Time Unit Leader. • Supply Unit Leader. • Facilities Unit leader. • Agency representatives/liaison officer. • Incident Agency Dispatch or Coordination Center. 	I		
<p>13. <u>Prepares Demobilization Plan General Information Section.</u> Briefly describe:</p> <ul style="list-style-type: none"> • Incident location. • Current incident status. • Incident potential. • Probable time restrictions. • Lead time needed to process tentative releases. 	I		

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POSITION: DEMOBILIZATION UNIT LEADER (DMOB)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>14. <u>Prepares the Demobilization Plan Responsibility Section.</u></p> <ul style="list-style-type: none"> • Identify specific responsibilities by section, unit and off-incident locations. • Use appropriate agency guidelines and specific incident type requirements. 	I		
<p>15. <u>Prepares the Demobilization Plan Release Section.</u></p> <ul style="list-style-type: none"> • Incorporate release priorities. 	I		
<p>16. <u>Prepares Demobilization Plan Release Procedure Section.</u></p> <ul style="list-style-type: none"> • Identify check-out points and procedures. 	I		
<p>17. <u>Prepares Demobilization Plan Travel Information Section.</u></p> <ul style="list-style-type: none"> • Provide phone numbers of incident agency dispatch. • Identify radio frequencies that may be used by travelers. • Include maps. • Provide recommended route of travel. • Provide instructions for agency contact while enroute. • Provide agency travel restrictions while enroute. • Provide instructions on packing tools for air travel. 	I		

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POSITION: DEMOBILIZATION UNIT LEADER (DMOB)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
18. <u>Completes Demobilization Plan within timeframes specified by Planning Section Chief.</u>	I		
19. <u>Obtains review and approval of Demobilization Plan.</u> <ul style="list-style-type: none"> • Provide copies to Planning Section Chief and Logistics Section Chief and incorporates their comments. • Provide final to Incident Commander for approving signature. 	I		
20. <u>Distributes Demobilization Plan.</u> <ul style="list-style-type: none"> • Distribute a copy to command and general staff, appropriate unit leaders, agency representatives, check-out processing locations, incident agency dispatch and others who assist in implementation of plan. • Post plan in prominent locations. 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>21. <u>Prepares ICS Form 221.</u></p> <ul style="list-style-type: none"> • Prepare for each resource prior to major demobilization. • Include information about: <ul style="list-style-type: none"> • Incident name and number. • Check-out processing locations used by all resources. • Resource name. • Request number. • Exceptions to normal check-out process. • Transportation information if available. • Destination. 	I		
<p>22. <u>Advises Planning Section Chief on progress of demobilization.</u></p> <ul style="list-style-type: none"> • Summarize for each operational period. • Identify problems and bring to Planning Section Chief's attention. 	I		
<p>23. <u>Attends planning section meetings.</u></p> <ul style="list-style-type: none"> • Provides information on progress to date. • Share planned demobilization activities. • Coordinate shared activities as needed. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: DEMOBILIZATION UNIT LEADER (DMOB)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>24. <u>Completes unit administrative and incident operational functions.</u></p> <ul style="list-style-type: none"> • Maintain continuity within the Demobilization Unit and overall incident management group. • Adjust priorities and work assignments to meet schedules and management objectives. 	I		
<p>25. <u>Completes ISC Form 214.</u></p> <ul style="list-style-type: none"> • Complete log for each operational period. • Submit completed log to documentation unit leader through Planning Section Chief each operational period. 	I		
<p>26. <u>Processes emergency release requests.</u></p> <ul style="list-style-type: none"> • Follow established demobilization process. • Complete process in as short a timeframe as possible. • Coordinate with agency representatives. 	I		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>27. <u>Monitors demobilization progress.</u></p> <ul style="list-style-type: none"> • Advise all sections and units of their responsibilities to implement the Demobilization Plan. • Maintain contact with all who are responsible for implementing the Demobilization Plan. • Insure released resources meet standards established in the Demobilization Plan; i.e., rest and feeding requirements. 	I		
<p><u>DEMOBILIZATION</u></p> <p>28. <u>Demobilizes unit.</u></p> <ul style="list-style-type: none"> • Declare surplus resources are per Demobilization Plan. • Inform unit personnel of scheduled releases. • Submit all records to documentation unit. • Return incident-issued equipment and supplies to appropriate units. • Clean work area. • Follow Demobilization Plan process. 	I		
<p>29. <u>Briefs replacement.</u> Briefing is adequate for replacement to perform all demobilization activities.</p>	I		

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Continuation Sheet

POSITION: DEMOBILIZATION UNIT LEADER (DMOB)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>30. <u>Demobilization and check-out.</u></p> <ul style="list-style-type: none"> • Receive demobilization instructions from work supervisor. • Brief subordinate staff on demobilization procedures and responsibilities. • Insure that incident and agency demobilization procedures are followed. • If required, complete ICS Form 221 (Demobilization Check-Out) and turn in to appropriate person. 	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 & 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 & 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>					

#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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**Evaluation Record
(Continuation Sheet)**

TRAINEE NAME		TRAINEE POSITION			
#3	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 & 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 & 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>					

#4	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 & 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 & 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>					