ALL-HAZARDS COMMUNICATIONS TECHNICIAN (COMT)

Position Task Book

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:_____

Version 2.3
February 2017

VERIFICATION/CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF ALL- HAZARDS COMMUNICATIONS TECHNICIAN (COMT)

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials. I also verify that _____
has performed as a trainee and should therefore be considered for certification in this position.

Final Evaluator's Signature _____ Date _____

Printed Name_____ Agency_____

Phone Number_____ Email _____

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_____ Date _____

Printed Name_____ Agency_____

Title_____ Phone Number _____

INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTB) were developed for designated positions as described under the National Interagency Incident Management System (NIIMS) and have been incorporated into the National Incident Management System (NIMS). The position task book is used by the authority having jurisdiction to certify that the person to whom the task book belongs meets the standards recommended by the National (NIMS) Integration Center (NIC).

Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation that the trainee be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task that require an action (contain an action verb) must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Agency Management** is responsible for:

    *   Selecting trainees based on the needs of their organization or area Incident Management Teams.
    *   Providing opportunities for evaluation and/or making the trainee available for evaluation.

2. The **Individual** is responsible for:

    *   Reviewing and understanding instructions in the PTB.
    *   Identifying desired objectives/goals.
    *   Providing background information to an evaluator.
    *   Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
    *   Assuring the evaluation record is complete.
    *   Notifying the local agency head when the PTB is completed, and obtaining their signature recommending certification.
    *   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. Dating and initialing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Record of Evaluation.
- Completing the Record of Evaluation found at the end of each PTB.

4. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.

5. The **Agency Head** or designee is responsible for:

- Issuing the PTB to document task performance.
- Explaining to the trainee the purpose and processes of the PTB, as well as the trainee's responsibilities.
- Tracking progress of the trainee.
- 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.
- Documenting the assignment.
- Conducting progress reviews.
- Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.

Competency 1: General

Task	Code	Evaluator # and Initials	Date
1. Obtain and assemble information and materials needed for a response kit prior to receiving an assignment, including critical items needed for the assignment and items needed for functioning during the first 48 hours. The following items are suggested as basic information and materials kept in a go bag: • Appropriate ICS forms and logs • Working knowledge of local TICP • Tactical Interoperable Communications Plan (TICP), if available • Inventories or other lists of local and regional communications response equipment • Preplanned local system coverage maps • Pads of paper, pencils, pens, and tape • Food and beverage to be self-sustained for 48 hours or more • Portable radio(s) as appropriate for the region • Radio programming equipment (cloning cable or computer), adapters, and suitable tools.	O		
2. Establish and maintain positive interpersonal and interagency working relationships. • Conduct self in a professional manner • Respectful and courteous • Respectful of public and private property	O		
3. Provide for the safety and welfare of assigned incident personnel during the entire period of supervision. • Obtain the safety briefing • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Provide safety and identifying equipment, such as vests identifying the communications function, flashlights, and glow sticks. • Provide for security of information • Ensure that special precautions are taken when extraordinary hazards exist.	I		

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)
Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Competency 2: Mobilization

Task	Code	Evaluator # and Initials	Date
4. Obtain complete information from the public safety communications center(s) serving the area and incident upon initial activation, including: • Incident name and, as appropriate, an order, request, or other unique number identifying the incident for tracking purposes • Reporting location • Reporting time • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio).	I		
5. Gather information to assess the incident assignment. This is an ongoing task throughout all phases of the incident. Include assigned resources in a draft Incident Radio Communications Plan (ICS Form 205). Examples of important information include: • Frequencies and/or talkgroups already assigned • Other mutual aid channels or equipment already in use • Gateway or other interoperability devices already in use • Other current incidents or events that may create conflicts with communications plans or tax resources.	I		
6. Arrive at incident and check in. Arrive properly equipped at the assigned incident location within acceptable time limits.	I		
7. Obtain briefing from supervisor. Examples of briefing items are: • Work space • Work schedule • Policies and operating procedures • Current resource commitments and expectations • Current situation • Expected duration of assignment • Special needs. **This list is not all inclusive; COMT is responsible for asking adequate questions.**	I		
8. Determine requirements for communications as directed by the COML.	I		

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Task	Code	Evaluator # and Initials	Date
9. Evaluate needs and order supplies, materials and personnel to keep/provide necessary communications, as required. • Recommend to COML materials and supplies required. • Monitor levels of supplies and materials at a level to prevent shortage of any basic needed items. Report shortages to the COML. • Recommend adequate number of personnel to support the communications unit, technicians, technical specialists, etc. to the COML. • Assess current tactical communications equipment needs such as power sources for extended operations, report findings to the COML.	I		
10. Working with the COML, perform as the technical expert for communications needs. • Determine the feasibility and required equipment/personnel to provide the required communications support. • Provide operational and technical information on communications equipment available for the incident. • Provide operational and technical information on communications equipment and systems capabilities and restrictions.	I		
11. Working at the direction of the COML, install or arrange for the installation of communications systems to meet incident operational needs. • Through the COML, request any additional communications vendor services; e.g., telephone, SATCOM, microwave and help identify costs associated with equipment. • Through the chain of command, document the locations for equipment to be installed; e.g., repeaters, satellite telephones, telephone lines, etc. • Provide communications support for external and internal data operations. • Create/update diagrams of current communications system(s). • Assist the COML to determine optimal locations for any future expansion of communications equipment using topographical maps to evaluate elevation and separation needs.	I		

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Task	Code	Evaluator # and Initials	Date
12. Install, or provide for the installation of, communications equipment. • Obtain equipment as needed. • Install and test all components of the communications equipment to ensure the incident's systems are operational, for example: o Repeaters o Links (radio and wire-based) o Remotes o Gateways o Telephones o FAX o Data o Aircraft and other special needs • In cooperation with the COML, develop installation priorities while adhering to safety standards regarding communications needs of tactical personnel; i.e., operations before logistics. • Clone or program radios.	I		
13. Assign communications equipment. • Provide resources and unit leaders with appropriate equipment based on the communications plan. • Provide basic training as needed on equipment being fielded. • Maintain equipment inventory to provide accountability.	I		
14. Assist the COML to initiate and maintain accurate records of all communications equipment. • Maintain accountability system for issuing hand-held radio resources. • Document geographic locations of equipment and transfer this information to local maps (latitude/longitude, address, or access instructions). • Keep records for local and national resources to ensure return to proper locations.	I		

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Task	Code	Evaluator # and Initials	Date
15. Monitor operational performance of communications systems throughout the duration of the incident. • Identify and take necessary action to accomplish minor field repair or place orders for replacement of equipment. • Monitor all gateways in use. • Plan for battery replacement. • Plan for generator refueling. • Act decisively to minimize interruptions in system operation.	I		
16. Maintain a 214 for the COMT when required. Unit Log will be kept current, legible, and will document all major activities, which may include: • Equipment locations. • Personnel changes.	I		

Competency 3: Demobilization

Task	Code	Evaluator # and Initials	Date
17. Demobilization and check out. • Submit all required information to the COML. • Receive demobilization instructions from the COML. • Brief subordinate staff on demobilization procedures and responsibilities. • Ensure that incident and agency demobilization procedures are followed. • Complete required ICS form(s) and turn in to the appropriate person. • Ensure that personnel in the unit are demobilized correctly. • Document lost equipment on agency specific forms.	I		

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)
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All-Hazards Communications Technician
INSTRUCTIONS FOR COMPLETING THE RECORD OF EVALUATION

There are four separate pages allowing evaluations to be made. These evaluations may be made on incidents, planned events, Full Scale Exercises (FSE), Functional Exercises (FE), 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 evaluation opportunities are needed, a page can be copied from a blank task book and attached. (Remember to change the Evaluation Record # to the next sequential number.)

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Trainee's name and Trainee's position: Self Explanatory

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

Evaluator's agency address, e-mail address and phone: Self explanatory

Evaluation Record #: The number prepopulated in the upper left corner of the evaluation page identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluator # and Initials" on the Qualification Record for each task performed satisfactorily during the evaluation opportunity.

Name and Location of Incident or Situation: Identify the name of the incident (if there is one) and the location where the tasks were performed. If evaluation occurs during a short term situation rather than a named incident, list the responding agency and area.

Incident Kind: Enter kind of incident, e.g., hurricane, wild land fire, search and rescue, flood, planned event, full scale exercise, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Kind of Resources: Enter how many resources of each kind assigned to the incident pertinent to the trainee's task book position. (e.g., 2 mobile communications vehicles)

Duration: Enter inclusive dates during which the trainee was evaluated. If evaluation occurs during a short term situation, enter date and start and end time of evaluation. (e.g., 11/1/14 to 11/4/14)

Management Level or Complexity Level: Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command.

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: Evaluator initials here to authenticate their recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant agency certification or rating: Evaluator lists their certification relevant to the trainee position they supervised.

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RECORD OF EVALUATION

TRAINEE NAME	**TRAINEE POSITION**

Evaluation Record #1	Evaluator's Name:	Evaluator's Title:	Evaluator's Agency:

Evaluator's agency address:

Evaluator's e-mail:	Phone:

Name and Location of Incident or Situation (agency & area)	Incident Kind (Hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed in order to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

_____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

RECORD OF EVALUATION

TRAINEE NAME	TRAINEE POSITION

Evaluation Record #2	Evaluator's Name:	Evaluator's Title:	Evaluator's Agency:

Evaluator's agency address:

Evaluator's e-mail:	Phone:

Name and Location of Incident or Situation (agency & area)	Incident Kind (Hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed in order to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

_____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

RECORD OF EVALUATION

TRAINEE NAME   **TRAINEE POSITION**

Evaluation Record #3	Evaluator's Name:	Evaluator's Title:	Evaluator's Agency:

Evaluator's agency address:

Evaluator's e-mail:	Phone:

Name and Location of Incident or Situation (agency & area)	Incident Kind (Hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed in order to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

_____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

RECORD OF EVALUATION

TRAINEE NAME	TRAINEE POSITION

Evaluation Record #4	Evaluator's Name:	Evaluator's Title:	Evaluator's Agency:

Evaluator's agency address:		

Evaluator's e-mail:	Phone:

Name and Location of Incident or Situation (agency & area)	Incident Kind (Hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed in order to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

_____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____