

**Task Book for the Position of:
AIR TACTICAL SUPERVISOR
(AITS)**



Note: This is not an NWCG position task book. It is agency specific approved by BLM, BIA, and USFS to meet agency requirements for the Air Tactical Supervisor (AITS) position.

January 2023

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: _____

Verification/Certification of Completed Task Book
for the Position of:

Air Tactical Supervisor (AITS)

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: Agency-specific Position Task Books webpage at <https://www.nwcg.gov/publications/agency-taskbooks>.

Agency-Specific Position Task Books

This agency-specific task book has been developed for the Air Tactical Supervisor (ATS) position. The Federal Wildland Fire Qualifications Supplement outlines the training and prerequisites for these positions. *The Federal Wildland Fire Qualifications Supplement* can be found at <https://iqcsweb.nwcg.gov/>. Click on the Associated Documents link to the Supplement.

Each Position Task Book (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.

A more detailed description of this process and definitions of terms are included in the *NWCG Standards for Wildland Fire Position Qualifications*, PMS 310-1. This document can be found at <https://www.nwcg.gov/publications/pms310-1>.

RESPONSIBILITIES

The responsibilities of the Home Unit/Agency, Trainee, Coach, Training Specialist, Evaluator, Final Evaluator, and Certifying Official are identified in the *NWCG Standards for Wildland Fire Position Qualifications*, PMS 310-1. 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, wildland fire use, 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 either qualified in the position being evaluated or supervise the trainee;

Final Evaluators must be qualified in the trainee position they are evaluating.

TASKS FOR AIR TACTICAL SUPERVISOR

COMPETENCY: Assume position responsibilities.

Description: Successfully assume role as a single resource 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
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Behavior: Preparedness for assignment and appropriate travel activities.

1. Obtain and assemble information and materials needed for assignment.	O		
2. Travel for assignment. <ul style="list-style-type: none"> • Obtain information from dispatch upon assignment <ul style="list-style-type: none"> - Incident name - Incident order number - Request number - Incident phone number - Reporting time - Reporting location - Transportation arrangements - Contact procedures during travel - Authorization for use of equipment (radio, headset, laptop, cell phone, rental vehicle) 	O		

Behavior: Demonstrate knowledge, skills, and abilities in the execution of duties in various operational areas.

3. Crew Resource Management (CRM) <i>AITS will demonstrate the seven skills of CRM while in the low-level Aerial Supervision Module (ASM) mission profile to increase safety, effectiveness, and efficiency. Items to consider:</i> <ul style="list-style-type: none"> • Division of duties between Air Tactical Pilot (ATP) & AITS are understood • Verbal communications • Nonverbal communications • Shift of workload based on need • Efficiency of operations • Division of frequencies • Hazard identification • High/Low recon roles and responsibilities • Airspeed/Bank angle 	W		
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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
<p>4. Emergency/Abnormal Procedures: <i>AITs will demonstrate skills and understand roles and responsibilities related to emergency and abnormal procedures to assist the ATP as requested. Items to consider:</i></p> <ul style="list-style-type: none"> • <i>Participating in simulated aircraft emergency procedures</i> • <i>Overrun procedures to include roles and responsibilities</i> • <i>Incident within an incident (IWI)</i> • <i>Abnormal instrument indications</i> 	R		
<p>5. Rotor Wing Coordination: <i>The AITS, while coordinating with the ATP, will direct assigned rotor wing aircraft while operating in the low-level ASM mission profile. Items to consider:</i></p> <ul style="list-style-type: none"> • <i>Frequency management</i> • <i>Communications with ATP (Verbal & nonverbal)</i> • <i>Coordination of rotor wing</i> 	W		
<p>6. Routing and sequencing: <i>AITs will demonstrate proper sequencing of assigned rotor wing aircraft utilizing check points, fences, etc. while the ATP is conducting airtanker coordinator operations to increase safety and efficiency in the low-level environment. Items to consider:</i></p> <ul style="list-style-type: none"> • <i>Adequate separation of mixed type and kind of aircraft per NWCG Standards for Aerial Supervision (PMS 505).</i> • <i>Nonstandard routes and patterns briefed.</i> • <i>Common understanding of fixed-wing and rotor wing locations.</i> • <i>Verbal and nonverbal skills demonstrated.</i> • <i>Coordinating rotor wing aircraft utilizing “sight” sequencing.</i> • <i>Coordinating rotor wing aircraft outside visual range of ASM crew.</i> 	W		

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
<p>7. Communications: <i>AITS will apply a variety of communication techniques to include verbal and nonverbal skills while in the low-level ASM mission profile. Items to consider:</i></p> <ul style="list-style-type: none"> • <i>Clear, concise, and correct communication</i> • <i>Situational appropriate prioritization of radio traffic</i> • <i>Mutually agreed upon hand signals are utilized</i> • <i>No slang, jargon, or excess words</i> • <i>Proper ICS terminology utilization</i> • <i>Consistency with scripts per PMS 505</i> • <i>ASM/Air Tactical Group Supervisor (ATGS) Transition Briefing</i> 	W		
<p>8. Coordination: <i>AITS will coordinate with on scene ATGS, Helicopter Coordinator (HLCO), or ASM crew to ensure assigned task and purpose are understood to achieve desired objectives. Items to consider:</i></p> <ul style="list-style-type: none"> • <i>Balance of workload with ATP.</i> • <i>Providing professional feedback to effectiveness of operation.</i> • <i>Providing alternatives to achieve desired end state as needed.</i> • <i>Resolving potential conflicts before they occur.</i> 	W		
<p>9. Decision making.</p> <ul style="list-style-type: none"> • <i>Demonstrates sound decision making in complex situations and under stress.</i> 	W		
<p>10. While supervising fixed-wing and rotor-wing tactical aircraft in the ASM configuration, the AITS will pass an evaluation flight in accordance with the requirements of the Aerial Supervision Module Mission Evaluation form. (PMS 505k)</p>	W		

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.

Comments: _____

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
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- _____ 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.

Comments: _____

Evaluator's Signature: _____ Date: _____
 Evaluator's Relevant Qualification (or agency certification): _____