



Position Task Book for the:

**WILDFIRE MITIGATION  
SPECIALIST TEAM MEMBER  
(WMTM)**

**January 2022**

**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:**

**WILDFIRE MITIGATION SPECIALIST TEAM MEMBER**

**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:

<https://www.nwcg.gov/publications/agency-taskbooks>

## UNITED STATES DEPARTMENT OF AGRICULTURE FOREST SERVICE (USFS)

### POSITION TASK BOOK

This USFS Position Task Books (PTBs) have been developed for the WUI Mitigation Specialist position (WMIT) and WUI Mitigation Specialist Lead. The PTB lists the competencies, behaviors and tasks required for successful performance in specific position. Trainees must be observed completing all tasks and show knowledge and competency in their performance during their 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 Wildland Fire Qualification System Guide, PMS 310-1. This document can be found at <https://www.nwcg.gov/publications/agency-taskbooks>.

## RESPONSIBILITIES

The responsibilities of the Home Unit/Agency, Trainee, Coach, Training Specialist, Evaluator, Final Evaluator and Certifying Official are identified in the Wildland Fire Qualification System Guide, 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, 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

## Wildfire Mitigation Specialist Team Member (WMTM)

**Competency: Assume position responsibilities.**

*Description: Successfully assume role of Wildfire Mitigation Specialist Team Member and initiate position activities at the appropriate time according to the following behaviors.*

**Behavior: Ensure readiness for assignment.**

| TASK   | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial &<br>date upon completion of<br>task |
|--|------|-------------------|---|
| 1. Obtain and assemble information and materials needed for assignment. Suggested items: <ul style="list-style-type: none"> <li>• <i>Review host unit Ordering Request</i></li> <li>• <i>Community Mitigation Assistance Team Handbook</i></li> <li>• <i>Mitigation key contact list</i></li> <li>• <i>Mitigation Field Guide</i></li> <li>• <i>Clothing and equipment appropriate to assignment</i></li> </ul>  | O    |                   |   |
| 2. 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</i></li> <li>• <i>Transportation arrangements/travel routes</i></li> <li>• <i>Contact procedures during travel (telephone/radio)</i></li> </ul> | O    |                   |   |
| 3. Arrive at incident/unit and check in. <ul style="list-style-type: none"> <li>• <i>Arrive properly equipped at assigned location within acceptable time limits.</i></li> </ul>   | I    |                   |   |

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

## Wildfire Mitigation Specialist Team Member (WMTM)

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

| TASK  | CODE | EVAL. RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|------|----------------|---|
| 4. Obtain briefing, orientation, assignments from incident supervisor and ordering unit.  | I    |                |   |
| 5. Review available documentation. <ul style="list-style-type: none"> <li>• <i>List of local key contacts with phone numbers</i></li> <li>• <i>List of goals and objectives</i></li> <li>• <i>Information on work schedule</i></li> <li>• <i>Local information, maps</i></li> <li>• <i>Community Wildfire Protection Plan, hazard assessments and plans, Delegation of Authority</i></li> </ul> | I    |                |   |

**Behavior: Understand and comply with ICS concepts and principles.**

| TASK  | CODE | EVAL. RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|------|----------------|---|
| 6. Apply the ICS. <ul style="list-style-type: none"> <li>• <i>Follow chain of command.</i></li> <li>• <i>Maintain appropriate span of control.</i></li> <li>• <i>Use appropriate ICS forms.</i></li> <li>• <i>Use appropriate ICS terminology.</i></li> </ul> | I    |                |   |

**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.*

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

| TASK  | CODE | EVAL. RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|------|----------------|---|
| 7. Conduct self in a professional manner. <ul style="list-style-type: none"> <li>• <i>Respectful and courteous</i></li> <li>• <i>Respectful of public and private property</i></li> </ul>   | I    |                |   |
| 8. Establish and maintain positive interpersonal and interagency working relationships. <ul style="list-style-type: none"> <li>• <i>Work collaboratively</i></li> <li>• <i>Share information and communicate effectively</i></li> </ul> | I    |                |   |

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

## Wildfire Mitigation Specialist Team Member (WMTM)

**Behavior: Anticipate, recognize, and mitigate unsafe situations.**

| TASK  | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial &<br>date upon completion of<br>task |
|---|------|-------------------|---|
| 9. Recognize potential hazards and mitigate hazardous situations. | O/I  |                   |   |

**Behavior: Follow established procedures and/or safety procedures relevant to given assignment.**

| TASK  | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial &<br>date upon completion of<br>task |
|---|------|-------------------|---|
| 10. Ensure safety procedures are followed. <ul style="list-style-type: none"> <li>• <i>Driving</i></li> <li>• <i>Personal protective equipment (PPE)</i></li> </ul> | O/I  |                   |   |

**Behavior: Ensure relevant information is exchanged during briefings and debriefings.**

| TASK  | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial &<br>date upon completion of<br>task |
|---|------|-------------------|---|
| 11. Participate in agency in-briefing and closeout <ul style="list-style-type: none"> <li>• <i>Ask clarifying questions</i></li> <li>• <i>Engage with ordering host unit</i></li> </ul> | O/I  |                   |   |

**Competency: Serve as a subject matter expert**

*Description: Help residents and community leaders understand and use the tools needed to identify and reduce wildfire risk and empower them to take action.*

**Behavior: Engage residents and community leaders to take proactive steps in hazard mitigation.**

| TASK   | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial &<br>date upon completion of<br>task |
|--|------|-------------------|---|
| 12. Engage residents within communities achieve mitigation actions. <ul style="list-style-type: none"> <li>• <i>Monitor local attitudes, political concerns, and adjust programs to accomplish mitigation objectives.</i></li> <li>• <i>Convene and facilitate focused meetings with community leaders to identify mitigation challenges.</i></li> <li>• <i>Convene stakeholder meetings and empower participants to take mitigation actions.</i></li> </ul> | O/I  |                   |   |

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



## Wildfire Mitigation Specialist Team Member (WMTM)

| TASK   | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial &<br>date upon completion of<br>task |
|--|------|-------------------|---|
| 13. Use planning tools to identify hazard mitigation opportunities. <ul style="list-style-type: none"> <li>• <i>Understand the difference between hazard assessments and community mitigation level planning tools.</i></li> <li>• <i>Participate in a community hazard assessment and develop a strategic mitigation plan which includes community resiliency adaptation concepts.</i></li> <li>• <i>Identify hazardous areas and values at risk</i></li> <li>• <i>Identify landscape and vegetation measures for strategic mitigation plans.</i></li> <li>• <i>Articulate how mitigation recommendations are developed and provide a pathway to implementation.</i></li> </ul> | O/I  |                   |   |
| 14. Use Structure Hazard Assessments to inform residents and identify actions that could be taken to mitigate risks. <ul style="list-style-type: none"> <li>• <i>Conduct a structure hazard assessment or equivalent.</i></li> <li>• <i>Share mechanisms for mitigating structural ignitability with homeowners and community leaders.</i></li> <li>• <i>Produce a mitigation plan or equivalent based on completed hazard assessment.</i></li> <li>• <i>Discuss the importance of maintenance of mitigation work and help residents develop a maintenance plan for their property.</i></li> </ul>   | O/I  |                   |   |

**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.*

**Behavior: Ensure documentation is complete and disposition is appropriate.**

| TASK  | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial &<br>date upon completion of<br>task |
|---|------|-------------------|---|
| 15. Maintain assignment documentation, files, and data. <ul style="list-style-type: none"> <li>• <i>Maintain contact list</i></li> <li>• <i>Prepare daily log and compiled log</i></li> <li>• <i>Document interviews</i></li> </ul> | I    |                   |   |

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

## Wildfire Mitigation Specialist Team Member (WMTM)

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

| TASK  | CODE | EVAL. RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|------|----------------|---|
| 16. Help plan and participate in specific activities that will inform mitigation focused final report or action plan to community. <ul style="list-style-type: none"> <li>• <i>Schedule discussions with key community leaders and/or partners.</i></li> <li>• <i>Prepare for meeting including developing specific questions in addition to using standard mitigation and community planning questions.</i></li> <li>• <i>Document and file written report outs on discussions.</i></li> </ul> | O/I  |                |   |
| 17. Participate in strategic planning exercises (SWOT, Mission and Vision, Team Building, etc..) to gather community information. <ul style="list-style-type: none"> <li>• <i>Review community needs.</i></li> <li>• <i>Develop appropriate exercises and work sessions.</i></li> </ul>   | O/I  |                |   |
| 18. Plan and facilitate one workshop (i.e. One-on-one trainings, work sessions, neighborhood ambassador workshops, structure hazard assessment workshop or other similar presentations) for host unit based on their needs.   | O/I  |                |   |

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

## Wildfire Mitigation Specialist Team Member (WMTM)

**Behavior: Develop plan and recommendations to help move mitigation forward in the community in a manner supported by affected agencies and the public.**

| TASK   | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial &<br>date upon completion of<br>task |
|--|------|-------------------|---|
| 19. Prepare mitigation recommendations report <ul style="list-style-type: none"> <li>• <i>Participate in discussions that lead to the core of the challenges identified and offer possible solutions.</i></li> <li>• <i>Gather materials to support identified solutions.</i></li> </ul> | O/I  |                   |   |
| 20. Present mitigation recommendations with host unit, community leaders, and local partners/stakeholders to increase understanding and support.   | O/I  |                   |   |

**Behavior: Plan for demobilization and ensure demobilization procedures are followed.**

| TASK   | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial &<br>date upon completion of<br>task |
|--|------|-------------------|---|
| 21. Demobilize and check out. <ul style="list-style-type: none"> <li>• <i>Receive demobilization instructions from incident or assignment supervisor.</i></li> <li>• <i>If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person.</i></li> <li>• <i>Obtain accurate and final OF-288.</i></li> </ul> | O    |                   |   |

***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:

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**Evaluator Information**

Printed Name:  
Evaluator Position on Incident/Event:  
Home Unit/Agency:  
Home Unit /Agency Address and Phone Number:

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**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

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**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:

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**Evaluator Information**

Printed Name:  
Evaluator Position on Incident/Event:  
Home Unit/Agency:  
Home Unit /Agency Address and Phone Number:

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**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

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**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): \_\_\_\_\_