A Publication of the
**National Wildfire
Coordinating Group**

NWCG Task Book for the Position of:

**ASSISTANT AREA COMMANDER, LOGISTICS
(ACLC)**

PMS 311-89   **JUNE 2009**

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:

ASSISTANT AREA COMMANDER, LOGISTICS

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: _____

NATIONAL WILDFIRE COORDINATING GROUP (NWCG)
POSITION TASK BOOK

NWCG Position Task Books (PTBs) have been developed for designated National Interagency Incident Management System (NIIMS) positions. 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.

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/310-1.

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.

Assistant Area Commander, Logistics (ACLC)

Competency: Assume position responsibilities.
Description: Successfully assume role of Assistant Area Commander, Logistics and initiate position activities at the appropriate time according to the following behaviors.

TASK	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure availability, qualifications and capabilities of resources to complete assignment.			
1. Identify and order resources required for area command logistics operation.	I		
Behavior: Gather, update, and apply situational information relevant to the assignment.			
2. Obtain initial briefing from Area Commander. • *Area Command issues* • *Status of incidents and assigned resources* • *Competition for resources* • *Factors affecting resource prioritization*	I		
3. Gather intelligence from incident Logistics Section Chiefs, coordination center, and other personnel responsible for incident	I		
Behavior: Establish effective relationships with relevant personnel.			
4. Establish and maintain positive interpersonal and interagency working relationships (e.g., Incident Management Team (IMT), coordination centers/expanded dispatch, agency personnel, cooperators, comptroller, buying team).	I		
Behavior: Establish organization structure, reporting procedures, and chain of command of assigned resources.			
5. Determine work space requirements, location, and procurement procedures for the area command team.	I		
6. Establish procedures which facilitate communications. • *Area command frequency coordination* • *Sharing or reallocation of resources* • *Problem-solving or conflict resolution*	I		

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

Assistant Area Commander, Logistics (ACLC)

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	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure the safety, welfare, and accountability of assigned personnel.			
7. Provide for the safety and welfare of assigned resources. • *Recognize, mitigate and communicate potentially hazardous situations.* • *Monitor condition of assigned resources.* • *Account for assigned resources.*	I		
Behavior: Emphasize teamwork.			
8. Establish cohesiveness among assigned resources.	I		

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

Assistant Area Commander, Logistics (ACLC)

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	CODE	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
Behavior: Ensure relevant information is exchanged during briefings and debriefings.			
9. Participate in briefing with Agency Administrator(s).	I		
Behavior: Ensure documentation is complete and disposition is appropriate.			
10. Maintain a log of strategic decisions and significant events for inclusion in Area Command final package.	I		
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.			
11. Evaluate and share all functional information for logistics with area command team members.	I		
Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public.			
12. Assist in developing area command demobilization priorities and procedures. • *Cache demobilization requirements.* • *Coordination of demobilization actions between IMTs and expanded dispatch.*	I		
13. Assist the Assistant Area Commander, Planning in developing an area command transition plan.	I		

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

Assistant Area Commander, Logistics (ACLC)

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	CODE	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.			
14. Evaluate effectiveness of current system of expanded dispatch and identify needed improvements.	I		
Behavior: Make appropriate decisions based on analysis of gathered information.			
15. Take appropriate action, if delegated authority for expanded dispatch. • *Provide adequate staff including Expanded Dispatch Coordinator.* • *Ensure adequate facilities.* • *Determine scope of responsibility.* • *Identify relationship with buying team.*	I		
16. Receive and process orders for all other area command functions.	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): _____

Additional Evaluation Record Sheets can be downloaded at https://www.nwcg.gov/publications/position-taskbooks

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 https://www.nwcg.gov/publications/position-taskbooks