A picture containing text, coin

Description automatically generated

**NEW MEXICO RESOURCE QUALIFICATION SYSTEM (NMRQS)**

**EMERGENCY OPERATIONS CENTER (EOC) POSITION TASK BOOK**

Operations Section Chief

**CONTAINS THE FOLLOWING EOC SKILLSETS:**

\_\_\_ Leadership

\_\_\_ Understanding the Resource Requirement

\_\_\_ Resource Tracking

|  |
| --- |
| **POSITION TASK BOOK ASSIGNED TO:** |
| TRAINEE’S NAME: |
| DUTY STATION: |
| PHONE NUMBER: |
| E-MAIL: |

|  |
| --- |
| **POSITION TASK BOOK INITIATED BY:** |
| OFFICIAL’S NAME: |
| TITLE: |
| DUTY STATION: |
| PHONE NUMBER: |
| E-MAIL: |

|  |
| --- |
| **POSITION TASK BOOK WAS INITIATED:** |
| LOCATION: |
| DATE: |

# Evaluator Verification

*(Do not complete this form unless you are recommending the trainee for all-hazards certification.)*

|  |
| --- |
| **FINAL EVALUATOR VERIFICATION** |
| I verify that  has successfully completed all tasks as a trainee and should therefore be considered for certification in this position. I also verify that all tasks are documented with appropriate initials. |
| FINAL EVALUATOR’S SIGNATURE: |
| DATE: |
| FINAL EVALUATOR’S PRINTED NAME: |
| TITLE: |
| DUTY STATION: |
| PHONE NUMBER: |
| E-MAIL: |

# Documentation of Agency Certification

|  |
| --- |
| **DOCUMENTATION OF AGENCY CERTIFICATION** |
| I certify that  has successfully met all the qualification criteria as defined by EOC leadership and will hereby receive certification of his/her qualification. |
| OFFICIAL’S SIGNATURE: |
| DATE: |
| OFFICIAL’S NAME: |
| TITLE: |
| DUTY STATION: |
| PHONE NUMBER: |
| E-MAIL: |

**Position Task Book Overview**

### A person who has been assigned to work in an EOC, who may be activated to work in an EOC in an Emergency Support Function, or who may be deployed through EMAC/IERSP to work in the EOC of another jurisdiction or as a NIMS Typed Resource will be assigned a Position Task Book (PTB) for any position they are expected to fulfill.

### 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.

### Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the NMRQS Qualification Review and Governance Committee (QRGC), that the trainee be certified in that position. Evaluation and confirmation of the trainee’s performance while completing all tasks will normally require more than one training assignment and several different evaluators. Incidents lasting several days may involve multiple evaluators. Tasks may be evaluated on incidents, simulation/tabletop exercise, planned events, in training and HSEEP compliant functional or full-scale exercises and in other work situations as long as there is a qualified evaluator.

### It is important performances be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated.

### Evaluation Process

## PTB Assignment

The State NIMS Coordinator or designee will assign PTBs. If the PTB is not completed within three (3) years from the date of the PTB initiation or the first task being evaluated (whichever is more recent), the PTB expires. A new PTB may be initiated.

### Coach/Evaluator

When a PTB is assigned, a coach will be assigned to the staff person. The State NIMS Coordinator or designee is responsible for assigning the coach. The coach must be someone who has already completed the PTB that is being assigned. The coach will provide training and mentorship and when applicable, evaluate the individual for successful completion of PTB tasks.

### Final Evaluator

Upon completion of all pre-requisites and the PTB (or PTBs) The trainee’s immediate supervisor for the duties they are currently assigned to will complete the Final Evaluator Checklist.

## Submission

Once the final evaluator has completed the Final Evaluator Verification, it is forwarded to the NMRQS QRGC along with any certificates or licenses required as a pre-requisite and the completed PTB. The QRGC upon review and approval will certify the person as qualified in the assigned task and issue credentials accordingly.

# Position Task Book Competencies, Behaviors, and Tasks

**The EOC PTB reflects the minimum criteria to qualify or recertify for a position. The AHJ has the authority to add content to the baseline EOC PTB tasks, as necessary**

### Definitions

**EOC Skillset:** An EOC Skillset describes an EOC function in terms of discrete responsibilities aligned with demonstrable tasks. Skillsets can either reflect a function in an EOC (such as Planning) or a level of responsibility (such as Leadership). Skillsets combine together to form EOC PTBs.

**Task Category:** Task Categories summarize groups of similar tasks in the skillset.

**Task:** A specific, demonstrable action necessary for successful performance in a position. Trainees must demonstrate completion of required tasks.

* + All tasks require evaluation; however, bulleted statements within a task are examples.

### EOC PTB Task Codes

Each task in the EOC PTB has at least one corresponding code conveying the circumstances in which the trainee can perform the task for evaluation. Evaluators may assess trainees during incidents, in classroom simulations and training sessions, in functional and full-scale exercises, and in other work situations. If a task has multiple codes, the evaluator may evaluate in ANY of those circumstances; the trainee does not need evaluation in all of the listed circumstances.

**Code C:** Task performed in training or classroom setting, including seminars and workshops.

**Code E**: Task performed during a full-scale exercise.

**Code F**: Task performed during a functional exercise.

**Code I**: Task performed during an incident or event. Examples include oil spill, search and rescue operation, hazardous materials (hazmat) response, fire, and emergency or non-emergency (planned or unplanned) events.

**Code J**: Task performed as part of day-to-day job duties.

**Code T**: Task performed during a tabletop exercise.

**Code R**: Task performed very rarely and required only if applicable to the event.

# How to Complete the Evaluation Record Form

Each Evaluation Record Form (see next page) covers one evaluation period. Evaluation periods may involve incidents, planned events, classroom simulations, or daily duties, depending on what the PTB requires for the specific task. If evaluators need additional evaluation periods, they can copy pages from a blank PTB and attach them to the PTB in question.

## Complete these items AT THE START of the evaluation period:

***Evaluation Record Number:*** Label each evaluation record with a number to identify the incident(s), exercise(s), or event(s) during which the trainee completed the PTB tasks. The evaluator should also write this number in the PTB column labeled “Evaluation Record #” for each task performed satisfactorily. This number enables reviewers of the completed PTB to ascertain the evaluators’ qualifications before signing off on the PTB.

***Evaluator’s name; Incident/office title and agency:*** List the name of the evaluator, his/her incident position or office title, and the evaluator’s home agency.

***Evaluator’s home unit address and phone:*** List evaluator’s home unit address and phone number.

***Name and location of incident or simulation/exercise:*** Identify the name (if applicable) and location where the trainee performed the tasks.

## Complete these items AT THE END of the evaluation period:

***Duration of EOC Activation:*** Enter approximately how long the EOC was activated / number of operational periods over the timeframe in which the trainee completed the tasks.

***EOC Activities:*** Enter a brief description of the major EOC activities involved in the activation (such as sheltering, public safety messaging, etc.)

***Evaluation period:*** Enter inclusive dates of trainee evaluation. This time span may cover several small, similar incidents.

***Recommendation:*** Check the appropriate line and make comments below regarding the trainee’s future development needs.

***Additional recommendations/comments:*** Provide additional recommendations and comments about trainee, as necessary.

***Date:*** List the current date.

***Evaluator’s initials:*** Initial here to authenticate your recommendations and to allow for comparison with initials in the EOC PTB.

***Evaluator’s relevant qualification:*** List your certification relevant to the trainee position you supervised.

The Operations Section Chief:

1. Coordinates operations at the state level or across jurisdictions
2. Develops and implements a transition plan based on escalating incident complexity
3. Manages all aspects of the Operations Section, which covers the five mission areas: protection, prevention, mitigation, response, and recovery
4. Provides the tactical assignments documented in the Incident Action Plan (IAP) and directs its execution
5. Makes expedient changes to current operations based on the complexity or magnitude of the incident and reports those changes to the Emergency Operations Center Director (EOCD)
6. Manages all operations and progress related to the incident
7. Ensures the safety and welfare of Operations Section personnel
8. Establishes or transitions into the Operations Section
9. Supervises and configures section with branches, divisions, groups, and units to support operations

**Emergency Operations Center (EOC) Skillset: Leadership**

Task Categorie**s:**

* Be proficient in the job, both technically and as a leader
* Supervise staff to ensure understanding and accomplishment of duties and tasks
* Coordinate to foster unity of effort

***Task Category:* Be proficient in the job, both technically and as a leader**

| **TASKS** | **CODE** | **EVALUATION RECORD #** | **EVALUATOR INITIALS AND DATE** |
| --- | --- | --- | --- |
| * + 1. Exhibit principles of duty, respect, and integrity by, for example:        - Making sound and timely decisions        - Seeking and accepting responsibility for actions | E, F, I |  |  |
| * + 1. Demonstrate understanding of EOC and Policy Group roles, responsibilities, and authorities: * Describe how this mission may change in a different organization, jurisdiction, or operating environment | E, F, I, J, T |  |  |
| * + 1. Demonstrate understanding of external sources of assistance:     - What resources could be available     - When they could become available     - How to acquire them     - Necessary approvals | E, F, I, J, T |  |  |
| * + 1. Communicate vertically and horizontally to facilitate and inform decision-making:     - Communicate options, considerations, and recommendations     - Keep subordinates informed | E, F, I |  |  |
| * + 1. Help develop strategies and tasks to support the goals and objectives of incident command or the EOC. | E, F, I |  |  |
| * + 1. Obtain relevant information for operational decisions. | E, F, I |  |  |
| * + 1. Guide personnel as they identify and address gaps in critical information. | E, F, I |  |  |
| * + 1. Establish metrics and benchmarks for program performance and monitor progress through completion. | E, F, I, J |  |  |
| * + 1. Monitor and manage stakeholder expectations: * Communicate policy, process, and procedural changes | E, F, I |  |  |
| * + 1. Order and organize resources to achieve objectives: * Understand constraints and limitations | E, F, I, J |  |  |
| * + 1. Continuously evaluate EOC processes, procedures, and priorities: * Coordinate with performance improvement personnel | E, F, I, T |  |  |
| * + 1. Suggest ways to improve processes and procedures, and then help implement improvements:        - Facilitate conversations about process performance        - Assess processes        - Determine gaps        - Take steps for improvement | E, F, I |  |  |

***Task Category:* Supervise staff to ensure understanding and accomplishment of duties and tasks**

| **TASKS** | **CODE** | **EVALUATION RECORD #** | **EVALUATOR INITIALS AND DATE** |
| --- | --- | --- | --- |
| * + 1. Use leadership styles appropriate to the situation. | E, F, I |  |  |
| * + 1. Establish and communicate processes and procedures. | E, F, I |  |  |
| * + 1. Assign tasks and clearly communicate expectations. | E, F, I |  |  |
| * + 1. Emphasize and foster teamwork. | E, F, I |  |  |
| * + 1. Manage conflict and coordinate problem-solving:        - Manage conflicting viewpoints        - Assess alternative courses of action        - Determine and communicate a way forward        - Ensure follow-through and escalate to appropriate level as necessary | E, F, I |  |  |
| * + 1. Prepare and discuss feedback with subordinates:        - Monitor performance and discuss task understanding        - Evaluate performance and complete personnel performance evaluations | E, F, I |  |  |
| * + 1. Support the health, safety, and welfare of assigned personnel:        - Direct operations based on health and safety considerations and guidelines        - Ensure that personnel follow safety guidelines appropriately        - Spot-check operations to ensure compliance with safety guidelines        - Make resources available to support staff health and safety        - Monitor staff for mental and physical fatigue | E, F, I |  |  |

***Task Category:* Coordinate to foster unity of effort**

| **TASKS** | **CODE** | **EVALUATION RECORD #** | **EVALUATOR INITIALS AND DATE** |
| --- | --- | --- | --- |
| * + 1. Establish and maintain positive interpersonal and inter-organizational working relationships. | E, F, I, J |  |  |
| * + 1. Demonstrate ability to influence others outside your chain of command. | E, F, I, J |  |  |
| * + 1. Ensure staff activities align with the EOC’s operational rhythm. | E, F, I |  |  |

**Emergency Operations Center (EOC) Skillset: Understanding the Resource Requirement**

Task Categorie**s:**

* Understand and validate the resource requirement
* Communicate requirement in plain language and use national standards and common terminology

***Task Category:* Understand and validate the resource requirement**

| **TASKS** | **CODE** | **EVALUATION RECORD #** | **EVALUATOR INITIALS AND DATE** |
| --- | --- | --- | --- |
| * + 1. Communicate with requestor as necessary to understand mission and resource requirements. | E, F, I |  |  |
| * + 1. Apply awareness of the situation to initially validate resource request and anticipate unrequested resource needs. | E, F, I |  |  |

***Task Category:* Communicate requirement in plain language and use national standards and common terminology**

| **TASKS** | **CODE** | **EVALUATION RECORD #** | **EVALUATOR INITIALS AND DATE** |
| --- | --- | --- | --- |
| * + 1. Work with subject matter experts to describe resource requirements:        - Scope the request in terms of capability rather than in terms of specific resources        - Incorporate national resource typing definitions, as available        - Demonstrate awareness of national standards and common terminology for personnel and resources        - Verify request details and address missing information | E, F, I |  |  |
| * + 1. Implement a resource management process, including using forms, following timelines, and identifying responsible parties:        - Use national standards and common terminology to promote ease of use | E, F, I |  |  |

**Emergency Operations Center (EOC) Skillset: Resource Tracking**

Task Categorie**s:**

* Track resources

***Task Category:* Track resources**

| **TASKS** | **CODE** | **EVALUATION RECORD #** | **EVALUATOR INITIALS AND DATE** |
| --- | --- | --- | --- |
| * + 1. Demonstrate knowledge of EOC and field operations resource tracking processes. | E, F, I, T |  |  |
| * + 1. Monitor and track resources and supporting logistics. | E, F, I |  |  |
| * + 1. Update requestor on request status, estimated time of arrival, and related logistical details: * Verify that provided information meets incident needs | E, F, I |  |  |
| * + 1. Establish communication channels to maintain resource status. | E, F, I |  |  |
| * + 1. Track resources from initial request through:        - Hand-off to incident, or        - Demobilization (for resources that remain under EOC management) | E, F, I |  |  |
| * + 1. Anticipate, recognize, plan for, and address resource drawdown levels for resources that remain under EOC management. | E, F, I |  |  |
| * + 1. Communicate with incident command and EOC stakeholders regarding resource status. | E, F, I |  |  |

**Training Requirements / Pre-requisites**

1. Complete EOC Direct Entry PTB
2. G-191: Emergency Operations Center/Incident Command System Interface
3. IS-706: National Incident Management System Intrastate Mutual Aid – An Introduction
4. E/L/K 2300: Intermediate Emergency Operations Center Functions
5. IS-2900: National Disaster Recovery Framework (NDRF) Overview

|  |
| --- |
| **TRAINEE NAME:** |
| **TRAINEE POSITION:** |
| **Evaluation Record Number:** |
| **Evaluator’s name:** |
| **Incident/office title and agency:** |
| **Evaluator’s home unit address and phone:** |
| **Name and location of incident or simulation/exercise:** |
| **Duration of EOC Activation:** |
| **EOC Activities:** |
| **Evaluation period:** |
| **Recommendation:**  The above named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee’s further development:  The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.  The trainee could not complete certain tasks or needs additional guidance. See comments below.  Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.  The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position. |
| **Additional recommendations/comments:** |
| **Date:** |
| **Evaluator’s initials:** |
| **Evaluator’s relevant qualification:** |

|  |
| --- |
| **TRAINEE NAME:** |
| **TRAINEE POSITION:** |
| **Evaluation Record Number:** |
| **Evaluator’s name:** |
| **Incident/office title and agency:** |
| **Evaluator’s home unit address and phone:** |
| **Name and location of incident or simulation/exercise:** |
| **Duration of EOC Activation:** |
| **EOC Activities:** |
| **Evaluation period:** |
| **Recommendation:**  The above named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee’s further development:  The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.  The trainee could not complete certain tasks or needs additional guidance. See comments below.  Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.  The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position. |
| **Additional recommendations/comments:** |
| **Date:** |
| **Evaluator’s initials:** |
| **Evaluator’s relevant qualification:** |

|  |
| --- |
| **TRAINEE NAME:** |
| **TRAINEE POSITION:** |
| **Evaluation Record Number:** |
| **Evaluator’s name:** |
| **Incident/office title and agency:** |
| **Evaluator’s home unit address and phone:** |
| **Name and location of incident or simulation/exercise:** |
| **Duration of EOC Activation:** |
| **EOC Activities:** |
| **Evaluation period:** |
| **Recommendation:**  The above named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee’s further development:  The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification.  The trainee could not complete certain tasks or needs additional guidance. See comments below.  Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation.  The trainee is severely deficient in the performance of tasks and needs further training prior to additional assignment(s) as a trainee for this position. |
| **Additional recommendations/comments:** |
| **Date:** |
| **Evaluator’s initials:** |
| **Evaluator’s relevant qualification:** |