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

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

Emergency Support Function Personnel

**CONTAINS THE FOLLOWING EOC SKILLSETS:**

\_\_\_ Organizational Representation

\_\_\_ Action 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

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| --- |
| **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

The coach must be someone who has successfully completed the task that is being attempted. The coach will provide training and guidance. When applicable the coach may serve as an evaluator. In this function they will evaluate the individual for successful completion of PTB tasks. While the coach and evaluator may be the same person, it is important that they are treated as disparate roles to maintain the integrity of the PTB process.

### 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.

Emergency Support Function (ESF):

1. Provides subject matter expertise to EOC team
2. Demonstrates knowledge of home organizations resources and capabilities
3. Participates in EOC functions as needed to include operational and planning support
4. Serves as a liaison between DHSEM and their home organization

**Emergency Operations Center (EOC) Skillset: Organizational Representation**

Task Categorie**s:**

* Represent your organization and support EOC activities
* Understand discipline-specific resource streams

***Task Category:* Represent your organization and support EOC activities**

| **TASKS** | **CODE** | **EVALUATION RECORD #** | **EVALUATOR INITIALS AND DATE** |
| --- | --- | --- | --- |
| * + 1. Demonstrate subject matter expertise related to the organization you represent. | E, F, I, J, T |  |  |
| * + 1. Demonstrate understanding of your organization’s policies, plans, resources, and constraints. | E, F, I, J, T |  |  |
| * + 1. Demonstrate ability to reach back to your organization and commit resources. | E, F, I, |  |  |
| * + 1. Evaluate and monitor the situation and advise supervisor and other appropriate personnel:   • Identify problems and recommend solutions  • Provide essential elements of information to those serving in a situational awareness function  • Provide information to represented organization and third parties  • Demonstrate ability to forecast resource needs, potential consequences, and cascading effects of action or inaction | E, F, I |  |  |
| * + 1. Proactively coordinate with other organizational representatives on issues such as:   • Shared resources  • Cascading effects on organizations  • Efficiency of assistance  • Resource availability | E, F, I, T |  |  |
| * + 1. Brief relevant audiences on represented organization’s issues related to the incident. | E, F, I |  |  |
| * + 1. Represent the organization in the planning process. | E, F, I |  |  |
| * + 1. Communicate back to your organization to share situational awareness. | E, F, I |  |  |

***Task Category:* Understanding discipline-specific resource streams**

| **TASKS** | **CODE** | **EVALUATION RECORD #** | **EVALUATOR INITIALS AND DATE** |
| --- | --- | --- | --- |
| 1. Track organizational resources, associated costs, and logistical concerns. | E, F, I |  |  |
| 1. Follow the EOC’s process for providing your organization’s resources. | E, F, I |  |  |
| 1. Initiate resource requests on behalf of your organization:   • Understand organizational Memorandums of Understanding (MOU), Memorandums of Agreement (MOA), existing contracts, and discipline-specific state and Federal support | E, F, I |  |  |

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

Task Categorie**s:**

* Perform Action Tracking

***Task Category:* Perform Action Tracking**

| **TASKS** | **CODE** | **EVALUATION RECORD #** | **EVALUATOR INITIALS AND DATE** |
| --- | --- | --- | --- |
| 1. Collect and track open tasks, issues and action items through resolution. | E, F, I |  |  |
| 1. Communicate about tasks, issues, and action items horizontally and vertically as necessary to create awareness and ensure completion. | E, F, I |  |  |

**Training Requirements / Pre-requisites**

1. Web EOC Training
2. IS-100: Introduction to the Incident Command System, ICS-100
3. IS-200: Incident Command System for Single Resources and Initial Action Incidents
4. IS-700: National Incident Management System, An Introduction
5. IS-800: National Response Framework, An Introduction
6. IS-2200: Basic Emergency Operations Center Functions

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| --- |
| **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. |
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| **Date:** |
| **Evaluator’s initials:** |
| **Evaluator’s relevant qualification:** |

|  |
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| **TRAINEE NAME:** |
| **TRAINEE POSITION:** |
| **Evaluation Record Number:** |
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| **Evaluation period:** |
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| **Additional recommendations/comments:** |
| **Date:** |
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| **Evaluator’s relevant qualification:** |