



GTARC Task Book for the Position of:  
**Incident Communications Center Manager  
(INCM)**

**GTARC INCM**

**May 2020**

**Task Book Assigned to:**

Trainee's Name: \_\_\_\_\_

Call Sign: \_\_\_\_\_

**Task Book Initiated By:**

Official's Name: \_\_\_\_\_

Official's Call Sign: \_\_\_\_\_

Official's Title: \_\_\_\_\_

Official's Phone Number: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

**Task Book Completion and Certification:**

I certify that (trainee name) \_\_\_\_\_ has met all the requirements for qualification in the above position.

Certifying Official's Signature: \_\_\_\_\_

Certifying Official's Name: \_\_\_\_\_

Certifying Official's Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Golden Triangle Amateur Radio Club (GTARC) Position Task Book

GTARC 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. Task books must be completed in order as shown in Figure 1.

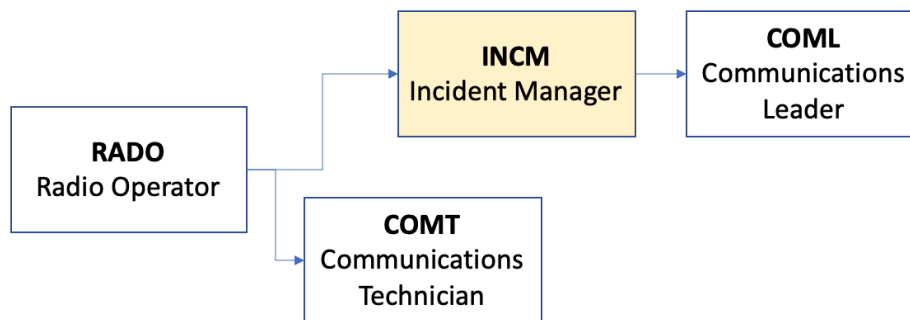


Figure 1 – Task Book Order of Precedent

Trainees are evaluated during this process by an individual that has final certification for the task book qualification the trainee is seeking or higher. Specifically,

- **RADO evaluator** must be a certified RADO or higher, with final approval by a COMT, INCM or COML
- **COMT evaluator** must be a certified COMT or higher, with final approval by an INCM or COML
- **INCM evaluator** must be a certified INCM or higher, with final approval by a COML
- **COML evaluator** must be a certified COML with final approval by the GTARC Board

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. 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 "I" must be evaluated on an Incident or Public Event. Performance of any task on other than the designated assignment is not valid for qualification. The codes are defined as:

**O= Other:** In any situation (Classroom, simulation, drill, daily job, incident or public event)

**I= Incident:** Task must be performed on an incident or public event. Large scale drills may be used for this category at the discretion of a COML.

Each "I" task requires three (3) separate and distinct events to be evaluated (e.g. a RADO must satisfactorily "Act as NET CONTROL for weekly check-in's, drill, or public service event" on three different occasions.

## INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD

### Evaluation Record #

Each evaluator will need to complete an Evaluation Record (ER) for each Incident / event. Each ER should be numbered sequentially. Place the number on the top of the ER, and then place the same number in the column labeled "Evaluation Record #" on the Qualification Record for each numbered task the trainee has satisfactorily performed.

### Trainee Information:

Record the required information

### Evaluator information:

Record the required information

### Incident / Event Information:

Provide the specific information re: the incident / event, including the name of the event, date, duration and trainees' specific role / accomplishments on this incident / event.

### Evaluators Recommendation:

For 1-3, initial only one line as appropriate. This will allow for comparison with your initials in the Qualification Record.

**Comments:** Additional information specific to the evaluator's recommendation. The evaluator should note any deficiencies, additional assignment needs, or additional focus areas that were identified. 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.

## Incident Communications Center Mgr (INCM) Qualification Record

Task	C O D E	Eval Record #	Evaluator (Initial & Date upon completion of task)
<b>Radio License</b>			
1. General Amateur Radio license or higher	O		
<b>Background Investigation – Optional for RADO Certification</b>			
2. Background investigation, OR Proof of Disaster Services Worker (DSW) status with RACES, CERT, Red Cross or other equivalent organization; Police officer, Firefighter, EMT, Paramedic, RN, PA, DR.	O		
<b>Education</b>			
3. IS – 200 Initial Response	O		
4. IS – 800 National Disaster Framework	O		
5. ICS – 230 Emergency Management	O		
6. IS – 240 Leadership	O		
7. IS – 244 Develop Volunteers	O		
8. IS – 288 Role of Voluntary Orgs in Emergency Management	O		
9. IS – 317 CERT or CERT Class Completion	O		
10. Red Cross Sheltering Class	O		
11. SKYWARN Basic Training	O		

Task	C O D E	Eval Record #	Evaluator (Initial & Date upon completion of task)
<b>Participation</b>			
12.2 out of 6 nets	O		
13. Attend 2 out of 6 GTARC meetings	O		
14. Active member of EmComm coordination group	O		
15. Lead or Co-lead field day or public service event	I		

Task	C O D E	Eval Record #	Evaluator (Initial & Date upon completion of task)
<b>Proficiency / Skill</b>			
16. Assemble a “GO BAG” – see appendix A	O		
17. Develop and execute a moderate difficulty level drill, utilizing RADO and COMT personnel	I		
18. Establish an Incident Communications Center (ICC); determine location with COM-T; Determine staffing plan / needs; Identify office equipment and ICS forms required to support the event.	I		
19. Obtain initial briefing from IC / event coordinator and develop communications plan based on incident / event needs	I		
20. Establish and maintain professionalism, positive interpersonal and interagency working relationships	I		
21. ICS: Follow ICS chain of command; maintain appropriate span of control; utilize ICS forms and terminology	I		
22. Exhibit leadership skills: Job proficiency; sound and timely decisions; ensure tasks are understood, supervised and accomplished; develop your subordinates of the future	I		
23. Safety: Provide for the safety and welfare of assigned resources. Recognize, mitigate and communicate potentially hazardous situations	I		

Task	C O D E	Eval Record #	Evaluator (Initial & Date upon completion of task)
24. Supervision: Supervise radio operations. Ensure use of radio logs, radio procedures and protocols	I		
25. Documentation review and filing: Ensure completeness of all ICS forms; appropriately file / distribute required forms	I		
26. After Action Review (AAR): At completion of incident / event, perform an AAR - what was planned, what actually happened, what can be improved in the future	I		
27. Demobilization: Effectively supervise tear down repeater / base station or other incident equipment, properly package and return to owner / storage	I		

Upon completion of this task book, the trainee shall be qualified to effectively perform as an Amateur or Commercial Radio Communications Center Manager during a disaster under the supervision of a COML, in the position of INCM as defined by the National Incident Management System (NIMS).

**Position Task Book Evaluation Record**

Evaluation Record # \_\_\_\_\_

**Trainee Information**

Trainee Name: \_\_\_\_\_

Trainee Position on Incident / Event: \_\_\_\_\_

**Evaluator Information**

Evaluator Name: \_\_\_\_\_

Evaluator Position on Incident / Event: \_\_\_\_\_

Evaluator Certification Level (Circle One): COMT INCM COML Other: \_\_\_\_\_

**Incident / Event Information**

Incident Name: \_\_\_\_\_

Location: \_\_\_\_\_

Incident Type (Drill, Special Event, Disaster, Other): \_\_\_\_\_

Date: \_\_\_\_\_ Duration: \_\_\_\_\_

**Evaluator 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 recommend the trainee be considered for the GTARC Certification.

\_\_\_\_\_ 2. The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner.

\_\_\_\_\_ 3. The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training guidance or experience is recommended

Comments:

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Certification Level: \_\_\_\_\_



**Position Task Book Evaluation Record**

Evaluation Record # \_\_\_\_\_

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**Trainee Information**

Trainee Name: \_\_\_\_\_

Trainee Position on Incident / Event: \_\_\_\_\_

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**Evaluator Information**

Evaluator Name: \_\_\_\_\_

Evaluator Position on Incident / Event: \_\_\_\_\_

Evaluator Certification Level (Circle One): COMT INCM COML Other: \_\_\_\_\_

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**Incident / Event Information**

Incident Name: \_\_\_\_\_

Location: \_\_\_\_\_

Incident Type (Drill, Special Event, Disaster, Other): \_\_\_\_\_

Date: \_\_\_\_\_ Duration: \_\_\_\_\_

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**Evaluator 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 recommend the trainee be considered for the GTARC Certification.

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Comments:

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Certification Level: \_\_\_\_\_

**Position Task Book Evaluation Record**

Evaluation Record # \_\_\_\_\_

**Trainee Information**

Trainee Name: \_\_\_\_\_

Trainee Position on Incident / Event: \_\_\_\_\_

**Evaluator Information**

Evaluator Name: \_\_\_\_\_

Evaluator Position on Incident / Event: \_\_\_\_\_

Evaluator Certification Level (Circle One): COMT INCM COML Other: \_\_\_\_\_

**Incident / Event Information**

Incident Name: \_\_\_\_\_

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Comments:

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Certification Level: \_\_\_\_\_

## APPENDIX A – PERSONAL GO-BAG CONTENT – 72 hours

- Handheld (VHF / UHF)
- Extra battery
- Charger
- AA Battery pack with batteries (If available for your radio)
- Pen / Paper
- ICS Forms – ICS 309, ICS 213, and ICS 214
- Clipboard
- FA kit (minimal)
- Pocket knife
- Leatherman or equivalent
- Snacks and water
- Metal cup, bowl, utensils
- Flashlight and or headlamp
- 3 days of appropriate clothes
- Cold weather protection (e.g. jacket, etc)
- Toiletry kit

Attachments:

1. Attach copy of cover page from completed RADO task book
2. Attached any additional Position Task Book Evaluation Records
3. Copy of Trainee's General Class or higher Amateur Radio License
4. Copy of evidence of background investigation
5. Copy of evidence of IS-200 Certification
6. Copy of evidence of IS-800 Certification
7. Copy of evidence of IS-230 Certification
8. Copy of evidence of IS-240 Certification
9. Copy of evidence of IS-244 Certification
10. Copy of evidence of IS-317 Certification or CERT Class completion Certification
11. Copy of evidence of ARC Sheltering Class Certification
12. Copy of SKYWARN basic training certification