



All-Hazards Auxiliary Emergency Communications Specialist (AECS) Position Task Book

Task Book Assigned To:

Trainee's Name: _____

Trainee's Email Address: _____

Home Agency: _____

Home Agency Phone Number: _____

Task Book Initiated By:

Official's Name: _____

Agency Official's Title: _____

Agency: _____

Agency Phone Number: _____

Agency 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.

Version 1.0

July 2018

**VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE
POSITION OF RADIO OPERATOR**

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials.
I also verify that _____
has performed as a trainee and should therefore be considered for recognition in this
position.

Final Evaluator's Signature _____ Date _____

Printed Name _____

Title _____

Agency _____

Phone Number _____ Email _____

AGENCY CERTIFICATION

Per ARMER Standard 3.48.0: Communications Unit (COMU), completion of "Minnesota
Communications Unit Standard Operating Guidelines Forms" is required and must be
submitted with this Position Task Book in order to become Minnesota-recognized for
this COMU position.

More information can be found at the Minnesota Division of Emergency Communication
Network website at: <https://dps.mn.gov/divisions/ecn/> .

NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTB) are developed for designated Incident Command System (ICS) positions as described under the National Integration Center (NIC) and have been incorporated into the National Incident Management System (NIMS). The PTB is used by the authority having jurisdiction, to certify that the person to whom the task book belongs meets the standards recommended by the NIC.

Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation that the trainee be recognized in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and varied activities such as Incidents, Planned Events, Functional Exercises (FE), Full Scale Exercises (FSE), Drills, Simulation, Classroom, or Daily Job functions (as specified in the task tables). It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated, and bullet statements within a task that require an action must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Trainee** is responsible for:

- Fulfilling the pre-requisite requirements:¹Awareness of fundamental auxiliary communications technology
- Awareness of the ICS Communications Unit function
- Completion of IS-100.b, IS-200.b, IS-700.a, and IS-800.b and a DHS-recognized AUXCOMM course
- FCC Amateur Radio License
- Reviewing and understanding instructions in the PTB.
- Identifying desired objectives/goals.
- Providing background information to an evaluator.
- Requesting Agency Head to initiate the PTB; putting name on cover and second page, initials on subsequent pages.
- Satisfactorily demonstrating completion of all tasks for an assigned position within three years of the Date Initiated.
- Assuring the evaluation record is complete.
- Notifying their agency head when the PTB is completed, and obtaining their signature recommending certification.
- Keeping the original PTB in personal records.
- Providing copies of their completed PTB to the designated authorities within their home agency, jurisdiction, region, or state in accordance with applicable SOPs for recognition of Communications Unit (COMU) positions.

2. The **Evaluator** is responsible for:

- Being qualified and proficient in the position being evaluated, or higher ICS position (e.g. IC, COML, IDT, etc.).
- Meeting with the trainee and determining past experience, current qualifications,

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- and desired objectives/goals.
- Reviewing tasks with the trainee.
 - Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
 - Identifying tasks to be performed during the evaluation period.
 - Accurately evaluating and recording demonstrated performance of tasks. Dating and initialing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Evaluation Record. Not all bullet points need to be achieved for the task to be completed. It will be a judgement call by the Evaluator whether the trainee has achieved the spirit of the task.
 - Completing an Evaluation Record found at the end of each PTB.
3. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. The **Agency Head** or designee is responsible for:
- Selecting trainees based on the needs of their organization or area Incident Management Teams.
 - Providing opportunities for evaluation and/or making the trainee available for evaluation.
 - Initiating the PTB to document task performance.
 - Explaining to the trainee the purpose and processes of the PTB, as well as the trainee's responsibilities.
 - Tracking progress of the trainee.
 - Identifying incident evaluation opportunities.
 - Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
 - Documenting the assignment.
 - Conducting progress reviews.
 - Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.
 - Providing trainees the opportunity to attend the applicable training course(s).

Competency 1: General

Task	Code	Evaluator # and Initials	Date
<p>1. Obtain and assemble information and materials for an AECS response kit prior to receiving an assignment, including critical items needed for the assignment over multiple operational periods. The following items are suggested as basic information and materials needed for a AECS response kit:</p> <ul style="list-style-type: none"> • <i>ICS Forms</i> • <i>Office Supplies (e.g. clipboard, tape, paper, pencil, etc.)</i> • <i>First Aid Kit/Safety Gear</i> • <i>Multi-purpose tool/Flashlight</i> • <i>Clock/Watch/Cellphone & charger</i> • <i>Portable radio</i> • <i>Reference Documents (NIFOG, MNFOG, AUXFOG, Minnesota Section ARES Simplex Frequency Pool)</i> 	O		

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, Simulation, Classroom, Daily Job)

Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Competency 2: Mobilization

Task	Code	Evaluator # and Initials	Date
2. Obtain briefing from Communications Unit Leader (COML) or immediate supervisor and gain information on the following: <ul style="list-style-type: none"> • <i>Incident name</i> • <i>Incident order/request number</i> • <i>Calling Channel/phone number</i> • <i>Reporting time/location</i> • <i>Transportation arrangements/travel routes</i> • <i>Contact procedures during travel (telephone/radio)</i> 	I		
3. Arrive at assignment location and check in: <ul style="list-style-type: none"> • <i>Arrive properly equipped at assigned location within acceptable time limits</i> • <i>Check in to the Incident with all required information</i> <ul style="list-style-type: none"> • <i>Order request #</i> • <i>Leader's name</i> • <i>Incident assignment, etc.</i> 	I		

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Competency 3: Incident Activities

Task	Code	Evaluator # and Initials	Date
4. Obtain initial briefing from COML or immediate supervisor (Use an ICS 201 – Incident Briefing to gather information): <ul style="list-style-type: none"> • <i>Current resource commitments and expectations</i> • <i>Current situation</i> • <i>Expected duration of assignment</i> • <i>Operating procedures and policies (SOPs, etc.)</i> • <i>Task assignments</i> • <i>Work Schedule</i> • <i>Work Space</i> 	I		
5. Initiate and maintain ICS Form 214 Activity Log, which may include <ul style="list-style-type: none"> • <i>Equipment locations</i> • <i>Medical evacuations</i> • <i>Personnel changes</i> • <i>Meetings attended/briefings</i> • <i>Personnel issues</i> 	I		
6. Install AUXCOMM equipment per discussion with the COML <ul style="list-style-type: none"> • <i>Use appropriate/approved AUXCOMM equipment</i> • <i>Install/test all components of AUXCOMM equipment to ensure systems are operational</i> 	I		

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Task	Code	Evaluator # and Initials	Date
7. Assist in distribution of AUXCOMM equipment: <ul style="list-style-type: none"> • <i>Identify kinds and numbers of AUXCOMM equipment to be distributed to specific units according to the communications plan</i> • <i>Maintain AUXCOMM equipment inventory to provide accountability</i> • <i>Provide basic training as needed on equipment being fielded</i> 	I		
8. Establish Auxiliary Communications area(s) of operation: <ul style="list-style-type: none"> • <i>Coordinate location with COML</i> • <i>Locate away from radio frequency and electronic interference</i> • <i>Keep away from generators (ensure noise exhaust is not in close proximity to the operations area)</i> • <i>Obtain necessary supplies to function properly</i> 	I		
9. Demonstrate safety awareness: <ul style="list-style-type: none"> • <i>Identify location of First Aid kit and equipment</i> • <i>Report, treat and document all injuries</i> • <i>Identify and report potential risks</i> 	I		
10. Perform duties with the AUXCOMM area(s) of operation:: <ul style="list-style-type: none"> • <i>Direct AUXCOMM radio/telephone traffic to proper destinations</i> • <i>Document AUXCOMM radio/telephone traffic activities on appropriate ICS forms</i> • <i>Follow established routing procedures for AUXCOMM messages</i> • <i>Identify AUXCOMM system problems, both technical and operational, and determining appropriate solutions</i> • <i>Set up a filing system for AUXCOMM documentation</i> 	I		

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Task	Code	Evaluator # and Initials	Date
11. Use NIMS and ICS conventions: <ul style="list-style-type: none"> • <i>Plain language</i> • <i>ICS terminology</i> <ul style="list-style-type: none"> ○ <i>Unit identification</i> ○ <i>Position titles</i> ○ <i>Resource naming</i> • <i>COMU organization chart</i> 	I		
12. Coordinating resources: <ul style="list-style-type: none"> • <i>Notify COML of personnel/equipment excess and deficiencies</i> • <i>Identify AUXCOMM resources as to capabilities, quantity, and location</i> 	I		
13. Demonstrate ability to correctly interpret the following NIC approved ICS forms: <ul style="list-style-type: none"> • <i>ICS 201 – Incident Briefing</i> • <i>ICS 205 – Incident Radio Communications Plan</i> • <i>ICS 205A – Communications List</i> • <i>Form 309 – Communications Log</i> 	I		

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Task	Code	Evaluator # and Initials	Date
14. Initiate and maintain accurate records of all AUXCOMM equipment: <ul style="list-style-type: none"> • <i>Document geographic locations of AUXCOMM equipment and transfer of information to local maps (latitude/longitude, USNG)</i> • <i>Initiate and maintaining an accountability system for issuing AUXCOMM handheld and mobile radio resources</i> • <i>Keep records of AUXCOMM resources to ensure return to proper location</i> 	I		
15. Demonstrate familiarity with basic AUXCOMM functions/capabilities: <ul style="list-style-type: none"> • Radio systems (e.g. Simplex, Conventional, Trunked) • Radio Nets (e.g. Tactical, Command, Logistics Nets, etc.) • Interoperability channels (e.g. local, regional, State, National) • Radio programming/cloning • Amateur HF • Amateur Digital Modes (DMR, D-Star) • Amateur Data (Winlink, fldigi) • GMRS • Citizens Band • Satellite Voice and Data • National Public Safety Broadband Network 	I		

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, Simulation, Classroom, Daily Job)

Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Task	Code	Evaluator # and Initials	Date
16. Perform operational tests of AUXCOMM systems throughout the duration of the incident: <ul style="list-style-type: none"> • Act decisively to minimize interruptions in system operations • Identify and taking necessary actions to accomplish minor field repairs • Plan for battery replacement 	I		
17. Interact and coordinate with appropriate AUXCOMM operational personnel: <ul style="list-style-type: none"> • <i>Coordinate with COML regarding system coverage and needs</i> • <i>Know what other AUXCOMM resources may be coming to the incident</i> • <i>Participate in briefings and other planning meetings</i> 	I		

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

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Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Competency 4: Demobilization

Task	Code	Evaluator # and Initials	Date
18. Demobilize and check out: <ul style="list-style-type: none"> • <i>Receive demobilization instructions by the COML</i> • <i>Briefing AUXCOMM subordinate staff on demobilization procedures and responsibilities</i> • <i>Complete required ICS form(s) and turning them in to the appropriate person</i> • <i>Document lost/damaged equipment on agency/organization specific (form(s))</i> • <i>Ensure that incident and agency/organization demobilization procedures are followed</i> • <i>Submit all required information to the COML</i> 	I		

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

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Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

All-Hazard Auxiliary Emergency Communications Specialist

INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate pages provided to allow evaluations to be made during four separate occasions. These evaluations may be made on Incidents, Planned Events, Functional Exercises, Full Scale Exercises, Simulations, Drills, Classroom, or Daily Job functions (as specified in the Task tables). This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation pages are needed, they can be copied from a blank task book and attached. (Remember to change the Evaluation Record # to the next sequential number.)

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Trainee's name and Trainee's position: Self Explanatory

Evaluator's name, title and agency: List the name of the evaluator, and his/her incident position (on incidents) or office title, and agency.

Evaluator's agency address, e-mail address and phone: Self explanatory

Evaluation Record #: The number prepopulated in the upper left corner of the evaluation page identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily during the evaluation opportunity.

Name and Location of Incident or Situation: Identify the name of the incident (if there is one) and the location where the tasks were performed. If evaluation occurs during a short term situation rather than a named incident, list the responding agency and area.

Incident Kind: Enter kind of incident, e.g., hurricane, wild land fire, search and rescue, flood, preplanned event, full scale exercise, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Kind of Resources: Enter how many resources of each kind assigned to the incident pertinent to the trainee's task book position. (e.g. 2 mobile communications vehicles)

Duration: Enter inclusive dates during which the trainee was evaluated. If evaluation occurs during a short term situation, enter date and start and end time of evaluation. (e.g. 11/1/14 to 11/4/14)

Management Level or Complexity Level: Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command.

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator's initials: Evaluator initials here to authenticate their recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant rating: Evaluator lists their certification relevant to the trainee position they supervised.

RECORD OF EVALUATION

TRAINEE NAME		TRAINEE POSITION		
Evaluation Record #1	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:	
Evaluator's agency address:				
Evaluator's e-mail:				
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise,	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
<p>The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p>				

RECORD OF EVALUATION

TRAINEE NAME		TRAINEE POSITION		
Evaluation Record #2	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:	
Evaluator's agency address:				
Evaluator's e-mail:				
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise,	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
<p>The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p>				

RECORD OF EVALUATION

TRAINEE NAME		TRAINEE POSITION		
Evaluation Record #3	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:	
Evaluator's agency address:				
Evaluator's e-mail:				
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise,	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
<p>The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p>				

RECORD OF EVALUATION

TRAINEE NAME		TRAINEE POSITION		
Evaluation Record #4	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:	
Evaluator's agency address:				
Evaluator's e-mail:				
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise,	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
<p>The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p>				

RECORD OF EVALUATION

TRAINEE NAME		TRAINEE POSITION		
Evaluation Record #4	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:	
Evaluator's agency address:				
Evaluator's e-mail:				
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise,	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
<p>The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p>				