

United States Department of  
Agriculture Forest Service  
Bureau of Land Management



Position Task Book for the:

**WILDFIRE MITIGATION  
SPECIALIST TEAM LEADER  
(WMTL)**

**January 2022**

**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:**

**WILDFIRE MITIGATION SPECIALIST TEAM LEADER**

**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: \_\_\_\_\_

Additional copies of this publication are available through:

<https://www.nwcg.gov/publications/agency-taskbooks>

**UNITED STATES DEPARTMENT OF AGRICULTURE FOREST SERVICE USFS**  
**POSITION TASK BOOK**

This USFS Position Task Books (PTBs) have been developed for the WUI Mitigation Specialist position (WMIT and WUI Mitigation Specialist Lead. The PTB lists the competencies, behaviors and tasks required for successful performance in specific position. Trainees must be observed completing all tasks and show knowledge and competency in their performance during their 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.nwccg.gov/publications/agency-taskbooks>.

## 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

## Wildfire Mitigation Specialist Team Leader (WMTL)

**Competency: Lead assigned personnel.**

*Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment. (Items 22- 31 describe competencies for leadership roles such as Community Mitigation Assistance Team Lead).*

**Behavior: Determine if request is viable for assignment deployment.**

| TASK  | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial<br>date upon completion of<br>task |
|---|------|-------------------|---|
| 1. Participate in assignment selection process. <ul style="list-style-type: none"> <li>• <i>Review submitted Ordering Request Form.</i></li> <li>• <i>Conduct and facilitate follow-up calls with requesting authority.</i></li> <li>• <i>Determine if assignment request meets the enabling conditions.</i></li> <li>• <i>Participate in the go/no go call.</i></li> <li>• <i>Develop date/time needed and draft logistics.</i></li> <li>• <i>Contact potential team members to determine availability.</i></li> <li>• <i>Finalize and submit Ordering Request Form to dispatch.</i></li> <li>• <i>Coordinate and collect travel plans of team members.</i></li> </ul> | I    |                   |   |

**Behavior: Ensure qualifications, and capabilities of resources to complete assignment.**

| TASK   | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial<br>date upon completion of<br>task |
|--|------|-------------------|---|
| 2. Upon arrival at incident, coordinate Team activities <ul style="list-style-type: none"> <li>• <i>Discuss Team SOPs</i></li> <li>• <i>Conduct and facilitate agency briefing</i></li> <li>• <i>Share logistics of assignment with team members</i></li> <li>• <i>Review task books to see what trainees need to work on</i></li> <li>• <i>Maintain accountability of team members</i></li> <li>• <i>Review CTRs/OF288 of team members</i></li> </ul> | I    |                   |   |

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

## Wildfire Mitigation Specialist Team Leader (WMTL)

**Behavior: Understand and comply with ICS concepts and principles.**

| TASK  | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial<br>date upon completion of<br>task |
|---|------|-------------------|---|
| 3. Apply the ICS. <ul style="list-style-type: none"> <li>• <i>Follow chain of command.</i></li> <li>• <i>Maintain appropriate span of control.</i></li> <li>• <i>Use appropriate ICS forms.</i></li> <li>• <i>Use appropriate ICS terminology.</i></li> </ul> | I    |                   |   |

**Behavior: Emphasize teamwork**

| TASK  | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial<br>date upon completion of<br>task |
|---|------|-------------------|---|
| 4. Exhibit principles of duty. <ul style="list-style-type: none"> <li>• <i>Be proficient in your job, both technically and as a leader</i></li> <li>• <i>Make sound and timely decisions</i></li> <li>• <i>Ensure tasks are understood, supervised and accomplished</i></li> <li>• <i>Develop your subordinates for the future</i></li> </ul> | I    |                   |   |
| 5. Exhibit principles of respect. <ul style="list-style-type: none"> <li>• <i>Know your subordinates and look out for their well-being.</i></li> <li>• <i>Keep your subordinates informed</i></li> <li>• <i>Build the team</i></li> <li>• <i>Employ your subordinates in accordance with their capabilities</i></li> </ul>                    | I    |                   |   |
| 6. Exhibit principles of integrity. <ul style="list-style-type: none"> <li>• <i>Know yourself and seek improvement</i></li> <li>• <i>Seek responsibility and accept responsibility for your actions</i></li> <li>• <i>Set the example</i></li> </ul>  | I    |                   |   |
| 7. Establish crew cohesiveness. <ul style="list-style-type: none"> <li>• <i>Provide for open communication.</i></li> <li>• <i>Seek commitment.</i></li> <li>• <i>Set expectations for accountability.</i></li> <li>• <i>Focus on the team result.</i></li> </ul>  | I    |                   |   |

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

## Wildfire Mitigation Specialist Team Leader (WMTL)

**Behavior: Ensure operations consider socio-economic, political, and cultural aspects.**

| TASK  | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial<br>date upon completion of<br>task |
|---|------|-------------------|---|
| 8. Address socio-economic, political, cultural, and interdepartmental concerns in operational activities. | I    |                   |   |

**Behavior: Supervise overall activities and mentor team members as needed.**

| TASK   | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial<br>date upon completion of<br>task |
|--|------|-------------------|---|
| 9. Facilitate activities that will help inform overall mitigation recommendations and final report. <ul style="list-style-type: none"> <li>• <i>Schedule, conduct, or assign discussions with key community partners.</i></li> <li>• <i>Mentor trainees on how to conduct personal interactions.</i></li> <li>• <i>Develop community interview/discussion specific questions in addition to using standard mitigation and community planning questions.</i></li> <li>• <i>Document and file written reports on discussions.</i></li> </ul> | I    |                   |   |
| 10. Facilitate strategic planning exercises SWOT, Mission and Vision, Team Building, etc.. to gather community information. <ul style="list-style-type: none"> <li>• <i>Arrange for trainee tasks; assign trainers as needed.</i></li> <li>• <i>Analyze information and data from exercises/ workshops with team to identify opportunities for trainings / workshops to host unit.</i></li> </ul>  | I    |                   |   |
| 11. Supervise the execution of one workshop i.e. One-on-one trainings, work sessions, neighborhood ambassador workshops, structure hazard assessment workshop or other similar presentations for host unit based on their needs.   | I    |                   |   |
| 12. Facilitate and develop mitigation recommendations final report, and/or action plan and delegate tasks: <ul style="list-style-type: none"> <li>• <i>Delegate writing, editing, formatting, copying for final report.</i></li> <li>• <i>Review and delegate the collection of materials to support identified solutions and additional mitigation resources.</i></li> <li>• <i>Arrange for distribution of the document with host unit and/or incident supervisor.</i></li> </ul>  | I    |                   |   |

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



## Wildfire Mitigation Specialist Team Leader (WMTL)

| TASK  | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial<br>date upon completion of<br>task |
|---|------|-------------------|---|
| 13. Conduct close-out activities <ul style="list-style-type: none"> <li>• <i>Assure distribution of final report</i></li> <li>• <i>Facilitate team thank you note</i></li> <li>• <i>Plan and conduct agency close-out meeting</i></li> <li>• <i>Send team evaluation to ordering unit</i></li> <li>• <i>Conduct team after action review</i></li> <li>• <i>Conduct or participate in team member evaluations</i></li> </ul> | I    |                   |   |

**Behavior: Ensure documentation is complete and disposition is appropriate.**

| TASK   | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial<br>date upon completion of<br>task |
|--|------|-------------------|---|
| 14. Keep accurate records of expenditures and prepare requests for additional funding as needed. | I    |                   |   |
| 15. Maintain records and documentation of activities and accomplishments.                        | I    |                   |   |

**Behavior: Plan for demobilization and ensure demobilization procedures are followed.**

| TASK  | CODE | EVAL.<br>RECORD # | EVALUATOR: Initial<br>date upon completion of<br>task |
|---|------|-------------------|---|
| 16. Plan, schedule, and coordinate demobilization of assigned resources. <ul style="list-style-type: none"> <li>• <i>Brief subordinate staff on demobilization procedures and responsibilities.</i></li> <li>• <i>Ensure incident and agency demobilization procedures are followed.</i></li> </ul> | 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:

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**Evaluator Information**

Printed Name:  
Evaluator Position on Incident/Event:  
Home Unit/Agency:  
Home Unit /Agency Address and Phone Number:

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**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

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**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 : \_\_\_\_\_

**Trainee Information**

Printed Name:  
Trainee Position on Incident/Event:  
Home Unit/Agency:  
Home Unit /Agency Address and Phone Number:

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**Evaluator Information**

Printed Name:  
Evaluator Position on Incident/Event:  
Home Unit/Agency:  
Home Unit /Agency Address and Phone Number:

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**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

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**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 : \_\_\_\_\_