

**NWCG Task Book for the Position of:**

**INCIDENT CONTRACT  
PROJECT INSPECTOR**

**(ICPI)**



**PMS 311-49**

**October 2012**

**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:**

**INCIDENT CONTRACT PROJECT INSPECTOR (ICPI)**

**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:  
NWCG, Publications Management System at <https://www.nwcg.gov/publications/position-taskbooks>

## **NATIONAL WILDFIRE COORDINATING GROUP (NWCG) POSITION TASK BOOK**

NWCG 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.

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.nwcg.gov/publications/310-1>.

## **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.

# Incident Contract Project Inspector (ICPI)

## Competency: Assume position responsibilities.

Description: Successfully assume role of Incident Contract Project Inspector and initiate position activities at the appropriate time according to the following behaviors.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure readiness for assignment.</b>			
<p>1. Obtain and assemble information and materials needed for kit.</p> <ul style="list-style-type: none"> <li>• <i>NWCG Fireline Handbook, PMS 410-1</i></li> <li>• <i>Interagency Incident Business Management Handbook, PMS 902</i></li> <li>• <i>Geographic area Supplement to Interagency Incident Business Management Handbook</i></li> <li>• <i>National, Regional agreements</i></li> <li>• <i>Incident Response Pocket Guide, PMS 461</i></li> <li>• <i>National Mobilization Guide</i></li> <li>• <i>Supplemental telephone contact list including Contracting Officers</i></li> <li>• <i>IBPA / VIPR Agreements (current) or ability to access electronically</i></li> </ul> <p><b>Forms:</b></p> <ul style="list-style-type: none"> <li>• <i>Incident compliance inspection forms for current agreements</i></li> <li>• <i>ICS 214, Unit Log</i></li> <li>• <i>ICS 213, General Message</i></li> <li>• <i>Contractor Performance Rating Form</i></li> <li>• <i>Agency specific forms, i.e., Contract Daily Diary</i></li> <li>• <i>Notice of Non-Compliance Forms FS 6300-12</i></li> </ul> <p><b>Supplies:</b></p> <ul style="list-style-type: none"> <li>• <i>Accordion file, stapler, staple remover, staples, clipboard (preferable rainproof), paper clips, folders, sticky notes, blue ink ball point pens, large paper clamps, note pads, large manila envelopes (9x12), large filing box, hanging folders, pencils, tape, calculator, batteries, cell phone, tape.</i></li> <li>• <i>Optional: Laptop computer, printer, camera, thumb drive</i></li> </ul>	O		

## Incident Contract Project Inspector (ICPI)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
2. Obtain complete information from dispatch upon initial activation. <ul style="list-style-type: none"> <li>• <i>Incident name</i></li> <li>• <i>Incident order number</i></li> <li>• <i>Request number</i></li> <li>• <i>Incident phone number</i></li> <li>• <i>Reporting time</i></li> <li>• <i>Reporting location</i></li> <li>• <i>Transportation arrangements/travel routes</i></li> <li>• <i>Contact procedures during travel (telephone/radio)</i></li> <li>• <i>Current situation</i></li> <li>• <i>Expected duration of assignment</i></li> </ul>	O		
3. Arrive at incident and check in. <ul style="list-style-type: none"> <li>• <i>Arrive properly equipped at assigned location within acceptable time limits.</i></li> </ul>	I		
4. Organize and maintain work space. <ul style="list-style-type: none"> <li>• <i>Coordinate space needs with Finance Section or Host Agency.</i></li> <li>• <i>Acquire tables, seating, lighting</i></li> <li>• <i>Order additional forms and supplies</i></li> <li>• <i>Acquire communications equipment: radio, telephones, facsimile and copy machine location.</i></li> <li>• <i>Establish filing system</i></li> <li>• <i>Establish area to receive procurement documents</i></li> <li>• <i>Demonstrate ability to access Dispatch Priority Lists (DPLs), Inspection Forms, and agreements on the Incident Procurement (VIPR) websites</i></li> </ul>	I		

## Incident Contract Project Inspector (ICPI)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Establish effective relationships with relevant personnel.</b>			
5. Establish and maintain positive interpersonal and interagency working relationships. <ul style="list-style-type: none"> <li>• <i>Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident.</i></li> <li>• <i>Address individual agency values and policies throughout the tenure of the incident.</i></li> </ul>	I		
6. Establish contacts with incident/agency units to obtain and exchange information. <ul style="list-style-type: none"> <li>• <i>Provide briefing for incident management team to outline ICPI responsibilities and brief overview of agreements the ICPI will deal with on the incident.</i> <ul style="list-style-type: none"> <li>– <i>Incident Commander</i></li> <li>– <i>Human Resource Specialist</i></li> <li>– <i>Safety Officer</i></li> <li>– <i>Finance Section Chief</i></li> <li>– <i>Planning Section Chief</i></li> <li>– <i>Logistics Section Chief</i></li> <li>– <i>Operations Section Chief</i></li> <li>– <i>Host Dispatch Center</i></li> </ul> </li> <li>• <i>Attend Incident Management Team section meetings as directed by the Finance Section Chief</i></li> <li>• <i>Provide daily/ operational period briefing to supervisor on issues and status of contractor compliance. Resolve any concerns or issues within delegated authority.</i></li> </ul>	I		



## Incident Contract Project Inspector (ICPI)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<p>7. Gather information necessary to assess incident assignment and determine immediate needs and actions.</p> <ul style="list-style-type: none"> <li>• <i>Obtain briefing Procurement Unit Leader, Finance Section Chief or host Dispatch Center to:</i> <ul style="list-style-type: none"> <li>– <i>Establish chain of command.</i></li> <li>– <i>Establish work schedule.</i></li> <li>– <i>Determine shift briefing schedule.</i></li> <li>– <i>Determine process to verify contract personnel qualifications.</i></li> </ul> </li> <li>• <i>Obtain briefing from Ground Support Unit Leader to:</i> <ul style="list-style-type: none"> <li>– <i>Determine layout of Incident Command Post.</i></li> <li>– <i>Coordinate with/and establish appropriate location for incident contract resource compliance inspections and personnel qualification verifications.</i></li> <li>– <i>Discuss vehicle and equipment inspection status of resources that are contracted under the National/Regional preseason agreements.</i></li> </ul> </li> <li>• <i>Obtain current Incident Action Plan</i></li> <li>• <i>Identify resources assigned and ordered for the Incident and status of shift placement.</i></li> <li>• <i>Use General Message Form to identify your name, position, incident phone number and cell phone for the Incident Action Plan.</i></li> </ul>	I		

## Incident Contract Project Inspector (ICPI)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<p>8. Incident Compliance Inspection of National/Regional Agreement / Contract Resources:</p> <ul style="list-style-type: none"> <li>• <i>Review existing files for evidence of inspection at the incident. Compare resources assigned with completed inspection files. Identify resources requiring inspection.</i></li> <li>• <i>Create schedule with appropriate units to conduct inspections as needed. Coordinate notification of inspections required with Operations and Plans.</i></li> <li>• <i>Coordinate vehicle inspections with Ground Support. Vehicle safety and mechanical inspections should be conducted by Ground Support.</i></li> <li>• <i>Complete resource compliance inspections on both operational and logistical equipment and personnel.</i></li> <li>• <i>Verify with Finance Section the following files for each resource:</i> <ul style="list-style-type: none"> <li>– <i>Updated personnel and equipment manifest</i></li> <li>– <i>Resource order</i></li> <li>– <i>Agreement Award Summary</i></li> <li>– <i>Completed resource inspection forms</i></li> </ul> </li> <li>• <i>Ensure Contract Resource meets English speaking requirements</i></li> <li>• <i>Additional forms for Crew and Engine Inspection:</i> <ul style="list-style-type: none"> <li>– <i>ICS 224, Crew Performance Rating</i></li> <li>– <i>Crew Passenger and Cargo Manifest</i></li> <li>– <i>MSPA (Migrant and Seasonal Protection Act) certificate for crew support vehicle drivers</i></li> </ul> </li> <li>• <i>Work with the appropriate unit to insure each member of the contract resource is in compliance with the:</i> <ul style="list-style-type: none"> <li>– <i>Personal Protective Equipment (PPE) specified in agreement</i></li> <li>– <i>Contractor identification card indicating qualification level</i></li> <li>– <i>Verification of qualification level</i></li> <li>– <i>Government issued picture identification</i></li> </ul> </li> <li>• <i>Ensure equipment safety inspections have been completed (e.g. chainsaws, generators)</i></li> </ul>	I		

## Incident Contract Project Inspector (ICPI)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<p>9. Non-compliance, poor or unsatisfactory performance of contracted resource with agreement.</p> <ul style="list-style-type: none"> <li>• <i>Establish with Incident Management Team terms of acceptance and remedy policy for non-compliance.</i></li> <li>• <i>Determine extent / seriousness of non-compliance and/or poor performance; discuss with Procurement Unit Leader, Finance Section Chief, Contracting Officers Representative (COR) or designated Contracting Officer.</i></li> <li>• <i>If non-compliance occurs during established assignment at the incident, determine extent/seriousness of non-compliance through communication with Incident Team positions that have direct operational interactions with or responsibility for the resource. Discuss with Procurement Unit Leader, Finance Section Chief, COR or designated Contracting Officer to determine appropriate remedy.</i></li> <li>• <i>Provide documented remedy solution to contractor/contracted resource including compliance time frame. Documentation should be written / typed on compliance inspection forms. Notice of Non-Compliance forms, performance evaluation / review forms, other.</i></li> <li>• <i>Document course of action, acceptance and compliance efforts by contractor/contracted resource.</i></li> <li>• <i>Provide documentation of non-compliance issues, actions and remedies to Contractor/Contracted Resource, Finance, COR and designated Contracting Officer.</i></li> <li>• <i>Ensure performance evaluations are completed by supervisor of contract equipment. Document unsatisfactory performance and report to COR or CO.</i></li> </ul>	I		

## Incident Contract Project Inspector (ICPI)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
10. Daily duties. <ul style="list-style-type: none"> <li>• <i>Contact Procurement Unit Leader and Finance Section Chief or host Dispatch Center Manager to resolve any concerns or issues.</i></li> <li>• <i>Attend operational briefing to obtain Incident Action Plan, make contact with contracted resources and incident personnel to ascertain compliance issues, schedule inspection times and determine demobilization expectations.</i></li> <li>• <i>Attend planning sessions if requested by Finance Section Chief or Procurement Unit Leader.</i></li> <li>• <i>Complete daily unit log to document all activities, including compliance and remedy issues.</i></li> </ul>	I		

**Behavior: Ensure demobilization of agreement resources is completed in efficient process.**

11. Demobilization of contracted resources with agreements. <ul style="list-style-type: none"> <li>• <i>Coordinate release inspections. Assist in performing release inspections on equipment inventory and compliance with agreement.</i></li> <li>• <i>Use initial inspection form to acknowledge condition of inventory and equipment. Items loaned by incident on emergency basis must have documentation and be returned to Supply.</i></li> <li>• <i>Ensure all contract administration documentation is completed.</i></li> <li>• <i>Ensure Performance Evaluation has been completed, signed by supervisor and crew boss, and copy placed in file.</i></li> <li>• <i>Distribute contract documentation according to established guidelines.</i></li> </ul>	O		
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**Trainee Information**

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**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

**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:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency Address and Phone Number:

**Incident/Event Information**

Incident/Event Name:

Reference (Incident Number/Fire Code):

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- \_\_\_\_\_ 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.

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

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

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_