



# FEMA

## POSITION TASK BOOK FOR THE POSITION OF **SHELTER FACILITIES SUPPORT TEAM LEADER (TYPE 4)**

**Version: November 2021**

Check the appropriate position type:

☐ Single Type    ☐ Type 1    ☐ Type 2    ☐ Type 3

<b>POSITION TASK BOOK ASSIGNED TO:</b>
TRAINEE'S NAME:
DUTY STATION:
PHONE NUMBER:
EMAIL:
<b>POSITION TASK BOOK INITIATED BY:</b>
OFFICIAL'S NAME:
TITLE:
DUTY STATION:
PHONE NUMBER:
EMAIL:
<b>POSITION TASK BOOK WAS INITIATED:</b>
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:

EMAIL:

## Documentation of Agency Certification

### DOCUMENTATION OF AGENCY CERTIFICATION

I certify that \_\_\_\_\_  
has successfully met all of the criteria set out in the National Incident Management System (NIMS) Job Title/Position Qualifications document for the position and will hereby receive certification of his/her qualification.

OFFICIAL'S SIGNATURE:

DATE:

OFFICIAL'S NAME:

TITLE:

DUTY STATION:

PHONE NUMBER:

EMAIL:

## Position Task Book Overview

The Position Task Book (PTB) documents the performance criteria a trainee must meet to be certified for a position within the National Qualification System (NQS). The performance criteria are associated with core NQS competencies, behaviors and tasks.

**A trainee may not work on multiple position type PTBs for a specific position at the same time; for example, a trainee may not simultaneously work on a Type 1 Incident Commander PTB and a Type 2 Incident Commander PTB. If a position has multiple types, the trainee must, in most cases, qualify at the lowest type before pursuing the next higher type. For example, before seeking qualification for a Type 1 position, an individual must first qualify at the Type 3 level and then at the Type 2 level.**

### *Evaluation Process*

- Evaluators observe and review a trainee's completion of PTB tasks, initialing and dating each successfully completed task in the PTB.
- Evaluators complete an Evaluation Record Form after each evaluation period by documenting the trainee's performance.
- The Authority Having Jurisdiction (AHJ) may not have enough resources to ensure that every evaluator is qualified in the position being assessed. Therefore, a trainee's supervisor may evaluate the completion of PTB tasks. For example, a Logistics Section Chief has the authority to sign off on completed PTB tasks for a Food Unit Leader trainee.
- The final evaluator is a leader who verifies that a trainee has completed the PTB and met all requirements for the position. A final evaluator is generally qualified in the same position for which the trainee is applying. When possible, the evaluator and the final evaluator should not be the same person, but in situations with limited resources, the evaluator can also serve as the final evaluator.
- Once the final evaluator has completed the Final Evaluator Verification, he/she forwards it to the Qualifications Review Board (QRB) along with supporting evidence that the trainee has completed all position requirements.
- After the QRB review, the AHJ completes the Documentation of Agency Certification form as appropriate.

### *Transferring Qualifications*

- Personnel who have documentation of previous education, training or significant on-the-job incident experience may receive credit toward qualification for a given position. Each AHJ establishes the requirements for transferring qualifications from another AHJ.
- If an AHJ chooses not to accept a trainee's existing certification of qualification, the trainee may be reevaluated in the specific position and issued a new PTB.
- An individual may hold multiple certifications of qualification (that is, the Final Evaluator Verification form and the Documentation of Agency Certification form) along with the completed PTB.

## Position Task Book Competencies, Behaviors and Tasks

**The PTB sets minimum criteria for certification for a position. The AHJ has the authority to add content to the baseline PTB competencies, behaviors and tasks as necessary.**

The PTB covers all type levels for a given position, but an AHJ may check only one “Type” box and work on only one type at a time. (The National Incident Management System (NIMS) Job Title/Position Qualifications document describes all types.)

**Command and General Staff job titles/positions qualifications are typed based on incident complexity, while all other NIMS positions are typed based on the minimum qualifications.**

### *Definitions*

**Competency:** An observable, measurable pattern of knowledge, skills, abilities and other characteristics an individual needs to perform an activity and its associated tasks. A competency specifies the skillset a person needs to possess to complete the tasks successfully.

**Behavior:** An observable work activity or a group of similar tasks necessary to perform the activity.

**Task:** A specific, demonstrable action necessary for successful performance in a position. Trainees must demonstrate completion of required tasks.

- Occasionally, PTB tasks are unique to one of the types; for example, certain tasks apply only to a Type 3 Incident Commander, not to a Type 2 or Type 1 Incident Commander. In those cases, the PTB indicates the corresponding type at the beginning of the task.
- All tasks require evaluation. Bullet statements within a task are only examples and do not need to be performed to have a task signed off.

### *PTB Task Codes*

For each of the tasks listed in the Position Task Book (PTB), there are one or more codes describing the circumstances in which the trainee can perform tasks related to the position. If a task has multiple codes listed, it means the evaluator can assess the trainee on any of those circumstances as opposed to evaluating the trainee on all of the listed codes.

**Code C:** Task performed in training or classroom setting, including seminars and workshops.

**Code E:** Task performed on a full-scale exercise with equipment deployment under the Incident Command System (ICS).

**Code F:** Task performed during a functional exercise managed under the ICS.

**Code I:** Task performed on an incident or event managed under ICS. Examples of incidents and events that may employ ICS include but are not limited to an oil spill, search and rescue, hazardous material 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. *Note:* Assignment of Code R is not recommended. However, AHJs may add at their discretion to tasks added to NQS PTBs.

## How to Complete the Evaluation Record Form

Each Evaluation Record Form (see next page) covers one evaluation period. Evaluation periods may involve incidents, classroom simulations or daily duties, depending on what the PTB recommends. The AHJ determines the number of evaluations required for position qualification and certification. 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 jurisdiction address and phone:*** List evaluator’s home jurisdiction 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.

***Incident kind:*** Enter the kind of incident (such as hazmat, law enforcement, wildland fire, structural fire, search and rescue, flood or tornado).

### Complete these items AT THE END of the evaluation period:

***Number and kind of resources:*** Enter the number of resources assigned to the incident and their kind (such as team, personnel and equipment) pertinent to the trainee’s PTB.

***Evaluation period:*** Enter inclusive dates of trainee evaluation. This time span may cover several small, similar incidents.

***Position type:*** Enter position type (such as Type 3, Type 2, Type 1 or Single Type).

***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 PTB.

***Evaluator’s relevant qualification:*** List your certification relevant to the trainee position you supervised.

## Evaluation Record Form

<b>TRAINEE NAME:</b>
<b>TRAINEE POSITION:</b>
<b>Evaluation Record Number:</b>
<b>Evaluator's name:</b>
<b>Incident/office title and agency:</b>
<b>Evaluator's home jurisdiction address and phone:</b>
<b>Name and location of incident or simulation/exercise:</b>
<b>Incident kind:</b>
<b>Number and kind of resources:</b>
<b>Evaluation period:</b>
<b>Position type:</b>
<b>Recommendation:</b> The above named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development: <input type="checkbox"/> The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification. <input type="checkbox"/> The trainee could not complete certain tasks or needs additional guidance. See comments below. <input type="checkbox"/> Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation. <input type="checkbox"/> 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.
<b>Additional recommendations/comments:</b>
<b>Date:</b>
<b>Evaluator's initials:</b>
<b>Evaluator's relevant qualification:</b>

## SHELTER FACILITIES SUPPORT TEAM LEADER (TYPE 4)

### 1. Competency: Assume position responsibilities

*Description:* Successfully assume the role of Shelter Facilities Support Team Leader and initiate position activities at the appropriate time according to the following behaviors.

#### 1a. Behavior: Successfully assume the role of Shelter Facilities Support Team Leader and initiate position activities

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
<b>1.</b> Relay, support, and maintain operational rhythm: <ul style="list-style-type: none"> <li>● Assist in preparation of a shelter support plan, gathering information from all appropriate shelter personnel to determine support needs</li> <li>● Complete situation reports for the team related to the current operational phase</li> </ul>	E, F, I		

#### 1b. Behavior: Gather, update, and apply situational information relevant to the assignment

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
<b>2.</b> Receive initial briefing from supervisor—one-on-one or in team meetings: <ul style="list-style-type: none"> <li>● Incident priorities, goals, and objectives</li> <li>● Initial instructions concerning team priorities</li> <li>● Expected time frames for briefings, planning meetings, and team meetings</li> <li>● Any limitations and constraints that affect operations and strategies</li> <li>● Review:               <ul style="list-style-type: none"> <li>○ Incident plans</li> <li>○ Shelter plan</li> <li>○ Current national situation</li> <li>○ Assigned resources and their status</li> <li>○ Facility for shelter, including surrounding grounds and parking lot</li> <li>○ Established and operating facilities</li> <li>○ Anticipated incident duration, size, and type</li> <li>○ Team responsibilities and expectations</li> </ul> </li> <li>● Tour shelter facility, if already open</li> </ul>	E, F, I		
<b>3.</b> Collect information from outgoing Shelter Facilities Support Team Leader or other personnel responsible for the team: <ul style="list-style-type: none"> <li>● Information on incident relevant to the team's support activities</li> <li>● Information on the organizational structure</li> </ul>	E, F, I		

#### 1c. Behavior: Establish effective relationships with relevant personnel

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
<b>4.</b> Establish and maintain positive interpersonal and interagency working relationships: <ul style="list-style-type: none"> <li>● Outgoing incident staff or Shelter Management Team</li> <li>● Local agencies</li> <li>● Hosting shelter</li> <li>● Policy group</li> <li>● Public</li> <li>● Supporting agencies</li> <li>● Vendor</li> </ul>	E, F, I		



## 2. Competency: Lead assigned personnel

*Description:* Influence, lead, and direct assigned personnel to accomplish objectives and desired outcomes in a potentially rapidly changing environment.

### 2a. Behavior: Identify opportunities and meet requirements to provide equal access and reasonable accommodation in all activities

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
5. Demonstrate knowledge and use of inclusive, person-first language	E, F, I		
6. Demonstrate the ability to identify opportunities for universal accessibility.	E, F, I		
7. Demonstrate the ability to assess and monitor for physical access, programmatic access, and effective communications access.	E, F, I		
8. Refer equal access, disability accommodations requirements, and access and functional needs (AFN) accommodations to appropriate personnel for resolution	E, F, I		
9. Promote a work environment that provides mutual respect and equal opportunity for all.	E, F, I		
10. Ensure shelter facility can accommodate persons with AFN <ul style="list-style-type: none"> <li>● Obtain resource requests from shelter management team</li> </ul>	E, F, I		

### 3. Competency: Communicate effectively

*Description:* Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a potentially rapidly changing environment.

#### 3a. Behavior: Ensure documentation is complete and disposition is appropriate

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
<b>11.</b> Ensure incident documentation and administrative requirements are complete, according to the supervisor's direction: <ul style="list-style-type: none"> <li>● Submit incident narrative to supervisor</li> <li>● Complete and submit activity log to Documentation Unit or appropriate personnel for each operational period</li> <li>● Ensure all personnel and equipment time records are complete and submitted at the end of each operational period</li> </ul>	E, F, I		
<b>12.</b> Ensure the protection of Personally Identifiable Information (PII).	E, F, I		
<b>13.</b> Ensure that a system is in place to track all expenses and financial commitments.	E, F, I		
<b>14.</b> Establish and implement systems to track donated materials and services to ensure accountability: <ul style="list-style-type: none"> <li>● Support future recognition of donors</li> <li>● Document donor's point of contact (POC) information</li> <li>● Document size, amount, location, type, date, and of donation time</li> </ul>	E, F, I		
<b>15.</b> Maintain an inventory of all shelter supplies and equipment, including donated items.	E, F, I		
<b>16.</b> Identify and document equipment loaned or rented to the shelter	E, F, I		
<b>17.</b> Track expenditures of all supplies and equipment.	E, F, I		

#### 3b. Behavior: Develop and implement plans

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
<b>18.</b> Participate in the preparation of other relevant plans for the team: <ul style="list-style-type: none"> <li>● Shelter support plan</li> <li>● Demobilization plan</li> <li>● Evacuation plan</li> <li>● Continuity of Operations (COOP) plan</li> </ul>	E, F, I		

#### 4. Competency: Ensure completion of assigned actions to meet identified objectives

*Description:* Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established time frame.

##### 4a. Behavior: Execute assigned tasks, assess progress, and make necessary adjustments

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
19. Prioritize work, while taking into account immediate support for the Shelter Manager and other Shelter Management Team leaders	E, F, I		
20. Complete a preoccupancy inspection with facility representative.	E, F, I		
21. Ensure facility complies with applicable Americans with Disabilities Act (ADA) regulations and accessibility guidelines	E, F, I		
22. Secure equipment, supplies, and materials belonging to the facility not available for used by the shelter	E, F, I		
23. Determine purchasing procedures with Shelter Manager and Logistics Unit	E, F, I		
24. Order additional supplies.	E, F, I		
25. Order necessary materials, supplies, and equipment to ensure proper sanitation and personal hygiene.	E, F, I		
26. Order necessary materials, supplies, and equipment to ensure support for residents with AFN.	E, F, I		
27. Ensure a process is in place to procure food, working with the Shelter Manager and Feeding Team Leader	E, F, I		
28. Coordinate with the Shelter Manager to identify accessible areas for: <ul style="list-style-type: none"> <li>● Reception</li> <li>● Registration</li> <li>● Health and mental health services</li> <li>● Dormitory</li> <li>● Cafeteria</li> <li>● Child care</li> <li>● Recreation</li> <li>● Restrooms, bathrooms, shower facilities (resident and staff use)</li> <li>● Shelter Manager's office</li> <li>● Storage area for supplies</li> <li>● Other areas as necessary</li> </ul>	E, F, I		
29. Ensure security inside and outside the facility.	E, F, I		
30. Establish procedures for controlling traffic and parking: <ul style="list-style-type: none"> <li>● Ensure accessible parking and entryway</li> </ul>	E, F, I		
31. Ensure that adequate numbers of toilets, showers, handwashing stations, and hygiene facilities are available in the shelter, including accessible units	E, F, I		
32. Ensure that the team promptly processes invoices for payment	E, F, I		

33. Ensure that laundry facilities are available.	E, F, I		
34. Arrange for regular cleaning of the shelter, including food preparation areas, feeding areas, dormitories common areas, restrooms, and showers.	E, F, I		
35. Ensure that regular trash removal and recycling services are in place.	E, F, I		

**4b. Behavior: Plan for demobilization and ensure staff follow procedures**

TASK	CODE	EVALUATION RECORD #	EVALUATOR INITIALS AND DATE
36. Help develop, approve, and implement demobilization plan: <ul style="list-style-type: none"> <li>• Coordinate with supervisor during development and implementation</li> <li>• Coordinate with appropriate partners regarding demobilization procedures</li> <li>• Coordinate team needs and responsibilities</li> <li>• Coordinate with supervisor for transfer or release of staff</li> <li>• Provide information to supervisor to assist with decisions on release priorities</li> </ul>	E, F, I		
37. Return all rented or borrowed equipment and provide receipts to Shelter Manager and Logistics Unit.	E, F, I		
38. Ensure facility is clean and returned to preoccupancy condition; coordinate with Logistics Unit if additional costs are involved.	E, F, I		
39. Verify inventory of facility equipment, supplies, and materials and determine reimbursement eligibility for any items used, damaged, or destroyed	E, F, I		
40. Return all other supplies and equipment to their owners or the central storage facility; give the Shelter Manager and Logistics Unit a list of items returned.	E, F, I		
41. Ensure the team provides all vendors and suppliers with final payment instructions, according to the Authority Having Jurisdiction's (AHJ) established system.	E, F, I		
42. Coordinate with the AHJ to conduct a final inspection and return the facility to routine use: <ul style="list-style-type: none"> <li>• Note any missing items or damaged portions of the facility, grounds, and parking lot</li> </ul>	E, F, I		