



FEMA

NATIONAL QUALIFICATION SYSTEM (NQS) EMERGENCY OPERATIONS CENTER (EOC) POSITION TASK BOOK

Position Title: _____

CONTAINS THE FOLLOWING EOC SKILLSETS:
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POSITION TASK BOOK ASSIGNED TO:
TRAINEE'S NAME:
DUTY STATION:
PHONE NUMBER:
E-MAIL:

POSITION TASK BOOK INITIATED BY:
OFFICIAL'S NAME:
TITLE:
DUTY STATION:
PHONE NUMBER:
E-MAIL:

POSITION TASK BOOK WAS INITIATED:
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:
E-MAIL:

Documentation of Agency Certification

DOCUMENTATION OF AGENCY CERTIFICATION
I certify that _____ has successfully met all the qualification criteria as defined by _____ EOC leadership and will hereby receive certification of his/her qualification.
OFFICIAL'S SIGNATURE:
DATE:
OFFICIAL'S NAME:
TITLE:
DUTY STATION:
PHONE NUMBER:
E-MAIL:

Emergency Operations Center (EOC) Position Task Book Overview

The EOC 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 EOC Skillsets.¹

Evaluation Process

- Evaluators observe and review a trainee's completion of EOC PTB tasks, initialing and dating each successfully completed task in the EOC 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 EOC PTB tasks.
- The final evaluator is a leader who verifies that a trainee has completed the EOC PTB. A final evaluator generally holds a leadership position over the trainee's position. 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, it can be forwarded to the Qualification Review Board (QRB) along with supporting evidence that the trainee has completed all position requirements. If there is no established QRB, then EOC Leadership should verify the qualifications.
- After the QRB or EOC leadership review, the AHJ completes the Documentation of Agency Certification form as appropriate.

¹ See the National Incident Management System (NIMS) EOC Skillsets User Guide (<https://www.fema.gov/national-qualification-system>) for more information on aligning skillsets with specific EOC positions.

Position Task Book Competencies, Behaviors, and Tasks

The EOC PTB reflects the minimum criteria to qualify or recertify for a position. The AHJ has the authority to add content to the baseline EOC PTB tasks, as necessary

Definitions

EOC Skillset: An EOC Skillset describes an EOC function in terms of discrete responsibilities aligned with demonstrable tasks. Skillsets can either reflect a function in an EOC (such as Planning) or a level of responsibility (such as Leadership). Skillsets combine together to form EOC PTBs.

Task Category: Task Categories summarize groups of similar tasks in the skillset.

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

- All tasks require evaluation; however, bulleted statements within a task are examples.

EOC PTB Task Codes

Each task in the EOC PTB has at least one corresponding code conveying the circumstances in which the trainee can perform the task for evaluation. Evaluators may assess trainees during incidents, in classroom simulations and training sessions, in functional and full-scale exercises, and in other work situations. If a task has multiple codes, the evaluator may evaluate in ANY of those circumstances; the trainee does not need evaluation in all of the listed circumstances.

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

Code E: Task performed during a full-scale exercise.

Code F: Task performed during a functional exercise.

Code I: Task performed during an incident or event. Examples include oil spill, search and rescue operation, hazardous materials (hazmat) 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.

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 EOC 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 EOC PTB and attach them to the EOC 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 EOC PTB tasks. The evaluator should also write this number in the EOC PTB column labeled “Evaluation Record #” for each task performed satisfactorily. This number enables reviewers of the completed EOC PTB to ascertain the evaluators’ qualifications before signing off on the EOC 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 unit address and phone: List evaluator’s home unit 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.

Complete these items AT THE END of the evaluation period:

Duration of EOC Activation: Enter approximately how long the EOC was activated / number of operational periods over the timeframe in which the trainee completed the tasks.

EOC Activities: Enter a brief description of the major EOC activities involved in the activation (such as sheltering, public safety messaging, etc.)

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

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 EOC PTB.

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

Evaluation Record Form # _____

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
Evaluator's name:
Incident/office title and agency:
Evaluator's home unit address and phone:
Name and location of incident or simulation/exercise:
Duration of EOC Activation:
EOC Activities:
Evaluation period:
Recommendation: 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.
Additional recommendations/comments:
Date:
Evaluator's initials:
Evaluator's relevant qualification:

Evaluation Record Form # _____

TRAINEE NAME:
TRAINEE POSITION:
Evaluation Record Number:
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Evaluator's home unit address and phone:
Name and location of incident or simulation/exercise:
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EOC Activities:
Evaluation period:
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Evaluation Record Form # _____

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