Homeland Security

All-Hazards
RADIO OPERATOR (RADO)

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
October 2015

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

I certify that_____
has met all requirements for qualification in this position and that such qualification has been issued.

Certifying Official's Signature_____ Date _____

Printed Name_____

Title_____

Agency _____

Phone Number _____ Email _____

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:[1]
     - Awareness of fundamental public safety communications technology
     - Awareness of the ICS Communications Unit function
     - Completion of IS-100.b, IS-144, IS-200.b, IS-700.a, and IS-800.b
   - 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

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[1] ICS-300, Intermediate ICS for Expanding Incidents, is also recommended.

position (e.g. IC, COML, IDT, etc.).

- Meeting with the trainee and determining past experience, current qualifications, 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.
- 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: RADO Preparedness

Task	Code	Evaluator # and Initials	Date
Behavior: Ensure readiness prior to assignment.			
1. Obtain and assemble information and materials for a RADO 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 RADO response kit: • *ICS Forms* • *Office Supplies (e.g. clipboard, tape, paper, pencil, etc.)* • *First Aid Kit/Safety Gear* • *Multi-purpose tool/Flashlight* • *Clock/Watch/Cellphone & charger* • *Portable radio* • *Reference Documents (e.g. TICP, NIFOG, TIC-FOG, etc.)*	O		
2. Obtain and assemble information and materials for a personal kit of items needed for functioning over multiple operational periods. The following items are suggested as basic information and materials needed for a personal go bag: • *Change of clothing (as appropriate for anticipated weather conditions)* • *Toiletries* • *Medicine* • *Money (Cash/Plastic)* • *Alarm clock* • *Food/Water*	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: RADO Mobilization

Task	Code	Evaluator # and Initials	Date
Behavior: Obtain complete information for response.			
3. Obtain complete information for assignment and initiate documentation (ICS 214 – Activity Log): • *Incident name* • *Incident order/request number* • *Calling Channel/phone number* • *Reporting time/location* • *Transportation arrangements/travel routes* • *Contact procedures during travel (telephone/radio)*	I		
4. Gather information to assess the type of assignment: • *Incident, planned event, exercises, etc.* • *Size and complexity* • *Initial and requested resources* • *Duration*	I		

Task	Code	Evaluator # and Initials	Date
Behavior: Ensure check in is recorded and accountability is activated.			

5. Arrive at assignment location and check in:
 • *Arrive properly equipped at assigned location within acceptable time limits*
 • *Check in to the Incident with all required information*
    o *Order request #*
    o *Leader's name*
    o *Incident assignment, etc.*
	I		

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

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Competency: RADO Mobilization (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Gather and apply situational information relevant to the assignment and coordinate any additional resources through your supervisor.			
6. Obtain initial briefing from Incident Communications Center Manager (INCM) or immediate supervisor (Use an ICS 201 – Incident Briefing to gather information): • *Situation Summary* • *Safety Briefing* • *Current and Planned Objectives* • *Current and Planned Actions, Strategies and Tactics* • *Current Organization (ICS 207 – Incident Organization Chart)* • *Resource Summary*	I		
7. Coordinate additional personnel, work materials and equipment requests to support the RADO position; Use an ICS 213 – General Message for requests to your supervisor: • *Relief, additional personnel (e.g. runners, specialists, etc.)* • *Equipment (e.g. Radio, etc.)* • *Tables/Chairs/Lights* • *Office supplies*	I		

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

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Competency: Communications Unit RADO Operations

Task	Code	Evaluator # and Initials	Date
Behavior: Establish effective relationships.			
8. Brief relief and other COMU personnel as appropriate (e.g. *Runners, Technical Specialists, etc.*) • *Provide the same information received during your briefing using an ICS 201 – Incident Briefing* • *Provide support documents to support their function* • *Log information and personnel into your ICS 214 – Activity Log*	I		
9. Conduct self in a professional manner: • *Respectful and courteous* • *Respectful of public and private property* • *Establish and maintain positive interpersonal and interagency working relationships.* • *Advise supervisor of any personal welfare issues* • *Report any situations of concern to your supervisor*	I		
10. Demonstrate safety awareness: • *Identify location of First Aid kit and equipment* • *Report, treat and document all injuries* • *Identify and report potential risks*	I		
11. Assist in maintaining Security of the ICC • *Keep ICC entry/access points secured/locked in accordance with established policies* • *Notify INCM/supervisor of any security concerns*	I		

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

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Competency: Communications Unit RADO Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Comply with NIMS and ICS concepts and principles.			

12. Use NIMS and ICS conventions:
• *Plain language*
• *ICS terminology*
  o *Unit identification*
  o *Position titles*
  o *Resource naming*
• *COMU organization chart*
	I		

13. Obtain, and correctly fill out the NIC-approved ICS forms needed to perform RADO functions within the ICC: • *ICS 210 – Resource Status Change* • *ICS 213 – General Message* • *ICS 213RR – Resource Request Message* • *ICS 214 – Activity Log* • *ICS 219 – Resource Status ("T-") Card*	I		
14. Demonstrate ability to correctly interpret the following NIC approved ICS forms: • *ICS 201 – Incident Briefing* • *ICS 204 – Assignment List* • *ICS 205 – Incident Radio Communications Plan* • *ICS 205A – Communications List* • *ICS 206 – Medical Plan* • *ICS 209 – Incident Status Summary*			
14a. Demonstrate knowledge of the following forms: • *Form 217A – Communications Resource Availability Worksheet* • *Form 309 – Communication Log*	I		

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Competency: Communications Unit RADO Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Gather, produce and distribute information as required by established guidelines, and ensure understanding by recipient.			
15. Communicate information effectively to incident personnel: • *Use correct radio/telephone protocols* • *Speak clearly and write legibly* • *Use concise language* • *Use standard terminology, symbols, designators, and mnemonics* • *Acknowledge requests and provide feedback/information* • *Obtain and relay weather reports to incident personnel*	I		
16. Provide effective communications support during routine or non-emergency situations: • *Supply orders (e.g., Operations, Logistics, etc.)* • *Maintaining current location and status of personnel* • *Routing Operations, Logistics and Command radio traffic* • *Phone calls* • *Log routine requests/information for documentation*	I		
17. Provide effective communications support during emergency situations: • *Medical transport request* • *Medevac request* • *Aircraft emergency* • *Evacuation* • *Search and Rescue* • *Serious injury/Fatality* • *Restricting or moving unrelated radio traffic as directed during emergency situations* • *Document all important information in the designated format (e.g. ICS Forms, Radio Log, CAD, etc.)* • *Notifications to Incident and Support personnel*	I		

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

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Competency: Communications Unit RADO Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Conduct RADO Communications Unit operations.			
18. Demonstrate familiarity with basic COMU functions/capabilities: • *Radio systems (e.g. Simplex, Conventional, Trunked)* • *Radio Nets (e.g. Tactical, Command, Logistics Nets, etc.)* • *Interoperability channels (e.g. local, regional, State, National)* • *Audio Gateways* • *GPS Units* • *Surveillance systems* • *Radio programming/cloning*	I		
19. Demonstrate proper application of communications policies and procedures: • *Regulations (e.g. FCC, NTIA, etc.)* • *Equipment check-out accountability procedures* • *Battery & Hazardous material recycling* • *TICP/TIC-FOG, NIFOG, etc.*	I		
20. Demonstrate proper use of communications equipment: • *Portable, mobile and base multi-channel radios* • *Desktop control stations, consolettes, radio consoles* • *Phone system* • *Facsimile machine* • *Cache Radios and accessories* • *Battery charging* • *Recording devices* • *Data/Internet access* • *Assisting others in equipment familiarization* • *Minor troubleshooting and repair*	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: Communications Unit RADO Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Conduct RADO Communications Unit operations (continued).			
21. Participate in daily COMU briefings and meetings: • *Provide information on communication issues (e.g., radio equipment performance, shift activities, significant events, etc.) using an ICS 214 – Activity Log*	I		
22. Organize and file COMU documentation: • *Radio logs* • *Activity logs* • *Telephone logs* • *Equipment check-in/check-out information* • *Inventory* • *Lost/Damaged equipment*	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)

Competency: RADO Demobilization

Task	Code	Evaluator # and Initials	Date
Behavior: Transfer position duties while ensuring continuity of authority and knowledge, taking into account increasing or decreasing incident complexity.			
23. Coordinate an efficient transfer of position duties: • *Obtain demobilization instructions from supervisor* • *Document follow-up action needed and submit to supervisor* • *Brief relief personnel*	I		

Task	Code	Evaluator # and Initials	Date
Behavior: Complete demobilization procedures and restore response-readiness.			
24. Demobilize and check out: • *Check in equipment and submit required documentation* • *Submit final documentation to supervisor* • *If required, complete ICS 221 – Demobilization Check-Out and submit completed form to the appropriate person* • *Address safety and notification considerations for return to home agency* • *Obtain completed PTB tasks and performance evaluation from supervisor*	I		

25. Prepare for next operational period/incident:
• *Inventory and restock RADO response kit and personal kit*
• *Attend applicable post-incident debriefings*
   o *Hotwash*
   o *Critical Incident Stress Management/ Debriefing (CISM/CISD)*			

*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)

All-Hazard Radio Operator
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, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

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:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ 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.

Comments: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

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, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

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:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ 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.

Comments: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

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, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

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:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ 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.

Comments: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

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, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

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:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ 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.

Comments: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

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, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

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:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ 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.

Comments: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____