



A PUBLICATION OF THE:

VOLUNTEER  
COMMUNICATIONS  
NETWORK

POSITION TASK BOOK FOR  
**CATEGORY "Z" RADIO  
FIELD (COMMUNICATOR) SPECIALIST  
( FINAL VERSION )**

**Supporting Field Deployment Assignments and Development  
of the Category "Z" Radio Incident Command System**

**ZR2F**

ZULU ROMEO TWO FOXTROT

**BE SAFE. GET PREPARED. STAY READY**

VCN 242B

March, 2012

**Task Book Assigned To:**

**Individual's Name, Organization and Contact Information**

**Task Book Initiated By:**

**Official's Name, Organization and Contact Information**

**Location & Date This Task Book Was Initiated**

**The material contain 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 herein.**

**PROFESSIONAL DEVELOPMENT SERIES**

## EVALUATOR

**DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION.**

**VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK  
FOR THE POSITION OF:**

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**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 CERTIFICATION IN THIS POSITION.

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**FINAL EVALUATOR'S SIGNATURE AND DATE**

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**EVALUATOR'S PRINTED NAME, ORGANIZATION AND CONTACT INFORMATION**

**ORGANIZATION CERTIFICATION**

I CERTIFY THAT \_\_\_\_\_  
HAS MET ALL REQUIREMENTS FOR QUALIFICATION IN THIS POSITION AND THAT SUCH QUALIFICATION HAS BEEN ISSUED.

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**CERTIFYING OFFICIAL'S SIGNATURE AND DATE**

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**OFFICIAL'S PRINTED NAME, ORGANIZATION AND CONTACT INFORMATION**

Additional copies of this publication are available for free download from:

<http://www.V-C-N.org>

## V-C-N Position Task Book

The Category “Z” Radio Incident Command System (ZRICS) Position Task Book (PTB) series has been developed and approved by the Volunteer Communications Network (V-C-N) ZR(ICS) Development Team (ZRDT) for designated positions. Each PTB lists the performance requirements (tasks) in a format that allows a Trainee to be objectively evaluated against written guidelines.

Successful performance of all tasks, as observed and recorded by an authorized Evaluator, will result in a recommendation to their organization that the Trainee be certified in that position.

Evaluation and confirmation of the Trainee’s performance of all required tasks may involve more than one Evaluator and can occur on incidents, in simulations or field exercises, and in other work situations.

**Designated PTBs require position performance during which the majority of required tasks are demonstrated in the field under the Incident Command System (ICS). Some positions require specific tasks be performed during support of a specific operating environment. Performance of these tasks on other kinds of incidents is NOT qualifying.**

It is important that performance be critically evaluated and accurately recorded by each Evaluator.

All tasks must be evaluated before recommending certification. All bullet statements within a task requiring an action (containing an action verb) must be demonstrated before that task can be signed off.

A more detailed description of this process, definition of terms, and responsibilities are included in the V-C-N.org Incident Qualification System Implementation Guide (“ZR0-07AE-G”).

A brief list of responsibilities also appears below.

## RESPONSIBILITIES

1. The **Home Unit / Certifying Official** is responsible for:
  - Selecting Trainees based on the needs of the Home Unit / Certifying Official and agreements with cooperators.
  - Ensuring individuals selected as Trainees are qualified in any pre-requisite position and have successfully completed all Required Training prior to PTB initiation, task evaluation and/or position performance.
  - Initiating and explaining the purpose and proper use of the PTB, and the training, qualification and certification process.
  - Ensuring the Trainee has the opportunity to acquire the knowledge/skills necessary to perform the position.
  - Providing opportunities for non-incident (“O”) task evaluation, for position performance assignments on local incidents, and/or make the Trainee available for assignments to larger incidents.
  - Tracking the progress of the Trainee.
  - Reviewing and confirming the completion of the PTB and making a determination of certification.
  - Issuing proof of certification as required by V-C-N ZR0-07AE.

2. The **Trainee** is responsible for:

- Keep PTB in possession and making it available for evaluation and updating upon request.
- Reviewing and understanding instructions in the PTB.
- Identifying desired objectives / goals.
- Providing background information to an evaluator.
- Satisfactorily demonstrating completion of all tasks for an assigned position within designated timeframes.
- Assuring the Evaluation Record is complete.
- Notifying home unit (organization) representatives when the PTB is completed and providing a copy.
- Keeping the original PTB in personal records.

3. The **Evaluator** is responsible for:

- Understanding the Volunteer Communications Network / Incident Qualification System.
- Being qualified and proficient in the position being evaluated.
- Meeting with the Trainee and determining past experience, 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 obtained.
- Identifying tasks to be performed during the evaluation period.
- Accurately evaluating and recording demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task.

**Unsatisfactory performance must be documented in the Evaluation Record.**

- Completing the Evaluation Record found at the end of this PTB.

4. The **Final Evaluator** is responsible for:

- Signing the verification statement inside the front cover of the PTB when all tasks have been initialed and if the Trainee is recommended for certification.

5. The **Incident and/or Home Unit Qualification Specialist (ZR5Q)** is/are responsible for:

- Identifying incident evaluation opportunities.
- Assuring that Trainees have met pre-requisites.
- Identifying and assigning a qualified evaluator that can provide a positive experience for the Trainee, and making an accurate and honest appraisal of the Trainee's performance.
- Documenting the assignment.
- Conducting progress reviews.
- Conducting a close-out interview with the Trainee and the Evaluator and assuring that documentation is proper and complete.
- Notifying the Trainee's home unit.

TASK	C O D E	EVALUATION RECORD #	EVALUATOR: Initial & date upon Completion of task.
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**GENERAL**

1. Demonstrate knowledge of position duties, responsibilities and documentation.  <input type="checkbox"/> Identify standardized documentation. <input type="checkbox"/> PDG "Home Unit" and Incident activities. <input type="checkbox"/> Explain training and experience requirements.	O		
2. Explain the difference(s) between a ZR "specialist" and an emergency communicator.  <input type="checkbox"/> Explain "common denominator" standards. <input type="checkbox"/> Explain standardized incident priorities. <input type="checkbox"/> Explain standardized incident objectives. <input type="checkbox"/> Importance and role of "safety."	O		
3. Explain the definition of "organizational autonomy" and impact on:  <input type="checkbox"/> Notification, Activation and Mobilization. <input type="checkbox"/> Standardized activities before/after notification.	O		
4. Explain and identify the term "common denominators" and how it applies to:  <input type="checkbox"/> Emergency communications preparation. <input type="checkbox"/> Organizational affiliations. <input type="checkbox"/> Geographical locations.	O		
5. Define ZR and explain origin and purpose.  <input type="checkbox"/> Provide references and explain importance.	O		
6. Position within standardized organizational and operational structures and systems.  <input type="checkbox"/> Define and explain purpose of ZRICS (ICS.ZR). <input type="checkbox"/> Discuss ICS vs. ZRICS organization structures. <input type="checkbox"/> Identify functional section of this position within ZRICS structures. <input type="checkbox"/> Identify "direct report" on ZR incident.	O		
7. Discuss qualification standards required for all prospective candidates for this position.  <input type="checkbox"/> Identify a minimum of three (3) requirements. <input type="checkbox"/> Qualification standards documentation? <input type="checkbox"/> V-C-N.org Academy Courses (CPC).	O		

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           I     =     TASK MUST BE COMPLETED ON AN INCIDENT MANAGED BY THE INCIDENT COMMAND SYSTEM (ICS).  
                           THE INCIDENT MAY BE EMERGENCY OR NON-EMERGENCY (PLANNED OR UNPLANNED)

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**RESOURCE IDENTIFICATION AND MANAGEMENT**

<p>8. ZRCS unique organizational identifiers.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide definition and history ZRCS.</li> <li><input type="checkbox"/> Explain the purpose and use of ZRCS.</li> <li><input type="checkbox"/> Explain purpose of MACS.</li> <li><input type="checkbox"/> Difference between ZRCS and MACS.</li> <li><input type="checkbox"/> Influence on ZRCS on incident P-code ordering &amp; assignments.</li> </ul>	O		
<p>9. Explain the purpose and use of P-codes.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Differences between ICS / ZRICS P-codes.</li> <li><input type="checkbox"/> Impact on organizational preparedness.</li> <li><input type="checkbox"/> Identifying resource requirements.</li> <li><input type="checkbox"/> Influence on incident ordering &amp; assignments.</li> <li><input type="checkbox"/> V-C-N strategy for incident P-code ordering.</li> </ul>	O		
<p>10. Explain the purpose and use of E-codes.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Impact and organizational preparedness.</li> <li><input type="checkbox"/> Identifying resource requirements.</li> <li><input type="checkbox"/> Influence on incident ordering &amp; assignments.</li> </ul>	O		
<p>11. Organizational resources, capability and deployment availability.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explain purpose and limitations of ERD.</li> <li><input type="checkbox"/> Explain data collection and reporting process.</li> <li><input type="checkbox"/> Explain use during resource mobilization.</li> <li><input type="checkbox"/> Explain use during exercise planning.</li> </ul>	O		
<p>12. Incident numbering and tracking.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Impact of ZRCS on incident numbering system.</li> <li><input type="checkbox"/> Purpose and use of incident numbers.</li> <li><input type="checkbox"/> Documents referencing incident name/number.</li> </ul>	O		
<p>13. Why "voluntary compliance" and "situational enforcement" are critical to accurate and timely resource reporting.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Impact of registration of individual resources.</li> <li><input type="checkbox"/> Impact of multiple registrations.</li> <li><input type="checkbox"/> Mitigation strategy to maximize accuracy.</li> </ul>	O		

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**RADIO OPERATOR PROFICIENCY**

14. Demonstrate ability to perform the tasks below using the radio the candidate will use during this deployment period.  <input type="checkbox"/> V – Select (V)FO Mode <input type="checkbox"/> F – Program a (F)requency <input type="checkbox"/> T – Select desired (T)one or CTCSS <input type="checkbox"/> O – Select desired (O)ffset (Plus or Minus) <input type="checkbox"/> M – Save to (M)emory	O		
15. Maintain current and updated listing of radio organizations, operational frequencies and critical infrastructure (CI) facility locations.  <input type="checkbox"/> Hospitals & Medical Facilities <input type="checkbox"/> EOC, Fire & Police Stations	O		
16. Maintain a listing of all qualifications and certifications.  <input type="checkbox"/> Training certificates. <input type="checkbox"/> Organizational training records.	O		
17. Demonstrate working knowledge of phonetic alphabet during radio transmissions.  <input type="checkbox"/> Use during message RX/TX operations.	O		
18. Explain definition and purpose of MAPS and how it impacts organizational preparation.  <input type="checkbox"/> Documentation Requirements. <input type="checkbox"/> Checklist Items	O		

**HOME UNIT & INCIDENT SAFETY**

19. Impact of safety on “home unit” and incident activities and operations.  <input type="checkbox"/> Documentation Requirements. <input type="checkbox"/> Importance of “safety passport” entries.	O		
20. Explain “stage” and impact on ICE.  <input type="checkbox"/> ZR “specialist” immediate actions.	I		
21. Importance of “safety” messages.  <input type="checkbox"/> When are safety messages used? <input type="checkbox"/> Who is responsible for implementing?	I		

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**PREPAREDNESS**

<p>22. Obtain &amp; assemble all information and materials needed for a position “go” kit and checklist of all items included in it.</p> <p>Kit <b>MUST</b> be assembled and prepared prior to receiving an assignment and must include a checklist of all items. Kit will contain critical items needed to function during first 48-hours.</p> <p>Suggested “go” kit items:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Required items and forms (MAPS)</li> <li><input type="checkbox"/> Refer to ZR2-07AA for guidance</li> </ul>	I		
<p>23. Obtain &amp; assemble all information and materials needed for a personal “go” kit and checklist of all items included in it.</p> <p>Suggested “go” kit items:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shaving kit items</li> <li><input type="checkbox"/> Personal hygiene items</li> <li><input type="checkbox"/> Sleeping bag and alarm clock</li> <li><input type="checkbox"/> Required medications</li> </ul>	O		
<p>24. Obtain &amp; assemble all information and materials needed for a radio support “go” kit and checklist of all items included in it.</p> <p>Suggested “go” kit items:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional batteries, fuses, wiring</li> <li><input type="checkbox"/> AC/DC charger for radio batteries</li> </ul>	O		
<p>25. Demonstrate knowledge of incident priorities.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify “common denominator” priorities</li> <li><input type="checkbox"/> Explain practical application of priorities.</li> </ul>	I		
<p>26. Identify sources of reliable information to prepare a SITSTAT report prior to mobilization.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide definition of SITSTAT.</li> <li><input type="checkbox"/> SITSTAT: Current weather / terrain</li> <li><input type="checkbox"/> SITSTAT: Current resource levels and mobilization availability.</li> </ul>	I		

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TASK	C O D E	EVALUATION RECORD #	EVALUATOR: Initial & date upon Completion of task.
<b>DEMOBILIZATION &amp; RECOVERY</b>			
33. Explain purpose and use of ICS-221.ZR when completing an assignment on a ZR incident.  <input type="checkbox"/> Who develops a demobilization schedule? <input type="checkbox"/> Impact on incident check "out" activities.	I		
34. Identify demobilization procedures and check "out" process. .  <input type="checkbox"/> Participate in a demobilization process. <input type="checkbox"/> Final (demob) vehicle safety inspection. <input type="checkbox"/> Required ICS-214 entries.	I		
35. "Safety passport" guidance regarding incident demobilization.  <input type="checkbox"/> Identify specific entries on demobilization. <input type="checkbox"/> Provide examples of specific activities. <input type="checkbox"/> Provide examples of required documentation.	I		
36. "Safety passport" guidance regarding incident demobilization.  <input type="checkbox"/> Identify specific entries on demobilization. <input type="checkbox"/> Provide examples of specific activities. <input type="checkbox"/> Provide examples of required documentation.	I		
37. Return travel to "home unit" after incident demobilization.  <input type="checkbox"/> Identification of available TNCS operators. <input type="checkbox"/> Required forms and protocols. <input type="checkbox"/> Provide examples of required documentation.	I		
38. Explain "recovery" operations & activities.  <input type="checkbox"/> Explain standardized activation level "R" (SAL). <input type="checkbox"/> Identify "recovery" procedures. <input type="checkbox"/> Role of "go" kit/bag checklist on recovery. <input type="checkbox"/> Required ICS-214 form entries.	I		
.			

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Evaluation Record # \_\_\_\_\_

**Trainee Information**

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Organization:

Home Unit Contact Information:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Organization:

Home Unit Contact Information:

**Incident/Event Information**

Incident/Event Name:

Number:

Duration (From/To:

Incident Kind:  Incident/Field  Exercise:  Other:

Location – State:

Operational Area:

MACS/ZRCS:

Incident Type:  ZR  EM  FS  HS  DR  Other:**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 observation in a satisfactory manner. All tasks in this PTB have now been performed. I have completed the Final Evaluator's Verification section and recommend the Trainee be considered for certification by their Home Unit organization.
- \_\_\_\_\_ 2. The tasks initialed and dated by me on the Qualification Record have been performed under my observation 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 PTB tasks in a satisfactory manner and additional training, guidance or experience is recommended.
- \_\_\_\_\_ 4. The individual is severely deficient in the performance of PTB tasks for this position and 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 Home Unit certification):

Evaluation Record # \_\_\_\_\_

**Trainee Information**

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Organization:

Home Unit Contact Information:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Organization:

Home Unit Contact Information:

**Incident/Event Information**

Incident/Event Name:

Number:

Duration (From/To:

Incident Kind:  Incident/Field  Exercise:  Other:

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Date:

Evaluator's Relevant Qualification (or Home Unit certification):

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**Trainee Information**

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Organization:

Home Unit Contact Information:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Organization:

Home Unit Contact Information:

**Incident/Event Information**

Incident/Event Name:

Number:

Duration (From/To:

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Date:

Evaluator's Relevant Qualification (or Home Unit certification):

Evaluation Record # \_\_\_\_\_

**Trainee Information**

Printed Name:

Trainee Position on Incident/Event:

Home Unit/Organization:

Home Unit Contact Information:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Organization:

Home Unit Contact Information:

**Incident/Event Information**

Incident/Event Name:

Number:

Duration (From/To:

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