



TASK BOOK FOR THE POSITION OF

A PUBLICATION OF THE:

VOLUNTEER  
COMMUNICATIONS  
NETWORK

# COMMUNICATIONS CENTER SPECIALIST

# ZR2R

ZULU ROMEO TWO ROMEO

## ( FINAL VERSION )

SUPPORTING FIELD DEPLOYMENT ASSIGNMENTS AND DEVELOPMENT OF THE  
CATEGORY "Z" RADIO (COMMUNICATIONS) INCIDENT COMMAND SYSTEM

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

VCN 223B

February, 2011

**TASK BOOK ASSIGNED TO:**

**INDIVIDUAL'S NAME, ORGANIZATION AND CONTACT INFORMATION**

**TASK BOOK INITIATED BY:**

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

**LOCATION & DATE THAT TASK BOOK WAS 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 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:

### 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.

### FINAL EVALUATOR'S SIGNATURE AND DATE

\_\_\_\_\_  
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.

### CERTIFYING OFFICIAL'S SIGNATURE AND DATE

\_\_\_\_\_  
OFFICIAL'S PRINTED NAME, ORGANIZATION AND CONTACT INFORMATION

ADDITIONAL COPIES OF THIS PUBLICATION ARE AVAILABLE FOR DOWNLOAD FROM:

[HTTP://WWW.V-C-N.ORG](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 ZR Development Team (V-C-N/ZDT) 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 that 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 which require an action (containing an action verb) must be demonstrated before that task can be signed off.

A more detailed description of this process, definitions of terms, and responsibilities are included in the V-C-N.org Incident Qualification System Implementation Guide.

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 prerequisite 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 VCN 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 / Task Force Qualification System.
- Being qualified and proficient in the position being evaluated.
- 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. 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 prerequisites.
- 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 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**

<p>1. <u>Obtain &amp; assemble all information and materials needed for a position “go” kit and checklist of all items included in it.</u></p> <p>Kit <b>MUST</b> be assembled and prepared prior to receiving an assignment and <b>must include a checklist of all items.</b> 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"/> ICS/ICS.ZR Forms</li> <li><input type="checkbox"/> Maps of incident/deployment area</li> <li><input type="checkbox"/> Communications/Contact Lists</li> <li><input type="checkbox"/> SALs and Pre-Scripted Messages</li> <li><input type="checkbox"/> Pre-loaded Thumb or “Jump” Drive</li> <li><input type="checkbox"/> V-C-N ZR2-10AA-F and Usage Memo</li> </ul>	O		
<p>2. <u>Obtain &amp; assemble all information and materials needed for a personal “go” kit and checklist of all items included in it.</u></p> <p>Some suggested checklist entries:</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>3. <u>Obtain &amp; assemble all information and materials needed for a radio “go” kit and checklist of all items included in it.</u></p> <p>Some suggested checklist entries:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> V/U radio(s) w/Anderson Powerpoles</li> <li><input type="checkbox"/> Headphone w/adaptor kit</li> <li><input type="checkbox"/> Repeater Guide/Frequency Listing(s)</li> <li><input type="checkbox"/> Scanner Frequency Reference(s)</li> <li><input type="checkbox"/> OA Communications Plan</li> </ul>	O		

## CODE:

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

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**RADIO OPERATOR PROFICIENCY**

<p>4. <u>Demonstrate ability to perform the tasks below using the radio the candidate will use during this deployment period.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> V – Select (V)FO Mode</li> <li><input type="checkbox"/> F – Program a (F)requency</li> <li><input type="checkbox"/> T – Select desired (T)one</li> <li><input type="checkbox"/> O – Select desired (O)ffset</li> <li><input type="checkbox"/> M – Save to (M)emory</li> </ul>	O		
<p>5. <u>Demonstrate working knowledge of phonetic alphabet.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use during radio transmissions</li> <li><input type="checkbox"/> Use during message RX/TX operations</li> </ul>	O		
<p>6. <u>Maintain a listing of all qualifications and certifications.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Position Task Book (PTB)</li> <li><input type="checkbox"/> Training certificates</li> <li><input type="checkbox"/> Organizational training records</li> </ul>	O		
<p>7. <u>Familiarity with ICS/ICS.ZR forms and position-specific processes/procedures.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> V-C-N ZR2-08AA-F and Usage Memo</li> <li><input type="checkbox"/> V-C-N ZR2-10AA-F and Usage Memo</li> <li><input type="checkbox"/> V-C-N ZR2-10AB process/procedure(s)</li> <li><input type="checkbox"/> Identify critical information needed for mobilization of category “z” resources</li> <li><input type="checkbox"/> Discuss the activation/mobilization process &amp; authorization requirements.</li> </ul>	O		
<p>8. <u>Demonstrate knowledge of organizational resources and deployment availability</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explain purpose and use of ERD.</li> <li><input type="checkbox"/> Explain how ERD is maintained and who is responsible for updates.</li> </ul>	O		

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**MOBILIZATION**

<p>9. <u>Obtain and document complete information from resource NCS upon initial mobilization.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Incident name and number</li> <li><input type="checkbox"/> Resource mobilization code (M-code) request number (if assigned)</li> <li><input type="checkbox"/> Assignment location &amp; map reference</li> <li><input type="checkbox"/> Staging Area and map reference</li> <li><input type="checkbox"/> Incident frequencies (Cmd/Ops/Tac)</li> <li><input type="checkbox"/> Required pre-deployment activities</li> <li><input type="checkbox"/> Documentation requirements</li> </ul>	I		
<p>10. <u>Organizational resources and deployment availability.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explain the purpose of ERD</li> <li><input type="checkbox"/> Explain ERD is update process</li> <li><input type="checkbox"/> Explain distribution purposes</li> <li><input type="checkbox"/> Explain RESTAT and purpose</li> </ul>	I		
<p>11. <u>Demonstrate knowledge and purpose of incident mobilization (R-T-S) nets.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explain purpose of each</li> <li><input type="checkbox"/> Impact on RESTAT and availability</li> <li><input type="checkbox"/> Impact on "anticipated predictability"</li> <li><input type="checkbox"/> How operations of each differ</li> </ul>	O		
<p>12. <u>Identify sources of reliable information to prepare a situation status report prior to mobilization and/or check-in processing.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SITSTAT: Current Weather / Terrain</li> <li><input type="checkbox"/> SITSTAT: Current resource levels and mobilizations availability</li> </ul>	I		

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**PRE-DEPLOYMENT / STAGING**

13. <u>Explain purpose and process of a vehicle safety inspection (VSI) before departing and appropriate entries to be entered.</u>  <input type="checkbox"/> V-C-N ZR1-07AA <input type="checkbox"/> Required ICS-214 form entries <input type="checkbox"/> Consequences for failure to submit required documents or to provide necessary information <input type="checkbox"/> Impact on "anticipated predictability"	O		
14. <u>Obtain and document complete information from dispatch upon initial activation.</u>  <input type="checkbox"/> Incident name and number <input type="checkbox"/> Resource request number (if assigned) <input type="checkbox"/> Staging area and map location reference <input type="checkbox"/> Tac/Cmd/Talk-in frequencies	O		
15. <u>Gather information necessary to assess incident assignment and determine immediate needs and actions.</u>  <input type="checkbox"/> Type of incident <input type="checkbox"/> Current situation <input type="checkbox"/> Weather <input type="checkbox"/> Terrain	I		

**INCIDENT SAFETY**

16. Conduct and indicate all items checked during a pre-deployment vehicle safety inspection.  <input type="checkbox"/> Lighting working properly. <input type="checkbox"/> Possession of state driver's license. <input type="checkbox"/> Date of last oil change	O		
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17. <u>Conduct “frequency change” procedure.</u> <input type="checkbox"/> Impact on incident safety <input type="checkbox"/> Pre-change safeguards <input type="checkbox"/> Impact on “anticipated predictability”	I		
18. <u>Why “voluntary compliance” and “situational enforcement” are key to ZRICS safety.</u> <input type="checkbox"/> Compliance issues <input type="checkbox"/> Enforcement actions	O		
19. <u>Explain the safety consequences if a “stage” command is not acknowledged.</u> <input type="checkbox"/> Who is responsible to acknowledge the “stage” command?	O		
20. <u>Conduct a “safety clock” operation.</u> <input type="checkbox"/> When to start / initiate? <input type="checkbox"/> Who to notify upon start and/or stop? <input type="checkbox"/> Explain safety consequences	I		
21. <u>Discuss the qualification standards required for all category “z” radio operators.</u> <input type="checkbox"/> Identify a minimum of 3 requirements	O		

**INCIDENT ACTIVITIES**

22. <u>Arrive at incident and check-in.</u> <input type="checkbox"/> Arrive properly equipped <input type="checkbox"/> Check-in within acceptable limits <input type="checkbox"/> Locate check-in at Incident Command Post (ICP) and check-in according to organizational guidelines <input type="checkbox"/> Note completion of “check-in” activities on individual ICS-214 form	I		
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TASK	C O D E	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task.
23. <u>Obtain incident / section briefings.</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explain purpose of V-C-N ZR3-08AA</li> <li><input type="checkbox"/> Identify appropriate individual to obtain and desired information to be covered during briefing</li> <li><input type="checkbox"/> Describe overall responsibilities of volunteer communications</li> <li><input type="checkbox"/> Discuss specifics of ICS-205 as it relates to category "z" radio operations</li> <li><input type="checkbox"/> Obtain information on operational period conditions/environment and any special radio operator instructions</li> </ul>	I		

**DEMOBILIZATION**

24. <u>Identify demobilization procedures and check-out process.</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participate in demobilization process</li> <li><input type="checkbox"/> Purpose of ICS-221 Form</li> <li><input type="checkbox"/> Final (demob) vehicle inspection</li> <li><input type="checkbox"/> ICS-214 form entries.</li> </ul>	I		
25. <u>Return travel to Home Unit.</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> Travel "net" procedures.</li> <li><input type="checkbox"/> Required forms and protocols.</li> </ul>	O		

**RECOVERY**

26. <u>Explain recovery operations.</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explain Activation Level "R"</li> <li><input type="checkbox"/> Identify recovery procedures.</li> <li><input type="checkbox"/> Role of "Go" kit checklist.</li> <li><input type="checkbox"/> Required ICS-214 form entries.</li> </ul>	O		
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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: TTX DRX FEX FSX  Other:

Location – State:

Operational Area:

MACS/ZRCS:

Management Type:  ZR  EM  FS  LE  HS  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: TTX DRX FEX FSX  Other:

Location – State:

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Home Unit Contact Information:

**Evaluator Information**

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Organization:

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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: TTX DRX FEX FSX  Other:

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