

Status/Check-in Recorder (SCKN3)

State of Alaska All-Hazards Position Task Book Assessment and Guide

Planning Section

Type 3

The Status/Check-in Recorder ([SCKN3](#)) will be used as assigned by the Planning Section Chief or designee.

July 2017



For more information or to suggest changes, corrections, or improvements, please contact:

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State of Alaska (SOA)

Type 3 Position Task Book (PTB)

State of Alaska (SOA) Type 3 Position Task Books (PTBs) have been created for designated National Incident Management System (NIMS) positions. Each PTB lists the competencies, tasks, and behaviors required to be successful in a specific position. Trainees must complete all competencies, tasks, and behaviors and demonstrate acceptable performance during the completion of this PTB.

Evaluator(s) will complete an Evaluation Record documenting the trainee's progress after each evaluation opportunity. Trainees will be observed and evaluated by qualified evaluators during a qualifying event and their performance will be documented in the PTB for each task by entering the Evaluation Record number, date of completion, and the evaluator's initials. Evaluation and confirmation of the trainee's performance on all tasks may require more than one qualifying event and may involve more than one evaluator during each opportunity.

After the trainee has met all the requirements in the State of Alaska (SOA) Type 3 Position Task Book (PTB), the home Agency will complete the final agency certification verifying the trainee is qualified in the position and will submit the Agency-certified PTB to the Alaska Interstate Mutual Aid Committee/Credentialing Subcommittee for approval and issuance of an SOA Type 3 All Hazards Credential.

Position Task Book Timeline

1. Emergency management experience must include a minimum of three (3) events.
 - Emergency management events may include one (1) tabletop exercise and at least two (2) emergency management events.
 - Additional events may be required to complete the qualification process.
2. The three (3) emergency management events must occur within a five (5) year period.
3. All qualifying events must be completed within a five (5) year period with no more than three (3) years between each event.

Training Specialist/Certifying Official Responsibilities

1. Be authorized by the AHJ.
2. Maintain PTBs and training records for agency staff.
3. Initiate or issue PTBs and blank Evaluation Records to trainees when they are deployed on a Type 3 assignment.
4. Meet with the Evaluator and Trainee to discuss training and experience needs.
5. As the Trainee completes required training, enter the information into the Required Training section on page 2 of the PTB.

6. Once a Trainee completes all the requirements of a Position Task Book (PTB) and is approved by the AHJ, submit a Nomination Package to the DHS&EM for processing, which includes fully completed:
 - PTB and associated Evaluation Records
 - “Agency Certification” (last page of PTB)
 - State of Alaska Type 3 Nomination Application
7. Provide a report to the DHS&EM Training Section once a year showing how individuals maintained their currency for All-Hazards credentialing (see page 16 of the All Hazard Qualification Guide).

Trainee Responsibilities

1. Review and understand the assigned PTB.
2. Share training and experience with the Evaluator and Training Specialist.
3. After each assignment, meet with the evaluator to review and discuss overall performance and the continued expectations to successfully perform all competencies, tasks, and behaviors for the assigned position.
4. Return the PTB and Evaluation Record to your home agency.
5. Understand that PTBs do NOT replace the standard performance appraisal process by your home agency.
6. Coordinate with the AHJ to find opportunities to maintain currency once Type 3 All-Hazards credentialing has been obtained.

Evaluator Responsibilities

1. Be qualified in the position for which they are evaluating a trainee.
2. Review the competencies, tasks, and behaviors listed in the PTB, so you know what to observe while the trainee performs his/her duties.
3. Fully complete an Evaluation Record form for each qualifying event the trainee has participated.
 - The evaluation records should be numbered sequentially.
 - The evaluator must sign and date the Evaluation Record form, which validates the trainee’s experience.
4. For the current Type 3 qualifying event:
 - Enter the evaluation record number, date, and initials into the PTB, if the trainee performed the task **OR**
 - Enter N/A, date and initials, if the task was not performed by the trainee.
5. Conduct the PTB review meeting in a private setting.
 - Begin by asking the individual to comment on his or her performance, including strengths, areas needing improvement, and any thoughts for training.
 - Provide a summary of the trainee’s overall performance demonstrated during the assigned event.
 - Review the completed assessment with the trainee.
 - Return the PTB and Evaluation Record to the trainee, so they can return it his/her home agency.
6. Once a trainee completes all the requirements of the PTB, review the evaluation records and PTB entries to ensure they are completed correctly.
 - On the trainee’s final assignment, complete the Final Evaluator’s Verification section and submit the completed PTB to the AHJ Training Specialist recommending Type 3 All-Hazards Credentialing.



State of Alaska Position Task Book

Evaluation Record #: _____

Trainee Information

Printed Name: _____

Position: **Status/Check-in Recorder Type 3 (SCKN3)**

Home Unit/Agency Name: _____

Home Unit/Agency Address: _____

Home Unit Phone Number: (____) _____

Evaluator Information

Printed Name: _____

Evaluator position: _____

Home Unit/Agency Name: _____

Home Unit/Agency Address: _____

Home Unit Phone Number: (____) _____

Incident/Event Information

Incident/Event Name: _____

Incident # and/or Code: _____ Duration: _____

Training Start Date: _____ End Date: _____

Incident Kind: Flood Fire Ground Failure/Avalanche/Landslide Planned Event

Other All Hazard (specify): _____

Location (include governmental/geographic area): _____

Management Type (check one): Type 5 Type 4 Type 3 Type 2 Type 1 Area Command

Evaluator's Recommendation (initial only one line as appropriate):

- _____ 1) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- _____ 2) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision 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) Trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ 4) Trainee is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation or attach an additional page to this evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____



State of Alaska Position Task Book

Status/Check-in Recorder Type 3 (SCKN3)

Task book assigned to:

Trainee's Name: _____

Home Unit/Agency: _____

Home Unit Address: _____

Home Unit Phone Number: (_____) _____ Date: _____

Task book initiated by:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Address: _____

Home Unit Phone Number: (_____) _____ Date: _____

Home Unit/Agency is the agency that provides opportunities for individuals to complete the requirements of the State of Alaska Type 3 Position Task Books.

The material contained in this book accurately defines the performance expected of the position for which it was developed. This PTB is approved for use as a position qualification document in accordance with the instructions contained herein.

Competency: Complete required training documented by the AHJ Training Specialist.

Description: Obtain the required training that will provide an understanding of the duties, responsibilities, and capabilities of an effective **Status/Check-in Recorder (SCKN3)** on an All-Hazards Incident Management Team (IMT). Other training may be assigned based upon AHJ guidance.

Behavior: Complete required training for position qualification.	Date Completed	Training Specialist Initials
IS-100.B: Introduction to Incident Command System, ICS-100		
IS-200.B: ICS for Single Resources and Initial Action Incidents		
IS-700.A: National Incident Management System (NIMS) An Introduction		
IS-800.B: National Response Framework, An Introduction		
ICS-300 Intermediate ICS for Expanding Incidents		

Competency: Assume position responsibilities.

Description: Successfully assume role of Status/Check-in Recorder (**SCKN3**) and initiate position activities at the appropriate time according to the following behaviors.

Behavior: Ensure readiness for assignment.	Evaluation Record #, Evaluator Initials and Date
1. Obtain valid Resource Order from Dispatching Agency. <ul style="list-style-type: none"> • Incident information (name, order number, request number, phone numbers, etc.). • Expected reporting time and location • Contact procedures during travel (telephone/radio) • Transportation arrangements/travel routes • Lodging/meal/per diem arrangements • IAP and/or Situation Reports 	
2. Obtain pre-assembled kit, which includes, but is not limited to: <ul style="list-style-type: none"> • Agency-specific and ICS forms. • References appropriate to the incident. • Agency policies & procedures. • Office supplies appropriate to the function. • Home agency PTB. 	
3. Obtain the appropriate equipment for the assignment, for example, laptop, printer, cell or satellite phone, weather gear, PPE, etc.	
4. Arrive at assignment and check in.	

Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.	Evaluation Record #, Evaluator Initials and Date
5. Obtain appropriate work materials, supplies, and equipment for check-in station(s). <ul style="list-style-type: none"> • Anticipate needs for duration of incident. • Order supplies using established procedures approved by Resources Unit Leader. 	
6. Organize and maintain check-in station. <ul style="list-style-type: none"> • Provide visible signs to identify station. • Organize work area for an efficient check-in process. • Maintain station operation within time frames set by Resources Unit Leader. 	
Behavior: Gather, update, and apply situational information relevant to the assignment.	Evaluation Record #, Evaluator Initials and Date
7. Obtain briefing and information from Resources Unit Leader. <ul style="list-style-type: none"> • Established chain of command. • Location of Resources Unit. • Work schedule. • Location of check-in stations. • Method of transferring check-in information to the Resources Unit Leader. • General layout of camp/base/Incident Command Post (ICP). • Work expectations and standards. 	
Behavior: Establish effective relationships with relevant personnel.	Evaluation Record #, Evaluator Initials and Date
8. Conduct self in a professional manner. <ul style="list-style-type: none"> • Respectful and courteous. • Respectful of public and private property. 	
9. Establish and maintain positive interpersonal and interagency working relationships.	
Behavior: Ensure ability to use tools necessary to complete assignment.	Evaluation Record #, Evaluator Initials and Date
10. Demonstrate ability to use current incident automation software. <ul style="list-style-type: none"> • Accurately input data within established time frames. • Troubleshoot data inconsistencies. 	

Behavior: Understand and comply with ICS concepts and principles.	Evaluation Record #, Evaluator Initials and Date
11. Apply the ICS. <ul style="list-style-type: none"> • Follow chain of command. • Maintain appropriate span of control. • Use appropriate ICS forms. • Use appropriate ICS terminology. 	

Competency: Communicate effectively.

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

Behavior: Ensure relevant information is exchanged during briefings and debriefings.	Evaluation Record #, Evaluator Initials and Date
12. Direct incoming personnel to appropriate function or Resources Unit for further instructions.	
13. Coordinate the status of resources with Resources Unit Leader prior to preparation of ICS 215, Operational Planning Worksheet.	
14. Participate in functional area briefings and section After Action Reviews (AARs).	
Behavior: Ensure documentation is complete and disposition is appropriate.	Evaluation Record #, Evaluator Initials and Date
15. Organize and file documents according to established procedures.	
16. Complete forms within time frames established by Resources Unit Leader.	
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient.	Evaluation Record #, Evaluator Initials and Date
17. Provide resource information as requested. <ul style="list-style-type: none"> • Display resource information as directed by the Resources Unit Leader. 	
18. Maintain information about incident resources (e.g., total number, location). <ul style="list-style-type: none"> • Respond to requests in a timely manner. • Process emergency requests as quickly as possible. 	

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 timeframe.

<p>Behavior: Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.</p>	<p>Evaluation Record #, Evaluator Initials and Date</p>
<p>19. Assist Resources Unit Leader in tracking restrictions/work requirements for operational resources.</p> <ul style="list-style-type: none"> • Length of tour of duty/assignment. • Previous assignments as appropriate. • Unusual restrictions and limitations. 	
<p>Behavior: Follow established procedures and/or safety procedures relevant to given assignment.</p>	<p>Evaluation Record #, Evaluator Initials and Date</p>
<p>20. Perform check-in process by collecting information during interviews.</p> <ul style="list-style-type: none"> • Request resource order information. • Verify incident qualifications. • Identify length of tour of duty. • Include previous assignment as appropriate. • Identify work/rest compliance. • Determine travel status information. • Confirm restrictions and limitations (e.g., medical problems). • Record complete, accurate, and legible information following standard procedures. 	
<p>Behavior: Transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.</p>	<p>Evaluation Record #, Evaluator Initials and Date</p>
<p>21. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency).</p> <ul style="list-style-type: none"> • Inform incoming/outgoing IC, Section Chief, and/or staff. • Ensure there is no adverse impact on safety or productivity. • Document follow-up action needed by relief staff. • If necessary, coordinate with agencies about transfer of command. 	
<p>Behavior: Plan for demobilization and ensure demobilization procedures are followed.</p>	<p>Evaluation Record #, Evaluator Initials and Date</p>
<p>22. Anticipate demobilization of resources.</p> <ul style="list-style-type: none"> • Identify excess resources. • Prepare schedule for demobilization. 	

<p>23. Ensure incident and agency demobilization procedures are followed.</p> <ul style="list-style-type: none"> • Brief subordinate staff on demobilization procedures and responsibilities. • Demobilize incident resources by predetermined priorities or as work progress dictates. 	
<p>24. Demobilize equipment and process any claims.</p> <ul style="list-style-type: none"> • Prepare equipment/services for release. • Notify contractors/vendors of impending release schedule. • Process any claims for damage, loss, or wear on equipment, leases or facilities. 	
<p>25. Ensure PTBs are completed.</p> <ul style="list-style-type: none"> • Complete a PTB for each individual that gained experience in the Finance/Admin Section. • Ensure your PTB is completed by the Incident Commander (IC). 	
<p>26. Demobilize and check out.</p> <ul style="list-style-type: none"> • Receive demobilization instructions from incident supervisor. • If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person. 	
<p>27. Participate in the After-Action Report (AAR) and make recommendations for process improvements which include, but are not limited to:</p> <ul style="list-style-type: none"> • Identify strengths that should be maintained and built upon. • Identify potential areas for improvement and solutions to resolve the identified gaps. 	



**State of Alaska Position Task Book
Verification/Certification of Completed Task Book**

Status/Check-in Recorder Type 3 (SCKN3)

Final Evaluator’s Verification

To be completed ONLY when the trainee has fully completed all required assignments and is recommended for credentialing.

I verify that (trainee name) _____ has successfully performed as a trainee by demonstrating all tasks for the position listed above, has completed all required training assignments, and should be considered for credentialing in this position. All tasks are documented with appropriate initials.

Final Evaluator’s Signature: _____

Final Evaluator’s Printed Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: (_____) _____ Date: _____

Agency Certification

I certify that (trainee name) _____ has met all requirements for qualification in the above position.

Certifying Official’s Signature: _____

Certifying Official’s Printed Name: _____

Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: (_____) _____ Date: _____

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