



GTARC Task Book for the Position of:
Communications Technician (COMT)

GTARC COMT

May 2020

Task Book Assigned to:

Trainee's Name: _____

Call Sign: _____

Task Book Initiated By:

Official's Name: _____

Official's Call Sign: _____

Official's Title: _____

Official's Phone Number: _____

Date Initiated: _____

Task Book Completion and Certification:

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

Certifying Official's Signature: _____

Certifying Official's Name: _____

Certifying Official's Title: _____

Date: _____

Golden Triangle Amateur Radio Club (GTARC) Position Task Book

GTARC Position Task Books (PTBs) have been developed for designated National Interagency Incident Management System (NIIMS) positions. Each PTB lists the competencies, behaviors and tasks required for successful performance in specific positions. Trainees must be observed completing all tasks and show knowledge and competency in their performance during the completion of this PTB. Task books must be completed in order as shown in Figure 1.

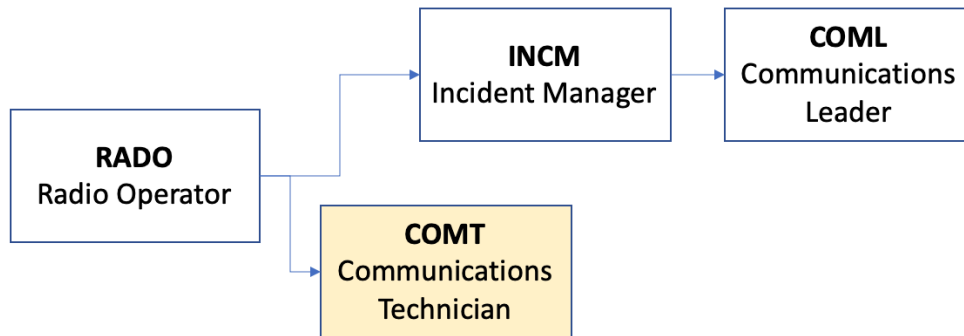


Figure 1 – Task Book Order of Precedent

Trainees are evaluated during this process by an individual that has final certification for the task book qualification the trainee is seeking or higher. Specifically,

- **RADO evaluator** must be a certified RADO or higher, with final approval by a COMT, INCM or COML
- **COMT evaluator** must be a certified COMT or higher, with final approval by an INCM or COML
- **INCM evaluator** must be a certified INCM or higher, with final approval by a COML
- **COML evaluator** must be a certified COML with final approval by the GTARC Board

The trainee's performance is documented in the PTB for each task by the evaluator's initials and date of completion. An Evaluation Record will be completed by all evaluators documenting the trainee's progress after each evaluation opportunity.

Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the agency that the trainee be certified in that position. Evaluation and confirmation of the trainee's performance while completing all tasks may occur on one or more training assignments and may involve more than one evaluator during any opportunity.

INCIDENT/EVENT CODING

Each task has a code associated with the type of training assignment where the task may be completed. While tasks can be performed in any situation, they must be evaluated on the specific type of incident/event for which they are coded. For example, tasks coded “I” must be evaluated on an Incident or Public Event. Performance of any task on other than the designated assignment is not valid for qualification. The codes are defined as:

O= Other: In any situation (Classroom, simulation, drill, daily job, incident or public event)

I= Incident: Task must be performed on an incident or public event. Large scale drills may be used for this category at the discretion of a COML.

Each “I” task requires three (3) separate and distinct events to be evaluated (e.g. a RADO must satisfactorily “Act as NET CONTROL for weekly check-in’s, drill, or public service event” on three different occasions.

INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD

Evaluation Record

Each evaluator will need to complete an Evaluation Record (ER) for each Incident / event. Each ER should be numbered sequentially. Place the number on the top of the ER, and then place the same number in the column labeled “Evaluation Record #” on the Qualification Record for each numbered task the trainee has satisfactorily performed.

Trainee Information:

Record the required information

Evaluator information:

Record the required information

Incident / Event Information:

Provide the specific information re: the incident / event, including the name of the event, date, duration and trainees’ specific role / accomplishments on this incident / event.

Evaluators Recommendation:

For 1-3, initial only one line as appropriate. This will allow for comparison with your initials in the Qualification Record.

Comments: Additional information specific to the evaluator’s recommendation. The evaluator should note any deficiencies, additional assignment needs, or additional focus areas that were identified. Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the Evaluation Record.

Evaluator’s Signature: Sign here to authenticate your recommendations.

Date: Document the date the Evaluation Record is being completed.

Evaluator’s Relevant Qualification (or agency certification): List your qualification or certification relevant to the trainee position you supervised.

Incident Communications Technician (COMT) Qualification Record

| Task | C O D E | Eval Record # | Evaluator (Initial & Date upon completion of task) |
|--|------------------|---------------------|--|
| Radio License | | | |
| 1. General Amateur Radio license or higher | O | | |
| Background Investigation – Optional for RADO Certification | | | |
| 2. Background investigation, OR Proof of Disaster Services Worker (DSW) status with RACES, CERT, Red Cross or other equivalent organization; Police officer, Firefighter, EMT, Paramedic, RN, PA, DR. | O | | |
| Education | | | |
| 3. IS – 200 ICS Initial Response | O | | |
| 4. IS – 800 National Disaster Framework | O | | |
| 5. ICS – 951 Radio Interoperability | O | | |
| 6. GTARC COMT Class Completion – covering the following topics: measuring P_{out} , SWR, Rx Sensitivity, Modulation, Frequency, spectrum analysis, various measurements with a digital VOM, Ability to solder a PL259, General repeater knowledge, and BK Radio basics | O | | |

| Task | C O D E | Eval Record # | Evaluator (Initial & Date upon completion of task) |
|--|------------------|---------------------|--|
| Participation | | | |
| 7. 2 out of 6 nets | O | | |
| 8. Attend 2 out of 6 GTARC meetings | O | | |
| 9. Attend and participate in Field Day or public service event in a technical support role | I | | |
| 10. Participate in a drill / exercise or actual disaster in a technical support role | I | | |

| Task | C O D E | Eval Record # | Evaluator (Initial & Date upon completion of task) |
|--|------------------|---------------------|--|
| Proficiency / Skill | | | |
| 11. Assemble a personal "GO BAG" – See appendix A for minimum content | O | | |
| 12. Assemble and maintain a radio tool kit – See appendix B for minimum content | O | | |
| 13. Teach a segment of a Technician, General or Extra license course | O | | |
| 14. Determine communication needs from INCM or COML, design and assemble comm. system to meet the needs of the incident / event. Includes determining location of repeater or base station to ensure quality communications for entire event | I | | |
| 15. Behavior: Conduct self in professional manner; Establish and maintain positive interpersonal and interagency working relationships. | I | | |
| 16. ICS: Follow ICS chain of command; maintain appropriate span of control; utilize ICS forms and terminology | I | | |

| Task | C O D E | Eval Record # | Evaluator (Initial & Date upon completion of task) |
|---|------------------|---------------------|--|
| 17. Operations: Establish installation priorities while adhering to safety standards regarding communications. Operations before Logistics | I | | |
| 18. Demobilization: Effectively tear down repeater / base station or other incident equipment, properly package and return to owner / storage | I | | |

Upon completion of this task book, the trainee shall be qualified to effectively perform as an Amateur or Commercial Radio Communications Unit Leader during a disaster under the supervision of a Logistics Chief, in the position of COML as defined by the National Incident Management System (NIMS).

Position Task Book Evaluation Record

Evaluation Record # _____

Trainee Information

Trainee Name: _____

Trainee Position on Incident / Event: _____

Evaluator Information

Evaluator Name: _____

Evaluator Position on Incident / Event: _____

Evaluator Certification Level (Circle One): COMT INCM COML Other: _____

Incident / Event Information

Incident Name: _____

Location: _____

Incident Type (Drill, Special Event, Disaster, Other): _____

Date: _____ Duration: _____

Evaluator Recommendation (Initial only one line as appropriate)

_____ 1. The 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 recommend the trainee be considered for the GTARC Certification.

_____ 2. The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner.

_____ 3. The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training guidance or experience is recommended

Comments:

Evaluator's Signature: _____ Date: _____

Evaluator's Certification Level: _____

Position Task Book Evaluation Record

Evaluation Record # _____

Trainee Information

Trainee Name: _____

Trainee Position on Incident / Event: _____

Evaluator Information

Evaluator Name: _____

Evaluator Position on Incident / Event: _____

Evaluator Certification Level (Circle One): COMT INCM COML Other: _____

Incident / Event Information

Incident Name: _____

Location: _____

Incident Type (Drill, Special Event, Disaster, Other): _____

Date: _____ Duration: _____

Evaluator Recommendation (Initial only one line as appropriate)

_____ 1. The 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 recommend the trainee be considered for the GTARC Certification.

_____ 2. The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner.

_____ 3. The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training guidance or experience is recommended

Comments:

Evaluator's Signature: _____ Date: _____

Evaluator's Certification Level: _____

Position Task Book Evaluation Record

Evaluation Record # _____

Trainee Information

Trainee Name: _____

Trainee Position on Incident / Event: _____

Evaluator Information

Evaluator Name: _____

Evaluator Position on Incident / Event: _____

Evaluator Certification Level (Circle One): COMT INCM COML Other: _____

Incident / Event Information

Incident Name: _____

Location: _____

Incident Type (Drill, Special Event, Disaster, Other): _____

Date: _____ Duration: _____

Evaluator Recommendation (Initial only one line as appropriate)

_____ 1. The 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 recommend the trainee be considered for the GTARC Certification.

_____ 2. The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner.

_____ 3. The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training guidance or experience is recommended

Comments:

Evaluator's Signature: _____ Date: _____

Evaluator's Certification Level: _____

APPENDIX A – PERSONAL GO-BAG CONTENT – 72 hours

- Handheld (VHF / UHF)
- Extra battery
- Charger
- AA Battery pack with batteries (If available for your radio)
- Pen / Paper
- ICS Forms – ICS 309, ICS 213, and ICS 214
- Clipboard
- FA kit (minimal)
- Pocket knife
- Leatherman or equivalent
- Snacks and water
- Metal cup, bowl, utensils
- Flashlight and or headlamp
- 3 days of appropriate clothes
- Cold weather protection (e.g. jacket, etc)
- Toiletry kit

Appendix B – COMT Tool Kit

- Soldering iron and associated equipment (e.g. solder, sponge, etc)
- Digital Voltmeter
- SWR Meter
- Dummy load (50W)
- Basic small tools for radio repair
- Extension cord
- Power strip
- Spare parts
 - o 25 feet of coax w/ PL259 connectors
 - o 3 feet of power cable
 - o Connectors: PL259, SO239, BNC, Power connectors
 - o Adapters: BNC to SO239; BNC to PL259; SO239 double female; various SMA, TNC and N adapters

Attachments required for COMT:

1. Attach copy of cover page from completed RADO task book
2. Attached any additional Position Task Book Evaluation Records
3. Copy of Trainee's General Class or higher Amateur Radio License
4. Copy of evidence of background investigation
5. Copy of evidence of IS-200 Certification
6. Copy of evidence of IS-800 Certification
7. Copy of evidence of IS-951 Certification