GTARC Task Book for the Position of:

RADIO OPERATOR (RADO)

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.

INCM Incident Manager

COML Communications Leader

RADO Radio Operator
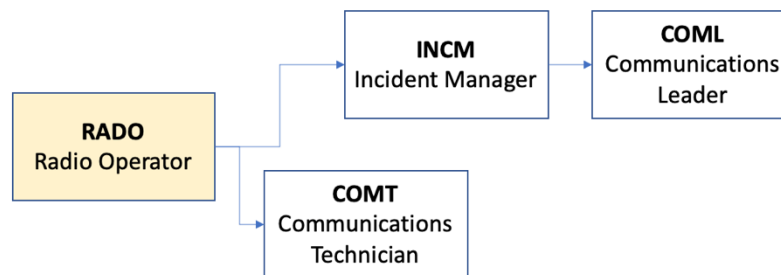
COMT Communications Technician

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.

Radio Operator (RADO) Qualification Record

Task	CODE	Eval Record #	Evaluator (Initial & Date upon completion of task)
Radio License			
1. Technician Amateur Radio license or higher	O		
Background Investigation – Optional for RADO Certification			
2. Background investigation, OR	O		
Proof of Disaster Services Worker (DSW) status with RACES, CERT, Red Cross or other equivalent organization; Police officer, Firefighter, EMT, Paramedic, RN, PA, DR.	P T		
Education			
3. IS – 100 ICS	O		
4. IS – 700 NIMS	O		
5. ARRL EC-001 Emergency Communications	O		
Participation			
6. 2 out of 6 nets	O		
7. Attend 2 out of 6 GTARC meetings	O		
8. Act as NET CONTROL for weekly check-ins, drill or public service event	I		

Task	CODE	Eval Record #	Evaluator (Initial & Date upon completion of task)
Proficiency / Skill			
9. Ability to program a frequency, offset and tone into personal radio	O		
10. Demonstrate ability to properly and professionally talk on a radio with proper protocols	I		
11. Demonstrate ability to write and send an ICS-213 message	I		
12. Demonstrate ability to maintain an ICS-309 communications log	I		
13. Demonstrate ability to set up a portable radio station for VHF/UHF communications	I		
14. Demonstrate ability to demobilize – tear down and put away all equipment; properly file / distribute all logs and other paperwork.	I		

Upon completion of this task book, the trainee shall be qualified to effectively perform as an Amateur or Commercial Radio Communications Operator during a disaster under the supervision of an INCM or COML, in the position of RADO 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)

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_____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)

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_____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: _____

Attachments:

1. Attached any additional Position Task Book Evaluation Records
2. Copy of Trainee's Amateur Radio License
3. Copy of evidence of background investigation (Optional for RADO)
4. Copy of evidence of IS-100 Certification
5. Copy of evidence of IS-700 Certification
6. Copy of evidence of ARRL EC-001 Certification