

## Task Book Review Form

Employee:	Task book:	District/Field Office:
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***To be filled out by committee member***

### Evaluation Summary

Incident Name	Complexity (Type 1-5)	Fire Location ST/UNIT	Dates of Assignment	# of shifts	Fuel Type For Ops (Grass, Brush, Timber, Slash)	Evaluator

Possible Discussion Points	
Has an assignment been completed off unit?	
For operations positions, what fuel types have been encountered?	Grass    Brush    Timber    Slash
If for DIVS, has CIMT assignment been completed?	Fire: _____
If for FFT1, has hand crew assignment been completed?	Fire: _____
For Faller positions are evaluators at the appropriate level?	
FAL3 evaluators: FAL2 or FAL1; Final evaluator: FAL2 or FAL1 FAL2 evaluators: FAL2 or FAL1; Final evaluator: FAL2 or FAL1 FAL1 evaluators: FAL1; Final evaluator FAL1 evaluator	

***To be verified by IQCS Account Manager***

All required training has been completed?	<b>Yes</b>		<b>No</b>		If no, what is missing?
All required training certificates are on file?	<b>Yes</b>		<b>No</b>		If no, what is missing?

Date of Review:		Approved		Comments
		Yes	No	
IQCS Account Manager	Noni Dalton			
FMO	Josh Tibbetts			
AFMO	Robert Lopez			
FOC	Jeff Bergfeld			
FOS Cedar City	Colt Coates			
FOS St. George/Kanab/GSENM	Corey Wood			
FOS Richfield	Bart Madsen			
Aviation Unit Manager	Vacant			
District Fuels Manager	Shawn Peterson			
CCIFC Center Manager	Tina Greenhalgh			