



**Incident Qualifications and  
Certification  
Individual Employee Update**

Date entered into IQCS

/ /

Initials

| Header Information                                     |  |  |  |
|--|--|--|--|
| First Name   |  | Unit ID  |  |
| Last Name  |  | District/Sub-Unit                                  |  |
| Middle Initial   |  | Fitness Rating<br>(Arduous, Moderate, Light, None) |  |
| Employee ID<br>(11 digit # on your qualification card) |  | Fitness Date<br>(MM/DD/YYYY)                       |  |

| Incident Qualifications Card   |          |              |          |
|--|----------|--------------|----------|
| <i>(Please list the jobs you want on your incident qualifications card and posted to ROSS)</i> |          |              |          |
| QUALIFIED Job  |          | TRAINEE Jobs |          |
| Job Code   | Job Code | Job Code     | Job Code |
|  |          |              |          |
|  |          |              |          |
|  |          |              |          |
|  |          |              |          |
|  |          |              |          |
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|  |          |              |          |
|  |          |              |          |

JOB CODE = Four digit code for the job performed (ex.: FFT2 = Firefighter Type 2)

**Training administered within IQCS will automatically be applied to the individual's record when the course session is completed. Please use this space for any incident related training that is missing from your record; documentations is REQUIRED.**

| Employee Training Entry (Documentation Required) |                             |             |                             |
|--|-----------------------------|-------------|-----------------------------|
| Course Code                                      | Date Completed (MM/DD/YYYY) | Course Code | Date Completed (MM/DD/YYYY) |
|  |                             |             |                             |
|  |                             |             |                             |
|  |                             |             |                             |
|  |                             |             |                             |

|                           |  |             |  |
|---------------------------|--|-------------|--|
| <b>EMPLOYEE SIGNATURE</b> |  | <b>DATE</b> |  |
| <b>SUPERVISOR</b>         |  | <b>DATE</b> |  |





