

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Communications Unit Leader**

NAME (Last, First, MI)	CAPID	DATE ISSUED
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**Prerequisites**

Item	Date Completed
Qualified Mission Radio Operator	
Complete Advanced Communications User Training	

The above listed member has completed the required prerequisite training for the communications unit leader specialty.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Familiarization and Preparatory Training**

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	

The above listed member has completed the required familiarization and preparatory training requirements for the communications unit leader specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Advanced Training**

Evaluator's CAPID and  
Date Completed

Task	Evaluator's CAPID and Date Completed
Complete Task L-0015 Demonstrate communications planning	
Complete Task L-0014 Demonstrate the ability to setup communications equipment at mission base	
Complete Task L-0013 Demonstrate the ability to prepare an emergency communications plan	
Complete Task L-0012 Demonstrate the ability to handle an overdue radio check-in	
Complete Task L-0010 Demonstrate communication safety procedures	
Complete Task L-0011 Demonstrate the ability to run an emergency communications network	
Complete Task L-0016 Demonstrate ability to manage radio operations for a ground net	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
Complete Task P-0101 Demonstrate the ability to keep a log	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

**Exercise Participation**

The above listed member satisfactorily participated as a communications unit leader trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE                      DATE

The above listed member satisfactorily participated as a communications unit leader trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE                      DATE

**Unit Certification and Recommendation**

The above listed member has completed the requirements for the communications unit leader specialty qualification and is authorized to serve in that specialty on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE                      DATE

### SINGLE TASK EVALUATION

TASK TITLE <b>COMMUNICATIONS PLANNING</b>		TASK NUMBER L- 0015	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Develop the communications portion of the incident action plan for the mission.	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Coordinate w/ other participating agencies to determine additional communications rqmts.	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Determine personnel and equipment requirements for communications.	<input type="checkbox"/> P	<input type="checkbox"/> F
4	Publish frequencies and modes of communications to be used.	<input type="checkbox"/> P	<input type="checkbox"/> F
5	Establish telephone communications at the mission base.	<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
STUDENT'S NAME & CAPID		TASK STATUS <input type="checkbox"/> PASS	
EVALUATOR'S NAME & CAPID		TITLE	
EVALUATOR'S SIGNATURE		DATE	

### SINGLE TASK EVALUATION

TASK TITLE <b>SETUP COMMUNICATIONS EQUIPMENT AT MISSION BASE</b>		TASK NUMBER L- 0014	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Choose a communications area.	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Assemble and install antenna(s)	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Run cables from antenna(s) to equipment maintaining a safe operating environment.	<input type="checkbox"/> P	<input type="checkbox"/> F
4	Assure all equipment is functioning properly.	<input type="checkbox"/> P	<input type="checkbox"/> F
5	Assure adequate standby power is available and provide checklist for the smooth	<input type="checkbox"/> P	<input type="checkbox"/> F
	transistion from commercial to standby power.	<input type="checkbox"/> P	<input type="checkbox"/> F
6	Assure equipment is adequately grounded.	<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
STUDENT'S NAME & CAPID		TASK STATUS <input type="checkbox"/> PASS	
EVALUATOR'S NAME & CAPID		TITLE	
EVALUATOR'S SIGNATURE		DATE	

## SINGLE TASK EVALUATION

TASK TITLE PREPARE AN EMERGENCY COMMUNICATIONS PLAN		TASK NUMBER L- 0013	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Are frequencies chosen and designated for the different communications needs of the	<input type="checkbox"/> P	<input type="checkbox"/> F
	mission (i.e. aircraft, ground teams, base to base, etc.)	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Are procedures included to cover loss of communications at mission base, loss of com by	<input type="checkbox"/> P	<input type="checkbox"/> F
	resources, missing radio check-ins, loss of power, etc.	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Develop a list of contact phone numbers for other agencies, as well as alternate contact	<input type="checkbox"/> P	<input type="checkbox"/> F
	information for CAP mission base(s).	<input type="checkbox"/> P	<input type="checkbox"/> F
4	Fill out ICS Form 216	<input type="checkbox"/> P	<input type="checkbox"/> F
5	Fill out ICS Form 217	<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
STUDENT'S NAME & CAPID		TASK STATUS <input type="checkbox"/> PASS	
EVALUATOR'S NAME & CAPID		TITLE	
EVALUATOR'S SIGNATURE		DATE	

### SINGLE TASK EVALUATION

TASK TITLE HANDLE AN OVERDUE RADIO CHECK-IN		TASK NUMBER L- 0012	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Determine that a resource has missed a radio check-in	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Use established plans and procedures to determine if the resource is still on the air.	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Give some examples of ways to assist in determining if the resource is still on the air.	<input type="checkbox"/> P	<input type="checkbox"/> F
4	Use established plans and procedures to determine who should be notified of the missing	<input type="checkbox"/> P	<input type="checkbox"/> F
	resource.	<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
STUDENT'S NAME & CAPID		TASK STATUS <input type="checkbox"/> PASS	
EVALUATOR'S NAME & CAPID		TITLE	
EVALUATOR'S SIGNATURE		DATE	

**SINGLE TASK EVALUATION**

TASK TITLE <b>COMMUNICATIONS SAFETY PROCEDURES</b>		TASK NUMBER L- 0010	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	List at least 5 safety rules for lightning protection	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Explain the proper routing and secure of wires and cables	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Explain how to properly locate antenna systems to maximize safety and minimize RF exposure	<input type="checkbox"/> P	<input type="checkbox"/> F
4	Explain how to properly ground communications equipment	<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
STUDENT'S NAME & CAPID		TASK STATUS <input type="checkbox"/> PASS	
EVALUATOR'S NAME & CAPID		TITLE	
EVALUATOR'S SIGNATURE		DATE	

### SINGLE TASK EVALUATION

TASK TITLE <b>RUNNING AN EMERGENCY COMMUNICATIONS NETWORK</b>		TASK NUMBER L- 0011	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Demonstrate the net opening procedures as set by wing plans.	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Call the roll of stations on the net.	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Demonstrate routing traffic to the proper station while maintaining net discipline.	<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
STUDENT'S NAME & CAPID		TASK STATUS <input type="checkbox"/> PASS	
EVALUATOR'S NAME & CAPID		TITLE	
EVALUATOR'S SIGNATURE		DATE	



### SINGLE TASK EVALUATION

TASK TITLE <b>MANAGE RADIO OPERATIONS FOR A GROUND NET</b>		TASK NUMBER L- 0016	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Did the trainee develop a good plan for the needed communications network?	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Did the trainee track the resources under their control?	<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
STUDENT'S NAME & CAPID		TASK STATUS <input type="checkbox"/> PASS	
EVALUATOR'S NAME & CAPID		TITLE	
EVALUATOR'S SIGNATURE		DATE	

**SINGLE TASK EVALUATION**

TASK TITLE BASIC COMMUNICATIONS PROCEDURES FOR ES OPERATIONS		TASK NUMBER L- 0001	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Listen before transmitting	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Demonstrate calling procedures including call signs	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Demonstrate use/understanding of basic prowords	<input type="checkbox"/> P	<input type="checkbox"/> F
4	Demonstrate understanding of radio equipment including finding local repeater/simplex	<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
STUDENT'S NAME & CAPID		TASK STATUS <input type="checkbox"/> PASS	
EVALUATOR'S NAME & CAPID		TITLE	
EVALUATOR'S SIGNATURE		DATE	

## SINGLE TASK EVALUATION

TASK TITLE Keep a Log		TASK NUMBER P- 101	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
	For each of the 10 event/actions the student:	<input type="checkbox"/> P	<input type="checkbox"/> F
1	Logs the time and event	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Writes legibly and completely	<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
STUDENT'S NAME & CAPID		TASK STATUS <input type="checkbox"/> PASS	
EVALUATOR'S NAME & CAPID		TITLE	
EVALUATOR'S SIGNATURE		DATE	