

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Ground Branch Director**

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

Item	Date Completed
Qualified General Emergency Services	
Qualified Ground Team Leader (need not be current)	

The above listed member has completed the required prerequisite training for the ground branch director 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	
Demonstrate knowledge of the Ground Branch Director's responsibilities	

The above listed member has completed the required familiarization and preparatory training requirements for the ground branch director 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

Complete Task O-4050 Demonstrate ability to coordinate with the Air operations branch	
Complete Task O-4051 Demonstrate the ability to prepare ground team briefing packets	
Complete Task O-4052 Demonstrate ability to establish briefing areas for teams	
Complete Task O-4054 Demonstrate ability to complete a CAPF 109	
Complete Task O-4056 Demonstrate ability to brief teams for missions	
Complete Task O-4057 Demonstrate ability to verify that teams are properly equipped	
Complete Task O-4058 Demonstrate ability to monitor ground operations	
Complete Task O-4077 Demonstrate the ability to verify ground teams are properly equipped.	
Complete Task O-4062 Demonstrate ability to process a clue	
Complete Task O-4063 Demonstrate ability to locate or process an overdue ground team or aircrew	
Complete Task P-0101 Demonstrate the ability to keep a log	
Complete Basic Communications User Training	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

**Exercise Participation**

The above listed member satisfactorily participated as a ground branch director trainee under my direct supervision on mission number \_\_\_\_\_.

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

The above listed member satisfactorily participated as a ground branch director 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 ground branch director 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 DEMONSTRATE THE ABILITY TO COORDINATE WITH THE AIR OPERATIONS BRANCH		TASK NUMBER O- 4050	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Is the GBD keeping the AOBD informed of ground team activities?	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Is the GBD aware of aircraft and ground teams working in the same area?	<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
		<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 DEMONSTRATE ABILITY TO PREPARE GROUND TEAM BRIEFING PACKETS		TASK NUMBER O- 4051	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Prepare items that are standard to any ground/UDF team briefing.	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Prepare task specific items for a ground/UDF team briefing.	<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
		<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 DEMONSTRATE ABILITY TO ESTABLISH BRIEFING AND DEBRIEFING AREAS FOR CREWS/TEAMS		TASK NUMBER O- 4052	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Did the trainee successfully establish a briefing area?	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Did the trainee successfully establish a debriefing area?	<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 DEMONSTRATE ABILITY TO COMPLETE APPLICABLE PORTIONS OF CAPF 109		TASK NUMBER O- 4054	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Did the trainee properly fill out the CAPF 109?	<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
		<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>DEMONSTRATE THE ABILITY TO BRIEF CREWS AND TEAM FOR MISSIONS</b>		TASK NUMBER O- 4056	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Does the trainee conduct a thorough and efficient briefing?	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Are the necessary parts of the CAPF 104 or 109 filled out before the team departs?	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Is the search area indicated on an appropriate map?	<input type="checkbox"/> P	<input type="checkbox"/> F
4	Are hazards briefed?	<input type="checkbox"/> P	<input type="checkbox"/> F
5	Are check in times assigned and frequencies verified?	<input type="checkbox"/> P	<input type="checkbox"/> F
6	Is a weather briefing provided?	<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>DEMONSTRATE ABILITY TO VERIFY THAT TEAMS ARE PROPERLY EQUIPPED</b>		TASK NUMBER O- 4057	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Do the team members have the required equipment for their mission?	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Is the team carrying the required team equipment to operate in the field?	<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
		<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>DEMONSTRATE ABILITY TO COMPLETE APPLICABLE PORTIONS OF CAPF 109</b>		TASK NUMBER O- 4058	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Correctly fills out the Status Chart for departing teams	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Keeps the map updated with the current positions of teams as of their last radio message.	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Keeps the Status Chart updated	<input type="checkbox"/> P	<input type="checkbox"/> F
4	Correctly and efficiently handles incoming information and queries	<input type="checkbox"/> P	<input type="checkbox"/> F
5	Keeps an accurate log of critical events	<input type="checkbox"/> P	<input type="checkbox"/> F
6	Correctly handles teams returning from sorties	<input type="checkbox"/> P	<input type="checkbox"/> F
7	Describes the procedures to be used if and team misses radio check in	<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>DEMONSTRATE THE ABILITY TO VERIFY THAT TEAMS ARE PROPERLY EQUIPPED</b>		TASK NUMBER O- 4077	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Does the student utilize checklists for individual and team or crew equipment	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Does the student document deficiencies or brief the team leader or PIC of equipment needs?	<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
		<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>DEMONSTRATE THE ABILITY TO PROCESS A CLUE</b>		TASK NUMBER O- 4062	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Name the three categories of clues.	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Who can gather clues for the GBD?	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Who are the primary investigators for the GBD?	<input type="checkbox"/> P	<input type="checkbox"/> F
4	Describe a process to organize clues.	<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 DEMONSTRATE THE ABILITY TO LOCATE OR PROCESS AN OVERDUE GROUND TEAM OR AIRCREW		TASK NUMBER O- 4063	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Takes all obvious actions to determine if the ground team or aircraft is actually overdue.	<input type="checkbox"/> P	<input type="checkbox"/> F
2	Notifies Operations.	<input type="checkbox"/> P	<input type="checkbox"/> F
3	Makes all reasonable efforts to locate the team or aircrew.	<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 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	