

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Planning Section Chief**

NAME (Last, First, MI)

CAPID

DATE ISSUED

**Prerequisites**

| Item   | Date Completed |
|--|----------------|
| Qualified Air Operations Branch Director or Ground Branch Director (Personnel applying based on qualification as an Air Operations Branch Director requirement must have been qualified as a ground team or Urban DF team member at one time. Personnel applying based on qualification as a Ground Branch Director must also have been qualified as a mission scanner at one time.) |                |

The above listed member has completed the required prerequisite training for the planning section chief specialty.

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

\_\_\_\_\_  
 DATE

**Familiarization and Preparatory Training**

| Task                              | Evaluator's CAPID and<br>Date Completed |
|-----------------------------------|---|
| Complete NIIMS G193 or equivalent |   |

The above listed member has completed the required familiarization and preparatory training requirements for the planning section chief 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 P-0101 Demonstrate the ability to keep a log  |  |
| Complete Task P-3120 Demonstrate the collection and preparation of the Incident Action Plan   |  |
| Complete Task P-3121 Demonstrate conducting planning meetings   |  |
| Complete Task P-3122 Demonstrate reassignment of mission personnel, including the ability to assemble and disassemble task forces and strike teams not assigned to operations |  |
| Complete Task P-3123 Demonstrate establishment of data collection systems like personnel tracking systems and weather systems   |  |
| Complete Task P-3124 Demonstrate reporting, compiling and displaying of incident status information   |  |
| Complete Task P-3125 Demonstrate preparation of the Demobilization Plan   |  |
| Complete Task L-0001 Basic Communications Procedures for ES Operations  |  |
| Complete Flight Release Officer 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 planning section chief trainee under my direct supervision on mission number \_\_\_\_\_.

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

The above listed member satisfactorily participated as a planning section chief 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 planning section chief 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<br>Keep a Log |   | TASK NUMBER<br>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 |
|                          |   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| STUDENT'S NAME & CAPID   |   | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE    |   | DATE   |                            |

### SINGLE TASK EVALUATION

| TASK TITLE<br><b>DEMONSTRATE THE COLLECTION AND PREPARATION OF THE INCIDENT ACTION PLAN</b> |   | TASK NUMBER<br>P- 3120                       |                            |
|---|---|--|----------------------------|
| ITEM  | PERFORMANCE STEP DESCRIPTION  | SCORE (Check One Only)                       |                            |
|   |   | PASS   | Fail                       |
| 1   | Did the PSC lead the other section chiefs in the development of the plan? | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2   | Did the PSC review the plan for completeness and any conflicts?           | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 3   | Did the PSC present the plan to the IC for approval?                      | <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<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID  |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE   |   | DATE   |                            |

### SINGLE TASK EVALUATION

| TASK TITLE<br><b>DEMONSTRATE CONDUCTING PLANNING MEETINGS</b> |  | TASK NUMBER<br>P- 3121                       |                            |
|---|--|--|----------------------------|
| ITEM  | PERFORMANCE STEP DESCRIPTION                               | SCORE (Check One Only)                       |                            |
|   |  | PASS   | Fail                       |
| 1   | Did the PSC set up control the meeting?                    | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2   | Did the PSC follow the 10 step planning meeting checklist? | <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<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID                                      |  | TITLE  |                            |
| EVALUATOR'S SIGNATURE   |  | DATE   |                            |

### SINGLE TASK EVALUATION

| TASK TITLE<br><b>DEMONSTRATE REASSIGNMENT OF MISSION PERSONNEL</b> |  | TASK NUMBER<br>P- 3122                       |                            |
|--|--|--|----------------------------|
| ITEM   | PERFORMANCE STEP DESCRIPTION   | SCORE (Check One Only)                       |                            |
|  |  | PASS   | Fail                       |
| 1  | Did the student prioritize assignments and match the types or resources as needed?       | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2  | Did the student recognize changes in the tactical situation and take appropriate action? | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 3  | Was the student able to developed and disassembled as the situation dictated?            | <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<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID   |  | TITLE  |                            |
| EVALUATOR'S SIGNATURE  |  | DATE   |                            |

### SINGLE TASK EVALUATION

| TASK TITLE<br>DEMONSTRATE ESTABLISHMENT OF DATA<br>COLLECTION SYSTEMS |   | TASK NUMBER<br>P- 3123                       |                            |
|---|---|--|----------------------------|
| ITEM  | PERFORMANCE STEP DESCRIPTION                            | SCORE (Check One Only)                       |                            |
|   |   | PASS   | Fail                       |
| 1   | Were all pertinent data collected?                      | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2   | Was the data recorded and tracked as necessary?         | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 3   | Was data made available to other Sections as necessary? | <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<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID  |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE   |   | DATE   |                            |

### SINGLE TASK EVALUATION

| TASK TITLE<br><b>DEMONSTRATE REPORTING, COMPILING AND<br/>DISPAYING OF INCIDENT STATUS INFORMATION</b> |   | TASK NUMBER<br>P- 3124                       |                            |
|--|---|--|----------------------------|
| ITEM   | PERFORMANCE STEP DESCRIPTION  | SCORE (Check One Only)                       |                            |
|  |   | PASS   | Fail                       |
| 1  | Did the PSC collect the required information?   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2  | Were important data items displayed?  | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 3  | Was the PSC aware of what data should or should not be displayed in a public setting? | <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<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID   |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE  |   | DATE   |                            |



**SINGLE TASK EVALUATION**

| TASK TITLE<br>DEMONSTRATE PREPARATION OF THE<br>DEMobilIZATION PLAN |   | TASK NUMBER<br>P- 3125                       |                            |
|---|---|--|----------------------------|
| ITEM  | PERFORMANCE STEP DESCRIPTION  | SCORE (Check One Only)                       |                            |
|   |   | PASS   | Fail                       |
| 1   | Did the PSC develop an effective demobilization plan?                                   | <input type="checkbox"/> P                   | <input type="checkbox"/> F |
| 2   | Were all factors affecting the release of resources considered in the plan development? | <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<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID  |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE   |   | DATE   |                            |

**SINGLE TASK EVALUATION**

| TASK TITLE<br>BASIC COMMUNICATIONS PROCEDURES FOR ES OPERATIONS |   | TASK NUMBER<br>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 |
| STUDENT'S NAME & CAPID  |   | TASK STATUS<br><input type="checkbox"/> PASS |                            |
| EVALUATOR'S NAME & CAPID  |   | TITLE  |                            |
| EVALUATOR'S SIGNATURE   |   | DATE   |                            |