

PA Project Specialist (PAPS3)

State of Alaska

All-Hazards

Position Task Book

Assessment and Guide

Operations Section

Type 3

The PA Project Specialist (**PAPS3**) will be used as assigned by the Operations Section Chief or designee.

May 2018



For more information or to suggest changes, corrections, or improvements, [please contact:](#)

Alaska Division of Homeland Security
& Emergency Management
ATTN: Training Department
PO Box 5750
JBER, Alaska 99505-5750
Telephone: (907) 428-7000

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State of Alaska (SOA)

Type 3 Position Task Book (PTB)

State of Alaska (SOA) Type 3 Position Task Books (PTBs) have been created for designated National Incident Management System (NIMS) positions. Each PTB lists the competencies, tasks, and behaviors required to be successful in a specific position. Trainees must complete all competencies, tasks, and behaviors and demonstrate acceptable performance during the completion of this PTB.

Evaluator(s) will complete an Evaluation Record documenting the trainee's progress after each evaluation opportunity. Trainees will be observed and evaluated by qualified evaluators during a qualifying event and their performance will be documented in the PTB for each task by entering the Evaluation Record number, date of completion, and the evaluator's initials. Evaluation and confirmation of the trainee's performance on all tasks may require more than one qualifying event and may involve more than one evaluator during each opportunity.

After the trainee has met all the requirements in the State of Alaska (SOA) Type 3 Position Task Book (PTB), the home Agency will complete the final agency certification verifying the trainee is qualified in the position and will submit the Agency-certified PTB to the Alaska Interstate Mutual Aid Committee/Credentialing Subcommittee for approval and issuance of an SOA Type 3 All Hazards Credential.

Position Task Book Timeline

1. Emergency management experience must include a minimum of three (3) events.
 - Emergency management events may include one (1) tabletop exercise and at least two (2) emergency management events.
 - Additional events may be required to complete the qualification process.
2. The three (3) emergency management events must occur within a five (5) year period.
3. All qualifying events must be completed within a five (5) year period with no more than three (3) years between each event.

Training Specialist/Certifying Official Responsibilities

1. Be authorized by the AHJ.
2. Maintain PTBs and training records for agency staff.
3. Initiate or issue PTBs and blank Evaluation Records to trainees when they are deployed on a Type 3 assignment.
4. Meet with the Evaluator and Trainee to discuss training and experience needs.
5. As the Trainee completes required training, enter the information into the Required Training section on page 2 of the PTB.

6. Once a Trainee completes all the requirements of a Position Task Book (PTB) and is approved by the AHJ, submit a Nomination Package to the DHS&EM Training Section for processing, which includes fully completed:
 - PTB and associated Evaluation Records
 - “Agency Certification” (last page of PTB)
 - State of Alaska Type 3 Nomination Application
7. Provide a report to the DHS&EM Training Section once a year showing how individuals maintained their currency for All-Hazards credentialing (see page 16 of the All Hazard Qualification Guide).

Trainee Responsibilities

1. Review and understand the assigned PTB.
2. Share training and experience with the Evaluator and Training Specialist.
3. After each assignment, meet with the evaluator to review and discuss overall performance and the continued expectations to successfully perform all competencies, tasks, and behaviors for the assigned position.
4. Return the PTB and Evaluation Record to your home agency.
5. Understand that PTBs do NOT replace the standard performance appraisal process by your home agency.
6. Coordinate with the AHJ to find opportunities to maintain currency once Type 3 All-Hazards credentialing has been obtained.

Evaluator Responsibilities

1. Be qualified in the position for which they are evaluating a trainee.
2. Review the competencies, tasks, and behaviors listed in the PTB, so you know what to observe while the trainee performs his/her duties.
3. Fully complete an Evaluation Record form for each qualifying event the trainee has participated.
 - The evaluation records should be numbered sequentially.
 - The evaluator must sign and date the Evaluation Record form, which validates the trainee’s experience.
4. For the current Type 3 qualifying event:
 - Enter the evaluation record number, date, and initials into the PTB, if the trainee performed the task
 - OR**
 - Enter N/A, date and initials, if the task was not performed by the trainee.
5. Conduct the PTB review meeting in a private setting.
 - Begin by asking the individual to comment on his or her performance, including strengths, areas needing improvement, and any thoughts for training.
 - Provide a summary of the trainee’s overall performance demonstrated during the assigned event.
 - Review the completed assessment with the trainee.
 - Return the PTB and Evaluation Record to the trainee, so they can return it his/her home agency.
6. Once a trainee completes all the requirements of the PTB, review the evaluation records and PTB entries to ensure they are completed correctly.
 - On the trainee’s final assignment, complete the Final Evaluator’s Verification section and submit the completed PTB to the AHJ Training Specialist recommending Type 3 All-Hazards Credentialing.



State of Alaska Position Task Book

Evaluation Record #: _____

Trainee Information

Printed Name: _____

Position: **PA Project Specialist Type 3 (PAPS3)**

Home Unit/Agency Name: _____

Home Unit/Agency Address: _____

Home Unit Phone Number: (____) _____

Evaluator Information

Printed Name: _____

Evaluator position: _____

Home Unit/Agency Name: _____

Home Unit/Agency Address: _____

Home Unit Phone Number: (____) _____

Incident/Event Information

Incident/Event Name: _____

Incident # and/or Code: _____ Duration: _____

Training Start Date: _____ End Date: _____

Incident Kind: Wildfire Prescribed Fire All Hazard Other (specify): _____

Location (include geographic area, agency, and state): _____

Management Type (check one): Type 5 Type 4 Type 3 Type 2 Type 1 Area Command

Evaluator's Recommendation (initial only one line as appropriate):

- _____ 1) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- _____ 2) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner; however, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ 3) Trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ 4) Trainee is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation or attach an additional page to this evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

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State of Alaska Position Task Book

PA Project Specialist Type 3 (PAPS3)

Task book assigned to:

Trainee's Name: _____

Trainee's Email Address: _____

Home Unit/Agency: _____

Home Unit Address: _____

Home Unit Phone Number: (_____) _____ Date: _____

Task book initiated by:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Address: _____

Home Unit Phone Number: (_____) _____ Date: _____

Home Unit/Agency is the agency that provides opportunities for individuals to complete the requirements of the State of Alaska Type 3 Position Task Books.

The material contained in this book accurately defines the performance expected of the position for which it was developed. This PTB is approved for use as a position qualification document in accordance with the instructions contained herein.

Competency: Complete required training documented by the AHJ Training Specialist.

Description: Obtain the required training that will provide an understanding of the duties, responsibilities, and capabilities of an effective **PA Project Specialist (PAPS3)** on an All-Hazards Incident Management Team (IMT). Other training may be assigned based upon AHJ guidance.

Behavior: Complete required training for position qualification.	Date Completed	Training Specialist Initials
IS-100.B: Introduction to Incident Command System, ICS-100		
E0381 Project Specialist		

Competency: Assume position responsibilities.

Description: Successfully assume role of PA Project Specialist (**PAPS3**) and initiate position activities at the appropriate time according to the following behaviors.

Behavior: Ensure readiness of assignment.	Evaluation Record #, Evaluator Initials and Date
1. Obtain valid Resource Order from Dispatching Agency. <ul style="list-style-type: none"> • Incident information (name, order number, request number, phone numbers, etc.). • Expected reporting time and location • Contact procedures during travel (telephone/radio) • Transportation arrangements/travel routes • Lodging/meal/per diem arrangements • IAP and/or Situation Reports 	
2. Obtain pre-assembled kit, which includes, but is not limited to: <ul style="list-style-type: none"> • Agency-specific and ICS forms. • References appropriate to the incident. • Agency policies & procedures. • Office supplies appropriate to the function. • Home agency PTB. 	
3. Obtain the appropriate equipment for the assignment, for example, laptop, printer, cell or satellite phone, weather gear, PPE, etc.	
4. Arrive at assignment and check in.	

Behavior: Gather, update, and apply situational information relevant to the assignment.	Evaluation Record #, Evaluator Initials and Date
<p>5. Obtain valid Resource Order from Dispatching Agency.</p> <ul style="list-style-type: none"> • Incident information (name, order number, request number, phone numbers, etc.). • Expected reporting time and location • Contact procedures during travel (telephone/radio) • Transportation arrangements/travel routes • Lodging/meal/per diem arrangements • IAP and/or Situation Reports 	
Behavior: Establish effective relationships with relevant personnel.	Evaluation Record #, Evaluator Initials and Date
<p>6. Establish and maintain positive interpersonal and interagency working relationships.</p> <ul style="list-style-type: none"> • Demonstrate sensitivity to cultural diversity, race, gender, disabilities, and other individual differences in accordance with the Agency's nondiscrimination policy. • Represent the Agency in a professional manner when working with internal and external parties to exchange information and work effectively. • Foster consensus building among coworkers, supervisors, and others. • Handle differences/disputes with others in a positive, constructive manner according to agency policy. 	
Behavior: Establish organization structure, reporting procedures, and chain of command.	Evaluation Record #, Evaluator Initials and Date
<p>7. Assist with scheduling and attending the Applicants' Briefing where application procedures, administrative requirements, funding, and program eligibility criteria are explained.</p>	
<p>8. Assist with scheduling and attending the Kickoff Meeting</p> <ul style="list-style-type: none"> • Identify the partners that will be involved on the project. • Identify Special Considerations affecting the scope of the work and funding for the project, such as floodplain management, insurance, hazard mitigation, etc. 	

9. Assist PA applicants to develop projects and cost estimating. <ul style="list-style-type: none"> Request technical assistance, such areas as roads and bridges, utility infrastructure, debris removal and disposal, environmental and historic compliance, insurance, and cost estimating. Determine which local, state, and federal laws and regulations that will impact Public Assistance. 	
10. Assist PA applicants with Grant Processing through the State. <ul style="list-style-type: none"> When necessary, assist PA applicants with the Appeals process. When necessary, assist PA applicants with submitting Changes in Scope of Work and Costs. May assist PA applicants with Closeout. 	
Behavior: Understand and comply with ICS concepts and principles.	Evaluation Record #, Evaluator Initials and Date
11. Coordinate with functional areas within the ICS structure.	
12. Coordinate with other individuals and organizations to meet section needs (e.g., law enforcement, resource advisors, etc.).	

Competency: Communicate effectively.

Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

Behavior: Ensure relevant information is exchanged during briefings and debriefings.	Evaluation Record #, Evaluator Initials and Date
13. Share pertinent operations information that may affect the team’s management of the incident.	
14. Participate in operational period briefing. <ul style="list-style-type: none"> Changes from the Incident Action Plan (IAP) Section-specific information 	
15. Provide daily briefings to section personnel. <ul style="list-style-type: none"> Expected duration and size of incident. 	
16. Participate in agency administrator closeout/after action review (AAR).	

Behavior: Ensure documentation is complete and disposition is appropriate.	Evaluation Record #, Evaluator Initials and Date
17. Collect and submit appropriate Public Assistance documentation. <ul style="list-style-type: none"> • Assist applicants with completing the Request for Public Assistance application. • May assist applicants with Project Formulation and developing Project Worksheets. • May assist applicants with developing Progress Reports. 	
Behavior: Behavior: Gather, distribute, and explain information as necessary.	Evaluation Record #, Evaluator Initials and Date
18. Prepare for and participate in preplanning/strategy meetings. <ul style="list-style-type: none"> • Share and evaluate operational information with IMT members. • Gather resource needs and assignments for next operational period from Branch Directors and others. 	
19. Report any special events (e.g., incidents within an incident, accidents, political contacts, property loss or damage). <ul style="list-style-type: none"> • Obtain information about any special events (e.g., subordinates, personal observation, other incident personnel, off-incident personnel). • Include standard information (e.g., nature of event, location, magnitude, personnel involved (do not release names of victims or agency over radio), initial action taken). 	
20. Inform the PA Branch Director or Operations Section Chief as soon as possible of accomplishments and/or problems.	
Behavior: Communicate work expectations through the chain of command and across functional areas.	Evaluation Record #, Evaluator Initials and Date
21. Ensure Public Assistance expectations are communicated to other functional areas during meetings and briefings.	
22. Understand and communicate priorities and tactics and any applicable changes.	

Competency: Ensure completion of assigned actions to meet identified objectives.

Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.

<p>Behavior: Administer and/or apply agency policy, contracts and agreements.</p>	<p>Evaluation Record #, Evaluator Initials and Date</p>
<p>23. Ensure assigned contracted resources meet contract specifications.</p> <ul style="list-style-type: none"> • Take necessary action for those not meeting specifications. 	
<p>24. Identify and request agreements as necessary.</p> <ul style="list-style-type: none"> • Coordinate with Finance/Administration Section. 	
<p>25. Comply with work/rest guidelines and length of assignments.</p>	
<p>Behavior: Gather, analyze, and validate pertinent information and recommend priorities.</p>	<p>Evaluation Record #, Evaluator Initials and Date</p>
<p>26. Evaluate and monitor current situation to determine if present plan of action will meet incident objectives.</p>	
<p>Behavior: Modify approach based on evaluation of incident situation.</p>	<p>Evaluation Record #, Evaluator Initials and Date</p>
<p>27. Adjust incident support based on changing conditions.</p> <ul style="list-style-type: none"> • Weather • Incident escalation/de-escalation • Incident within an incident • Political considerations 	
<p>Behavior: Transfer position duties while ensuring continuity of authority, knowledge, and the incident complexity.</p>	<p>Evaluation Record #, Evaluator Initials and Date</p>
<p>28. Coordinate an efficient transfer of duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency).</p> <ul style="list-style-type: none"> • Inform incoming/outgoing PA Branch Director, Section Chief, and/or staff. • Ensure there is no adverse impact on safety or productivity. • Document follow-up action needed by relief staff. • If necessary, coordinate with agencies about transfer of command. 	

<p>29. Collect information from outgoing PA Project Specialist or other personnel responsible for incident coverage prior to your arrival.</p> <ul style="list-style-type: none"> • Status of incident and ordered/assigned resources. • Information on special situations (e.g., hazardous materials, etc.). • Current and forecasted weather and incident information. • Information on location situations (e.g., facilities and infrastructure.) • Acquire an inventory of equipment, locations, and other information. 	
<p>Behavior: Plan and implement demobilization procedures.</p>	<p style="text-align: center;">Evaluation Record #, Evaluator Initials and Date</p>
<p>30. Anticipate demobilization of resources.</p> <ul style="list-style-type: none"> • Identify excess resources. • Prepare schedule for demobilization. 	
<p>31. Ensure incident and agency demobilization procedures are followed.</p> <ul style="list-style-type: none"> • Demobilize incident resources by predetermined priorities or as work progress dictates. 	
<p>32. Demobilize equipment and process any claims.</p> <ul style="list-style-type: none"> • Prepare equipment/services for release. • Notify contractors/vendors of impending release schedule. • Process any claims for damage, loss, or wear on equipment, leases or facilities. 	
<p>33. Ensure PTBs are completed.</p> <ul style="list-style-type: none"> • Ensure your PTB is completed by your designated supervisor. 	
<p>34. Demobilize and check out.</p> <ul style="list-style-type: none"> • Receive demobilization instructions from incident supervisor. • If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person. 	
<p>35. Participate in the After-Action Report (AAR) and make recommendations for process improvements which include, but are not limited to:</p> <ul style="list-style-type: none"> • Identify strengths that should be maintained and reinforced. • Identify potential areas for improvement and solutions. 	



**State of Alaska Position Task Book
Verification/Certification of Completed Task Book**

PA Project Specialist Type 3 (PAPS3)

Final Evaluator’s Verification

To be completed ONLY when the trainee has fully completed all required assignments and is recommended for credentialing.

I verify that (trainee name) _____ has successfully performed as a trainee by demonstrating all tasks for the position listed above, has completed all required training assignments, and should be considered for credentialing in this position. All tasks are documented with appropriate initials.

Final Evaluator’s Signature: _____

Final Evaluator’s Printed Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: (_____) _____ Date: _____

Agency Certification

I certify that (trainee name) _____ has met all requirements for qualification in the above position.

Certifying Official’s Signature: _____

Certifying Official’s Printed Name: _____

Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: (_____) _____ Date: _____

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