Logistics Specialist (LOGS3)

State of Alaska

All-Hazards

Position Task Book

Assessment and Guide

Logistics Section

Type 3

The Logistics Specialist will be used as assigned by the Logistics Section Chief or designee.

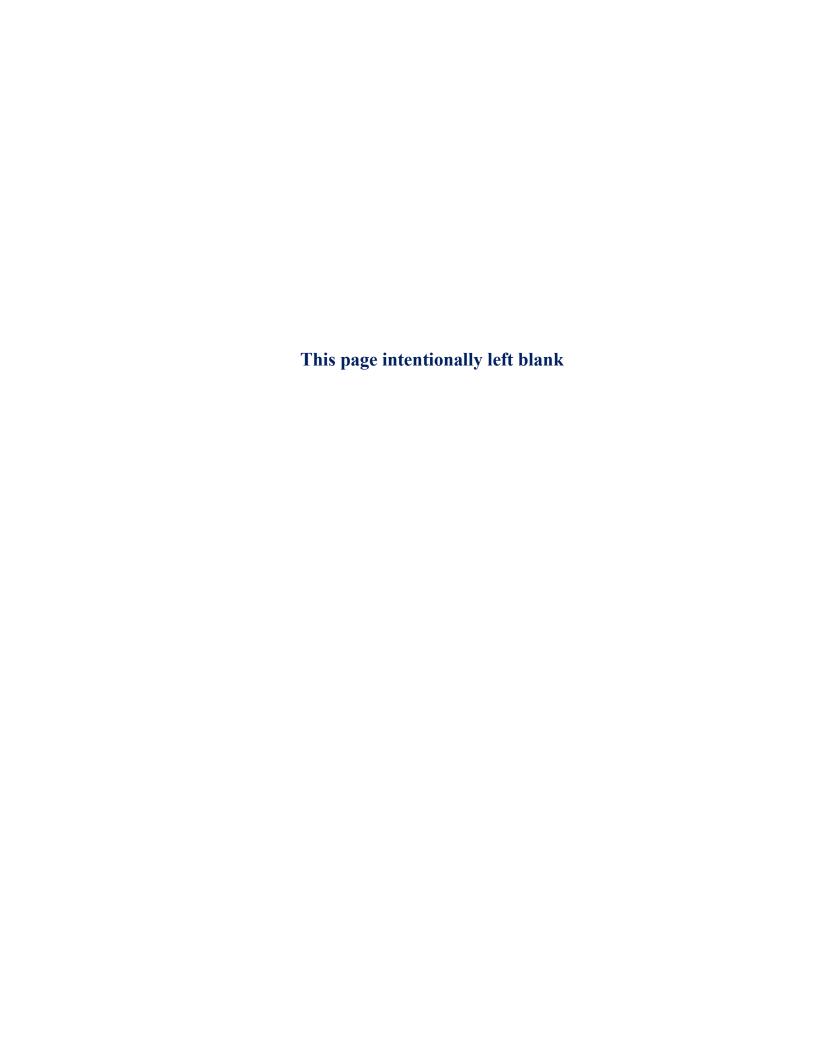
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For more information or to suggest changes, corrections, or improvements, please contact:

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Telephone: (907) 428-7000





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 <u>qualifying event</u> 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 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.

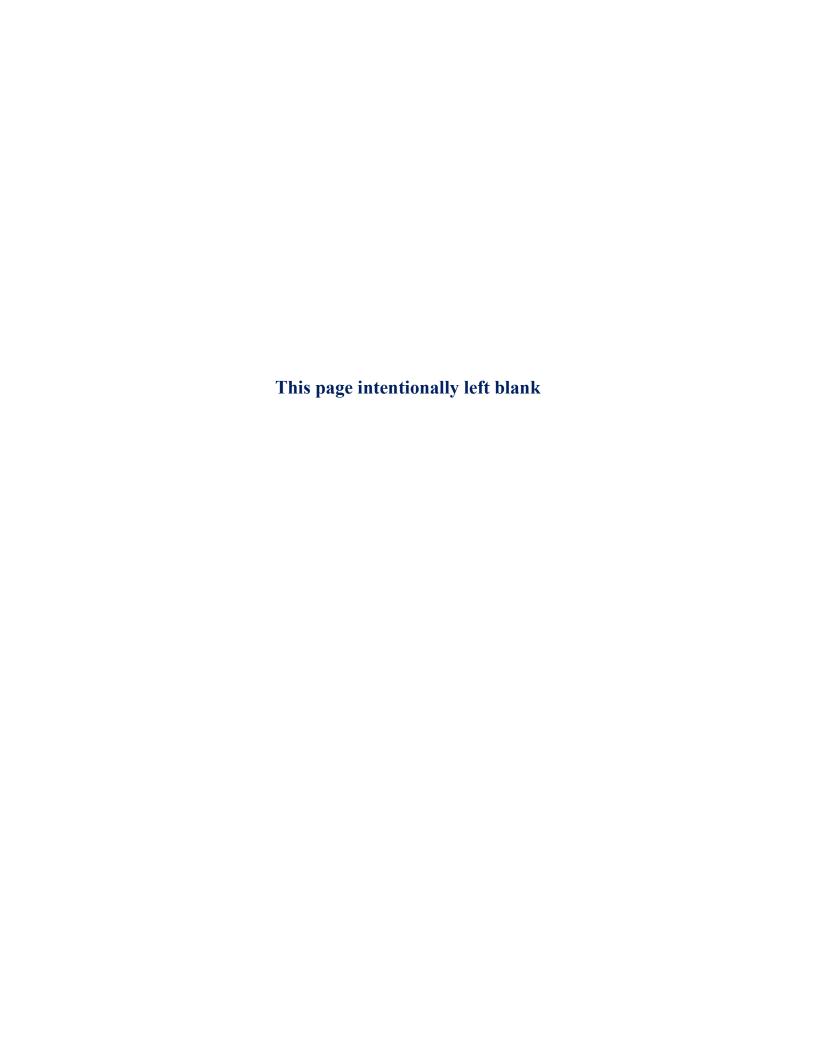
Evaluator Responsibilities

- 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. <u>Fully</u> 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.



Evaluation Record #:_____

Trainee	Information	Evaluator Information	
Printed Na	ame:	Printed Name:	
Position:	Logistics Specialist Type 3 (LOGS3)	Evaluator position:	
Home Uni	it/Agency Name:	Home Unit/Agency Name:	
Home Uni	it/Agency Address:	Home Unit/Agency Address:	
Home Uni	it Phone Number: ()	Home Unit Phone Number: ()	
Incident	/Event Information		
Incident/E	event Name:		
		Duration:	
Training S	Start Date:	End Date:	
Incident K	and: ☐ Flood ☐ Fire ☐ Ground Failure/Ava	lanche/Landslide Planned Event	
☐ Other A	All Hazard (specify):		
Location (include geographic area, agency, and state):_		
Manageme	ent Type (check one): 🗖 Type 5 🗖 Type 4 🗖	Type 3 ☐ Type 2 ☐ Type 1 ☐ Area Command	
Evaluate	or's Recommendation (initial only one	ine as appropriate):	
1)	satisfactory manner. The trainee has successful	ation Record have been performed under my supervision in a ly performed all tasks in the PTB for the position. I have ction and recommend the trainee be considered for agency	
2)	satisfactory manner; however, opportunities we	ation Record have been performed under my supervision in a re not available for all tasks (or all uncompleted tasks) to be n 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 guidance, or experience is recommended prior t	of tasks in the PTB for the position and additional training, o another training assignment.	
	ditional remarks/recommendations on an Indis evaluation record.	ividual Performance Evaluation or attach an additional	
Evaluator'	's Signature:	Date:	
		tion):	





Logistics Specialist Type 3 (LOGS3)

Task book assigned to:

Trainee's Name:
Trainee's Email Address:
Home Unit/Agency:
Home Unit Address:
Home Unit Phone Number: ()
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: Assume position responsibilities.Description: Successfully assume role of Logistics Specialist and initiate position activities at the appropriate time according to the following behaviors.

Behavior: Ensure readiness of assignment.	Evaluation Record #, Evaluator Initials and Date
Determine support needs to meet the Incident Action Plan (IAP) or other relevant plans.	
 Determine requirements for each section to be established and place the initial order. Use information from IAP, section briefings, and agency briefings. Use proper procedures, supplies, materials, and equipment necessary to support projected incident size. 	
 Coordinate with Logistics Section Chief and other functional areas to obtain resources to organize work space and keep unit operating. Order materials and supplies using procedures established procedures. Maintain adequate quantities of forms, supplies, and materials to prevent shortage of any basic needed items. Obtain equipment to complete assignment (e.g., radio, telephones, faxes, computers, etc.). Ensure appropriate number of personnel to support unit (e.g., night operational period, increase/reduce staffing). Ensure appropriate personnel to support unit (e.g., night operational period, increase/reduce staffing, etc.). 	
Behavior: Gather, update, and apply situational information relevant to the assignment.	Evaluation Record #, Evaluator Initials and Date
 4. Obtain initial briefing from Logistics Section Chief or supervisor. Work space Work schedule Policies and operating procedures Current resource commitments Current situation Expected duration of assignment IAP or other relevant plan 	

5. Collect information from outgoing Logistics Section Chief or other personnel responsible for incident prior to your arrival. Status of incident and assigned resources. Status of existing Logistics Section. Status of agreements (e.g., land use, cost share, blanket purchase, water, etc.). Other information relevant to Logistics Section (e.g., ICP/base/camp locations, medical facilities, road closures, etc.). **Behavior:** Establish effective relationships with relevant Evaluation Record #, personnel. **Evaluator Initials and Date** 6. Establish and maintain positive interpersonal and interagency working relationships. Behavior: Establish organization structure, reporting Evaluation Record #. procedures, and chain of command. **Evaluator Initials and Date** 7. Organize assigned personnel to meet the needs of the unit. Behavior: Understand and comply with ICS concepts and Evaluation Record #, principles. **Evaluator Initials and Date**

Competency: Lead assigned personnel.

8. Coordinate with functional areas within the ICS structure.

Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.

Behavior: Model leadership values and principles.	Evaluation Record #, Evaluator Initials and Date
 9. Exhibit principles of duty. Be proficient in your job, both technically and as a leader. Make sound and timely decisions. Ensure tasks are understood, supervised and accomplished. Develop your subordinates for the future. 	
 10. Exhibit principles of respect. Know your subordinates and look out for their well-being. Keep your subordinates informed. Build the team. Employ your subordinates in accordance with their capabilities. 	

11. Exhibit principles of integrity. Know yourself and seek improvement. Seek responsibility and accept responsibility for your actions. Set the example. Behavior: Ensure the safety, welfare, and accountability of Evaluation Record #. assigned personnel. **Evaluator Initials and Date** 12. Ensure assigned resources are following safety guidelines appropriately. Behavior: Establish work assignments and performance Evaluation Record #, expectations, monitor performance, and provide feedback. **Evaluator Initials and Date** 13. Complete daily review of staffing requirements and ensure adequate personnel to meet needs. 14. Develop schedule/assignments based on IAP or relevant plan. 15. Ensure subordinates understand assignment for operational period. 16. Continually evaluate performance. Communicate deficiencies immediately and take corrective action. Provide training opportunities where available. Complete personnel performance evaluations according to agency guidelines. Evaluation Record #. Behavior: Emphasize teamwork. **Evaluator Initials and Date** 17. Establish cohesiveness among assigned resources. Provide for open communication. Seek commitment. Set expectations for accountability. Focus on the team result. Evaluation Record #, Behavior: Coordinate interdependent activities. **Evaluator Initials and Date** 18. Establish priorities and coordinate units within the section. 19. Interact and coordinate with command, general staff, and appropriate unit leaders. Receive and transmit current and accurate information (e.g., claims and potential claims, work/rest guidelines). 20. Coordinate with other individuals and organizations to meet section needs (e.g., law enforcement, county, health department, resource advisors).

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
21. Share pertinent logistics information that may affect the team's management of the incident.	
 22. Participate in operational period briefing. Changes from the Incident Action Plan (IAP) Section-specific information 	
23. Provide daily briefings to section personnel.Expected duration and size of incident.	
24. Participate in agency administrator closeout/after action review (AAR).	
Behavior: Ensure documentation is complete and disposition is appropriate.	Evaluation Record #, Evaluator Initials and Date
 25. Ensure incident documentation is completed as required by the Incident Commander. ICS 214, Unit Log Personnel and equipment time records to Time Unit Leader each operational period. Incident reports and narrative prior to leaving incident. 	
 26. Assemble and submit relevant logistics documents for final incident package. ICS 260, Resource Order Waybills ICS 213, General Message Invoices 	
Behavior: Communicate work expectations through the chain of command and across functional areas.	Evaluation Record #, Evaluator Initials and Date
27. Ensure logistics expectations are communicated to other functional areas during meetings and briefings.	
 28. Update Logistics Section Chief on current accomplishments and/or concerns. Inform Logistics Section Chief as soon as possible of problems. 	

Behavior: Gather, disseminate, and explain information as	Evaluation Record #, Evaluator Initials and Date
necessary.	Evaluator Initials and Date
 29. Participate in preparation of the IAP or relevant plan. Review tactical plans for next operational period or periods. Advise on current capabilities and limitations. Determine additional/excess resources. Discuss long range plans and identify potential or future requirements. Develop applicable portions of the IAP (e.g., ICS 206, Medical Plan; ICS 205, Incident Radio Communication Plan; special instructions). 	
 30. Assist in development and implementation of Incident Demobilization Plan. Coordinate with Demobilization Unit/Planning Section Chief. Coordinate with local agency concerning functional demobilization procedures. Brief staff on demobilization responsibilities. 	

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.

Behavior: Administer agency policy, contracts and agreements.	Evaluation Record #, Evaluator Initials and Date
 31. Apply agency policy, legal and fiscal constraints, and political considerations. Strategic plans (e.g., wildland fire decision support documentation; Delegation of Authority). IAP or other relevant plan. Cost containment. 	
32. Ensure work/rest guidelines and length of assignments are monitored and followed.	
 33. Ensure release priorities address contractual requirements. Coordinate with Finance/Administration. 	
Behavior: Gather, analyze, and validate pertinent information and recommend priorities.	Evaluation Record #, Evaluator Initials and Date
34. Evaluate and monitor current situation to determine if present plan of action will meet incident objectives.	

Behavior: Modify approach based on evaluation of incident situation.	Evaluation Record #, Evaluator Initials and Date
 35. Adjust incident support based on changing conditions. Weather Incident escalation/de-escalation Incident within an incident Political considerations 	
Behavior: Transfer position duties while ensuring continuity of authority, knowledge, and the incident complexity.	Evaluation Record #, Evaluator Initials and Date
 36. Coordinate an efficient transfer of position duties when mobilizing/demobilizing. Consider transition early in the incident. Inform Logistics staff and IC. Document follow-up action needed and submit to agency representative. 	
Behavior: Plan and implement demobilization procedures.	Evaluation Record #, Evaluator Initials and Date
 37. Anticipate demobilization of resources. Identify excess resources. Prepare schedule for demobilization. 	
 38. Ensure demobilization of resources. Brief subordinate staff on demobilization procedures and responsibilities. Ensure incident and agency demobilization procedures are followed. 	



Logistics Specialist Type 3 (LOGS3)

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)			ssfully performed as
a trainee by demonstrating all tasks for assignments, and should be considere appropriate initials.			
Final Evaluator's Signature:			
Final Evaluator's Printed Name:			
Home Unit Title:			
Home Unit/Agency:			
Home Unit Phone Number: ()	Date:	
	Agency Cer	tification	
I certify that (trainee name) qualification in the above position.		has met a	all requirements for
Certifying Official's Signature:			
Certifying Official's Printed Nat	me:		
Title:			
Certifying Official's Email Add	ress:		
Home Unit/Agency:			
Home Unit Phone Number: (
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