

IA PDA Specialist (IPDS3)

State of Alaska

All-Hazards

Position Task Book

Assessment and Guide

Operations Section

Type 3

The IA PDA Specialist (IPDS3) will be used as assigned by the IA Branch 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 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: **IA PDA Specialist Type 3 (IPDS3)**

Agency Name: _____

Agency Address: _____

Home Unit Phone Number: (____) _____

Evaluator Information

Printed Name: _____

Evaluator position: _____

Agency Name: _____

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

IA PDA Specialist Type 3 (IPDS3)

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 **IA PDA Specialist (IPDS3)** 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
<u>IS-100.B: Introduction to Incident Command System, ICS-100</u>		
E0166 Hazard Mitigation: Preliminary Damage Assessment Specialist Qualifying Course		

Competency: Assume position responsibilities.

Description: Successfully assume role of IA PDA Specialist (**IPDS3**) 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
5. Obtain initial briefing from IA Branch Chief or supervisor. <ul style="list-style-type: none"> • Work space • Work schedule • Policies and operating procedures • Current resource commitments • Current situation • Expected duration of assignment • IAP or other relevant plan 	
Behavior: Establish effective relationships with relevant personnel.	Evaluation Record #, Evaluator Initials, and Date
6. Establish and maintain positive interpersonal and interagency working relationships. <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 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: Understand and comply with ICS concepts and principles.	Evaluation Record #, Evaluator Initials, and Date
7. Coordinate with functional areas within the ICS structure.	

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
8. Participate in operational period briefing. <ul style="list-style-type: none"> • Identify assigned geographical areas, meet with PDA team members to discuss logistical and area-specific issues (state/tribe/territory; SBA; Hazard Mitigation; External Affairs, etc.) • Share pertinent IA PDA information that may affect the team's management of the incident. 	

9. Provide daily briefings to section personnel. <ul style="list-style-type: none"> Determine the number of estimated PDA's that will be conducted within the current operational period. 	
10. Inform supervisor as soon as possible of accomplishments and/or problems.	
11. Participate in agency administrator closeout/after action review (AAR).	
Behavior: Ensure documentation is complete and disposition is appropriate.	Evaluation Record #, Evaluator Initials, and Date
12. Conduct and document an initial Preliminary Damage Assessment.	
13. Complete and submit a PDA Narrative Report.	
Behavior: Communicate work expectations through the chain of command and across functional areas.	Evaluation Record #, Evaluator Initials, and Date
14. Ensures IA PDA expectations are communicated to other functional areas during meetings and briefings. <ul style="list-style-type: none"> Communicate priorities, tactics, and any applicable changes. 	
Behavior: Gather, distribute, and explain information as necessary.	Evaluation Record #, Evaluator Initials, and Date
15. Provide impacted population with pertinent information. <ul style="list-style-type: none"> Type of IA assistance that is or potentially could be available. Type of documentation needed for eligibility assistance. Type of Mass Care Services that are available, such as locations of shelters, feeding locations, animal shelter, etc. How to report life/health/safety concerns. 	
16. Prepare for and participate in preplanning/strategy meetings. <ul style="list-style-type: none"> Share and evaluate IA PDA information with IA members. Gather resource needs and assignments for next operational period from designated supervisor. 	

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 agency policy, contracts and agreements.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>17. 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>18. 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>19. 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: Consider socio-economic, political, and cultural aspects.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>20. Ensure that the IA PDA services are provided with attention to the cultural, language, access and functional needs requirements of the impacted population.</p>	
<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>21. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency).</p> <ul style="list-style-type: none"> • Inform incoming/outgoing IA Branch Director and/or IA PDA 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>22. Collect information from outgoing IA PDA 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. • Status of existing aviation operations. • Current and forecasted weather and incident information. • IA PDA services (e.g., Phone Bank number, online website address, Mass Care Services, road closures, etc.). • Acquire an inventory of equipment. 	
<p>Behavior: Plan and implement demobilization procedures.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>23. Anticipate demobilization of resources.</p> <ul style="list-style-type: none"> • Identify excess resources. • Prepare schedule for demobilization. 	
<p>24. 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>25. 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>26. Ensure PTBs are completed.</p> <ul style="list-style-type: none"> • Ensure your PTB is completed by your designated supervisor. 	
<p>27. 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>28. 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 built upon. • Identify potential areas for improvement and propose solutions. 	



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

IA PDA Specialist Type 3 (IPDS3)

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: _____

Certifying Official’s Email Address: _____

Home Unit/Agency: _____

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

Additional copies of this publication are available through Alaska Division of Homeland Security & Emergency Management located at <http://mutualaid.alaska.gov/>.