



## **TASK BOOK FOR THE POSITION OF ALL-HAZARDS/ RESOURCE HELICOPTER CREWMEMBER**

June 26, 2017

<b>TASK BOOK ASSIGNED TO:</b>
INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER
<b>TASK BOOK INITIATED BY:</b>
OFFICIAL'S NAME, DUTY STATION, AND PHONE NUMBER
LOCATION AND DATE THAT TASK BOOK WAS INITIATED

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

**EVALUATOR**

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION

**VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK  
FOR THE POSITION OF**

\_\_\_\_\_

**FINAL EVALUATOR'S VERIFICATION**

I verify that all tasks have been performed and are documented with appropriate initials. I also verify that

\_\_\_\_\_

has performed as a trainee and should therefore be considered for certification in this position.

\_\_\_\_\_

FINAL EVALUATOR'S SIGNATURE AND DATE

\_\_\_\_\_

EVALUATOR'S PRINTED NAME, TITLE, DUTY STATION, AND PHONE NUMBER

**AGENCY CERTIFICATION:**

I certify that \_\_\_\_\_

has met all requirements for qualification in this position and that such qualification has been issued.

\_\_\_\_\_

CERTIFYING OFFICIAL'S SIGNATURE AND DATE

\_\_\_\_\_

CERTIFYING OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER

**DOI & US Forest Service  
POSITION TASK BOOK (PTB)**

Position Task Book (PTB) have been developed for designated positions within the aviation management branch of the **US Forest Service and DOI**. Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the agency that the trainee be certified in that position.

Evaluation and confirmation of the trainee's performance of all the tasks may involve more than one evaluator and can occur on projects, in classroom simulation, and in other work situations. *Designated PTBs require position performance which the majority of required tasks are demonstrated on an actual All-Hazard Incident or project.* It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated before recommending certification.

Tasks within the PTB are numbered sequentially; however, the numbering does NOT indicate the order in which the tasks need to be performed or evaluated. The bullets under each numbered task are examples or indicators of items or actions related to the task. The purpose of the bullets is to assist the assessor in evaluating the trainee; the bullets are not all-inclusive. Evaluate and initial ONLY the numbered tasks. DO NOT evaluate and initial each individual bullet.

**THE SPECIFIC AVIATION TASKBOOK OF ALL-HAZARD/RESOURCE HELICOPTER CREWMEMBER IS NOT TRANSFERRABLE TO NWCG QUALIFICATIONS RELATED TO PRESCRIBED OR WILDLAND FIRE. THE SPECIFIC TASKBOOKS FOR NWCG ICS POSITIONS WILL BE ACCOMPLISHED ON THE APPROPRIATE INCIDENTS, INCLUDING PROJECTS.**

Entry of experience into IQCS will be as resource only, not as qualified for positions requiring arduous or moderate duty fitness standards as precursors to qualification in wildland or prescribed fire positions.

**RESPONSIBILITIES:**

1. The **Home Unit Aviation Manager** is responsible for:
  - Selecting trainees based on the needs of the home unit.
  - Ensuring that the trainee meets the training and experience requirements included in the Interagency Helicopter Operations Guide.
  - Initiating PTBs to document task performance.
  - Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
  - Providing opportunities for evaluation and/or making the trainee available for evaluation.
  - Providing an evaluator for local assignments.
  - Tracking progress of the trainee.
  - Confirming PTB completion.
  - Determining certification per local policy.
  - Issuing proof of certification.

2. The **Trainee** is responsible for:
  - Reviewing and understanding instructions in the PTB.
  - Identifying desired objectives/goals.
  - Providing background information to an evaluator.
  - Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
  - Assuring the Evaluation Record is complete.
  - Notifying home unit aviation manager when the PTB is completed and providing a copy.
  - Keeping the original PTB in personal records.
  
3. The **Evaluator** is responsible for:
  - Understanding the IHOG
  - Being qualified and proficient in the position being evaluated.
  - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
  - Reviewing tasks with the trainee.
  - Explaining to the trainee the evaluation procedures that will be used and which objectives may be attained.
  - Identifying tasks to be performed during the evaluation period.
  - Accurately evaluating and recording demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record
  - Completing the Evaluation Record found at the end of this PTB.
  
4. The **Final Evaluator** is responsible for:
  - Signing the verification statement inside the front cover of the PTB when all tasks have been initialed and if the trainee is recommended for certification.
  
5. The Unit **Training Specialist** is responsible for:
  - Identifying All-Hazard/Project evaluation opportunities.
  - Assuring that trainees have met prerequisites.
  - Identifying and assigning a qualified evaluator who can provide a positive experience for the trainee and make an accurate and honest appraisal of the trainee's performance.
  - Providing PTBs to approved trainees on the Project when home unit is unable to provide them.
  - Documenting the assignment.
  - Conducting progress reviews.
  - Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.
  - Notifying trainee's home unit.
  
6. The **Certifying Official** from the Home Agency (**Unit Aviation Officer/State Aviation Manager/Regional Aviation Manager, whichever is applicable**) must review and confirm the completion of the PTB and make a determination of agency certification. This determination should be based on the Trainee's demonstration of acceptable position performance, as well as the completed PTB—which includes a Final Evaluator's Verification. Only the Certifying Official from the Home Agency has the authority to certify an individual's qualifications.

**QUALIFICATION RECORD**

**POSITION: ALL-HAZARD/RESOURCE HELICOPTER CREWMEMBER**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon Completion of task
<p><b>PREPARATION</b></p> <p>1. Obtain and Assemble Information/ Materials Needed for Assignment. Suggested items:</p> <ul style="list-style-type: none"> <li>✓ Flight gear (e.g., personal protective equipment (PPE), helmet, gloves)</li> <li>✓ Passenger Cargo Manifest Book</li> <li>✓ Flagging, fiber tape, knife</li> <li>✓ Radio (<i>ensure functionality</i>)</li> </ul>	O		
<p><b>BRIEFINGS</b></p> <p>2. Participate in Mission Briefing with Project Supervisor:</p> <ul style="list-style-type: none"> <li>✓ Review objectives of the mission</li> <li>✓ Review PASP to include risk assessment</li> <li>✓ Identify any additional hazards and mitigations not included/or alternate mitigations for the PASP</li> <li>✓ Organizational structure</li> <li>✓ Weather</li> <li>✓ Communications</li> <li>✓ Resources</li> <li>✓ Mishap Response Plan</li> </ul>	O		
<p>3. Receive Aircraft Briefing from Pilot:</p> <ul style="list-style-type: none"> <li>✓ Emergency procedures</li> <li>✓ Cargo loading method</li> <li>✓ Rigging method</li> <li>✓ Weight and balance limitations (load calculation)</li> <li>✓ Special mission requirements</li> <li>✓ Flight and mission hazards</li> <li>✓ Door operation</li> <li>✓ Communications/radio operation</li> </ul>	P		

\*Code: O = Task can be completed in any training situation (classroom, simulation)

P = Task must be performed on a project (all hazard, search & rescue, planned event)

R = (Rare event) the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

**QUALIFICATION RECORD**

Continuation Sheet

**POSITION: ALL-HAZARD/ RESOURCE HELICOPTER CREWMEMBER**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon Completion of task
<p><b>MISSION ACTIVITY</b></p> <p>4. Transportation of Personnel:</p> <ul style="list-style-type: none"> <li>✓ Prepare manifest for personnel/cargo.               <ul style="list-style-type: none"> <li>▪ Obtain allowable payload from loadcalculation form.</li> <li>▪ Write names and weights of personnelgear and cargo on manifest form.</li> <li>▪ Ensure that allowable payload is not exceeded.</li> </ul> </li> <li>✓ Brief passengers before takeoff.               <ul style="list-style-type: none"> <li>▪ Describe operation of shoulder straps and seatbelts.</li> <li>▪ Demonstrate crash position for forward, side and aft facing passengers</li> <li>▪ Forward facing passenger (with and without shoulder straps).</li> <li>▪ Aft facing passenger.</li> <li>▪ Side facing passenger.</li> </ul> </li> <li>✓ Demonstrate standard and emergency operation of doors, both from the inside and outside of the aircraft.</li> <li>✓ Describe location and operation of battery and fuel shut-offs.</li> <li>✓ Ensure appropriate personal protective equipment (PPE) is in use.</li> <li>✓ Inspect PPE for serviceability.</li> </ul>	P/O		

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**QUALIFICATION RECORD**  
Continuation Sheet

**POSITION: ALL-HAZARD/RESOURCE HELICOPTER CREWMEMBER**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
5. Prepare Cargo Load: <ul style="list-style-type: none"> <li>✓ Prepare cargo manifest.               <ul style="list-style-type: none"> <li>▪ Obtain allowable payload from load calculation form.</li> <li>▪ Write description and weights of cargo on manifest form.</li> <li>▪ Identify quantity, type and location of hazmat and have pilot sign manifests that include hazmat.</li> <li>▪ Ensure that allowable payload is not exceeded</li> </ul> </li> <li>✓ Tag loads with weight and destination.</li> <li>✓ Bundle or package loose loads and tools.</li> <li>✓ Package HazMat per Handbook requirements. Inspect external load equipment, e.g. nets, lead lines and swivels, for serviceability.</li> <li>✓ Prepare external loads to not exceed sling equipment ratings. Ensure security of loads in external baskets/pods..</li> <li>✓ Ensure placarded limitations are not exceeded in any cargo area. Discuss floor loading limitations with the pilot.</li> <li>✓ Attach longline and remote hook to helicopter and complete hook checks</li> <li>✓ Establish communications between key personnel and helicopter(s)</li> <li>✓ Attach cargo to helicopter cargo hook and/or remote hook using:               <ul style="list-style-type: none"> <li>▪ Ground hookup procedures.</li> <li>▪ Hover hookup procedures.</li> <li>▪ Long-line remote hook procedures.</li> </ul> </li> </ul>	P/O		

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**QUALIFICATION RECORD**

**Continuation Sheet**

**POSITION: ALL-HAZARD/ RESOURCE HELICOPTER CREWMEMBER**

<b>TASK</b>	<b>C O D E*</b>	<b>EVALUATION RECORD #</b>	<b>EVALUATOR: Initial &amp; date upon completion of task</b>
<p>6. Follow Proper Procedures for Loading /Unloading Helicopter:</p> <ul style="list-style-type: none"> <li>✓ Follow proper procedures for all movement around the helicopter.</li> <li>✓ Load cargo within weight and balance limitations.</li> <li>✓ Secure cargo in the aircraft.</li> <li>✓ Secure cargo from passengers and flight crew to ensure crash protection value.</li> <li>✓ Secure or remove cargo and equipment that could be blown by rotor wash.</li> <li>✓ Secure doors, seat belts, bungees, cargo straps, etc.</li> </ul>	P/O		
<p>7. Helicopter Approach/Departure:</p> <ul style="list-style-type: none"> <li>✓ Wear appropriate PPE (eye protection, hearing protection, and a hardhat with chinstrap).</li> <li>✓ Ensure and maintain visual reference with pilot.</li> <li>✓ Check for obstacles and obstructions before signaling pilot to take off or land.</li> <li>✓ Provide for fire protection and initiate if trained to do so..</li> <li>✓ Demonstrate use of approved hand signals as appropriate.</li> </ul>	P		

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**QUALIFICATION RECORD**

**Continuation Sheet**

**POSITION: ALL-HAZARD/ RESOURCE HELICOPTER CREWMEMBER**

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon Completion of task
<p>8. Construct/Prepare Landing Areas:</p> <ul style="list-style-type: none"> <li>✓ Locate appropriate site.</li> <li>✓ Determine prevailing wind directions and clear approach and departure paths.</li> <li>✓ Level touchdown area appropriate to size class of helicopter.</li> <li>✓ Install windsock or other wind indicator.</li> <li>✓ Install appropriate signs and markers.</li> <li>✓ Provide crash rescue equipment and fire extinguisher</li> <li>✓ Provide for dust abatement.</li> <li>✓ Obtain appropriate mission equipment, e.g., slings, lead lines, swivels, radios (ensure functionality prior to operations), etc.</li> <li>✓ Provide for separation by helicopter size classes.</li> <li>✓ Establish separate areas for fueling, cargo work, personnel transport or other mission specific areas.</li> <li>✓ Assess the need for emergency landing area.</li> </ul>	P		
<p><b>POST MISSION</b></p> <p>9. Mission Debrief:</p> <ul style="list-style-type: none"> <li>✓ Participate in an After Action Review: <ul style="list-style-type: none"> <li>▪ What was planned?</li> <li>▪ What actually happened?</li> <li>▪ Why did it happen?</li> <li>▪ What can we do next time?</li> </ul> </li> <li>✓ File SAFECOM as necessary</li> </ul>	O		
<p><b>DEMOBILIZATION (All-Hazards Only)</b></p> <p>10. Receive demobilization instructions.</p> <ul style="list-style-type: none"> <li>✓ Ensure that All-Hazards Incident and agency demobilization procedures are followed.</li> </ul>	P		

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## INSTRUCTIONS for EVALUATION RECORD

There are four separate blocks allowing multiple evaluations to be made if required. These evaluations may be made on projects, simulation in classroom, or in daily duties, depending on what the position taskbook indicates. This should be sufficient number of forms for qualification in the position if the individual is adequately prepared and opportunities are present. If additional blocks are needed, a page can be copied from a blank task book and attached.

### COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

**Evaluator's name, Project/office title, and agency:** List the name of the evaluator, his/her project position or office title, and agency.

**Evaluator's home unit address and phone:** Self-explanatory

**#:** The number in the upper left corner of the experience block identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily.

**Location of Project/Simulation:** Identify the location where the tasks were performed by agency and office.

**Project Kind:** Enter kind of project, e.g., animal survey, search and rescue, flood, etc.

### COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

**Number and Type of Resources:** Enter the number of resources and types assigned to the project pertinent to the trainee's task book position.

**Duration:** Enter inclusive dates during which the trainee was evaluated. This block may indicate a span of time covering several small and similar Projects if the trainee has been evaluated on that basis, i.e., several initial attack fires in similar fuel types.

**Recommendation:** Check as appropriate and/or make comments regarding the future needs for development of this trainee.

**Date:** List the date the record is being completed.

**Evaluator's initials:** Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualifications Record

**Evaluator's Qualification/rating:** List your certification relevant to the trainee position you supervised.

## Evaluation Record

\_\_\_\_\_

**TRAINEE NAME**

\_\_\_\_\_

**TRAINEE POSITION**

#1	Evaluator's name: Project/office title &			
Evaluator's home unit address & phone:				
Name and Location of Project or Simulation (agency & area)	Project Kind (Animal survey, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level
<p>The tasks initialed &amp; dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required &amp; knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's Qualification/rating: _____</p>				

#2	Evaluator's name: Project/office title &			
Evaluator's home unit address & phone:				
Name and Location of Project or Simulation (agency & area)	Project Kind (Animal survey, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level
<p>The tasks initialed &amp; dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required &amp; knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's Qualification/rating: _____</p>				

**Evaluation Record**  
Continuation Sheet

\_\_\_\_\_  
**TRAINEE NAME**

\_\_\_\_\_  
**TRAINEE POSITION**

#3	Evaluator's name: Project/office title &			
Evaluator's home unit address & phone:				
Name and Location of Project or Simulation (agency & area)	Project Kind (Animal survey, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level
<p>The tasks initialed &amp; dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required &amp; knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's Initials: _____ Evaluator's Qualification/rating: _____</p>				

#4	Evaluator's name: Project/office title &			
Evaluator's home unit address & phone:				
Name and Location of Project or Simulation (agency & area)	Project Kind (Animal survey, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level
<p>The tasks initialed &amp; dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required &amp; knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's Initials: _____ Evaluator's Qualification/rating: _____</p>				