



TASK BOOK FOR THE POSITION OF ALL-HAZARDS/RESOURCE HELICOPTER MANAGER

June 26, 2017

Task Book Assigned To:

Trainee's Name: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Task Book Initiated By:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____

Home Unit Address: _____

Date Initiated: _____

The material contained in this book 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 TASKBOOK
FOR THE POSITION OF:
ALL-HAZARD/RESOURCE HELICOPTER MANAGER FINAL**

EVALUATOR'S VERIFICATION

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

has performed successfully 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 Sheets (PTB) have been developed for designated positions within the aviation management branch of the US Forest Service & 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 during 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. 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 evaluator in evaluating the trainee; the bullets are not all-inclusive.

THE SPECIFIC AVIATION TASKBOOK OF "ALL-HAZARD/RESOURCE HELICOPTER MANAGER" IS NOT TRANSFERRABLE TO NWCG QUALIFICATIONS RELATED TO PRESCRIBE OR WILDLAND FIRE. THE SPECIFIC TASKBOOKS FOR NWCG ICS POSITIONS WILL BE ACCOMPLISHED ON THE APPROPRIATE INCIDENTS AND/OR PROJECTS.

Entry of experience into IQCS will be as all-hazard 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** is responsible for:
 - Selecting trainees based on the needs of the home unit and higher levels.
 - Ensuring that the trainee meets the training and experience requirements included in the NIMS Incident Positions Qualification Guide (IPQG), Interagency Aviation Training Guide (IATG) and/or the Interagency Helicopter Operations Guide (IHOG).
 - 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 IPQG, IATG and/or 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 utilized 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. (use wording in resource PTS)
5. The Unit **Training Specialist/Unit Aviation Manager** is responsible for:
 - Identifying All-Hazard/Project evaluation opportunities.
 - Assuring that trainees have met prerequisites.
 - Identifying and assigning a qualified evaluator that can provide a positive experience for the trainee, and making an accurate and honest appraisal of the trainee's performance.
 - Providing PTBs to approved trainees on the Incident/Project when home unit was 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 (if required)

- The **Certifying Official** from the Home Agency (**Unit Aviation Officer/State Aviation Manager/Regional Aviation Manager/ Regional Helicopter Operations Specialist, 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.

POSITION: ALL-HAZARD/RESOURCE HELICOPTER MANAGER

TASK	C O D E*	EVALUATION RECORD#	EVALUATOR: Initial & date upon Completion of task
GENERAL			
1. Assemble Helicopter Manager Kit.	O		
2. Administer helicopter contracts/agreements in accordance with agency policy: <ul style="list-style-type: none"> • Conduct pre-use inspection of helicopter and fuel service vehicle (if applicable) to ensure compliance with contract/agreement specifications as related to mission required equipment, systems (commo, GPS, AFF, etc...) and operation. Document as per agency policy. • Verify and review required onboard documents for compliance and currency such as: <ul style="list-style-type: none"> ○ Interagency Aviation Transport of Hazardous Materials Guide & DOT exemption ○ Copy of contract or agreement, ○ Helicopter flight manual and aircraft logbook ○ Agency aircraft data card ○ Pilot approval card • Maintain communication with appropriate agency aircraft contracting personnel. • Establish daily work schedules for pilots, mechanics and fuel truck drivers. • Complete daily diary and flight payment documents. • Complete Safecomms as needed. • Complete project contractor evaluation and forward to Contracting Officer. 	P		
3. Demonstrate knowledge of agency's aviation safety policies as applicable to duties of the position and tasks within this book : <ul style="list-style-type: none"> • Evaluate project or program using the Risk Management Workbook. • Brief the evaluator as to whether JHA/Risk Management Worksheet or PASP adequately addresses critical system elements and key hazards. • Identify any additional hazards and mitigations not included/or alternate mitigations for the Workbook. 	O		
4. Establish and maintain positive supervisory interpersonal and interagency working relationships.	P		
5. Ensure that: <ul style="list-style-type: none"> • Assigned personnel are in good mental and physical health. • Assigned personnel are motivated to carry out assignments. Morale problems are dealt with immediately. • Fatigue producing conditions on projects are resolved. 	P		

*Code: O = task can be completed in any situation (classroom, simulation, daily job, etc.) P = task must be performed on a project (Resource Project, search & rescue, planned event, Law Enforcement, etc.)

POSITION: ALL-HAZARD/RESOURCE HELICOPTER MANAGER

TASK	C O D E*	EVALUATION RECORD#	EVALUATOR: Initial & date upon Completion of task
6. Provide for the safety and welfare of assigned personnel during the entire period of the project: <ul style="list-style-type: none"> • Recognize potentially hazardous situations and mitigate them. Inform participants of hazards. • Ensure that personnel are qualified for assignments or mentored by qualified individuals. • Ensure adequate rest and hydration is provided to assigned personnel. 	P		
MOBILIZATION 7. Ensure that flight planning, flight-following and resource tracking requirements are met: <ul style="list-style-type: none"> • Obtain Resource Order, Flight Request or other mission information. • Work with pilot to develop agency and/or FAA flight plans. • Obtain appropriate radio frequencies, phone numbers, area maps and known aerial hazard maps for mission. • Conduct or ensure that flight following is accomplished at established intervals. 	P		
MISSION ACTIVITIES 8. Provide helicopter and helicopter personnel tactical capabilities to Project supervisor: <ul style="list-style-type: none"> • Identify missions that aircraft and pilot are approved to perform; passenger, cargo and longline, etc. • Ensure they are suited to the project mission requirements. • Identify qualifications and special capabilities of assigned helicopter personnel. • Identify helicopter accessories and equipment available in support vehicles or at field camps and order additional equipment if needed. 	P		
9. Conduct preflight and post flight briefings with all involved personnel: <ul style="list-style-type: none"> • Review Project Aviation Safety Plan (PASP) prior to each mission. • Establish mission objectives, timeframes, reporting locations, travel routes, etc... • Identify and discuss performance, safety and/or efficiency problems encountered. • Identify adjustments in future operations. 	P		
10. Establish helispots as needed for the project in coordination with the pilot: <ul style="list-style-type: none"> • Ensure adequate approach & departure clearance as well as the safety circle in accordance with IHOG minimum requirements for types of helicopters to be utilized. • Ensure that IHOG required equipment is available and staged at appropriate locations. 	P		

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POSITION: ALL-HAZARD/ RESOURCE HELICOPTER MANAGER

TASK	C O D E*	EVALUATION RECORD#	EVALUATOR: Initial & date upon Completion of task
11. External Load missions are conducted per the requirements within IHOG, Chapter 11 Cargo Transport. <ul style="list-style-type: none"> • Coordinate with pilot to ensure sling sites meet minimum requirements. • External Load equipment and cargo inspected prior to use • Equipment and rigging methods utilized per IHOG chapter 9 and 11 	O		
12. Flight Crew time and scheduling: <ul style="list-style-type: none"> • Continuously monitor and document flight and/or duty hours of pilots, mechanics and/or fuel truck drivers to ensure that agency limitations are not exceeded. • Schedule and manage flight and duty times to meet current and projected work objectives. • Ensure that relief pilots, mechanics, etc. are scheduled and assigned when required. 	P		
13. Ensure that helicopter pilot accurately completes and approves helicopter load calculation: <ul style="list-style-type: none"> • Reflecting current aircraft configuration. • Appropriate flight manual performance charts and environmental conditions. • Flight crew weights, fuel quantity on board. • Elevations at takeoff and landing sites. • In-ground or out-of-ground effect landing sites. • Density altitude. 	P		
14. Verify that helicopter is maintained to agency contract standards: <ul style="list-style-type: none"> • Review aircraft logbook entries to ensure that scheduled maintenance inspections are completed at required intervals. • Contact agency maintenance specialist during un-scheduled maintenance or major component replacement. • Facilitate return-to-contract availability process. Inform supervisor/UAM/COR of current or future helicopter maintenance/unavailability. 	P		
15. Ensure that turbine power assurance checks are conducted and documented as required by the procurement document. Contact agency maintenance specialist if trend analysis indicates sub-par engine performance.	P		
16. Ensure helicopter safety policies are adhered to: <ul style="list-style-type: none"> • Confirm that actual helicopter payloads do not exceed the calculated allowable payload. • Appropriate personal protective equipment is utilized for all missions. • Ensure crash rescue/response procedures and equipment are established and communicated to all helicopter personnel. • Comply with all requirements in the Interagency Aviation Transport of Hazardous Materials Guide and exemption. • Follow all special mission agency safety requirements. 	P		

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POSITION: ALL HAZARD/RESOURCE HELICOPTER MANAGER

DEMOBILIZATION (ALL-HAZARDS ONLY) 17. Receive demobilization instructions. <ul style="list-style-type: none">• Brief participants, and flight following personnel on demobilization procedures and responsibilities.• Ensure that All-Hazard Incident and agency demobilization procedures are followed.	P		
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Code: O = task can be completed in any situation (classroom, simulation, daily job, etc.) P = task must be performed on a project (Resource Project, search & rescue, planned event, Law Enforcement, etc.)

INSTRUCTIONS for EVALUATION RECORD

There are four separate blocks allowing multiple evaluations to be made, if required. These evaluations may be made on projects, all-hazard incidents, law enforcement incidents, simulation in classroom, or in daily duties. This should be a sufficient number of forms for qualification 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 Sheet 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 All-Hazard Incident 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 & 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 & 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, All Hazard Incident 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 & 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 & 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, All-Hazard Incident 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 & 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 & 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, All-Hazard Incident 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 & 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 & 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>				