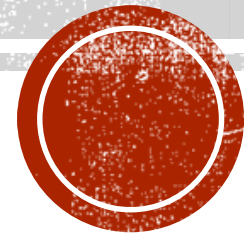


# **TIEMAS POSITION TASKBOOK BASICS**

How to complete it correctly the first time.



# THE POINT OF THE PTBS

- “NWCG Position Task Books (PTBs) have been developed for designated National Interagency Incident Management System (NIIMS) positions. Each PTB lists the competencies, behaviors and tasks required for successful performance in specific positions. Trainees must be **observed** completing all tasks and show knowledge and competency in their performance during the completion of this PTB.”



## Task Book Assigned To:

Trainee's Name: Katlene Ginn

Home Unit/Agency: Brazos County PCT 3

Home Unit Phone Number: 979-123-1234

## Task Book Initiated By:

Official's Name: Jason Ware

Home Unit Title: Fire Chief

Home Unit/Agency: Brazos County PCT 3

Home Unit Phone Number: 979-123-1234

Home Unit Address: 123 Elmo Weedon Rd College Station, TX 77845

Date Initiated: 1/20/18

## OPENING A PTB

- **Trainee information**
- **Initiation of the PTB:** Must be initiated by agency holding Trainees qualifications at the time of initiation
- **PTB can be open** prior to completing required training for that position, But only after completion of prior qualifications. Example: you must be a Qualified FFTI to open ENGB PTB.



# TASK CODE MEANINGS

- **O** = Task can be completed in any situation
- **I** = Task must be performed on an incident managed under the Incident Command System (ICS). (planned or unplanned)
- **W** = Task must be performed on a wildfire incident.
- **RX** = Task must be performed on a prescribed fire incident.
- **W/RX** = Task must be performed on a wildfire OR prescribed fire incident.
- **R** = Rare events such as accidents, injuries, vehicle or aircraft crashes occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation.



TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Model leadership values and principles.</b>			
16. Exhibit principles of duty. <ul style="list-style-type: none"> <li>• <i>Be proficient in your job, both technically and as a leader.</i></li> <li>• <i>Make sound and timely decisions.</i></li> <li>• <i>Ensure tasks are understood, supervised and accomplished.</i></li> <li>• <i>Develop your subordinates for the future.</i></li> </ul>	I		
17. Exhibit principles of respect. <ul style="list-style-type: none"> <li>• <i>Know your subordinates and look out for their well-being.</i></li> <li>• <i>Keep your subordinates informed.</i></li> <li>• <i>Build the team.</i></li> <li>• <i>Employ your subordinates in accordance with their capabilities.</i></li> </ul>	I		
18. Exhibit principles of integrity. <ul style="list-style-type: none"> <li>• <i>Know yourself and seek improvement.</i></li> <li>• <i>Seek responsibility and accept responsibility for your actions.</i></li> <li>• <i>Set the example.</i></li> </ul>	I		
<b>Behavior: Ensure the safety, welfare, and accountability of assigned personnel.</b>			
19. Provide for the safety and welfare of assigned resources. <ul style="list-style-type: none"> <li>• <i>Recognize, mitigate and communicate potentially hazardous situations during tactical operations.</i></li> <li>• <i>Monitor condition of assigned resources.</i></li> <li>• <i>Account for assigned resources.</i></li> <li>• <i>Provide for care of squad members and notify supervisor in event of sickness, injury, or accident.</i></li> <li>• <i>Identify agency policy and practice safety procedures appropriate to conditions.</i></li> </ul>	W/RX		



# TASK BULLETS

- 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. Evaluate and initial **ONLY** the numbered tasks. **DO NOT** evaluate and initial each individual bullet.

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure readiness for assignment.</b>			
1. Obtain complete information from dispatch upon assignment. <ul style="list-style-type: none"> <li>• <i>Incident name</i></li> <li>• <i>Incident order number</i></li> <li>• <i>Request number</i></li> <li>• <i>Incident phone number</i></li> <li>• <i>Reporting time</i></li> <li>• <i>Reporting location (drop point)</i></li> <li>• <i>Transportation arrangements/travel routes</i></li> <li>• <i>Contact procedures during travel (telephone/radio)</i></li> </ul>	O		



# EVALUATORS.... WHO?

- Any person that Supervises an individual on an incident, training, or event can be an evaluator in that trainee's PTB.
- **Final Evaluators** however have to be qualified in that PTB position or higher either in TIFMAS or a State/Federal RED card system.
- **NOTE:** Faller Final Evaluators have to be on the approved final evaluator list located on the TIFMAS.org website



# EVALUATION RECORD PAGE

Evaluation Record # \_\_\_\_\_

## Trainee Information

Printed Name: \_\_\_\_\_  
Trainee Position on Incident/Event: \_\_\_\_\_  
Home Unit/Agency: \_\_\_\_\_  
Home Unit /Agency Address and Phone Number: \_\_\_\_\_

## Evaluator Information

Printed Name: \_\_\_\_\_  
Evaluator Position on Incident/Event: \_\_\_\_\_  
Home Unit/Agency: \_\_\_\_\_  
Home Unit /Agency Address and Phone Number: \_\_\_\_\_

## Incident/Event Information

Incident/Event Name: \_\_\_\_\_ Reference (Incident Number/Fire Code): \_\_\_\_\_  
Duration: \_\_\_\_\_  
Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify): \_\_\_\_\_  
Location (include Geographic Area, Agency, and State): \_\_\_\_\_  
Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Area Command  
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High  
FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

## Evaluator's Recommendation (Initial only one line as appropriate)

- \_\_\_\_\_ 1) The 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) The 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) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- \_\_\_\_\_ 4) The individual 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 by attaching an additional sheet to the evaluation record.

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

- Every time you are evaluated during an incident/event an evaluation record should be completed to document the type, complexity level of the incident/event as well as your performance.
- No two records should span the same date/time ranges.
- The final evaluator has to complete an evaluation record in addition to the Final evaluator verification section at the beginning of the PTB
- Be sure all sections are filled out and legible
- Evaluation records can not be dated before the initiation date.





# TOP OF EVALUATION RECORD

Evaluation Record # 1

## Trainee Information

Printed Name: **Katlene Ginn**

Trainee Position on Incident/Event: **FFTI (T)**

Home Unit/Agency: **Brazos County PCT 3 VFD**

Home Unit /Agency Address and Phone Number: **Home Unit Address and Phone Number**

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## Evaluator Information

Printed Name: **Bill Terry**

Evaluator Position on Incident/Event: **ENGB**

Home Unit/Agency: **Texas A&M Forest Service**

Home Unit /Agency Address and Phone Number: **Home Unit Address and Phone Number**

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- **Evaluation Record # -**  
Each evaluation record should be numbered sequentially. Place this number at the top of the evaluation record page
- **Trainee Information**
- **Evaluator Information**



## Incident/Event Information

Incident/Event Name: **Big circle fire** Reference (Incident Number/Fire Code): **TX-TXMS-180023**

Duration: **4/25/18 4 hours**

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

Location (include Geographic Area, Agency, and State): **Bryan, TX TFS**

Management Type (circle one): Type 5, **Type 4**, Type 3, Type 2, Type 1, Area Command  
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High

FBPS Fuel Model Letter: **G** = **Grass**, B = Brush, T = Timber, S = Slash

### Evaluator's Recommendation (Initial only one line as appropriate)

- \_\_\_\_\_ 1) The 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) The 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) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- \_\_\_\_\_ 4) The individual 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 by attaching an additional sheet to the evaluation record.

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

## BOTTOM PART OF THE EVALUATION RECORD

- **Incident/Event Name:**
- **Reference:** Incident number /Fire code/academy name...
- **Duration:** Include Date and Time frame (Hours/Min)
- **Incident Kind:**
- **Location:**
- **Management Type or Prescribed Fire Complexity Level:** If unsure ask individual or agency in charge. If record is on an event this section may not apply
- **Fire Behavior Prediction System (FBPS) Fuel Model Group:** You can have one or more fuel types (be resalable)



## Incident/Event Information

Incident/Event Name: **Big circle fire** Reference (Incident Number/Fire Code): **TX-TXMS-180023**

Duration: **4/25/18 4 hours**

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

Location (include Geographic Area, Agency, and State): **Bryan, TX TFS**

Management Type (circle one): Type 5, **Type 4**, Type 3, Type 2, Type 1, Area Command  
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High

FBPS Fuel Model Letter: **G** (Grass), B = Brush, T = Timber, S = Slash

Evaluator's Recommendation  
(Initial only one line as appropriate)

**If evaluator does not complete this section be sure you fill in the information**

\_\_\_\_\_ 1) The 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.

*BT* \_\_\_\_\_ 2) The 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) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.

\_\_\_\_\_ 4) The individual 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 by attaching an additional sheet to the evaluation record.

Evaluator's Signature: *Bill Terry* Date: **4/26/2018**

Evaluator's Relevant Qualification (or agency certification): **ENGB on incident**

## BOTTOM PART OF THE EVALUATION RECORD

- **Evaluator's Recommendation:** Only the evaluator should fill this section out!
- **NOTE:** Record additional remarks/recommendations on an Individual Performance Evaluation, or by attaching an additional sheet to the evaluation record.
- **Evaluator's Signature**
- **Date-** When it was filled not the date of the incident/event
- **Evaluators Position**



TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Model leadership values and principles.</b>			
16. Exhibit principles of duty. <ul style="list-style-type: none"> <li>• <i>Be proficient in your job, both technically and as a leader.</i></li> <li>• <i>Make sound and timely decisions.</i></li> <li>• <i>Ensure tasks are understood, supervised and accomplished.</i></li> <li>• <i>Develop your subordinates for the future.</i></li> </ul>	I	1	BT 4/25/18
17. Exhibit principles of respect. <ul style="list-style-type: none"> <li>• <i>Know your subordinates and look out for their well-being.</i></li> <li>• <i>Keep your subordinates informed.</i></li> <li>• <i>Build the team.</i></li> <li>• <i>Employ your subordinates in accordance with their capabilities.</i></li> </ul>	I	1 2	BT 4/25/18 JD 5/15/18
18. Exhibit principles of integrity. <ul style="list-style-type: none"> <li>• <i>Know yourself and seek improvement.</i></li> <li>• <i>Seek responsibility and accept responsibility for your actions.</i></li> <li>• <i>Set the example.</i></li> </ul>	I	2	JD 5/15/18
<b>Behavior: Ensure the safety, welfare, and accountability of assigned personnel.</b>			
19. Provide for the safety and welfare of assigned resources. <ul style="list-style-type: none"> <li>• <i>Recognize, mitigate and communicate potentially hazardous situations during tactical operations.</i></li> <li>• <i>Monitor condition of assigned resources.</i></li> <li>• <i>Account for assigned resources.</i></li> <li>• <i>Provide for care of squad members and notify supervisor in event of sickness, injury, or accident.</i></li> <li>• <i>Identify agency policy and practice safety procedures appropriate to conditions.</i></li> </ul>	WRX	1	BT 4/25/18

# SIGNING OFF TASKS IN THE PTB

- Evaluator should observe the trainee performing a task before checking it off
- Use the evaluation record # when signing off tasks to correlate to what incident/event the task was completed on
- Evaluator should initial each task completed and date it when it was completed



**Evaluator's Recommendation**  
(Initial only one line as appropriate)

*JC*

1) The 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) The 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) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.

4) The individual 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 by attaching an additional sheet to the evaluation record.

Evaluator's Signature: *Jim Cooper* Date: 7/18/2019

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

# FINAL EVALUATOR

- Must complete an evaluation record!
- Must be qualified in that position or higher!
- Must initial the #1 on Evaluators recommendation
- Evaluator Must Fill Out the Final Evaluator Verification section found at the front of the PTB



# FINAL EVALUATOR

## Final Evaluator's Verification

To be completed *ONLY* when you are recommending the trainee for certification.

I verify that (trainee name) Katlene Ginn has successfully performed as a trainee by demonstrating all tasks for the position listed above and should be considered for certification in this position. All tasks are documented with appropriate initials.

Final Evaluator's Signature: Jim Cooper

Final Evaluator's Printed Name: Jim Cooper

Home Unit Title: ACRFC Northwest Branch- STEN

Home Unit/Agency: Texas A&M Forest Service

Home Unit Phone Number: 979-123-1234 Date: 7/18/19

- Must complete an evaluation record!
- Must be qualified in that position or higher!
- Must initial the #1 on Evaluators recommendation
- Evaluator Must Fill Out the Final Evaluator Verification section found at the front of the PTB
- Be sure FE Name is legible along with contact information



# AGENCY CERTIFICATION FFTI, ENOP, FAL3, & ENGB ONLY

## Agency Certification

I certify that (trainee name) Katlene Ginn has met all requirements for qualification in the above position and that such qualification has been issued.

Certifying Official's Signature: *Jason Ware*

Certifying Official's Printed Name: Jason Ware

Title: Fire Chief

Home Unit/Agency: Brazos County PCT 3

Home Unit Phone Number: 979-123-1234 Date: 7/25/19

- Once a PTB has been Final Evaluated the agency/Fire department then needs to sign the Agency Certification section.
- **Note:** This section should only be filled out if the agency feels that the trainee has completed all requirements with in the PTB, has the competency to perform at this level, as well as any required training to be qualified in said position.



# AGENCY CERTIFICATION: STEN

## Agency Certification

I certify that (trainee name) Katlene Ginn has met all requirements for qualification in the above position and that such qualification has been issued.

Certifying Official's Signature: \_\_\_\_\_

Certifying Official's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** STEN PTBs should not have the Agency Certification Filled out by the Fire department. Once the TIFMAS RPL reviews and approves the STEN Then the RPL Committee Chair will sign this Section.





INCIDENT PERSONNEL PERFORMANCE RATING		INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the fire. Rating will be reviewed with employee who will sign at the bottom.														
THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE																
1. Name		2. Fire Name and Number														
3. Home Unit (address)		4. Location of Fire (address)														
5. Fire Position	6. Date of Assignment From:                      To:		7. Acres Burned		8. Fuel Type(s)											
9. Evaluation																
Enter <b>X</b> under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows: 0 - Deficient. Does not meet minimum requirements of the individual element. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS. 1 - Needs to improve. Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS. 2 - Satisfactory. Employee meets all requirements of the individual element. 3 - Superior. Employee consistently exceeds the performance requirements.																
Rating Factors	Hot Line				Map-Up				Camp				Other (specify)			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Knowledge of the job																
Ability to obtain performance																
Attitude																
Decisions under stress																
Initiative																
Consideration for personnel welfare																
Obtain necessary equipment and supplies																
Physical ability for the job																
Safety																
Other (specify)																
10. Remarks																
11. Employee (signature) This rating has been discussed with me					12. Date											
13. Rated By (signature)		14. Home Unit (address)		15. Position of Fire												
				16. Date												

# ICS-225 EMPLOYEE PERFORMANCE EVALUATION

- Every PTB should include at least One ICS-225
- It is a good idea that for every evaluation record completed so should an ICS 225.
- ICS-225 goes into more depth on the Trainee's performance.



# ICS-225 TOP SECTION

- Trainee Name
- Fire/Event name and number
- Trainee home unit
- Location of fire/event
- Trainees position on Fire
- Date
- Size of fire
- Fuel types (same as evaluation record)
  - **G = Grass Group**
  - **B = Brush Group**
  - **T = Timber Group**
  - **S = Slash Group**



## INCIDENT PERSONNEL PERFORMANCE RATING

INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the fire. Rating will be reviewed with employee who will sign at the bottom.

THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE

1. Name <b>Katlene Ginn</b>		2. Fire Name and Number <b>Big circle fire TX-TXSM-180023</b>	
3. Home Unit (address) <b>Brazos county PCT 3</b>		4. Location of Fire (address) <b>Bryan, TX</b>	
5. Fire Position <b>FFTI (T)</b>	6. Date of Assignment From: <b>4/25/17</b> To:	7. Acres Burned <b>100</b>	8. Fuel Type(s) <b>G</b>

# ICS-225: EVALUATION SECTION

- Evaluator should fill this out for duties that actually too place.
- If it does not apply leave it blank

9. Evaluation																
Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:																
0 - Deficient. Does not meet minimum requirements of the individual element. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.																
1 - Needs to improve. Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.																
2 - Satisfactory. Employee meets all requirements of the individual element.																
3 - Superior. Employee consistently exceeds the performance requirements.																
Rating Factors	Hot Line				Map-Up				Camp				Other (specify)			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Knowledge of the job			X				X									
Ability to obtain performance				X				X								
Attitude			X				X									
Decisions under stress			X				X									
Initiative			X				X									
Consideration for personnel welfare				X				X								
Obtain necessary equipment and supplies				X				X								
Physical ability for the job				X				X								
Safety			X				X									
Other (specify)																



# ICS-225: REMARKS AND SIGNATURE

- Remarks: Evaluators- Please be specific on duties performed and level of performance. The more information the better.
- Employee signature: Once the Evaluator has discussed the 225 with trainee then they must sign the form
- Signature date: Trainee dates when they signed



10. Remarks Trainee was a FF'FI in my group. She had good knowledge of her duties during initial attack and kept good information flow between members. Little to no direction was needed when asked to perform duties by the STEN or myself. This was a fast moving grass fire that took some quick thinking to prevent it from spreading.			
11. Employee (signature) This rating has been discussed with me <i>Katlene Ginn</i>		12. Date 4/25/17	
13. Rated By (signature)	14. Home Unit (address)	15. Position of Fire	16. Date

# ICS-225: REMARKS AND SIGNATURE

- Rated By: Evaluators  
Signature
- Home unit: Evaluators  
home unit
- Position on fire:  
Evaluators Position
- Date: Date evaluator  
signed

10. Remarks <p>Trainee was a FF'TI in my group. She had good knowledge of her duties during initial attack and kept good information flow between members. Little to no direction was needed when asked to perform duties by the STEN or myself. This was a fast moving grass fire that took some quick thinking to prevent it from spreading.</p>			
11. Employee (signature) This rating has been discussed with me <i>Katlene Ginn</i>		12. Date <b>4/25/17</b>	
13. Rated By (signature) <i>Bill Terry</i>	14. Home Unit (address) <b>TFS</b>	15. Position of Fire <b>ENGB</b>	16. Date <b>4/25/17</b>



# POINTS TO CONSIDER BEFORE COMPLETING PTB'S

- Task book is completed within 5 years of the first evaluation, unless an extension was requested
- Trainee documents the minimum assignments required per qualification, which provide **adequate experience** and time for the position being qualified for.
  - 2 for FFTI, ENOP, FAL3
  - 3 for ENGB, STEN
- All tasks in the PTB have to be initialed at least once and only on incidents or events that correlate with the task codes
- Trainee documents a minimum of two wildfire assignments with at least one that is outside his/hers home unit
- ENGB and STEN trainee's
  - documents a minimum of one wildfire assignment that spans more than one operational period. (Or a multi operational RX if trainee documents sufficient wildfire experience)
  - Trainee documents experience in a minimum of two fuel types



# WHEN SUBMITTING PTB'S

- Scan in the whole document
  - Is it double sided
- Have the PTB's check list filled out and signed by department representative (Fire chief)
  - Can be found on the TIFMAS website
- Insure ICS-225 is included
- Email to [tifmas@tfs.tamu.edu](mailto:tifmas@tfs.tamu.edu)

