

EOC Credentialing Program Resource Guide

Version 0.3
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This document contains forms to be used by those seeking a Cal OES credentialed EOC position



**California
Specialized
Training
Institute**



Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

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PROGRAM POLICIES

Participation in the Cal OES EOC credentialing program is voluntary. However, credentialing EOC staff helps to ensure that personnel possess the minimum knowledge, skills and experience necessary to execute emergency management EOC activities safely and effectively.



Documentation Standards

Documentation (i.e. course certificates) submitted to the state EOC credentialing program must be issued by any of the consortium members referenced on the Cal OES website as being training partners of CSTI.

Initial documentation considered for the credentialing program must have been obtained within the past five (5) years. CSTI reserves the right to approve coursework older than 5 years during initial submission provided the request is made in writing. Requests will be granted on a case by case basis. CSTI reserves the right to request course syllabus, description and certificate of completion for individual assessment.

Recertification

The recertification requirement may be met by documenting actual incident experiences in a position, filling equivalent local EOC section/positions, drills, exercises or other refresher training in subject matter, position and/or function listed within the program. Recertification timelines vary by Type level:

Year 1 ↑ ↓ Year 5	Continuing Education offered by Cal OES training partners	+	2 Functional/Full Scale Exercises <i>Or</i> 1 Complex, multi-agency actual incident or planned event
Year 1 ↑ ↓ Year 4	Continuing Education offered by Cal OES training partners	+	2 Complex, multi-agency actual incident or planned event
Year 1 ↑ ↓ Year 3	Continuing Education offered by Cal OES training partners	+	3 Complex, multi-agency actual incident or planned events

Job Shadowing

Although job shadowing for the EOC Position Credentialing program is strongly encouraged, this process is voluntary and at the sole discretion of the hosting EOC/jurisdiction. Job shadowing provides a direct benefit to increase the quantity and quality of staff to fill EOC positions for future or long term disasters. However each disaster is unique and many variables such as EOC size,

layout, equipment, tempo/pace, security, staffing requirements, etc., sometimes make job shadowing impractical. For those who are willing and able to participate in the process, the following voluntary guidelines are provided to candidates participating in job shadowing:

- The intent of job shadowing is to provide a registered candidate with an opportunity to increase their knowledge and skill level to competently fill the EOC position they are being credentialed for.
- Job shadowing is defined as the opportunity for a candidate to be allowed to watch and learn from an experienced person fulfilling the role and to learn the responsibilities and duties of an EOC position during a real event, multi-agency Operations-Based Functional or Full Scale Exercise. The candidate is in a passive observing role and does not interfere in any way with the operations of the person filling the position. Job shadowing provides an indirect training opportunity for a candidate and is documented with a modified 226 review form.
- If the candidate is allowed to job shadow, specific requirements and limitations should be provided and agreed to by the candidate during a briefing before operations start.
- If the candidate is allowed to job shadow, he/she should only observe and not interact with, the person fulfilling the position unless allowed to by that person.
- In no case should a job shadowing disrupt EOC operations or decrease the efficiency of the person assigned to fulfill the position.
- Cost of travel and personal expenses are the responsibility of the candidate requesting a job shadowing opportunity.

For jurisdictions willing to offer the opportunity for candidates to participate in the EOC job shadowing process for an upcoming Operations Based Exercise or Full Scale Exercise, the positions being offered for job shadowing should be registered with CSTI ahead at least one month ahead of the date of the exercise. A *Job Shadowing Offer Request Form* has been provided in this resource guide, for this purpose.

For jurisdictions willing to offer the opportunity for candidates to participate in the EOC job shadowing process during a real event, the positions being offered for job shadowing should follow the Cal OES EMMA request process. Following the EMMA request process will ensure that candidates have the necessary information for their deployment.

Jurisdictions providing job shadowing during real events should refer to the following guidelines:

- Determination to allow a candidate to participate in job shadowing should be left up the EOC Director or his/her designated alternate (e.g. EOC Coordinator)
- If appropriate and safe, and the candidate is allowed hands on experience, he/she must follow the directions and instructions as determined by the person assigned to the

position. The person assigned to the position can stop the candidate's direct operations/ practice at any time and for any reason (i.e. inappropriate or unsafe acts, etc.).

- Ideally, the person doing mentoring should be credentialed in the specific EOC position, and at the appropriate Type. If this is not possible, the person should be fully competent/comfortable with the position and be able to impart the appropriate knowledge and skills to the candidate.
- At the end of the event, the person who has mentored a candidate should complete the EOC Position Evaluation Form 226 and provide it to the EOC Documentation Unit and the candidate. It is the candidate's responsibility to ensure their 226 is submitted with their credential application.
- At any time, at the direction of the EOC Director or his/her designee, the candidate can be removed from the job shadowing process and directed to leave the EOC.

Pre-approved G-611 Substitution Courses

The following courses have been pre-approved by CSTI as substitution for the G-611 *Essentials of EOC Section/Position Course*:

	CICCS Courses	FEMA Courses
EOC Director	S-400	G/E/L-950
Safety Officer	S-404	G/E/L-954
Public Information Officer	S-403	G/E/L-952
Liaison Officer	S-420	G/E/L-956
Operations Chief/Coord.	S-420	G/E/L-958
Fire Branch Director	S-339	G/E/L-958
Planning & Intelligence Chief/Coord.	S-440	G/E/L-962
Situation Analysis Unit Leader	S-346	G/E/L-964
Documentation Unit Leader	J-342	
Resource Status/Tracking Unit Leader	S-349	G/E/L-965
Demobilization Unit Leader	S-349	
GIS Specialist	S-341	E0190
Logistics Chief/Coord.	S-450	G/E/L-967
Communications/IS Unit Leader	S-358	G/E/L-969
Personnel Unit Leader	S-340	
Supply/Procurement Unit Leader	S-356 & S-360	G/E/L-970
Facilities Unit Leader	S-354	G/E/L-971
Food Unit Leader	S-357	
Finance & Administration Chief/Coord.	S-460	G/E/L-973
Time Keeping Unit Leader	S-360 & S-260	
Cost Accounting Unit Leader	S-260	
Compensation & Claims Unit Leader	S-360	

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POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: EOC Director	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Established appropriate staffing levels for the EOC					
Exercised overall management responsibility for coordination between emergency response agencies in the jurisdiction					
Set jurisdictional priorities for response efforts					
Ensured that inter-agency coordination is accomplished					
Directed appropriate emergency public information actions					
Approved the issuance of public information materials					
Liaised with the Policy, MAC Group and/or elected officials					
Ensured staff schedule matches EOC planning and Op Cycle					
Provided staff with appropriate EOC support assignments					
Ensured internal and external EOC communication & coordination					
Managed & coordinated EOC support operations per SEMS/NIMS					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: EOC Coordinator	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Provided knowledge and guidance of the activation and internal functions of the EOC and ensure compliance with jurisdiction's emergency plans					
Provided good working knowledge and guidance of systems, equipment and processes used in the EOC					
Assisted the Liaison Officer in ensuring proper procedures are in place for directing Agency Representatives					
Ensured policies and procedures within the EOC are maintained including security procedures and accurate and appropriate display of identification and section specific identifiers					
Assisted EOC Director in ensuring coordinated and effective EOC support operations, consistent with SEMS/NIMS guidelines					
Ensured internal and external EOC communication & coordination					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Safety Officer	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reviewed or initiate Safety Plan and all Safety Messages					
Participated in Strategy / Tactics meetings and complete an Incident Safety Analysis					
Consulted with the EOC Director and General Staff Coordinators on the need to prepare and present an EOC Safety Message and Site-Safety Plan					
Assessed the need to prepare an EOC Medical Plan					
Monitored and ensured safe EOC operations during Op period, including the health and welfare of all EOC staff					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Liaison Officer	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Assisted the EOC Director and EOC Coordinator in conducting briefings for inter-agency coordination and with distribution of the current Action plan					
Worked with the other EOC sections and branches/groups/units to obtain information and ensured that all relevant information was disseminated in a timely manner					
Acted as the point of contact for Agency Representatives and maintained a roster of Agency Representatives					
Oversaw all special events, dignitary visits and field liaison positions					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Public Information Officer	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Served as the central point for the agency or jurisdiction for all press and media releases					
Ensured that the public within the affected area receive complete, accurate, timely and consistent information about life safety procedures					
Coordinated media releases with PIOs at command posts or field incidents, or the JIC (if established) and/or those representing other affected emergency response agencies					
Developed the format for press conferences, in conjunction with the EOC Director					
Maintained a positive relationship with the media representatives					
Supervised the Public Information function process					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Legal Affairs Officer	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Advised the Multi-Agency Coordination/Policy Group and/or EOC Director, and the Management and General Staff on the legality and/or legal implications of contemplated emergency actions and policies					
Established areas of legal responsibility and/or potential liabilities					
Prepared documents relative to evacuations, curfews, and demolition of hazardous structures or conditions					
Developed emergency rules, regulations and laws required for acquisition and/or control of critical resources					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Private Sector Coordinator	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Interacted with Private industry to organize resources/capabilities within the affected area					
Relayed information to and from Private industry to ensure their internal response is coordinated and supportive of the emergency/disaster					
Gathered the needs of private industry to sustain the economy within the affected area					
Ensured the efficient and effective use of available resources					
Developed and enhanced the plans and protocols for emergency response, assessment, resource-sharing, etc.					
Shared critical information during response to the incident					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Operations Chief/Coord.	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Ensured effective supervision of the Operations Section, including the safety and welfare of Section personnel					
Ensured an Operations "coordination & support" (vs. tactics) role					
Activated, briefed, directed and ensured internal coordination between Operations Section Branches and Groups					
Provided regular Section Status Reports to the EOC Director					
Ensured that the Plans & Intel Section was provided with status reports and major incident reports as they were occurring					
Worked with Plans & Intel to track all resources					
Attended and participated in EOC Action Planning meetings, including providing appropriate support (not tactical) objectives					
Authorized resource requests and forward critical resource requests to the EOC Director for approval					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Fire Branch Director	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reported fire related field and tactical operations to the Operations Chief/Coord., and other EOC Staff as needed					
Coordinated the prevention, control and suppression of fires and hazardous-materials incidents					
Coordinated with the Logistics Section for the provision of resources					
Coordinated with the Fire Mutual Aid Coordinator for requests from emergency response agencies					
Coordinated with the Public Information Officer to disseminate information to the public					
Coordinated resources to facilitate tactical operations of triage, emergency medical care and treatment of the injured					
Ensured effective supervision of assigned Branch personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

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Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Law Branch Director	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reported law enforcement related field and tactical operations to the Operations Chief/Coord., and other EOC Staff as needed					
Maintained contact with established DOCs to coordinate resources and response personnel					
Coordinated with the appropriate units of the Logistics Section for resource requests					
Ensured that all Law Enforcement Branch resources are tracked and accounted for					
Coordinated with the Law Enforcement Mutual Aid Coordinator for requests from emergency response agencies,					
Coordinated with Fire Branch on search and rescue activities					
Ensured effective supervision of assigned Branch personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Care & Shelter Branch Director	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reported appropriate mass care operations and issues, including shelter locations and status, to the Operations Chief/Coord., and other EOC Staff as needed					
Ensured that the Care and Shelter Branch function was carried out in a coordinated and effective manner					
Ensured that all Care & Shelter Branch resources were tracked and accounted for					
Coordinated directly with the American Red Cross and other volunteer organizations to provide Mass Care					
Met regularly with Care & Shelter Branch staff to reach consensus on Operations Section objectives for forthcoming operational periods					
Ensured effective supervision of assigned Branch personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
ICS Position Held: Animal Services Group Supervisor	Number of Operational Periods Completed:					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position						
Performance Levels						
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Coordinated with the Care and Shelter Branch to identify animal sheltering locations and issues if needed						
Coordinated with the field and branches within the EOC Operations Section to facilitate the movement of large and small animals if needed						
Ensured that all Animal Services resources were tracked and accounted for						
Coordinated with local veterinarians and non-profit groups to provide services to animals being evacuated and/or sheltered						
Met regularly with Care & Shelter Branch staff to reach consensus on Operations Section objectives for forthcoming operational periods						
Ensured effective supervision of assigned Group personnel						
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)					Date:	
Rated by (signature):		E-Mail:		Date:		
Name (printed):		Phone:		Agency:		

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Medical/Health Branch Director	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reported appropriate medical and health operations and issues, to the Operations Chief/Coord., and other EOC Staff as needed					
Effectively supervised assigned Medical/Health Branch personnel					
Continuously monitored the effectiveness of the branch, including identifying and resolving any medical and/or health issues					
Ensured coordination of hospitals, health units, continuing care, mental health, EMS and environmental health within the jurisdiction, as well as the County Health Officer					
Ensured Medical and Health Branch resources were tracked and accounted for					
Met regularly with Medical and Health Branch staff and work to reach consensus on Operations Section objectives for forthcoming operational needs					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
ICS Position Held: Ag & Natural Resources Branch Director	Number of Operational Periods Completed:					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position						
Performance Levels						
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Reported appropriate ag and natural resource related operations, to the Operations Chief/Coord., and other EOC Staff as needed						
Effectively supervised assigned Medical/Health Branch personnel						
Continuously monitored the organizational effectiveness of the branch in coordinating and resolving ag related problems & issues						
Ensured coordination local farmers, local ranchers, natural resources agencies and the county Agriculture Department for the jurisdiction						
Ensured Ag and Natural Resources information and response resources were tracked and accounted for						
Coordinated information needs from resource subject matter experts and state agencies (e.g. BLM, etc.)						
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)					Date:	
Rated by (signature):		E-Mail:		Date:		
Name (printed):		Phone:		Agency:		

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Construction & Engineering Branch Director	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Reported appropriate Construction & Engineering operations, to the Operations Chief/Coord., and other EOC Staff as needed					
Ensured that the Construction and Engineering Branch function was carried out in a coordinated and effective manner					
Coordinated the Surveying of jurisdictional infrastructure systems, such as streets, roads and bridges					
Coordinated the Assistance to law enforcement for road closures					
Met regularly with Construction and Engineering Branch and activated Group staff in order to work to reach consensus on Operations Section objectives for forthcoming operational periods					
Coordinated the Surveying and restoration of jurisdictional utility systems which may have been disrupted					
Ensured effective supervision of assigned Branch & Group staff					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Damage/Safety Assessment Group Supervisor	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Provided communication with the field level and/or coordinated the Preliminary Damage Assessments (PDAs)					
Coordinated with public and private sector representatives to identify damages					
Coordinated with Public Works and Planning Departments of jurisdictions					
Coordinated with insurance companies					
Provided valid and coordinated information from the above sources to the Operations Chief/Coord. and the Recovery Unit					
Ensured effective supervision of assigned Group personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Debris Management Group Supervisor	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Developed and coordinated a response plan for debris management and removal, involving appropriate agencies					
Identified and coordinated debris management and removal criteria in order to facilitate FEMA eligibility					
Coordinated procurement and contracts with Logistics and Finance/Admin					
Kept Operations Chief/Coord. and other appropriate EOC staff informed on status of debris removal					
Ensured effective supervision of assigned Group personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Public Works Group Supervisor	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Evaluated and assessed the safety and condition of roadways, bridges and other public works infrastructure					
Assisted law enforcement with traffic control					
Assisted fire and law enforcement with search and rescue with use of heavy equipment					
Assisted the transportation unit with transportation route development					
Assisted as directed with any other public works related activity or resource (such as sand bag operations)					
Kept Operations Chief/Coord. and other appropriate EOC staff informed on status of public work field operations					
Ensured effective supervision of assigned Group personnel					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Utilities Representative	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Coordinated with public and private utilities, including electric, gas, water and waste to receive an assessment of the systems					
Coordinated with utility companies to develop a restoration plan					
Kept Operations Chief/Coord. and other appropriate EOC staff informed on status of involved utility field operations, including estimated restoration times provided by the impacted utility					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Plans & Intel Chief/Coord.	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Ensured effective supervision of the Planning/Intelligence Section, including the safety and welfare of Section personnel					
Ensured that the Planning/Intelligence function is performed consistent with SEMS/NIMs guidelines					
Provided regular Section Status Reports to the EOC Director					
Ensured that EOC & Op Area reports were submitted as scheduled					
Ensured EOC Action Planning & effective EOC Action Plan(s)					
Determined reporting scheduled for all EOC elements					
Prepared work objectives for Section staff					
Directed the collection & display of a common operating picture, as well as the collection & organization of all documentation					
Reviewed, approved and submitted situation status reports					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
ICS Position Held: Situation Analysis Unit Leader	Number of Operational Periods Completed:					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position						
Performance Levels						
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Effectively supervised assigned staff to perform Unit functions						
Developed a system to post common operating picture elements within the EOC and kept the P/I Chief/Coord. updated						
Collected, organized and analyzed data from other EOC sections						
Provided an authentication process for conflicting status reports o						
Met with P&I section chief and EOC Director to determine needs for planning meetings, briefings and significant events						
Directed the collection of photographs, videos, and/or sound recordings or disaster events, as appropriate						
Met with PIO to determine the best methods for developing media and other briefings						
Ensured that all maps, status boards, other displays and electronic records contain current, accurate and validated information						
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner						
Other significant assigned position related tasks:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)					Date:	
Rated by (signature):			E-Mail:		Date:	
Name (printed):			Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Documentation Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Collected and organized all written forms, logs, journals and reports at completion of each shift from all sections					
Provided documentation services to the EOC staff					
Compiled, copied, published and distributed the EOC Action Plan					
Met with P&I Section Coord. to determine what EOC materials should be maintained and filed for official records					
Assisted in the preparation of any written action plan and/or procedures					
Ensured all branches/units were submitting and updating accurate and complete status reports and any other records					
Assisted the Advanced Planning Unit with completing the EOC Action Plan					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant assigned position related tasks:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
ICS Position Held: Advanced Planning Unit Leader	Number of Operational Periods Completed:					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position						
Performance Levels						
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Effectively supervised assigned staff to perform Unit functions						
Developed an Advanced Plan identifying future policy related issues, social and economic impacts and significant recovery resource needs during the next 36-72 hours						
Reviewed all available situation reports, action plans and other significant documents to determine future impacts						
Provided periodic briefings for the Plans/Intel Chief/Coord., EOC Director and Management Team addressing advanced Planning issues						
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner						
Other significant assigned position related tasks:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)					Date:	
Rated by (signature):		E-Mail:		Date:		
Name (printed):		Phone:		Agency:		

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Resources Status/Tracking Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Attended strategy meetings to determine EOC resource needs					
Completed resource request forms for personnel, supplies, services and equipment					
Verified proper check-in and check-out of personnel in the EOC					
Provided resource information to the Plans & Intel Chief/Coord. Situation Analysis Unit, Demob Unit and Logistics section					
Assisted in preparation of the Org Chart and Assignment List					
Maintained and displayed a master list of resources assigned					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant assigned position related tasks:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Demobilization Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Established time tables for deactivating or downsizing units and tentative release list and kept the P/I Chief/Coord. updated					
Determined if any special needs exist for personnel demobilization					
Developed a check out procedure, to ensure all deactivated personnel have cleared their operating position					
Coordinated the release of all resources closely with all sections					
Maintained a master list of resources demobilized					
Worked closely with Logistics to ensure all personnel, equipment, and excess supplies were demobilized and properly released and/or accounted for					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant assigned position related tasks:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Technical Specialist (General)	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Provided valid technical expertise related to the specialty					
Developed a system to post significant events information, health concerns, property damage, fire status, size of risk area, scope of hazard to the public, number of evacuees, etc., per specialty					
Assisted Planning & Intelligence Section with the collection, organization and analysis of data from the field and other EOC's					
Provided for an authentication process in case of conflicting status reports on events					
Met with Section Coordinator to determine needs for technical planning meetings & briefings					
Provided coherent and understandable technical briefings					
Determined if there were any special information needs					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Access & Functional Needs Specialist	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Provided valid technical expertise related to AFN					
Determined the scope of the incident and the impact on AFN populations					
Provided consult and assistance with other Sections as they manage resources and activities					
Monitored and assisted with message development/translation, as needed, including alert and warning messages to ensure they are reaching all elements of the access and functional needs populations					
Assist in developing ordinances and regulations for evacuations					
Provided coherent and understandable AFN technical briefings					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant technical AFN assignment tasks:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: GIS Specialist	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Provided valid technical expertise related to GIS					
Worked with all sections to obtain data on all impacts (Utilities, Destroyed/Damaged property, Critical Infrastructure, Financial Impacts, etc.)					
Ensured that necessary maps and data pertinent to the operations were kept current					
Mapped areas that may have been rezoned, destroyed, reconstructed and/or modified					
Works with the Situation Analysis Unit to create displays and reports from the data in GIS					
Participated in Planning & Intelligence Section meetings and development of the EOC Action Plan					
Provided coherent and understandable GIS technical briefings					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant technical GIS assignment tasks:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:			

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Social Media Technical Specialist	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Provided valid technical expertise related to Social Media					
Assisted the Public Information Officer and/or the Joint Information Center with information monitoring and dissemination					
Worked with all sections to identify rumors, gather intelligence, and identify multiple social media outlets to be monitored					
Gathered, stored and cataloged video, photographic and print media resources for use in message development					
Provided coherent and understandable Social Media technical briefings (ESPECIALLY TO OLDER FOLKS - JUST KIDDING)					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant technical Social Media assignment tasks:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Logistics Chief/Coord.	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Ensured effective supervision of the Logistics Section, including the safety and welfare of Section personnel					
Ensured the Supply Unit coordinated closely with Purchasing Unit and that all required documents and procedures were completed					
Ensured the Supply and Personnel Units coordinated relevant activities with appropriate EOC Section staff					
Ensured all resources were tracked and accounted for					
Ensured transportation requirements, in support of EOC and response operations are met					
Ensured that all requests for facilities and facility support were addressed					
Regularly coordinates with Resources Status/Tracking					
Educate the public on emergency preparedness -Logs Task???					
Provided regular Section Status Reports to the EOC Director					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
ICS Position Held: Communications/IS Unit Leader	Number of Operational Periods Completed:					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position						
Performance Levels						
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Effectively supervised assigned staff to perform Unit functions						
Determined what communications equipment was necessary						
Provided technical information as required						
Provided Support for all EOC information Systems and ensured automated information links with partner EOC/DOC's are maintained						
Managed data and telephone services for the EOC						
Received and prioritized special requests						
Provided communications briefings and technology status reports as requested in a coherent and understandable manner, and kept the Logistics Chief/Coord. updated						
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)					Date:	
Rated by (signature):			E-Mail:		Date:	
Name (printed):			Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
ICS Position Held: Transportation Unit Leader	Number of Operational Periods Completed:					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position						
Performance Levels						
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Effectively supervised assigned staff to perform Unit functions						
Coordinated with the Public Works Branch Director to determine progress of routes						
Coordinated transportation activities and needs with the Supply and Procurement and Personal Units, Operations Branches, Public information and Liaison Officers						
Kept the Logistics Section Chief/Coord. informed of significant issues affecting the Transportation Unit						
Coordinated with the Finance and Administration Section to develop contracts with transportation vendors-as needed						
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)					Date:	
Rated by (signature):		E-Mail:		Date:		
Name (printed):		Phone:		Agency:		

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Personnel Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Developed EOC organization chart & staffing pattern for Op Period					
Reviewed DSW policies/agreements and tracked/ensured that DSW responsibilities were coordinated					
Identified, recruited and registered volunteers as required					
Coordinated with Liaison & Safety Officers to ensure that all EOC staff, received a situation and safety briefing upon check in					
Tracked, recorded and reported staff-time for all personnel/volunteers and kept the Logs Chief/Coord. informed					
Assisted, in coordination with the Safety & Security Officers, to support employees and their families who are also disaster victims (i.e. crisis counseling, mental health specialists, etc.)					
Coordinated with the Operational Area EOC to activate the Emergency Management Mutual Aid System if required					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
ICS Position Held: Supply/Procurement Unit Leader	Number of Operational Periods Completed:					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position						
Performance Levels						
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Effectively supervised assigned staff to perform Unit functions						
Determined if the requested types and quantities of supplies, materials and equipment were available in inventory						
Coordinated vendor contracts not previously addressed by existing approved vendor lists						
Coordinated donated goods and services from community groups and private organizations with the Donations Management Unit						
Coordinated with Resource Status/Tracking Unit to facilitate all Resources Request and coordinated the update of the resource tracking system in use at the EOC						
Coordinated the acquisition and allocation of supplies, materials and equipment not normally provided through mutual aid or normal agency channels and kept the Logs Chief/Coord. informed						
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)					Date:	
Rated by (signature):		E-Mail:		Date:		
Name (printed):		Phone:		Agency:		

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Facilities Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Accessed the needs of the EOC and field ICP's for facility resources					
Ensured all facilities are safe for occupancy, secured and that they comply with ADA requirements					
Developed and maintained a status board/reference depicting the location of each facility; description of furnishings, supplies and equipment at the site; hours of operation, and the name and phone number of the Facility manager					
Assisted the EOC Coordinator and Communications/Information Systems Unit personnel with any facility related issues					
Ensured the EOC facility is maintained in a clean and sanitary condition and that the facility infrastructure (power, water, HVAC system, Restrooms, etc.) operate satisfactorily					
As facilities were vacated, coordinated with the facilities manager to return the location to its original state					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Food Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Obtained necessary equipment, supplies, and facilities to establish food service (to include cold and/or hot storage and /or handling)					
Ensured food service areas meet appropriate health and safety measures and were maintained in a clean condition					
Ordered sufficient food and water from or through the Supply Unit					
Maintained an inventory of food, water, condiments, and supplies					
Coordinated with Procurement Unit to ensure all purchases were pre-approved					
Kept Logistics Chief/Coord. informed regarding any food service problems or issues					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Donations Management Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Communicated and coordinated with exterior stakeholders and NGOs to support effective donations management					
In coordination with the Private Sector Coordinator, served as a point of contact for private sector agencies wishing to donate goods and services					
Maintained consistent public messaging regarding donations through coordination with Public Information function, including the Joint Information Center (JIC) if activated					
Kept Logistics Chief/Coord. & EOC Director (as needed) informed regarding donations management problems or issues					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Volunteer Coordination Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Staffed Volunteer Team in the EOC and supported the Planning Section Resource Unit and the Logistics Section Supply Unit					
Established one or more assembly and staging sites for volunteers to report to for credential screening, registration and potential assignment (Volunteer Reception Centers)					
Coordinated with the Personnel Unit to the manage volunteer DSW process including document management					
Kept Logistics Chief/Coord. informed regarding any volunteer problems or issues					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Finance & Admin Chief/Coord.	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Ensured effective supervision of Finance/Admin Section, including the safety and welfare of Section personnel					
Ensured that the Finance/Admin function was performed consistent with SEMS/NIMS guidelines					
Activated units within the Finance/Admin section as required					
Ensured on-duty time is recorded and collected for all personnel					
Ensured that there is a continuum of payroll process for all employees responding					
Ensured that workers' compensation claims, resulting from the response, are processed within a reasonable time					
Determined any necessary spending limits and burn rates					
Provided financial and cost analysis information as requested					
Provided regular Section Status Reports to the EOC Director					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Timekeeping Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Tracked, recorded and reported staff time for all personnel/volunteers, including hired and contracted					
Ensured that hired and contracted personnel time records, travel expense claims and other related forms were prepared and submitted to budget and payroll office					
Established and maintained a file for each employee/volunteer					
Coordinated the recording of time for all equipment assigned					
Submitted cost estimates to the Cost Accounting Unit					
Assisted other units in a system for collecting personnel and/or equipment time reporting					
Distributed information to all resources through Section Chiefs/Coordinators via memorandum in EOC Action Plan					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Cost Accounting Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Worked with the Documentation Unit to collect and maintain documentation of all information for reimbursement (i.e. position logs, journals, status reports, and Action Plans, etc.)					
Gathered fiscal recovery information from agencies providing emergency response, support and assistance					
Made cost analysis, estimates, summaries and cost-saving recommendations to the Finance/Admin Section Chief					
Prepared disaster financial assistance documentation necessary to recover all allowable emergency response funds and financial assistance from FEMA					
Acted as the liaison with FEMA's adjusters and coordinators					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
ICS Position Held: Compensation & Claims Unit Leader	Number of Operational Periods Completed:					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position						
Performance Levels						
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Effectively supervised assigned staff to perform Unit functions						
Maintained files of illnesses, injuries or deaths of personnel, and damages to property of equipment including results of investigations and kept the Finance & Admin Chief informed						
Coordinated the investigation of injuries or deaths of personnel, and damages to property or equipment arising out of the emergency and document any incomplete investigations and follow-up actions required of the jurisdiction						
Coordinated incident personnel and volunteer injury claims with appropriate entities (e.g., Agency's worker's compensation provider or state Disaster Service Worker Volunteer Program)						
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)					Date:	
Rated by (signature):		E-Mail:		Date:		
Name (printed):		Phone:		Agency:		

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.					
Name & Agency of Trainee:	Incident/Exercise Name:					
Incident/Exercise Address:	Date(s) of Position Assignment:					
ICS Position Held: Purchasing Unit Leader	Number of Operational Periods Completed:					
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position						
Performance Levels						
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory	
Effectively supervised assigned staff to perform Unit functions						
Coordinated vendor contracts not previously addressed by existing approved vendor list						
Coordinated with the Logistics Section and Operations Section on all matters involving the purchase, hire, contract, rental and leases of resources						
Verified cost data in pre-established vendor contract/agreements						
In coordination with the Logistics Section, ensured that purchase orders and contracts are developed in a timely manner						
Ensured that all contracts identified the scope of work and specific site locations						
Negotiated rental rates not already established, or purchase price with vendors as needed and kept Finance & Admin Chief informed						
Performed quality control of vendors as necessary (e.g., unethical business practices, inflating prices or rental rates, etc.)						
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner						
Other significant position related tasks assigned:						
Overall Rating & Remarks:						
This rating has been discussed with me (signature of individual being rated)					Date:	
Rated by (signature):			E-Mail:		Date:	
Name (printed):			Phone:		Agency:	

POSITION PERFORMANCE RATING FORM (ICS 226)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 226	Instructions: A qualified or credentialed immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name & Agency of Trainee:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held: Recovery Unit Leader	Number of Operational Periods Completed:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in an operations-based exercise <input type="checkbox"/> Job Shadowing under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Effectively supervised assigned staff to perform Unit functions					
Coordinated with all sections to collect and maintain documentation of all disaster information for reimbursement					
Prepared and maintained a cumulative cost report					
Ensured that the Budget Office established a disaster accounting system, to include an exclusive cost code for response					
Acted as the liaison for the neighboring jurisdictions, Operational Areas, State, Federal, and disaster assistance agencies; to coordinate the cost recovery process					
Prepared all required state and federal documentation as necessary to recover all allowable disaster response costs					
Organized and prepared records for final audit					
Kept Finance & Admin Chief/Coord., Advanced Planning Unit and EOC Director updated on recovery issues					
Completed all position duties as assigned, consistent with the EOC Action Plan, in a calm, cooperative and competent manner					
Other significant position related tasks assigned:					
Overall Rating & Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	
Rated by (signature):		E-Mail:		Date:	
Name (printed):		Phone:		Agency:	

TYPE III CREDENTIAL REQUEST SUBMISSION FORM

Personal Information		
First Name:	Last Name:	E-Mail:
Organization:		
Mailing Address (please enter the address you want your credential card mailed to):		
Position Credential Requested:		
Core Curriculum Training		
Course	Completion Date	Certificate Attached
G-606		<input type="checkbox"/> Yes
IS-100		<input type="checkbox"/> Yes
IS-700		<input type="checkbox"/> Yes
IS-706		<input type="checkbox"/> Yes
IS-800		<input type="checkbox"/> Yes
<input type="checkbox"/> I am substituting the SEMS/NIMS Combo course for the courses listed above		<input type="checkbox"/> Yes
G-626E		<input type="checkbox"/> Yes
G-775		<input type="checkbox"/> Yes
G-191		<input type="checkbox"/> Yes
G-611		<input type="checkbox"/> Yes
<input type="checkbox"/> I am substituting the Essential Emergency Management Concepts course for the courses listed above		<input type="checkbox"/> Yes
EM Professional Development Baseline		<input type="checkbox"/> Yes
IS-230.d		<input type="checkbox"/> Yes
Position Specific Training		
Course	Completion Date	Certificate Attached
		<input type="checkbox"/> Yes
EOC Activation/Exercises (choose one)		
I filled this position during and activation for an emergency/planned event	I filled this position during two Functional or Full Scale exercises	
Date(s) of experience:	Date of exercise #1:	
Evaluation or ICS 226 Form attached: <input type="checkbox"/> Yes	Evaluation or ICS 226 Form attached: <input type="checkbox"/> Yes	
	Date of exercise #2:	
	Evaluation or ICS 226 Form attached: <input type="checkbox"/> Yes	

TYPE II CREDENTIAL REQUEST SUBMISSION FORM

Personal Information		
First Name:	Last Name:	E-Mail:
Organization:		
Mailing Address (please enter the address you want your credential card mailed to):		
Position Credential Requested:		
Core Curriculum Training		
Course	Completion Date	Attachment
IS-120.a		<input type="checkbox"/> Yes
IS-235.b		<input type="checkbox"/> Yes
IS-240.b		<input type="checkbox"/> Yes
IS-241.b		<input type="checkbox"/> Yes
IS-242.b		<input type="checkbox"/> Yes
IS-244.b		<input type="checkbox"/> Yes
Letter attached indicating EMMA & EMAC tasks have been completed		<input type="checkbox"/> Yes
Position Specific Training		
Course	Completion Date	Certificate Attached
		<input type="checkbox"/> Yes
Certification Letters		Attached
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
On-line Exam		
Student ID Number	Completion Date	Score
EOC Activations		
I filled this position during and activation for an emergency/planned event for at least two Operational Periods	I filled this position during and activation for an emergency/planned event for at least two Operational Periods	
Event #1 Name:	Event #2 Name:	
Date(s) of experience:	Date(s) of experience:	
Evaluation or ICS 226 Form attached: <input type="checkbox"/> Yes	Evaluation or ICS 226 Form attached: <input type="checkbox"/> Yes	

TYPE I CREDENTIAL REQUEST SUBMISSION FORM

Personal Information		
First Name:	Last Name:	E-Mail:
Organization:		
Mailing Address (please enter the address you want your credential card mailed to):		
Position Credential Requested:		
Core Curriculum Training		
Course	Completion Date	Certificate Attached
E/L0101		<input type="checkbox"/> Yes
G393		<input type="checkbox"/> Yes
G235		<input type="checkbox"/> Yes
G270.4		<input type="checkbox"/> Yes
ICS-300		<input type="checkbox"/> Yes
ICS-400		<input type="checkbox"/> Yes
Position Specific Training		
Course	Completion Date	Certificate Attached
		<input type="checkbox"/> Yes
EOC Activations		
I filled this position during and activation for an emergency/planned event for at least two Operational Periods		I filled this position during and activation for an emergency/planned event for at least two Operational Periods
Event #1 Name:		Event #2 Name:
Date(s) of experience:		Date(s) of experience:
Evaluation or ICS 226 Form attached: <input type="checkbox"/> Yes		Evaluation or ICS 226 Form attached: <input type="checkbox"/> Yes
I filled this position during and activation for an emergency/planned event for at least two Operational Periods		
Event #3 Name:		
Date(s) of experience:		
Evaluation or ICS 226 Form attached: <input type="checkbox"/> Yes		

JOB SHADOWING OFFER REQUEST FORM

This form is to be submitted as per the instructions contained within the [Submission Instructions section](#) of this resource guide when offering an EOC job shadowing opportunity during an Operations Based Functional exercise and/or Full-Scale exercise.

CSTI will forward the opportunity to those requesting job shadowing opportunities. The host EOC can coordinate with persons wishing to shadow directly.

Host EOC Contact Information		
First Name:	Last Name:	E-Mail:
Organization:		
Mailing Address:		
Exercise Information		
Exercise Name:	Exercise Type: <input type="checkbox"/> Operations-Based Functional <input type="checkbox"/> Full-Scale	
Exercise Start Date & Time:		
Exercise End Date & Time:		
Exercise Reporting Instructions:		
EOC Positions Being Offered for Job Shadowing:		
Minimum Training Requested of Candidate		

IMPORTANT!!!

This form is NOT to be used for real-world, job shadowing offerings. Please follow the Cal OES EMMA request process and indicate that the requested position is for job shadowing purposes only.

SUBMISSION INSTRUCTIONS

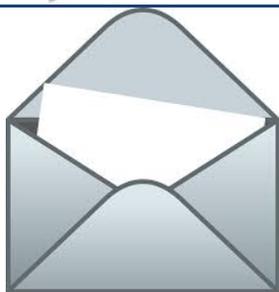
All forms contained within this resource guide accompany the Cal OES & CSTI EOC Position Credentialing Program. For more information regarding specific courses and requirements of the program, please refer to the Type I, II and III Task Books.

Forms and supporting documentation are to be submitted to CSTI for review. It is highly recommended that forms be submitted electronically. However due to e-mail restrictions, forms may be submitted via snail mail as well.



Forms and all supporting documentation should be zipped and E-mailed to:

Credentialcoord@caloes.ca.gov



If E-mail submission is not feasible, snail mail forms can be sent to:

California Specialized Training Institute
10 Sonoma Ave. Building 901
San Luis Obispo, CA 93405
Atten: Credentialing Coord.
