Communications Technician All-Hazards (COMT)

Position Task Book

Task Book Assigned To:

Trainee's Name:_____

Home Unit/Agency:_____

Home Address:_____

Home Unit Phone Number:_____

Task Book Initiated By:

Official's Name:_____

Home Unit Title:_____

Home Unit/Agency:_____

Home Unit Phone Number:_____

Home Unit Address:_____

Date Initiated:_____

Version 2.0
June, 2012

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF ALL- HAZARDS COMOMUNICATIONS TECHNICIAN (COMT)

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials. I also verify that _____ has performed as a trainee and should therefore be considered for certification in this position.

Final Evaluators Signature _____ Date _____

Printed Name_____ Agency_____

Phone Number_____ Email _____

AGENCY CERTIFICATION

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

Certifying Official's Signature_____ Date _____

Printed Name_____ Agency_____

Title_____ Phone Number _____

Competency 1: General

TASK	O or I	EVAL #	EVALUATOR *Initial & date upon completion of task*
1. Obtain and assemble information and materials needed for a response kit prior to receiving an assignment, including critical items needed for the assignment and items needed for functioning during the first 48 hours. The following items are suggested as basic information and materials kept in a go bag: • Appropriate ICS forms and logs • Working knowledge of local TICP • Tactical Interoperable Communications Plan (TICP), if available • Inventories or other lists of local and regional communications response equipment • Preplanned local system coverage maps • Pads of paper, pencils, pens, and tape • Food and beverage to be self-sustained for 48 hours or more • Portable radio(s) as appropriate for the region • Radio programming equipment (cloning cable or computer), adapters, and suitable tools.	O		
2. Establish and maintain positive interpersonal and interagency working relationships. • Conduct self in a professional manner • Respectful and courteous • Respectful of public and private property	O		
3. Provide for the safety and welfare of assigned incident personnel during the entire period of supervision. • Obtain the safety briefing • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Provide safety and identifying equipment, such as vests identifying the communications function, flashlights, and glow sticks. • Provide for security of information • Ensure that special precautions are taken when extraordinary hazards exist.	I		

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)
Code: 1 = Must be performed on an Incident, *Planned Event, or an *FE/FSE (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC)

Competency 2: Mobilization

TASK	O or I	EVAL #	EVALUATOR *Initial & date upon completion of task*
4. Obtain complete information from the public safety communications center(s) serving the area and incident upon initial activation, including: • Incident name and, as appropriate, an order, request, or other unique number identifying the incident for tracking purposes • Reporting location • Reporting time • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio).	I		
5. Gather information to assess the incident assignment. This is an ongoing task throughout all phases of the incident. Include assigned resources in a draft Incident Radio Communications Plan (ICS Form 205). Examples of important information include: • Frequencies and/or talkgroups already assigned Other mutual aid channels or equipment already in use • Gateway or other interoperability devices already in use • Other current incidents or events that may create conflicts communications plans or tax resources.	I		
6. Arrive at incident and check in. Arrive properly equipped at the assigned incident location within acceptable time limits.	I		
7. Obtain briefing from supervisor. Examples of briefing items are: • Work space • Work schedule • Policies and operating procedures • Current resource commitments and expectations • Current situation • Expected duration of assignment • Special needs. **This list is not all inclusive; COMT is responsible for asking adequate questions.**	I		
8. Determine requirements for communications as directed by the COML.	I		
9. Evaluate needs and order supplies, materials and personnel to keep/provide necessary communications, as required. • Recommend to COML materials and supplies required. • Monitor levels of supplies and materials at a level to prevent shortage of any basic needed items. Report	I		

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shortages to the COML. • Recommend adequate number of personnel to support the communications unit, technicians, technical specialists, etc. to the COML. • Assess current tactical communications equipment needs such as power sources for extended operations, report findings to the COML.			
10. Working with the COML, perform as the technical expert for communications needs. • Determine the feasibility and required equipment/personnel to provide the required communications support. • Provide operational and technical information on communications equipment available for the incident. • Provide operational and technical information on communications equipment and systems capabilities and restrictions.	I		
11. Working at the direction of the COML, install or arrange for the installation of communications systems to meet incident operational needs. • Through the COML, request any additional communications vendor services; e.g., telephone, SATCOM, microwave and help identify costs associated with equipment. • Through the chain of command, document the locations for equipment to be installed; e.g., repeaters, satellite telephones, telephone lines, etc. • Provide communications support for external and internal data operations. • Create/update diagrams of current communication system(s). • Assist the COML to determine optimal locations for any future expansion of communications equipment using topographical maps to evaluate elevation and separation needs.	I		
12. Install, or provide for the installation of, communications equipment. • Obtain equipment as needed. • Install and test all components of the communications equipment to ensure the incident's systems are operational, for example: o Repeaters o Links (radio and wire-based) o Remotes o Gateways o Telephones o FAX o Data o Aircraft and other special needs	I		

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• In cooperation with the COML develop installation priorities, while adhering to safety standards regarding communications needs of tactical personnel; i.e., operations before logistics. • Clone or program radios.			
13. Assign communications equipment. • Provide resources and unit leaders with appropriate equipment based on the communications plan. • Provide basic training as needed on equipment being fielded. • Maintain equipment inventory to provide accountability.	I		
14. Assist the COML to initiate and maintain accurate records of all communications equipment. • Maintain accountability system for issuing hand-held radio resources. • Document geographic locations of equipment and transfer this information to local maps (latitude/longitude, address, or access instructions). • Keep records for local and national resources to ensure return to proper locations.	I		
15. Monitor operational performance of communications systems throughout the duration of the incident. • Identify and take necessary action to accomplish minor field repair or place orders for replacement of equipment. • Monitor all gateways in use. • Plan for battery replacement. • Plan for generator refueling. • Act decisively to minimize interruptions in system operation.	I		
16. Maintain a 214 for the COMT when required. Unit Log will be kept current, legible, and will document all major activities, which may include: • Equipment locations. • Personnel changes.	I		

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Competency 3: Demobilization

TASK	O or I	EVAL#	EVALUATOR *Initial & date upon completion of task*
17. Demobilization and check out. • Submit all required information to the COML. • Receive demobilization instructions from the COML. • Brief subordinate staff on demobilization procedures and responsibilities. • Ensure that incident and agency demobilization procedures are followed. • Complete required ICS form(s) and turn in to the appropriate person. • Ensure that personnel in the unit are demobilized correctly. • Document lost equipment on agency specific forms.	I		

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All-Hazard Communication Unit Leader

INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents (may include preplanned events and full scale exercises), simulation in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional blocks are needed, a page can be copied from a blank task book and attached.

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Evaluator's name, incident/office title, and agency: List the name of the evaluator, his/her incident position (on incidents) or office title, and agency.

Evaluator's home agency, address and phone: Self explanatory

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

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

Incident Kind: Enter kind of incident, e.g., hurricane, wildland fire, search and rescue, flood, preplanned event, full scale exercise, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION ERRIOD:

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

Duration: Enter inclusive dates during which the trainee was evaluated.

Management Level or Complexity Level: Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command

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

Date: List the date the record is being completed.

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

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

EVALUATION RECORD

TRAINEE NAME TRAINEE POSITION

#1	Evaluator's name: Incident/office title & agency:		
Evaluator" home unit address & phone:			
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Name & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)
			To

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Recommendations: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

EVALUATION RECORD

#2	Evaluator's name: Incident/office title & agency:		
Evaluator" home unit address & phone:			
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Name & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)
			To

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Recommendations: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

EVALUATION RECORD

#3	Evaluator's name: Incident/office title & agency:		
Evaluator" home unit address & phone:			
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Name & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)
			To

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_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Recommendations: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

EVALUATION RECORD

#4	Evaluator's name: Incident/office title & agency:		
Evaluator" home unit address & phone:			
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Name & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)
			To

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee

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Recommendations: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

STATE OF OKLAHOMA
Office of Homeland Security

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK
And
Oklahoma COML Committee Approval
For
POSITION OF ALL-HAZARDS COMMUNICATIONS TECHNICIAN (COMT)

COMMITTEE VERIFICATION

I verify that the attached Position Task Book has been reviewed by the Oklahoma COML Committee, and a majority vote for approval of this task book was recorded, as indicated by the attached sheet, at a scheduled COML Committee meeting. Voting members are state-certified COML's or COMT's.

_____ _____
Signature of COML Committee Chair Date
John Comstock, COML

jcomstock@oklahomacounty.org
(405) 605-8979

STATEWIDE IOC PLANNING COORDINATOR CERTIFICATION

I Certify that_____
has met all requirements for qualification as a state-certified COMT and that the individual is eligible for issuance of a COMT credential.

_____ _____
Signature of SWIC Date
Nikki Cassingham, OK-OHS
IOC Planning Coordinator

ncassing@dps.state.ok.us
(405) 425-2869

Recorded vote for position task book of_____
For State Certification

Voting tally – Version 1.0 – March 18, 2014

At present, there are 12 voting members of the state COML Committee. A position task book must be approved by 50% plus one of voting members.

Yes	No		
____	____	Comstock, John	COML / COMT
____	____	Jones, Lucien	COML
____	____	Kitch, Gayland	COML
____	____	Lynch, Donald	COML
____	____	Scott, William	COML / COMT
____	____	Walsh, Scott	COML
____	____	Ott, Jamie	COML
____	____	Weeks, Jered	COML
____	____	Eppler, Kenneth	COML
____	____	Weist, Bob	COMT
____	____	Henessey, Jim	COMT
____	____	King, Chad	COMT

Notes/exceptions:_____

_____