

# Communications Unit Leader All-Hazards (COML)

## Task Book



Version 03\_08

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE  
POSITION OF Type III COML (All-Hazards)

**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 \_\_\_\_\_

TASK	O or I	EVAL #	EVALUATOR <i>Initial &amp; date upon completion of task</i>
<b>GENERAL</b>			
<p>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:</p> <ul style="list-style-type: none"> <li>• Appropriate ICS forms and logs</li> <li>• Current Tactical Interoperable Communications Plan (TICP) and Statewide Communications Interoperability Plan (SCIP), if available</li> <li>• Inventories or other lists of local and regional communications response equipment</li> <li>• Preplanned local system coverage maps</li> <li>• Contact, capability, and availability information for local and regional Communications Technicians and Specialists</li> <li>• Field Operation Guide (NIFOG)</li> <li>• COML Mobilization Guide (specific to locality)</li> <li>• Pads of paper, pencils, pens, and tape</li> <li>• Personal items (including medicine and cash), food and beverage to be self-sustained for 48 hours or more</li> <li>• Portable radio(s) as appropriate for the region</li> <li>• Radio programming equipment (cloning cable or computer), adapters, and suitable tools</li> <li>• GPS</li> <li>• First-aid kit</li> <li>• 24-hour clock</li> <li>• Multi-purpose knife</li> </ul>	O		

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TASK	O or I	EVAL #	EVALUATOR <i>Initial &amp; date upon completion of task</i>
<p>2. Establish and maintain positive interpersonal and interagency working relationships.</p> <ul style="list-style-type: none"> <li>• Through briefings, discuss EEO, civil rights, sexual discrimination, and other sensitive issues, with assigned personnel.</li> <li>• Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident.</li> <li>• Provide equal assignment opportunities based on individual skill level.</li> <li>• Monitor and evaluate progress based on expected work standards.</li> <li>• Address individual agency values and policies throughout the tenure of the incident.</li> <li>• Arbitrate differences in agency values and policies that affect the operation in a manner that fosters continuous positive working relationships.</li> <li>• Integrate cultural resource considerations into all management activities.</li> <li>• Coordinate with other Communications Unit Leaders prior to incidents to share information and assure communications interoperability.</li> </ul>	O		
<p>3. Provide for the safety and welfare of assigned personnel during the entire period of supervision.</p> <ul style="list-style-type: none"> <li>• Recognize potentially hazardous situations.</li> <li>• Inform subordinates of hazards.</li> <li>• Provide safety and identifying equipment, such as vests identifying the communications function, flashlights, and glow sticks.</li> <li>• Ensure that special precautions are taken when extraordinary hazards exist.</li> <li>• Ensure adequate rest, hydration, and nutrition is provided to all unit personnel.</li> <li>• Recognize any special medical needs of all unit personnel.</li> </ul>	I		

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TASK	O or I	EVAL #	EVALUATOR <i>Initial &amp; date upon completion of task</i>
<b>MOBILIZATION</b>			
4. Obtain complete information from the public safety communications center(s) serving the area and incident upon initial activation, including: <ul style="list-style-type: none"> <li>• Incident name and, as appropriate, an order, request, or other unique number identifying the incident for tracking purposes</li> <li>• Reporting location</li> <li>• Reporting time</li> <li>• Transportation arrangements/travel routes</li> <li>• Contact procedures during travel (telephone/radio).</li> </ul>	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: <ul style="list-style-type: none"> <li>• Frequencies and/or talkgroups already assigned</li> <li>• Other mutual aid channels or equipment already in use</li> <li>• Gateway or other interoperability devices already in use</li> <li>• Other current incidents or events that may create conflicts communications plans or tax resources.</li> </ul>	I		
Contact Local Communications Coordinator or Communications Duty Officer (CDO) at NIFC or any local or state resources as necessary to determine frequencies and equipment assigned to the incident. If appropriate for this incident.			

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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: <ul style="list-style-type: none"> <li>• Work space</li> <li>• Work schedule</li> <li>• Policies and operating procedures</li> <li>• Current resource commitments and expectations</li> <li>• Current situation</li> <li>• Expected duration of assignment</li> <li>• Special needs.</li> </ul> This list is not all inclusive; COML is responsible for asking adequate questions.	I		
8. Receive Incident Action Plan (IAP), if developed, or Incident Briefing Form (ICS Form 201). Determine support needs to meet the IAP.	I		
9. Determine requirements for communications to be established and place the initial order. Using information obtained from IAP, section briefings and agency briefings, immediately order (using proper procedures) supplies, materials and equipment necessary to support projected incident size.	I		
10. Evaluate needs and order supplies, materials and personnel to keep unit operating. <ul style="list-style-type: none"> <li>• Order materials and supplies using procedures established by the section chief.</li> <li>• Maintain quantities of supplies and materials at a level to prevent shortage of any basic needed items.</li> <li>• Ensure adequate personnel to support the communications unit, technicians, radio operators, etc.</li> <li>• Coordinate with the participating agencies for any or additional interoperability resources that may be needed.</li> <li>• Assess current tactical communications equipment needs such as power sources for extended operations.</li> </ul>	I		

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11. Organize and supervise unit. <ul style="list-style-type: none"> <li>• Brief and keep subordinates informed and updated.</li> <li>• Establish unit time frames and schedules.</li> <li>• Assign and monitor work assignments.</li> <li>• Review and approve time.</li> <li>• Develop team work.</li> <li>• Provide counseling and discipline as needed.</li> <li>• Follow established procedures for reporting inappropriate actions involving contractors, military or other personnel.</li> <li>• Brief relief personnel.</li> </ul>	I		
12. Participate in incident planning meetings as the technical expert for communications needs. <ul style="list-style-type: none"> <li>• Determine the feasibility of providing the required communications support.</li> <li>• Provide operational and technical information on communications equipment available for the incident.</li> <li>• Provide operational and technical information on communications equipment and systems capabilities and restrictions.</li> </ul> <p>Coordinate with other Communications Unit Leaders under any Area Command established to share information and assure communications interoperability.</p>	I		

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TASK	O or I	EVAL #	EVALUATOR <i>Initial &amp; date upon completion of task</i>
<p>13. Design communications systems to meet incident operational needs.</p> <ul style="list-style-type: none"> <li>• Determine additional resource needs and order necessary equipment and personnel.</li> <li>• Prepare Incident Radio Communications Plan, ICS Form 205.</li> <li>• Request any additional communications vendor services; e.g., telephone, satcom, microwave and identify costs associated with equipment.</li> <li>• Coordinate, through the chain of command, the locations for equipment to be installed; e.g., repeaters, satellite telephones, telephone lines, etc.</li> <li>• Provide communications support for external and internal data operations.</li> <li>• Order frequencies following the proper procedures.</li> <li>• Create diagrams of current communication system(s).</li> <li>• Determine optimal locations for any future expansion of communications equipment using topographical maps to evaluate elevation and separation needs.</li> </ul>	I		
<p>14. Install communications equipment.</p> <ul style="list-style-type: none"> <li>• Obtain equipment from supply unit.</li> <li>• Install and test all components of the communications equipment to ensure the incident's systems are operational, for example: <ul style="list-style-type: none"> <li>○ Command repeater</li> <li>○ Logistics repeater</li> <li>○ Links (radio and wire-based)</li> <li>○ Remotes</li> <li>○ Gateways</li> <li>○ Aircraft and other special needs</li> </ul> </li> <li>• Develop installation priorities, while adhering to safety standards regarding communications needs of tactical personnel; i.e., operations before logistics.</li> <li>• Clone or program radios as necessary and authorized</li> </ul>	I		

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TASK	O or I	EVAL #	EVALUATOR <i>Initial &amp; date upon completion of task</i>
15. Assign communications equipment. <ul style="list-style-type: none"> <li>• Identify kinds and numbers of communications equipment to be distributed to specific units according to the communications plan.</li> <li>• Provide resources and unit leaders with appropriate equipment based on the communications plan.</li> <li>• Provide basic training as needed on equipment being fielded.</li> <li>• Maintain equipment inventory to provide accountability.</li> </ul>	I		
16. Establish Incident Communications Center (ICC). <ul style="list-style-type: none"> <li>• Coordinate location of ICC with Facilities Unit Leader.</li> <li>• Locate ICC close to the incident command post and away from high traffic areas and noise.</li> <li>• Locate ICC away from radio frequency and electronic noise.</li> <li>• Verify Estimated Time of Arrival (ETA) of communications personnel and establish assignments based on incident requirements. Set schedules around operations requirements.</li> <li>• Obtain necessary supplies for ICC to function properly.</li> </ul>	I		
17. Manage operations of the ICC. <ul style="list-style-type: none"> <li>• Document radio/telephone activities on appropriate forms.</li> <li>• Set up filing system for ICC documentation.</li> <li>• Direct radio/telephone traffic to proper destinations.</li> <li>• Establish notification procedures for emergency messages.</li> <li>• Identify system problems, both technical and operational, and determine appropriate solutions.</li> <li>• Follow established routing procedures for messages.</li> </ul>	I		

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TASK	O or I	EVAL #	EVALUATOR <i>Initial &amp; date upon completion of task</i>
18. Coordinate frequencies, activities, and resources with communications resource coordinators outside of the incident. <ul style="list-style-type: none"> <li>• Contact communications coordinators and notify them of incident frequency, talkgroup, mutual aid channel, dispatch center, or other shared resource assignments, as appropriate.</li> <li>• Identify communications equipment and personnel that are excess to incident needs and demobilize if appropriate.</li> <li>• Identify resources as to type/qualifications, quantity, and location.</li> <li>• Provide a copy of the ICS Form 205 to other agencies or to the COML at any nearby incidents as necessary to avoid interference or other conflicts.</li> </ul>	I		
19. Notify appropriate local, county, regional, State and/or Federal agencies on adjacent incident(s) of system design and frequency allocations.	I		
20. Initiate and maintain accurate records of all communications equipment. <ul style="list-style-type: none"> <li>• Initiate and maintain accountability system for issuing hand-held radio resources.</li> <li>• Document geographic locations of equipment and transfer this information to local maps (latitude/longitude, legal).</li> <li>• Keep records for local and national resources to ensure return to proper locations.</li> </ul>	I		

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TASK	O or I	EVAL #	EVALUATOR <i>Initial &amp; date upon completion of task</i>
<p>21. Perform operational tests of communications systems throughout the duration of the incident.</p> <ul style="list-style-type: none"> <li>• Identify and take necessary action to accomplish minor field repair or place orders for replacement of equipment.</li> <li>• Monitor all gateways in use.</li> <li>• Plan for battery replacement.</li> <li>• Act decisively to minimize interruptions in system operation.</li> </ul>	I		
<p>22. Interact and coordinate with appropriate unit leaders and operations personnel.</p> <ul style="list-style-type: none"> <li>• Coordinate with operations regarding system coverage and needs.</li> <li>• Coordinate with first responders and public safety support organizations regarding needed support (e.g., medical unit for medical evacuation plan).</li> <li>• Coordinate with special units (air operations, EOD, SWAT, etc) for special frequency needs.</li> <li>• Participate in planning meetings and briefings.</li> </ul> <p>Know what other resources may be coming to the incident, such as those from Urban Search and Rescue (USAR), National Interagency Fire Center (NIFC), FEMA, Coast Guard, etc.</p>	I		
<p>23. Identify for release any excess unit resources. Coordinate with unit managers and provide a list of excess personnel and facilities. List will include:</p> <ul style="list-style-type: none"> <li>• Who or what is excess</li> <li>• Time and date of excess.</li> </ul> <p>The list will be reviewed daily for accuracy. Follow the established demobilization process, including notification to communications resource coordinators.</p>	I		

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TASK	O or I	EVAL #	EVALUATOR Initial & date upon completion of task
24. Maintain ICS Unit Log. Unit Log will be kept current, legible, and will document all major activities, which may include: <ul style="list-style-type: none"> <li>• Equipment locations</li> <li>• Medical evacuations</li> <li>• Personnel changes.</li> </ul> 25. Evaluate performance of subordinates as required by agency policy and/or permitted by agreement. <ul style="list-style-type: none"> <li>• Discuss performance evaluations with individual(s)</li> <li>• Maintain accuracy and fairness</li> <li>• List training if needed or desired</li> </ul>	I		
<b>DEMOBILIZATION</b>			
26. Demobilization and check out. <ul style="list-style-type: none"> <li>• Submit all required information to the Documentation Unit Leader.</li> <li>• Receive demobilization instructions from work supervisor.</li> <li>• Brief subordinate staff on demobilization procedures and responsibilities.</li> <li>• Ensure that incident and agency demobilization procedures are followed.</li> <li>• Complete required ICS form(s) and turn in to the appropriate person.</li> <li>• Ensure that personnel in the unit are demobilized correctly.</li> <li>• Document lost equipment on agency specific forms.</li> </ul>	I		

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**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 PERIOD:

**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 Fire 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.

1	Name of Evaluator	Title	Agency	
Evaluator's Address				
Name & Location of Incident - Agency and Area	Kind of Incident	Number and Type of Comm Resources	Duration of Incident	Management Level or Complexity Level
<input type="checkbox"/> The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. <input type="checkbox"/> I recommend the following for further development of this trainee. <input type="checkbox"/> The individual has successfully performed all tasks for the position and should be considered for certification. <input type="checkbox"/> The individual was not able to complete certain tasks (comments below) or additional guidance is required. <input type="checkbox"/> Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. <input type="checkbox"/> 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` rating: _____				

2	Name of Evaluator	Title	Agency	
Evaluator's Address				
Name & Location of Incident - Agency and Area	Kind of Incident	Number and Type of Comm Resources	Duration of Incident	Management Level or Complexity Level
<input type="checkbox"/> The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. <input type="checkbox"/> I recommend the following for further development of this trainee. <input type="checkbox"/> The individual has successfully performed all tasks for the position and should be considered for certification. <input type="checkbox"/> The individual was not able to complete certain tasks (comments below) or additional guidance is required. <input type="checkbox"/> Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. <input type="checkbox"/> 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` rating: _____				

3	Name of Evaluator	Title	Agency	
Evaluator's Address				
Name & Location of Incident - Agency and Area	Kind of Incident	Number and Type of Comm Resources	Duration of Incident	Management Level or Complexity Level
<input type="checkbox"/> The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. <input type="checkbox"/> I recommend the following for further development of this trainee. <input type="checkbox"/> The individual has successfully performed all tasks for the position and should be considered for certification. <input type="checkbox"/> The individual was not able to complete certain tasks (comments below) or additional guidance is required. <input type="checkbox"/> Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. <input type="checkbox"/> 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` rating: _____				

4	Name of Evaluator	Title	Agency	
Evaluator's Address				
Name & Location of Incident - Agency and Area	Kind of Incident	Number and Type of Comm Resources	Duration of Incident	Management Level or Complexity Level
<input type="checkbox"/> The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. <input type="checkbox"/> I recommend the following for further development of this trainee. <input type="checkbox"/> The individual has successfully performed all tasks for the position and should be considered for certification. <input type="checkbox"/> The individual was not able to complete certain tasks (comments below) or additional guidance is required. <input type="checkbox"/> Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. <input type="checkbox"/> 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` rating: _____				