

TASK BOOK FOR THE POSITION OF MINNESOTA FIRING BOSS (MFIRB)

(POSITION PERFORMANCE ON A WILDLAND OR PRESCRIBED FIRE ASSIGNMENT REQUIRED)

TASK BOOK ASSIGNED TO:
INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER
INDIVIDUAL STAME, BUTT STATION, AND THONE NUMBER
TASK BOOK INITIATED BY:
OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER
LOCATION AND DATE THAT TASK BOOK WAS INITIATED
LOCATION MID DATE HIM TASK BOOK WAS INTIMIED

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

EVALUATOR

DO $\underline{\text{NOT}}$ COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION

VERIFICATION/CERTIFICATION OF COMPLETED TASK BOOK
FOR THE POSITION OF
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 EVALUATOR'S SIGNATURE AND DATE
EVALUATOR'S PRINTED NAME, TITLE, DUTY STATION, AND PHONE NUMBER
AGENCY CERTIFICATION
I certify that
has met all requirements for qualification in this position and that such qualification has been issued.
CERTIFYING OFFICIAL'S SIGNATURE AND DATE
CERTIFYING OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER

POSITION TASK BOOK

This Position Task Book (PTB) has been developed for the MN DNR designated position of Minnesota Firing Boss. A Minnesota Firing Boss is qualified to design and implement ignition operations on low to high complexity burns under the supervision of a Minnesota Burn Boss qualified for the complexity of the burn. The Minnesota Firing Boss typically supervises a group of 3 to 5 persons involved in igniting or holding and may be responsible for use of both ground and aerial ignition devices. They are also responsible for monitoring weather and burning conditions to achieve the desired fire effects and necessary level of control. The PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the division that the trainee be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on an incident. It is important that performance be critically evaluated and accurately recorded by each evaluator. **All tasks must be evaluated.** All bullet statements within a task that require an action (contain an action verb) must be demonstrated before that task can be signed off.

A more detailed description of this process, definitions of terms, and responsibilities are included in the MN DNR Prescribed Burn Handbook or the National Incident Management System: Wildland Fire Qualification System Guide 310-1. A brief list of responsibilities also appears below.

RESPONSIBILITIES:

- 1. The **Local Office** is responsible for:
 - Selecting trainees based on the needs of the local office and the geographic area.
 - Ensuring that the trainee meets the training and experience requirements included in the
 - MN DNR Prescribed Burn Handbook and National Incident Management System: Wildland Fire Qualification System Guide 310-1.
 - Issuing PTBs to document task performance
 - Explaining to the trainee the purpose and processes of the PTB as well as the trainee responsibilities.
 - Providing opportunities for evaluation and/or making the trainee available for evaluation.
 - Providing an evaluator for local assignments.
 - Tracking progress of the trainee.
 - Confirming PTB completion.
 - Determining certification per DNR Division policy. (See DNR Prescribed Burn Handbook)
 - Issuing proof of certification.

2. The **individual** is responsible for:

- Reviewing and understanding instructions in the PTB
- Identifying desired objectives/goals.
- Providing background information to an evaluator.
- Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
- Assuring the Evaluation Record is complete.
- Notifying local office personnel when the PTB is completed and providing a copy.
- Keeping the original PTB in personal records.

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3. The **Evaluator** is responsible for:

- Being qualified and proficient in the position being evaluated.
- Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
- Reviewing tasks with the trainee.
- Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
- Identifying tasks to be performed during the evaluation period.
- Accurately evaluating and recording demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task.
- Unsatisfactory performance shall be documented in the Evaluation Record.
- Completing the Evaluation Record found at the end of each PTB.
- Signing the verification statement inside the front cover of the PTB when all tasks have been initialed.

QUALIFICATIONS:

Refer to the MN DNR Prescribed Burn Handbook for current training and experience requirements needed prior to initiating or completing this position task book.

Trainees must successfully complete all tasks. It is recommend that trainees work <u>multiple</u> assignments (prescribed burns) with an experienced Burn Boss, Firing Boss or MN Ignition Specialist (equivalent position to MFIRB prior to the 2019 MN DNR Prescribed Burn Handbook). Be sure to document the fuel types and complexity of the burn the trainee is being evaluated on. Ignition plans can be attached to this task book as a means of documentation of performance.

POSITION: MINNESOTA FIRING BOSS (MFIRB)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
GENERAL	О		
1. Review DNR procedures, policies and regulations for prescribed burning as related to position.			
 Read DNR Operational Order 47 and MN DNR Prescribed Fire Handbook. Discuss prescribed burn policies with supervisor. Identify the relationship of the Minnesota Ignition Specialist with other prescribed burn positions. 			
2. Review the burn plan and burn unit prior to implementation. Based on complexity:	RX		
 Recon burn unit/area of assigned responsibility. Review the type, number and placement of resources. Review and consult with burn boss on resources and suggest adjustments as necessary. Review and refine the ignition plan in light of current fuel and weather conditions and expected fire behavior. Review priorities set in the burn plan. Conduct documented (formal or informal) hazard analysis in multiple resource type situations. Consider the use of alternative ignition devices; e.g., aerial, terra torch. Insure that planned ignition responsibilities will comply with safety standards (LCES, Standard Orders). 			

*Codes: O = task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)

I = task must be performed on an incident (flood, fire prescribed fire, search & rescue, planned event, etc.)

RX = task must be performed on a prescribed fire incident

W = task must be performed on a wildland fire incident

[/]R = Rare event—the evaluation assignment may not provide opportunities to demonstrate performance.

The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

Continuation Sheet

POSITION: MINNESOTA FIRING BOSS (MFIRB)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
3. Review Complexity Analysis for planned burn unit.	RX		
• Ensure mitigation measures outlined in the complexity analysis are addressed by the ignition plan.			
4. Establish and maintain positive interpersonal and interagency working relationships.	W/ RX		
 Demonstrate communication skills. Articulate performance requirements to ignition crewmembers. When necessary, complete administrative documentation such as crew time reports, safety inspections, injury forms, operational period records. Evaluate on-the-job performance of ignition crewmembers and provide corrective measures. 			
 Conduct pre-burn readiness assessment and briefing. Consult with burn boss on "go/no-go" decision. Review and adjust the ignition plan in view of current conditions. Instruct crew on ignition operations. 	RX		

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Continuation Sheet

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TASK	CODE*	EVALUATION	EVALUATOR:
		RECORD#	Initial & date upon
			completion of task
PRESCRIBED BURN OPERATIONS	RX		
6. Conduct ignition operations in a safe manner according to the Standard Fire Orders, DNR Prescribed Burn Unit Plan, Watch Out Situations, LCES principles and DNR policies and standards.			
 Review ignition operations to ensure compliance with safety guidelines. Inspect mechanical equipment and ignition devices for safety. Advise ignition crew members of potential or impending safety hazards. Inform of appropriate mitigation actions such as posting of look-outs, and identification of safety zones and escape routes. 			
7. Maintain communications with ignition crew members, your supervisor and other personnel.	RX		
 Keep burn personnel informed of ignition process, conditions affecting fire behavior, equipment problems, and safety of assigned personnel. As needed, request assistance from burn boss or other personnel to meet ignition objectives. 			
8. Complete test fire according to plan.	RX		
 Change or adjust the ignition plan to meet the dynamics of the situation. 			

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POSITION: MINNESOTA FIRING BOSS (MFIRB)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
 9. Ignite project area according to ignition plan. Direct ignition crew members in ignition techniques sequence. Coordinate with the holding forces and other personnel regarding firing operations. Change or adjust the ignition plan to meet the dynamics of the situations. Coordinate the movement of pre-positioning of ignition fuel/device needs. If applicable, provide direction to aircraft/aerial ignition resources used in the burn operations. Recognize personnel fatigue and smoke exposure symptoms and take corrective actions such as rotating duties, adjusting rest periods. 	RX		
 10. Identify impacts of ignition on control and desired fire affects. Make needed adjustments. Monitor rates of spread, flame lengths, fire intensities, spotting, and scorch heights. Recognize potential for extreme fire behavior conditions. Recognize and respond to fire behavior/weather changes on site; e.g., R/H, wind direction, wind speed. 	RX		

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POSITION: MINNESOTA FIRING BOSS (MFIRB)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
11. Evaluate overall ignition activities.	RX		
 Insure required documentation has been submitted. Maintain accountability for assigned ignition equipment. Provide input to final debriefing. Provide feedback to the ignition crew on accomplishment of objectives during ignition operations. 			
12. Successfully execute ignition plan requiring the use of ignition patterns and techniques to manipulate fire behavior.	RX		
13. Successfully execute simultaneous ignitions on multiple areas or conduct ignition operations involving mixed (aerial and ground) ignition methods within the same project.	RX		

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INSTRUCTIONS for EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, 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.

<u>COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:</u>

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

Evaluator's home unit address & 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 Type: Enter type of incident, e.g., wildfire, prescribed fire, search and rescue, flood, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

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

Duration: Enter inclusive dates during which the individual was evaluated. This block may indicate a span of time covering several small and similar incidents if the trainee has been evaluated on that basis, i.e., several initial attack fires in similar fuel types.

Management Level or Prescribed Fire Complexity Level: Indicate ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command or prescribed fire complexity level (low, moderate, high).

NFFL Fuel Model: For wildland fire and prescribed fire experience, enter number (1-13) of the fuel model (s) in which the incident occurred and under which the trainee was evaluated.

NFFL Fuel Model table.

Grass Group	Brush Group	Timber Group	Slash Group
1. Short Grass (1 foot)	4. Chaparral (6 feet)	8. Closed timber litter	11. Light logging slash
2. Timber (grass,	5. Brush (2 feet)	9. Hardwood litter	12. Medium logging slash
understory)			
3. Tall grass (3 feet)	6. Dormant brush-	10. Timber (litter	13. Heavy logging slash
	hardwood slash	understory)	
	7. Southern rough		

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 red card rating: List your certification relevant to the trainee position you supervised.

Evaluation Record

TRAINEENAME			TI	RAINEE POS	ITION	
#1	Evaluator's name:					
	Incident/office title &					
Evaluato	or's home unit address & p	hone:				
N	Vame and Location	Incident Kind	Number & Type	Duration	Management Level or	NFFL
	of Incident or	(wildland fire,	of Resources	(inclusive dates	Prescribed Fire	Fuel
	Simulation	search &	Pertinent to	in trainee status)	Complexity Level	Model(s)
	(agency & area)	rescue, rx, etc.)	Trainee's			
			Position			
				to		
The tas	ks initialed & dated by n	ne have been perf	formed under my s	upervision in a sati	sfactory manner by the	above named
	I recommend the follow					
		•			considered for certification	on.
	The individual was no					
	Not all tasks were eva	aluated on this assig	gnment and an additi	onal assignment is no	eeded to complete the eval	
					nd needs further training (b	ooth required &
	knowledge and skills	needed) prior to ad	lditional assignment(s) as a trainee.		
Recomn	nendations:					
						
Date:		Evaluator's initia	ıls:	Evaluator's relevant	red card (or agency certifi	cation) rating:
				a variation of the variety	iou outu (or ugono) oorum	cuiton, ruing.
#2	Evaluator's name:					
	Incident/office title &	agency:				
Evaluato	or's home unit address & p	hone:				
	Name and Location	Incident Kind	NI 1 0 TF	Duration	M	NIEDI
ľ			Number & Type		Management Level or Prescribed Fire	NFFL
	of Incident or Simulation	(wildland fire, search &	of Resources Pertinent to	(inclusive dates in trainee status)	Complexity Level	Fuel Model(s)
	(agency & area)	rescue, rx, etc.)	Trainee's	in trainee status)	Complexity Level	Wiodei(s)
	(agency & area)	reseuc, ix, etc.)	Position			
			rosition	to		
	ks initialed & dated by n				sfactory manner by the	above named
	I recommend the follow	•	•			
	The individual has suc					on.
	The individual was no					
	Not all tasks were eva					
	The individual is seve				d needs further training (b	ooth required &
	knowledge and skills	needed) prior to ac	lditional assignment(s) as a trainee.		
D						
Kecomn	nendations:					
Date: _		_ Evaluator's init	ials:	Evaluator's relevant	t red card (or agency certif	fication) rating:

Evaluation Record

TRAIN	NEE NAME		TR	AINEE POSI	ΓΙΟΝ	
#3	Evaluator's name:					
	Incident/office title	& agency:				
Evaluato	r's home unit address &	phone:				
Na	me and Location	Incident Kind	Number & Type	Duration	Management Level or	NFFL
	of Incident or	(wildland fire,	of Resources	(inclusive dates	Prescribed Fire	Fuel
	Simulation	search & rescue,	Pertinent to	in trainee status)	Complexity Level	Model(s)
(;	agency & area)	rx, etc.)	Trainee's Position			
				to		
The task	s initialed & dated by	me have been perf	formed under my su	pervision in a satist	factory manner by the abo	ve named
trainee.	I recommend the follo	wing for further de	evelopment of this to	rainee.		
	The individual has s	uccessfully performe	ed all tasks for the pos	ition and should be c	onsidered for certification.	
					nal guidance is required.	
					ded to complete the evaluation	
					needs further training (both	required &
	knowledge and skill	s needed) prior to ad	ditional assignment(s) as a trainee.		
ъ	1					
Recomm	endations:					
Date:		Evaluator's initia	ale. F	Svaluator's relevant re	ed card (or agency certificati	ion) rating:
Date		Evaluator s illitio	115 1	Evaluator S relevant is	ed card (or agency certifican	on) rating.
	T					
#4	Evaluator's name:					
	Incident/office title					
Evaluato	r's home unit address &	phone:				
N	Name and Location	Incident Kind	Number & Type	Duration	Management Level or	NFFL
ľ	of Incident or	(wildland fire,		(inclusive dates		Fuel
	Simulation	search & rescue		in trainee status		Model(s)
	(agency & area)	rx, etc.)	Trainee's Position) Complexity Level	Wiodei(s)
	(agency & area)	17, ctc.)	Tranice s i ositio	to		
The task	s initialed & dated by	me have been perf	ormed under my su	pervision in a satisf	factory manner by the abo	ve named
	I recommend the follo				, ,	
					onsidered for certification.	
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Recomm	endations:					
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Date:		Evaluator's initia	is: E	vaiuator's relevant re	d card (or agency certification	on) rating: