



**TASK BOOK FOR THE POSITION OF
MINNESOTA BURN BOSS TYPE 2 (MRXB2)**

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

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| TASK BOOK ASSIGNED TO: |
| INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER |
| TASK BOOK INITIATED BY: |
| OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER |
| LOCATION AND DATE THAT TASK BOOK WAS INITIATED |

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 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 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 Burn Boss Type 2. Minnesota Burn Boss Type 2's (MRXB2) are capable of directing a prescribed burn of **moderate or lower complexity** (as per the NWCG Complexity Rating System Guide PMS 424) on DNR or private lands. They have demonstrated proficiency in the fuel type(s) they are burning. Typically a MRXB2 would handle medium to large grassland, brushland, oak savanna or hardwood understory burns, small to medium slash and small pine under story burns that have a duration for one burning (active fire) period (not to exceed 24 hrs). 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 and 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 the 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's 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.

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 **multiple** assignments (prescribed burns) with an experienced Minnesota Burn Boss 2, Minnesota Burn Boss 1, NWCG Burn Boss 2 or NWCG Burn Boss 1. Be sure to document the fuel types and complexity of the burn the trainee is being evaluated on. Prescribed Burn Unit Plans can be attached to this task book as a means of documentation of performance.

QUALIFICATION RECORD

POSITION: MINNESOTA BURN BOSS TYPE 2 (MRXB2)

| TASK | CODE* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------|------------------------|--|
| <u>GENERAL</u> 1. Review DNR procedures, policies and regulations for prescribed burning as related to position. <ul style="list-style-type: none"> • Read DNR Operational Order 47 and the MN DNR Prescribed Burn Handbook. • Discuss prescribed burning policies with supervisor. | O | | |
| 2. Identify the relationship of the Minnesota Burn Boss Type 2 with other prescribed burn positions and agency administrator (Area or Region manager). | O | | |
| 3. Review and understand agency and personal liability issues. | O | | |
| 4. Establish and maintain positive interpersonal and interagency working relationships through effective communication. | O | | |

*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.)
 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.
 RX = task must be performed on a prescribed fire incident

QUALIFICATION RECORD

Continuation Sheet

POSITION: MINNESOTA BURN BOSS TYPE 2 (MRXB2)

| TASK | CODE* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------|---------------------|---|
| <p><u>PLANNING</u></p> <p>5. Review the burn plan prior to implementation and ensure all requirements and objectives are addressed.</p> <ul style="list-style-type: none"> • Ensure regulatory compliance; e.g. smoke, threatened and endangered species, cultural resources and mitigation actions for project burn are discussed in the burn plan. • Ensure the kind, number and placement of equipment and positions are identified. • Determine availability of scheduled resources to effectively meet objectives. • Ensure prescription parameters are appropriate to meet burn objectives. • Ensure the plan addresses project hazards and their mitigation actions. • Ensure the burn plan complies with safety standards. • Review other specific DNR guidelines, requirements and/or supporting documents. | RX | | |
| <p><u>PRE-IGNITION OPERATIONS</u></p> <p>6. Recon burn unit to validate burn plan elements, including areas of special concern.</p> <ul style="list-style-type: none"> • Review and refine the ignition and holding plan in light of current fuel and weather conditions and expected fire behavior | RX | | |

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QUALIFICATION RECORD

Continuation Sheet

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| TASK | CODE* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------|------------------------|--|
| 7. Obtain and interpret current weather forecasts and special advisories. Document local fire weather. <ul style="list-style-type: none"> • Document on-site weather observations to validate forecast. • Request and review spot (or other appropriate level) weather forecasts; provide feedback to forecasters as appropriate. • Ensure weather and smoke dispersal forecasts are in hand and analyzed against the prescription. | W/RX | | |
| 8. Ensure that notifications are made in accordance to the burn plan; consider feedback for possible adjustments. | RX | | |
| 9. Ensure informational and hazard warning signs are posted and maintained. | W/RX | | |

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Continuation Sheet

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| TASK | CODE* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------|------------------------|---|
| 10. Verify resources are adequate to execute the burn. <ul style="list-style-type: none"> • Confirm availability of scheduled resources to effectively meet objectives. • Follow local policy when ordering additional resources. • Verify qualifications of assigned personnel. • Make tactical assignments and ensure their completion. • Verify that personal protective equipment (PPE) meets appropriate standards. | W/RX | | |
| 11. Conduct pre-ignition briefing to include objectives, operations, communications and safety issues. | W/RX | | |
| 12. Complete test fire according to the plan. <ul style="list-style-type: none"> • Document and evaluate results • Evaluate expected fire behavior and weather conditions. | W/RX | | |
| 13. Using collected data, make “go/no-go” decision. <ul style="list-style-type: none"> • Analyze operational situations/factors to determine if burn plan can be implemented. • Identify consequences of “go/no-go” decision and notify appropriate personnel. | RX | | |

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Continuation Sheet

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| TASK | CODE* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------|---------------------|--|
| <p><u>PRESCRIBED BURN OPERATIONS</u></p> <p>14. Conduct operations in a safe manner according to the Standard Fire Orders, Watch Out Situations, LCES principles, burn plan and DNR policies and standards.</p> <ul style="list-style-type: none"> • Remain in communication with crew members, assigned supervisor and adjoining forces. • Spot check tactical operations to ensure compliance with safety guidelines. • Take actions to prevent personnel fatigue by rotating duties, adjusting rest periods etc. • Recognize fire behavior and hazards which could endanger personnel; identify alternative tactics and implement mitigation measures. | W/RX | | |
| <p>15. Coordinate ignition resources to safely achieve burn plan objectives. Evaluate and adjust ignition operations as appropriate.</p> <ul style="list-style-type: none"> • Implement the ignition plan. • Evaluate smoke, ignition patterns, fire behavior, tactics and fire effects to meet burn plan objectives. • Apply appropriate ignition tactics to protect or enhance areas of special concern. | W/RX | | |
| <p>16. Coordinate holding resources to safely achieve burn plan objectives. Evaluate and adjust holding operation as appropriate.</p> <ul style="list-style-type: none"> • Implement the holding plan. • Evaluate the effectiveness of the holding operations relative to smoke, ignition patterns and fire behavior. • Protect capital improvements and cultural and natural resources. | W/RX | | |

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Continuation Sheet

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| TASK | CODE* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|--|-------|---------------------|--|
| 17. Coordinate monitoring resources to safely and effectively achieve burn plan objectives. Adjust monitoring operation as appropriate. <ul style="list-style-type: none"> • Facilitate transfer of information to operational resources and other parties as appropriate. • Ensure fire behavior predictions are updated as needed. • Ensure on-site prescription variables are measured. • Provide for monitoring of smoke emissions. | W/RX | | |
| 18. Terminate burn if prescription parameters or burn objectives can no longer be met and implement contingency plan. | /R | | |
| 19. As necessary convert prescribed burns to wildland fires as per DNR policy. | /R | | |
| 20. Ensure tactical assignments, including mop up and/or patrol, meet standards identified in the burn plan and as conditions warrant. | W/RX | | |
| 21. Declare prescribed burn out. | RX | | |

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Continuation Sheet

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| TASK | CODE* | EVALUATION RECORD # | EVALUATOR: Initial & date upon completion of task |
|---|-------|---------------------|--|
| <p><u>POST -BURN OPERATIONS</u></p> <p>22. Evaluate and document the results of the burn.</p> <ul style="list-style-type: none"> • Summarize fire behavior and immediate post-burn fire effects data. • Compare results to burn plan objectives. • Recommend changes to be considered when developing future burn plans. | W/RX | | |
| <p>23. Ensure the Prescribed Burn Unit Report, time and equipment records, reports, injury forms, personnel evaluations, unit logs, cost analysis etc are completed as necessary.</p> | W/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.

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

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, understory) | 5. Brush (2 feet) | 9. Hardwood litter | 12. Medium logging slash |
| 3. Tall grass (3 feet) | 6. Dormant brush-hardwood slash | 10. Timber (litter understory) | 13. Heavy logging slash |
| | 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

TRAINEE NAME

TRAINEE POSITION

| #1 | Evaluator's name: Incident/office title & agency: | | | | |
|---|--|--|--|--|--------------------|
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Incident or Simulation (agency & area) | Incident Kind (wildland fire, search & rescue, etc.) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Prescribed Fire Complexity Level | NFFL Fuel Model(s) |
| | | | to | | |
| <p>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.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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.</p> <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p> | | | | | |

| #2 | Evaluator's name: Incident/office title & agency: | | | | |
|---|--|--|--|--|--------------------|
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Incident or Simulation (agency & area) | Incident Kind (wildland fire, search & rescue, etc.) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Prescribed Fire Complexity Level | NFFL Fuel Model(s) |
| | | | to | | |
| <p>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.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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.</p> <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p> | | | | | |

Evaluation Record

TRAINEE NAME

TRAINEE POSITION

| #3 | Evaluator's name: Incident/office title & agency: | | | | |
|---|--|--|--|--|--------------------|
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Incident or Simulation (agency & area) | Incident Kind (wildland fire, search & rescue, etc.) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Prescribed Fire Complexity Level | NFFL Fuel Model(s) |
| | | | to | | |
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| #4 | Evaluator's name: Incident/office title & agency: | | | | |
|---|--|--|--|--|--------------------|
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Incident or Simulation (agency & area) | Incident Kind (wildland fire, search & rescue, etc.) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Prescribed Fire Complexity Level | NFFL Fuel Model(s) |
| | | | to | | |
| <p>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.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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.</p> <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p> | | | | | |

