**TASK SHEET FOR THE POSITION OF**



**BUREAU OF LAND MANAGEMENT (BLM)**

**AGENCY ADMINISTRATOR (AADM)**

**January 2023**

TASK SHEET ASSIGNED TO

INDIVIDUAL’S NAME, DUTY STATION, AND PHONE NUMBER

TASK SHEET INITIATED BY

OFFICIAL’S NAME, DUTY STATION, AND PHONE NUMBER

LOCATION AND DATE THAT TASK SHEET WAS INITIATED

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

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION

**VERIFICATION / CERTIFICATION OF COMPLETED TASK SHEET FOR THE POSITION OF:**

**BLM Agency Administrator**

**FINAL EVALUATOR'S VERIFICATION**

I verify that all tasks have been performed and are documented with appropriate initials. I also verify that has performed successfully 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 SHEET**

A Position Task Sheet (PTS) have been developed for the BLM Agency Administrator position. This PTS 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 agency that the trainee be certified in that position.

Evaluation and confirmation of the trainee's performance of all the tasks may involve more than one evaluator and can occur on wildfires or prescribed fires. This PTS requires position performance during which the majority of required tasks are demonstrated on an actual wildfire or prescribed fire. Performance of these tasks in a classroom setting is NOT qualifying. It is important that performance be critically evaluated and accurately recorded by each evaluator.

This PTS is a tool to meet the **minimum requirements** of the on-the-job training (OJT) for the BLM AADM position. BLM States may supplement these minimum requirements with additional tasks to meet state-specific needs (e.g., tasks associated with making decisions on wildfires involving actions in wilderness areas or smoke management related tasks).

**RESPONSIBILITIES:**

1. The **Home Unit Personnel** is responsible for:
   1. Selecting trainees based on the needs of the home unit.
   2. Ensuring that the trainee meets the training and experience requirements included in the Federal Wildland Fire Qualifications Supplement.
   3. Initiating PTS to document task performance.
   4. Explaining to the trainee the purpose and processes of the PTS as well as the trainee's responsibilities.
   5. Providing opportunities for evaluation and/or making the trainee available for evaluation.
   6. Providing a qualified evaluator for local assignments.
   7. Tracking progress of the trainee.
   8. Confirming PTS completion.
2. The **Trainee** is responsible for:
   1. Reviewing and understanding instructions in the PTS.
   2. Identifying desired objectives/goals for an evaluation assignment.
   3. Providing background information to an evaluator.
   4. Completing PTS within three years of first evaluation.
   5. Assuring the Evaluation Record is complete.
   6. Notifying home unit District or State Fire Management Officer when the PTS is completed and providing a copy.
   7. Keeping the original PTS in personal records.
3. The **Evaluator** is responsible for:
   1. Understanding the BLM AADM qualification requirements and position responsibilities.
   2. Being currently qualified as a BLM AADM.
   3. Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
   4. Reviewing tasks with the trainee.
   5. Explaining to the trainee the evaluation procedures that will be utilized.
   6. Identifying tasks to be performed during the evaluation period.
   7. 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.
   8. Completing the Evaluation Record found at the end of this PTS.
4. The **Final Evaluator** must meet all requirements of Evaluator (#3 above). Only the Evaluator on the final position performance assignment (the assignment in which all remaining tasks have been evaluated and initialed) will complete the Final Evaluator’s Verification statement inside the front cover of the PTS recommending certification.
5. The Unit **Training Specialist/Fire Management Officer** is responsible for:
   1. Identifying wildfire/prescribed fire evaluation opportunities.
   2. Assuring that trainees have met prerequisites.
   3. Identifying and assigning a qualified evaluator that can provide a positive experience for the trainee and making an accurate and honest appraisal of the trainee's performance.
   4. Providing PTSs to approved trainees on the wildfire/prescribed fire when home unit was unable to provide them. Documenting the assignment.
   5. Conducting progress reviews.
6. The **Incident Qualifications and Certification System (IQCS)** **Certifying Official** must review and confirm the completion of the PTS and make a determination of agency certification. This determination should be based on the Trainee’s demonstration of acceptable position performance, as well as the completed PTS—which includes a Final Evaluator’s Verification. Only the IQCS Certifying Official has the authority to certify an individual’s qualifications.

**POSITION: BLM Agency Administrator**

| **TASK** | **CODE\*** | **EVALUATION RECORD#** | **EVALUATOR:**  **Initial & date upon Completion of task** |
| --- | --- | --- | --- |
| **Enter into Cost Share agreements for multi-jurisdictional wildfires.** |  |  |  |
| Participate in cost share development and negotiations. | R |  |  |
| **Expend funds and assign personnel for management of wildfires.** |  |  |  |
| Participate in the drafting of a Delegation of Authority to an Incident Commander (IC). | W |  |  |
| Participate in the initial discussions with the incoming Incident Management Team (IMT) IC, coordinating on incident needs. | W |  |  |
| Participate in establishing specific performance measures for the IC. | W |  |  |
| Conduct initial briefing to the IMT. | W |  |  |
| Coordinate with IMT IC and local Fire Management Officer on scaling of incident and command structure (up and down). | W |  |  |
| Identify standards for turn-back (suppression re-habilitation, mop-up, etc.) | W |  |  |
| Ensure a resource advisor (e.g., READ or REAF) is assigned when needed. | W |  |  |
| Participate in drafting a delegation to an Incident Business Advisor (INBA). | W |  |  |
| Periodically review incident costs with the IMT. | W |  |  |
| Participate in defining the expectations of public information dissemination. | W |  |  |
| Provide written notification to the State Director when federal combined expenditures for an incident, or a complex of incidents, meet or exceed $5 million AND more than 50% of the burned acres are managed by the BLM (in Alaska, more than 50% of the burned acres are managed by DOI and ANCSA).  Notifications should be emailed with a cc to the BLM Fire and Aviation Directorate assistant director. | R |  |  |
| Provide written notification to the National Director, through the state director, when federal combined expenditures for an incident, or a complex of incidents, meet or exceed $10 million AND more than 50% of the burned acres are managed by the BLM (in Alaska, more than 50% of the burned acres are managed by DOI and ANCSA).  Notifications should be emailed with a cc to the BLM Fire and Aviation Directorate assistant director. | R |  |  |
| \*Code: W = Task must be performed on a wildfire incident. RX = Task must be performed on a prescribed fire incident. R = Rare events occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation. | | | |
| **Approve wildfire decisions.** |  |  |  |
| Obtain and maintain access to the Wildland Fire Decision Support System (WFDSS) | W |  |  |
| Coordinate with all agency decision-makers that have responsibility within the wildfire planning area. | W |  |  |
| Demonstrate knowledge of various components of the WFDSS (objectives, mapping functions, costs, agency decision thresholds, etc.) | W |  |  |
| Ensure incident-specific objectives and requirements are included in decision documentation and that they do NOT conflict with land/resource management plan direction. | W |  |  |
| Participate in the development and review of management actions points. | W |  |  |
| Participate in completion of the relative risk and organizational assessment in WFDSS. | W |  |  |
| Participate in drafting of approver’s decision rationale. | W |  |  |
| Participate in the decision documentation process with an editor-type role in the WFDSS. | W |  |  |
| Provide the incident management team with an approved wildfire decision. | W |  |  |
| Work with decision approvers on Periodic Assessments documentation of whether the current approved decision is still valid or if a new decision is needed. | W |  |  |
| Participate in IMT planning and strategy meetings and operational briefings. | W |  |  |
| Participate in the performance evaluation of an IMT. | W |  |  |
| Participate in IMT close-out. | W |  |  |
| **Approve prescribed fire plans.** |  |  |  |
| Review the prescribed fire plan and ensure it complies with interagency, national, and state office policy. | RX |  |  |
| Review the prescribed fire plan and ensure it complies with the state smoke management program and Clean Air Act. | RX |  |  |
| Review the Agency Administrator Ignition Authorization (PMS 484-1, Element 2A) within the timeframes identified and BEFORE the prescribed fire is ignited. | RX |  |  |
| \*Code: W = Task must be performed on a wildfire incident. RX = Task must be performed on a prescribed fire incident. R = Rare events occur infrequently and opportunities to evaluate performance in a real setting are limited. The evaluator should determine, through interview, if the trainee would be able to perform the task in a real situation. | | | |

**References:**

[Departmental Manual - Series 34, Part 620: Wildland Fire Management](https://www.doi.gov/elips/browse)

[BLM Manual Section 1203, Delegation of Authority Manual](https://web.blm.gov/internal/wo-500/directives/dir-manu/1203.pdf) (internal) and state supplemental manual (if applicable)

[BLM Handbook H-1203-1, Delegation of Authority Handbook](https://web.blm.gov/internal/wo-500/directives/dir-hdbk/h1203-1.pdf) (internal) and state supplemental handbook (if applicable)

[Review and Update of the 1995 Federal Wildland Fire Management Policy (January 2001)](https://www.doi.gov/sites/doi.gov/files/uploads/2001-wfm-policy-review.pdf)

[Guidance for Implementation of Federal Wildland Fire Management Policy (February 13, 2009)](https://www.doi.gov/sites/doi.gov/files/uploads/2009-wfm-guidance-for-implementation.pdf)

[National Cohesive Wildland Fire Management Strategy](https://www.forestsandrangelands.gov/strategy/index.shtml)

[Interagency Standards for Fire and fire Aviation Operations (Red Book)](https://www.nifc.gov/standards/guides/red-book)

* [Chapter 2](https://www.nifc.gov/sites/default/files/redbook-files/Chapter02.pdf) – BLM Program Organization and Responsibilities
* [Chapter 8](https://www.nifc.gov/sites/default/files/redbook-files/Chapter08.pdf) – Interagency Coordination and Cooperation (includes Cost Share Agreements section)
* [Chapter 11](https://www.nifc.gov/sites/default/files/redbook-files/Chapter11.pdf) – Incident Management and Response (includes Interagency WFDSS section)
* [Appendix A](https://www.nifc.gov/sites/default/files/redbook-files/AppendixA.pdf) – Sample Questions for Fire Site Visits by Agency Administrators
* [Appendix D](https://www.nifc.gov/sites/default/files/redbook-files/AppendixD.pdf) – Agency Administrator’s Briefing to IMT ([fillable PDF](https://www.nifc.gov/sites/default/files/redbook/appendix-docs-and-fillable-pdfs/AppendixD_fillable.pdf)) ([fillable Word Doc](https://www.nifc.gov/sites/default/files/redbook/appendix-docs-and-fillable-pdfs/AppendixD.docx))
* [Appendix E](https://www.nifc.gov/sites/default/files/redbook-files/AppendixE.pdf) – Wildland Fire Risk and Complexity Assessment ([fillable PDF](https://www.nifc.gov/sites/default/files/redbook/appendix-docs-and-fillable-pdfs/AppendixE_fillable.pdf))
* [Appendix F](https://www.nifc.gov/sites/default/files/redbook-files/AppendixF.pdf) – Indicators of Incident Complexity
* [Appendix G](https://www.nifc.gov/sites/default/files/redbook-files/AppendixG.pdf) – Sample of Delegation of Authority AA to IMT and Leader’s Intent
* [Appendix I](https://www.nifc.gov/sites/default/files/redbook-files/AppendixI.pdf) – IMT Performance Evaluation ([fillable PDF](https://www.nifc.gov/sites/default/files/redbook/appendix-docs-and-fillable-pdfs/AppendixI_fillable.pdf)) ([fillable Word Doc](https://www.nifc.gov/sites/default/files/redbook/appendix-docs-and-fillable-pdfs/AppendixI_fillable.docx))
* [Appendix N](https://www.nifc.gov/sites/default/files/redbook-files/AppendixN.pdf) – WFDSS Information

[BLM Manual Section 9214, Fuels Management and Community Assistance Manual](https://web.blm.gov/internal/wo-500/directives/dir-manu/9214.pdf) (internal)

[BLM Handbook 9214-1, Fuels Management and Community Assistance Handbook](https://web.blm.gov/internal/wo-500/directives/dir-hdbk/h9214-1.pdf) (internal)

[NWCG Smoke Management Guide for Prescribed Fire, PMS 420-3](https://www.nwcg.gov/sites/default/files/publications/pms420-3.pdf)

[Prescribed Fire Complexity Rating System Guide, PMS 424](https://www.nwcg.gov/sites/default/files/publications/pms424.pdf)

[NWCG Standards for Prescribed Fire Planning and Implementation, PMS 484](https://www.nwcg.gov/sites/default/files/publications/pms484.pdf)

[Federal Wildland Fire Qualifications Supplement](https://iqcsweb.nwcg.gov/)

[BLM Manual Section 6340, Management of Designated Wilderness Areas](https://www.blm.gov/sites/blm.gov/files/uploads/mediacenter_blmpolicymanual6340.pdf)

Local Resource Management Plans

Local Fire Management Plans

Local Fire Danger Operating Plans

INSTRUCTIONS for EVALUATION RECORD

There are four separate blocks allowing multiple evaluations to be made, if required. Based on the Code column for each task, these evaluations may be made on wildfires or prescribed fires. This should be a sufficient number of forms for qualification if the individual is adequately prepared and opportunities are present. If additional blocks are needed, a page can be copied from a blank Task Sheet and attached.

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

**Evaluator's name, Fire Name/office title, and agency:** List the name of the evaluator, his/her incident position or office title, and agency.

**Evaluator's home unit 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 Fire:** Identify the location where the tasks were performed by agency and office.

**Fire Kind:** Enter kind of fire, e.g., wildfire or prescribed fire.

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 wildfire/prescribed fire pertinent to the trainee’s Task Sheet position.

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

**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 Qualification/rating:** List your certification relevant to the trainee position you supervised.

**TRAINEE NAME/ TRAINEE POSITION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| #1 | Evaluator's name: Fire Name/office title & agency: | | | | |
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Fire (agency & area) | | Fire Kind (Wildfire or Prescribed Fire) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level |
|  | |  |  | 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 Qualification/rating: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| #2 | Evaluator's name: Fire Name /office title & agency: | | | | |
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Fire (agency & area) | | Fire (Wildfire or Prescribed Fire) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level |
|  | |  |  | 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 Qualification/rating: | | | | | |

(Continuation Sheet)

**TRAINEE NAME/ TRAINEE POSITION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| #3 | Evaluator's name: Fire Name/office title & agency: | | | | |
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Fire (agency & area) | | Fire Kind (Wildfire or Prescribed Fire) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level |
|  | |  |  | 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 Qualification/rating: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| #4 | Evaluator's name: Fire Name/office title & agency: | | | | |
| Evaluator's home unit address & phone: | | | | | |
| Name and Location of Fire (agency & area) | | Fire Kind (Wildfire or Prescribed Fire) | Number & Type of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level |
|  | |  |  | 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 Qualification/rating: | | | | | |