

Texas Emergency Medical Task Force

TASK BOOK

Task Force Leader (TFL)

Member Name

Sponsoring Department or Facility

EMTF Region

Home Regional Advisory Council

Date Started



Task Force Leader (TFL)

Signatures

Member Name: _____ EMTF _____

Contact Number: (_____) _____ - _____

Please READ and understand before Initialing a Task Book for a Trainee.
Sign below to validate initials when complete.

I agree the tasks initialed & dated by me, have been performed under my supervision in a satisfactory manner by the above-named trainee.

Initials	Evaluator's name (Print)	EMTF #	Incident/disaster/ exercise position title:	Event Name or Location	Date:

Initials	: Regional EMTF Coordinator	
	Submit completed Task Book to regional EMTF Coordinator	Date: _____
Initials	: Lead RAC ED or Designee	
	Interview with Lead RAC ED or designee for final approval	Date: _____
Initials	: Task Book Oversight Committee	
	Task Book Oversight Committee Review	Date: _____

Task Force Leader (TFL)

Member Name: _____ EMTF _____ Contact Number: (____) _____ - _____

Pre-Requisites

Initials	: Member	
	Primary Job Title: _____	Years in Position: _____
	IS 100 <i>Attach Copy</i>	Completed: _____
	IS 200 <i>Attach Copy</i>	Completed: _____
	IS 700 <i>Attach Copy</i>	Completed: _____
	IS 800 <i>Attach Copy</i>	Completed: _____
	ICS 300 <i>Attach Copy</i>	Completed: _____
	ICS 400 <i>Attach Copy</i>	Completed: _____
	TDMS Deployment Safety <i>Attach Copy</i>	Completed: _____
	TDMS ESF-8 Resource Roundup <i>Attach Copy</i>	Completed: _____
	TDMS Intro to WebEOC <i>Attach Copy</i>	Completed: _____
	TDMS Deployment Basics <i>Attach Copy</i>	Completed: _____
	ASTL - Trained	Completed: _____
	ASM - Trained/Refresher	Completed: _____
	M-IST - Trained/Refresher	Completed: _____
	WebEOC® Trained on EMTF Boards	Completed: _____
	EMTF Team member for 18 months.	Date Started: _____

Team Administration

Initials	: Meeting / Committee Chair, EMTF Coordinator, or Designee	
	Attend 75% Regional EMTF Meetings Annually:	Completed: _____
	Attend three State EMTF AMBUS Meetings:	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____
	Attend one State EMTF RNST Workgroup Meeting:	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____
	Attend three State EMTF MMU/Operations Meetings:	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____
	Attend two EMTF Statewide Strategic Oversight Meetings:	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____

Task Force Leader (TFL)

Member Name: _____ EMTF _____

Contact Number: (_____) _____ - _____

Operations

Initials	: Evaluator		
	Develop a complete IAP for two EMTF Operational Periods		
	<i>Attach IAP 1</i>	Date: _____	I-E
	<i>Attach IAP 2</i>	Date: _____	I-E
	Receive briefing from Incident IC or Medical Ops Chief		
	<i>Attach Summary Report</i>	Date: _____	I-E
	Brief EMTF component supervisors of operational plan and incident objectives for the next operational period.		
	<i>Attach ICS 201 and 202 AMBUS</i>	Date: _____	I-E
	<i>Attach ICS 201 and 202 MMU</i>	Date: _____	I-E
	<i>Attach ICS 201 and 202 AST</i>	Date: _____	I-E
	<i>Attach ICS 201 and 202 RNST</i>	Date: _____	I-E
	Complete ICS 214s for two operational periods		
	<i>Attach 214</i>	Date: _____	I-E
	<i>Attach 214</i>	Date: _____	I-E
	Brief Incident Medical Ops Chief or IST of EMTF Operations	Date: _____	I-E
	Requisition of supplies, equipment and/or personnel using the appropriate process that may include a Texas STAR.		
	<i>Attach copy of request form</i>	Date: _____	I-E
	Provide accountability of: Maintenance or repairs for all issued equipment including: refueling of vehicles and generators for the MMU during a training or event.	Date: _____	I-E
	Ensure proper staffing for multiple Operational Periods for:		
	<i>Attach Roster AMBUS</i>	Date: _____	I-E
	<i>Attach Roster MMU</i>	Date: _____	I-E
	<i>Attach Roster AST</i>	Date: _____	I-E
	<i>Attach Roster RNST</i>	Date: _____	I-E
	<i>Attach Roster ASM</i>	Date: _____	I-E
	<i>Attach Roster MIST</i>	Date: _____	I-E
	Ensure completion and collection of all deployment documentation from an event/Incident to be return to the EMTF Coordination Center.	Date: _____	I-E
	Prepare performance evaluations for assigned Group Supervisor(s) following an event or Incident.		I-E
	<i>Attach completed ICS 225</i>	Date: _____	I-E
	Conduct/Lead EMTF event/Incident Operations Hotwash	Date: _____	I-E
	Lead an EMTF After Action Review for an operation/exercise		
	<i>Attach completed AAR</i>	Date: _____	I-E
	Meet with a local/regional TDEM DC to discuss EMTF	Date: _____	n/a
	Meet with a local/regional DDC to discuss EMTF	Date: _____	n/a

O	Task can be completed in any situation	Legend Code
I	Task must be performed on an Incident	
E	Task must be performed on a Exercise/Training	
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 Region may need to arrange for another assignment or a simulation.	