

Texas Emergency Medical Task Force
TASK BOOK
MMU Clinician

Member Name

Sponsoring Department or Facility

EMTF Region

Home Regional Advisory Council

Date Started



Mobile Medical Unit- Clinician

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	: Group Supervisor	
	Interview with Group Supervisor or designee for final approval	Date: _____
Initials	: Task Book Oversight Committee	
	Task Book Oversight Committee Review	Date: _____

Mobile Medical Unit- Clinician

Member Name: _____ EMTF _____

Contact Number: (_____) _____ - _____

Pre-Requisites

Initials	: Member	
	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: _____
	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: _____
	EMTF Memorandum of Agreement on File	Date Signed: _____

Skills Competency

Initials	: Group Supervisor or Designee	
	Cardiac Monitor	Completed: _____
	Ventilator	Completed: _____
	EZ-IO	Completed: _____
	CAT Tourniquet or Equivalent	Completed: _____
	I-Stat	Completed: _____
	Spinal Immobilization	Completed: _____
	Region Specific Competencies:	
	_____	Completed: _____
	_____	Completed: _____
	_____	Completed: _____
	_____	Completed: _____
	_____	Completed: _____
	_____	Completed: _____

Mobile Medical Unit- Clinician

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

Initials	: Evaluator		
<input type="checkbox"/>	Attend MMU Orientation	Date: _____	0
<input type="checkbox"/>	Demonstrate ability to use a hand-held radio	Date: _____	0
<input type="checkbox"/>	Perform Interior Safety Check:		
	<i>Attach Completed Safety Check Sheet</i>	Date: _____	0
	<i>Attach Completed Safety Check Sheet</i>	Date: _____	0
<input type="checkbox"/>	Perform Exterior Safety Check:		
	<i>Attach Completed Safety Check Sheet</i>	Date: _____	0
	<i>Attach Completed Safety Check Sheet</i>	Date: _____	0
<input type="checkbox"/>	Participate in full setup of a 860 section	Date: _____	0
<input type="checkbox"/>	Participate in full setup of an Awning section	Date: _____	0
<input type="checkbox"/>	Participate in full setup of a Quad section	Date: _____	0
<input type="checkbox"/>	Participate in full setup of a MMU Trailer Describe: _____	Date: _____	0
<input type="checkbox"/>	Demonstrate proper and safe setup, operation and storage of trailer hoist/lifting system	Date: _____	E
<input type="checkbox"/>	Demonstrate proper and safe setup and operation of trailer generator	Date: _____	E
<input type="checkbox"/>	Participate in a Safety Orientation for mobile Generator	Date: _____	E

53' Trailer (as applicable)

Initials	: Evaluator		
<input type="checkbox"/>	Participate in full setup of a 53' Trailer	Date: _____	0
<input type="checkbox"/>	Participate in full setup of a 53' Awning section	Date: _____	0

Demobilization

Initials	: Evaluator		
<input type="checkbox"/>	Properly demobilize and stow 860 section	Date: _____	0
<input type="checkbox"/>	Properly demobilize and stow Awning section	Date: _____	0
<input type="checkbox"/>	Properly demobilize and stow Quad section	Date: _____	0
<input type="checkbox"/>	Properly demobilize and load and secure the equipment in a MMU trailer	Date: _____	0

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.	