

Texas Emergency Medical Task Force

TASK BOOK

AMBUS Crew Chief

Member Name

Sponsoring Department or Facility

EMTF Region

Home Regional Advisory Council

Date Started



AMBUS Crew Chief

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	(Acknowledge Receipt of Task Book)
	Submit completed Task Book to Regional EMTF Coordinator	Date: _____
Initials	Departmental Supervisor of AMBUS	
	Sign-off by Departmental Supervisor of AMBUS for final approval	Date: _____
Initials	Task Book Oversight Committee	
	Task Book Oversight Committee Review	Date: _____

AMBUS Crew Chief

Member Name: _____ EMTF _____

Contact Number: (_____) _____ - _____

Pre-Requisites

Initials	Member	
	ICS 300 <i>Attach Copy</i>	Completed: _____
	Must have completed the AMBUS Crew Member Task Book	Completed: _____
	Completed Ambulance Strike Team Leader course.	Completed: _____

Crew Training and EMTF Orientation

Initials	Crew Chief or AMBUS Supervisor	
	Attend one Regional EMTF meeting.	Completed: _____
	Assist in two team trainings:	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____
	<i>Attach Agenda Cover page</i>	Completed: _____
	Lead one crew training:	Completed: _____
	<i>Attach Agenda</i> <i>Subject: _____</i>	

AMBUS Crew Chief

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

Initials	Evaluator		
	Perform Interior Safety Check:		
	<i>Attach Completed Safety Check Sheet</i>	Date: _____	O
	<i>Attach Completed Safety Check Sheet</i>	Date: _____	O
	Perform Exterior Safety Check:		
	<i>Attach Completed Safety Check Sheet</i>	Date: _____	O
	<i>Attach Completed Safety Check Sheet</i>	Date: _____	O
	Give AMBUS orientation to new Crew Members prior to operations:	Date: _____	I-E
	Give Crew Members safety briefing prior to AMBUS operations:	Date: _____	I-E
	Properly roster a crew for a three day mission.		
	<i>Attach Staff Roster</i>	Date: _____	I-E
	Receive State Mission Assignment (SMA), actual or exercise.	Date: _____	I-E
	Brief AMBUS Crew Members on mission/exercise, using information from the SMA.	Date: _____	I-E
	Coordinate with Operator on route and planned rest stops.	Date: _____	I-E
	Participate in Statewide MSAT Radio Check and demonstrate operation of radios.	Date: _____	
	Develop a plan for crew change, coordinating with home agency.	Date: _____	I-E
	Complete ICS 214s for two operational periods for the mission/exercise.		
	<i>Attach ICS 214</i>	Date: _____	I-E
	<i>Attach ICS 214</i>	Date: _____	I-E
	Complete two AMBUS Activity Reports.		
	<i>Attach printed AMBUS Activity Report</i>	Date: _____	I-E
	<i>Attach printed AMBUS Activity Report</i>	Date: _____	I-E
	Conduct/Lead AMBUS Mission Debriefing.	Date: _____	I-E
	Lead an AMBUS After Action Review for a Mission or Exercise.		
	<i>Attach completed AAR</i>	Date: _____	I-E

O	Task can be completed in any situation	Legend Code
I	Task must be performed on an Incident	
E	Task must be performed on an Exercise or during 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.	