



# TRAINING SPECIALIST

**Version 1.2.2**

**Wednesday, December 14, 2016**



## Table of Contents

Table of Contents .....	2
Training Specialist Login .....	3
Training Specialist Settings .....	5
Add a Trainee Assignment .....	8
Assignment Closeout .....	12
Training Specialist Reports, Forms, Labels .....	15
Data Form Example .....	16
Evaluator Form Example .....	18
Performance Evaluation .....	19
Home Unit Letter .....	20
Exit Interview .....	21
Printing the Incident Training Assignments List.....	22
Printing the Incident Training Summary .....	23
Printing Home Unit Contact Labels .....	24
Index .....	26

## Training Specialist Login

NOTE: Only non-privileged user accounts with a Training Specialist role can access the Training Specialist area. The user must first select an Incident/Incident Group before selecting the Training Specialist button.

NOTE: For application login information, see the e-ISuite website at <http://famit.nwcg.gov/applications/eISuite>. This website also includes general information about the application, User Guides, Getting Started information, Quick Reference Cards, and Online Tutorials.

Follow the steps in this section to add an assignment to a Trainee.

1. In the Site system, select a database from the **Select Database** drop-down list on the Login page.
2. Enter a valid **User Name** and **Password** and click the **Login** button.



**Login**



Select Database \* DATABASE1

User Name \* username

Password \* \*\*\*\*\*

Accessing the Enterprise version of e-ISuite requires a NAP user account.

3. On the Home page, click the Incidents button.

# e-ISuite Training Specialist



4. The Incidents grid will display. Select an Incident or an Incident Group.

e-ISuite Site Welcome tallison Active Database: NEVERFIRE

Incidents Training Reports

Incident Name	Incident #	Event Type	Start Date	Jurisdiction	Default Accounting	
▼ SITE_GROUP						
NEVERFIRE2	US-OR-500S-234523	FIRE - WILDFIRE	02/15/2016	USFS	9932	FED

5. Select the **Training** button.

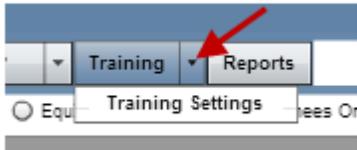
e-ISuite Site Welcome tallison Active Database: NEVERFIRE

Incidents **Training** Reports

Incident Name	Incident #	Event Type	Start Date	Jurisdiction
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## Training Specialist Settings

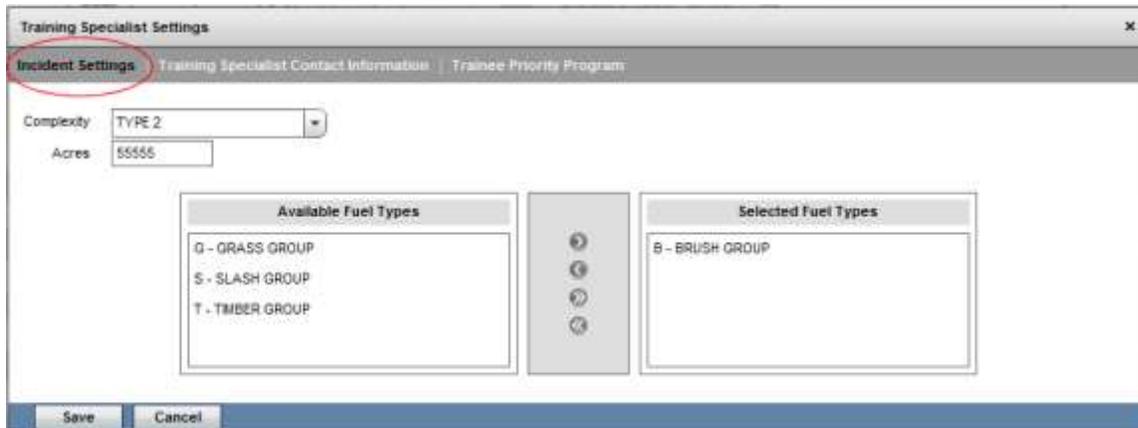
1. From the Training drop-down menu, select the **Training Settings** option.



2. Select the **Incident Settings** tab.
3. When an Incident Group is selected, check the **Apply to All Incidents in Group** checkbox to apply the settings to all incidents in the group. To apply the settings to a single incident in the Incident Group, uncheck the Apply to All Incidents in Group checkbox and select the appropriate incident from the **Select Incident** drop-down list.
4. Select a **Complexity** from the drop-down list. The following options are available:
  - Type A - Area Command
  - Type 1 - Type 1 team assigned
  - Type 2 - Type 2 team assigned
  - Type 3 - Extended attack with multiple resources
  - Type 4 - Initial Attack
  - Type 5 - Initial Attack with very few resources
  - Type 1 (Prescribed Fire) - High
  - Type 2 (Prescribed Fire) - Moderate
  - Type 3 (Prescribed Fire) - Low
5. Enter the **Number of Acres**.
6. Select any of the following fuel types from the **Available Fuel Types** list by moving the fuel type to the **Selected Fuel Types** list.
  - G - Grass Group

- B - Brush Group
- T - Timber Group
- S - Slash Group

7. Click **Save** to save the Incident Settings.



**NOTE:** All forms and reports will only show the B, G, S or T for the Fuel Type and not the full description.

8. Select the **Training Specialist Contact Information** tab.
9. Select a resource from the upper grid.
10. The **Active** checkbox is automatically checked, which indicates that the resource is an Active Training Specialist. This will enable their Training Specialist data to display on forms and reports. To indicate that the Training Specialist is no longer active, uncheck the **Active** checkbox.
11. Enter the **Address, City, State, Zip Code, Phone** and **Email**.
12. Click the **Save** button.
13. Selected Training Specialists will display in the lower grid.



# Training Specialist

Training Specialist Settings

Incident Settings | Training Specialist Contact Information | Trainee Priority Program

Contact Information

Request Number	Resource Name	Item Code	Item Description	Status	Unit ID	Unit Description
		T				
O-29	WILSON, JEROMY	TFLD	TASK FORCE LEADER	F	OR-UMF	UMATILLA NATIONAL FOREST
O-109	BURNS, STEVE	THSP	TECHNICAL SPECIALIST	F	OR-RSF	ROGUE RIVER-SISKIYOU NATIONAL FORE
O-110	BERGSTROM, ROY	THSP	TECHNICAL SPECIALIST	F	OR-RSF	ROGUE RIVER-SISKIYOU NATIONAL FORE
O-59	DONALD, DONETT	TNSP	TRAINING SPECIALIST	C	OR-MNF	MT. HOOD NATIONAL FOREST

DONALD, DONETT - O-59

Active

Address: 123 MAIN ST  
City: BEND  
State: OR

Zip Code: 97505  
Phone: (123) 123-4455  
Email: DDH@ORWA.COM

Save Cancel Clear Delete

Request Number	Resource Name	Item Code	Item Description	Status	Unit ID	Unit Description	Active
							<input type="checkbox"/>
O-48	RANDALL, RANDY	TNSP	TRAINING SPECIALIST	C	OR-RSF	ROGUE RIVER-SISKIYOU NATIONAL	<input checked="" type="checkbox"/>
O-51	APPLE, AMILLIA	TNSP	TRAINING SPECIALIST	C	OR-RSF	ROGUE RIVER-SISKIYOU NATIONAL	<input checked="" type="checkbox"/>

14. Select the **Trainee Priority Programs** tab.
15. Enter a Priority Program in the **Priority Program** field and click **Save**. The Priority Programs defined in this area will display in the **Priority Programs** drop-down list on the **Trainee Data** tab. Program titles can be edited as needed.
16. To remove a Priority Program from the Priority Programs drop-down list on the Trainee Data tab, select a Priority Program and click the **Delete** button.

**Training Specialist Settings**

Incident Settings | Training Specialist Contact Information | **Trainee Priority Program**

Priority Program:

Save Cancel Clear Delete

Priority Program
NORTHWEST PLANNING AND LOGISTICS PROGRAM
NORTHWEST PRIORITY PROGRAM
<b>SOUTH EAST OPERATIONS PROGRAM</b>

## Add a Trainee Assignment

1. Filter the grid by **All Personnel**, **Overhead Personnel**, **Aircraft Personnel**, **Crew Personnel** or **Equipment Personnel** by selecting the corresponding radio button at the top of the window.
2. Select a Trainee from the resources grid.
3. The **Trainee Assignment** field defaults to the item code for the resource's current assignment. To change the Trainee Assignment, select a different item code from the drop-down list. The **Functional Area** is populated with the Section Code for the selected Item Code.

The screenshot shows the 'Training Specialist' interface. On the left is a 'Resources' grid with columns for 'Resource Name', 'Skill Code', 'Status', and 'Agency'. The row for 'D-1 DOE, JOHN' is highlighted in yellow. On the right is the 'Trainee Assignment' form. The 'Incident Assignment' is 'AEMP - ADVANCED EMERGENCY MEDICAL TECHNICAL PRELIM'. The 'Trainee Assignment' dropdown is set to 'AEMP - ADVANCED EMERGENCY MEDICAL TECHNICAL PRELIM'. The 'Functional Area' is 'AEMP'. Below the form are checkboxes for 'Initial Assignment', 'Priority Program', and 'Trainee has completed recent Testbook with successful M test result'. There are also fields for 'Objective 1', 'Objective 2', and 'Objective 3'.



# Training Specialist

NOTE: The Trainee Total and Priority Total both display at the top, right of the screen. To view qualifications for the selected resource, click the **View Quals** button. Qualifications must be entered through the check-in process.

The screenshot shows the 'Trainee Data' tab for a trainee named JOHN DOE. The 'Incident Assignment' is 'AEMF - ADVANCED EMERGENCY MEDICAL TECHNICIAN, FIRELINE'. The 'Trainee Assignment' is 'AEMF' and the 'Functional Area' is 'LOGISTICS'. A table lists the assignment: 'AEMF' for 'ADVANCED EMERGENCY MEDICAL TECHNICIAN, FIRELINE'. At the top right, it shows 'Trainee Total: 4' and 'Priority Trainees: 3'. A red arrow points to a 'View Quals' button. At the bottom, there is an 'Initial Assignment' checkbox and a 'Home Unit Contact' button.

4. On the **Trainee Data** tab, enter the following information:

- If applicable, select the **Initial Assignment** checkbox.
- Enter the **Assignment Start Date**.

NOTE: When the assignment is complete, enter an **Assignment End Date**.

- If applicable, select the **Trainee possess valid Red Card or Agency Certification Card** checkbox.
- If the training assignment is a Priority Program, check the **Priority Program** checkbox and select the Priority Program from the drop-down list.
- Identify the Taskbook the trainee is using by selecting one of the following options:
  - Trainee has CURRENT home unit initiated Position Taskbook
  - Trainee has incident issued Taskbook with concurrence of home unit.

Enter up to three **Objectives**.

5. Click the **Save** button to save the trainee assignment.

Request Number	Resource Name	Item Code	Status	Agency
D-1	SMITH, JOHN	DVS	C	ESF5
D-2	HARCOCK, JOHN	SOF2	C	ESF3

**O-1 SMITH, JOHN** Trainee Total: 1 Priority Trainees: 1

Incident Assignment: DVS - DIVISION/GROUP SUPERVISOR

Trainee Assignment: OSC2 - Functional Area: OPERATIONS

Trainee Assignment	Description
ESF5	STRUCTURAL PROTECTION SPECIALIST
OSC2	OPERATIONS SECTION CHIEF, TYPE 2

**Home Unit Contact**

Assignment Start Date: 07/15/2016 Assignment End Date: [ ]

Prerequisites:

- Trainee possesses valid Red Card or Agency Certification Card?
- Trainee has CURRENT home unit initiated Position Taskbook?
- Priority Program: NORTHWEST PRIORIT
- Trainee has incident issued Taskbook with concurrence of home unit?

Objective 1: COMPLETE 1, 2, 8 TASKS  
Objective 2: LEARN MORE ABOUT FIELD LEADERSHIP  
Objective 3: [ ]

Buttons: Save, Cancel, Clear, Delete

- To enter the Home Unit Contact information for the Trainee, click the **Home Unit** button and enter the Home Unit Contact's **Name, Unit ID, Address, City, State, Zip Code, Phone** and **Email**.

**O-1 DOE, JOHN** Trainee Total: 4

Incident Assignment: AEMF - ADVANCED EMERGENCY MEDICAL TECHNICIAN, FIRELINE

Trainee Assignment: AEMF - ADVANCED EMERGENCY MEDICAL TECHNICIAN, FIRELINE

**Home Unit Contact**

Name: FRED MERTZ  
Unit ID: OR5008  
Unit Description: NORTHWEST OREGON AFB  
Address: 111-S 222E  
City: PORTLAND  
State: OR  
Zip Code: 98889  
Phone: (111) 111-1111  
Email: FMERTZ@EMAIL.COM

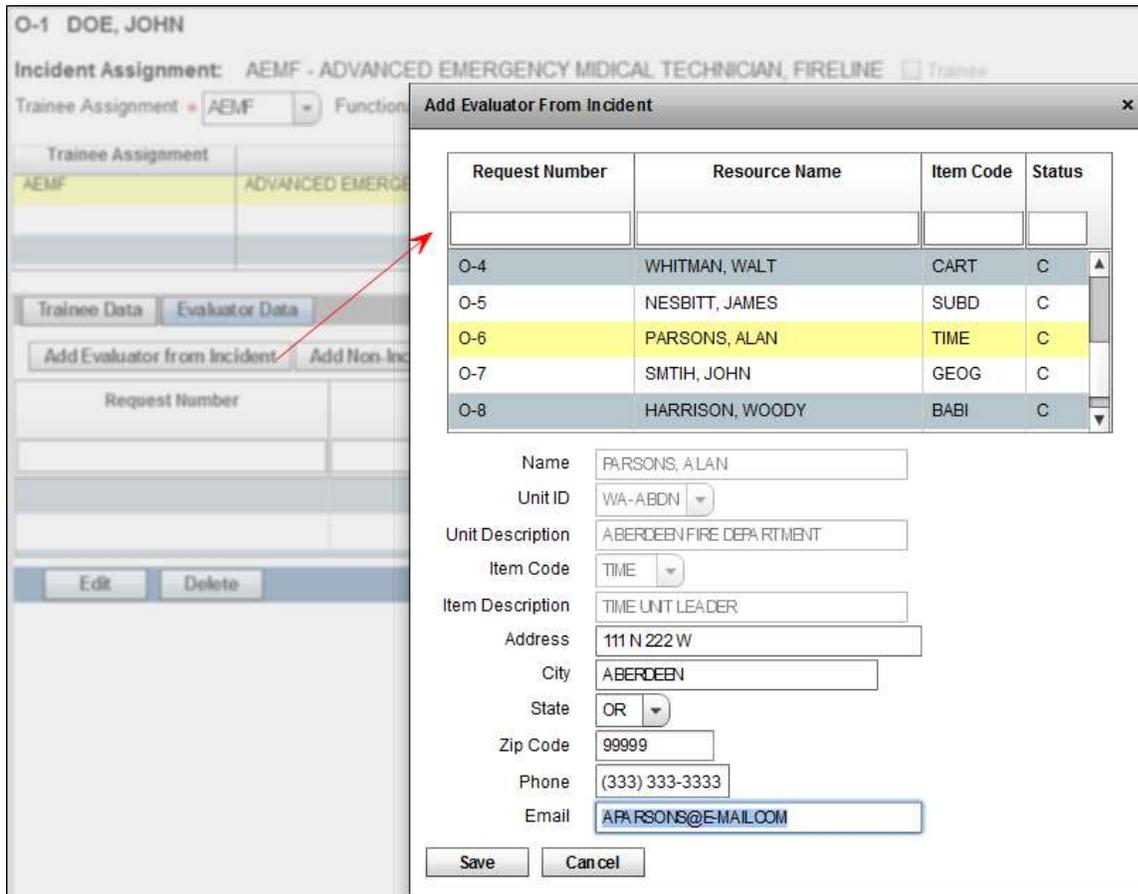
Buttons: Save, Cancel

- Click the **Evaluator Data** tab.

**NOTE:** A Trainee Assignment must first be selected in the Trainee Assignment grid before attaching an Evaluator to it.

- Follow these steps to add an Evaluator to the Trainee Assignment from the incident:
  - Click the **Add Evaluator from Incident** button.
  - Filter the list of resources in the grid, and then select the resource that will be the evaluator.
  - Enter the **Address, City, State, Zip Code, Phone** and **Email** for the evaluator.

- Click the **Save** button to add the resource as an evaluator.



O-1 DOE, JOHN  
Incident Assignment: AEMF - ADVANCED EMERGENCY MEDICAL TECHNICIAN, FIRELINE  Trainee  
Trainee Assignment: AEMF Function:  Trainee

Trainee Assignment

Request Number	Resource Name	Item Code	Status
O-4	WHITMAN, WALT	CART	C
O-5	NESBITT, JAMES	SUBD	C
O-6	PARSONS, ALAN	TIME	C
O-7	SMTIH, JOHN	GEOG	C
O-8	HARRISON, WOODY	BABI	C

Name: PARSONS, ALAN  
Unit ID: WA-ABDN  
Unit Description: ABERDEEN FIRE DEPARTMENT  
Item Code: TIME  
Item Description: TIME UNIT LEADER  
Address: 111 N 222 W  
City: ABERDEEN  
State: OR  
Zip Code: 99999  
Phone: (333) 333-3333  
Email: A.PARSONS@E-MAIL.COM

Save Cancel

- Follow these steps to add a non-incident evaluator to the Trainee Assignment:
  - Click the **Add Non-Incident Evaluator** button.
  - Enter the evaluator's **Name, Unit ID, Item Code, Address, City, State, Zip Code, Phone** and **Email**.
  - Click the **Save** button.

# e-ISuite Training Specialist

Incident and Non-Incident Evaluator information will display in the Evaluator grid:

Request Number	Resource Name	Item Code	Item Description	Status	Unit ID	Unit Description
	BOB SMITH	STPS	STRUCTURAL PROTECTION SPECIALIST		OR-5205	ASTORIA DISTRICT
C-13	GREEN HANK	FFT1	FIREFIGHTER, TYPE 1	C	OR-5205	NORTHWEST OREGON AREA

## Assignment Closeout

1. Click the **Assignment Closeout** button to close out the trainee's assignment.

2. The **Assignment Start Date** is populated with the date defined on the Trainee Data tab. Change this date, as needed.
3. The **Assignment End Date** is populated with the date defined on the Trainee Data tab. Change this date, as needed.



# Training Specialist

4. The system automatically calculates the **Length of Trainee Assignment** based on the Assignment Start Date and the Assignment End Date.
5. Enter the appropriate **PTB Progress**.
6. Select one of the following **Recommendations** from the drop-down list. The recommendation list includes four options:
  - 1- The trainee has successfully performed all tasks in the PTB for the position. The final evaluator has completed the final evaluator's verification section and recommended the trainee be considered for agency certification.
  - 2- The tasks have been performed in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
  - 3- The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
  - 4- The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.
7. The Complexity field defaults to the Complexity defined on the Training Specialist Incident Settings tab. If needed, change the Complexity by selecting one of the following options from the drop-down list.
  - Type A - Area Command
  - Type 1 - Type 1 team assigned
  - Type 2 - Type 2 team assigned
  - Type 3 - Extended attack with multiple resources
  - Type 4 - Initial Attack
  - Type 5 - Initial Attack with very few resources
  - Type 1 (Prescribed Fire) - High
  - Type 2 (Prescribed Fire) - Moderate



# Training Specialist

- Type 3 (Prescribed Fire) - Low
8. The **Acres** field defaults to the Acres entered in the Training Specialist Settings tab. If needed, change the value in this field. To update the value in the **Acres** field on the Training Specialist Settings tab to match the value in this field, click the **Update Default Acres** button.
  9. The **Selected Fuel Types** default to the Fuel Types selected on the Training Specialist Settings tab. If needed, change the selected Fuel Types by adding or removing the following fuel types from the Selected Fuel Types field:
    - G – Grass Group
    - B – Brush Group
    - T – Timber Group
    - S – Slash Group
  10. Enter any remarks in the **Remarks** box.

**NOTE:** These **Remarks** will appear on the Evaluation Record form and the Home Unit Letter form. Remarks should not exceed 200 characters.

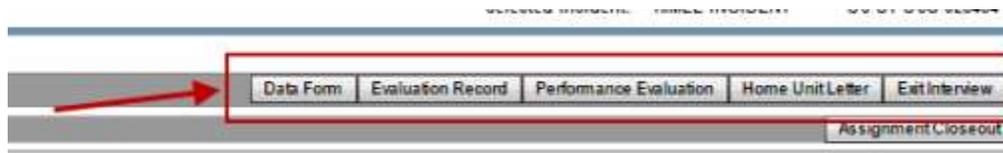
11. Click **Save** to save the assignment closeout information.

**NOTE:** Data saved in the **Assignment Closeout** will not be affected by subsequent Settings updates.

## Training Specialist Reports, Forms, Labels

There are two ways to print the **Data Form**, **Evaluator Record**, **Performance Evaluation**, **Home Unit Letter** and **Exit Interview**:

1. Select a resource and Trainee Assignment for the resource from the grid. Click one of the report buttons at the top of the screen. This will print the report with data for the selected resource's trainee assignment.



**NOTE:** When printing an **Evaluation Record** from the Trainee Assignment screen, select the appropriate **Evaluator**, if there are multiple evaluators. Enter an **Evaluator Record Number**, as needed.

When printing a **Data Form**, **Home Unit Letter**, or an **Exit Interview** form and there are multiple, active training specialists, select a Training Specialist to print on the form.



# Training Specialist

If Page 2 of the Data Form is not needed, choose a print option to print only Page 1 of the form.

## Data Form Example

Trainee Name: PUTMAN, PETUNIA  
Trainee Request #: O-16.51

INCIDENT TRAINEE DATA FORM					
<b>TRAINEE DATA</b>					
Trainee Name	PUTMAN, PETUNIA			Request #	O-16.51
Trainee Item Code	HEB2	Item Code Description	HELIBASE MANAGER, 1 TO 5 HELICOPTERS		
Section	OPERATIONS	Initial Assignment?	Y	Agency	USFS
Unit ID	OR-DEF	Unit ID Description	DESCHUTES NATIONAL FOREST		
Assignment Start	03/01/2016	Assignment End			
1. Trainee possesses valid Red Card or agency certification card?					
Y					
2. Trainee has CURRENT home unit initiated Position Task Book?					
NO					
3. Trainee has incident issued Task Book with concurrence of home unit?					
NO					
Priority Trainee?	Y	Priority Program	NORTHWEST PRIORITY PROGRAM		
<b>HOME UNIT CONTACT</b>					
Name	KIM KERRY				
Unit ID	OR-5205	Unit ID Description	ASTORIA DISTRICT		
Address	15 TOWN AGVE				
City	ASTORIA	State	OR	Zip	97177
Phone	(333) 666-7777	E-Mail	KIM@GMAIL.COM		
<b>TRAINEE GOALS (Tasks to be evaluated on this incident)</b>					
1.	START THE PTB				
2.	GET THE "O" TASKS DONE				
3.					
<b>TRAINER/EVALUATOR DATA</b>					
Name	GARDNER, GEORGE			Request #	O-16.15
Item Code	HEB1	Item Code Description	HELIBASE MANAGER, 6 OR MORE		
Unit ID	OR-9545	Unit Description	THE DALLES UNIT		
Address	333 TRAD				
City	THE DALLES	State	OR	Zip	94445
Phone	(666) 555-8888	E-Mail	GEORGE@GMAIL.COM		
Recommendation #		PTB Progress %	0		
<b>INCIDENT DATA (For Training Specialist Use Only)</b>					
Incident Name	BUCKSKIN		Incident Number	OR-RSF-000382	
Incident Type	WF	Complexity	TYPE 2		
Acres	570	Fuel Type	G,T		
<b>TRAINING SPECIALIST (For Training Specialist Use Only)</b>					
Name	APPLE, AMILLIA			Agency	USFS
Unit ID	OR-RSF	Unit Description	ROGUE RIVER-SISKIYOU		
Phone	(123) 123-4533	E-Mail	AMILLIA@GMAIL.COM		



# Training Specialist

Trainee Name: \_\_\_\_\_  
Trainee Request #: \_\_\_\_\_

**INCIDENT TRAINEE DATA FORM**

Trainee Progress Review:

DATE	TIME	COMMENTS

(1 copy to each Home Unit and Final Incident Package)

TSD-1  
Page 2 of 2



# Training Specialist

## Evaluator Form Example

### EVALUATION RECORD

Evaluation Record # 2

Trainee Information			
Printed Name	PUTMAN, PETUNIA		
Trainee Position on Incident/Event	HEB2 - HELIBASE MANAGER, 1 TO 5 HELICOPTERS		
Home Unit/Agency	OR-DEF USFS		
Home Unit/Agency Address/Phone	15 TOWN AGVE ASTORIA, OR 98777 (333) 666-7777		
Evaluator Information			
Printed Name	O-16.15 GARDNER, GEORGE		
Evaluator Position on Incident/Event	HEB1 HELIBASE MANAGER, 6 OR MORE HELICOPTERS		
Home Unit/Agency	OR-9545		
Home Unit/Agency Address/Phone	333 TRAD THE DALLES, OR 94445 (666) 555-8888		
Incident/Event Information			
Incident Name	BUCKSKIN	Incident Number	OR-RSF-000362
Duration		Incident Type	WF
Fuel Type	G,T	Complexity Type	TYPE 2
<p>Evaluator's Recommendation (Initial only one line as appropriate)</p> <p><input type="checkbox"/> 1. The tasks initiated and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.</p> <p><input type="checkbox"/> 2. The tasks initiated and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.</p> <p><input type="checkbox"/> 3. The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.</p> <p><input type="checkbox"/> 4. The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.</p>			
Comments:			

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_



# Training Specialist

## Performance Evaluation

<b>INCIDENT PERSONNEL PERFORMANCE RATING</b>		<small>INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the caller leaves the fire. Rating will be reviewed with employee who will sign at the bottom.</small>															
<b>THIS RATING TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE</b>																	
1. Name PUTMAN, PETUNIA		2. Fire Name and Number BUCKSKIN / OR-RSF-000382															
3. Home Unit (address) 15 TOWN AGRVE ASTORIA, OR 98777		4. Location of Fire (address)															
5. Fire Position HEB2 - HELIBASE MANAGER, 1		6. Date of Assignment From 03/01/2016 To:		7. Acres Burned 570	8. Fuel Type(s) G,T												
<b>9. Evaluation</b>																	
Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:																	
0 - Deficient. Does not meet minimum requirements of the individual statement. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.																	
1 - Needs to improve. Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.																	
2 - Satisfactory. Employee meets all requirements of the individual element.																	
3 - Superior. Employee consistently exceeds the performance requirements.																	
Rating Factors		Hot Line		Mop-Up		Camp		Other (Specify)									
		0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Knowledge of the job																	
Ability to obtain performance																	
Attitude																	
Decisions under stress																	
Initiative																	
Consideration for personnel welfare																	
Obtain necessary equipment and supplies																	
Physical ability for the job																	
Safety																	
Other (specify)																	
10. Remarks																	
11. Employee (signature) This rating has been discussed with me												12. Date					
13. Rate By (signature)				14. Home Unit (address) OR-9545				15. Position of Fire HEB1				16. Date					

ISC-225 WF (1/14)

NFES 001576



# Training Specialist

## Home Unit Letter

### HOME UNIT LETTER

To	KIM KERRY OR-5205		Date	03/08/2016
Trainee Name	PUTMAN, PETUNIA			
Trainee Position	HEB3 - HELIBASE MANAGER, 1 TO 5 HELICOPTERS			
Incident Name	BUCKSKIN	Incident Number	OR-RSF-000382	
Incident Type	WF	Across	575	
Fuel Type	G,T	Complexity	TYPE 2	
<p>The enclosed training forms are the records of the training assignment. The recommendations given are those of the Training Specialist that was assigned to the incident, with input from the trainee and the coach/evaluator of the position. It is the responsibility of the home unit to ensure the assignment is properly credited and the Individual's Qualification Record is updated, per agency certification standards.</p> <p>The recommendation for this trainee is:</p> <p><input type="checkbox"/> 1. The trainee has successfully performed all tasks in the PTB for the position. The Final Evaluator has completed the Final Evaluator's Verification section and recommended the trainee be considered for agency certification.</p> <p><input checked="" type="checkbox"/> 2. The tasks have been performed in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.</p> <p><input type="checkbox"/> 3. The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.</p> <p><input type="checkbox"/> 4. The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.</p> <p>Remarks:</p>				

If additional training or trainee experience is indicated, efforts should be made by the home unit to provide additional training assignments.

Training Specialist (signature)

Training Specialist	APPLE, AMILLIA	Agency	USFS	Unit ID	OR-RSF
Email	AMILLIA@GMAIL.COM	Phone	(125) 123-4533		

TNSP-5



# Training Specialist

## Exit Interview

Incident Trainee Exit Interview  
(BUCKSKN / OR-RSF-000382)

Trainee:	PUTMAN, PETUNIA	Trainee Position:	HEB2
Trainer/Evaluator:	GARDNER, GEORGE		
Training Specialist:	APPLE, AMELIA		

1. Is this your first assignment in this position?	Y	N
2. Do you feel you benefited from this assignment? (Explain)		
3. Were your training goals accomplished?	Y	N (if no, explain)
4. Would you prefer another trainee assignment?	Y	N
5. Comments regarding your trainer/evaluator. (Assistance, Ability, Knowledge of position, etc.)		
6. Do you feel you could perform in this position if assigned?	Y	N
7. Did your Trainer certify the tasks in your Position Taskbook?	Y	N
8. Did you receive a final performance evaluation?	Y	N
Trainee (Signature)	Date	
Trainer/Evaluator (Signature)	Date	

TNSP-4

2. To print reports, blank forms and labels, select the **Reports** button from the main toolbar. Then click the **Training Specialist Reports** button.

The following reports are available on the Training Specialist Reports page:

- Training Assignments List
- Incident Training Summary

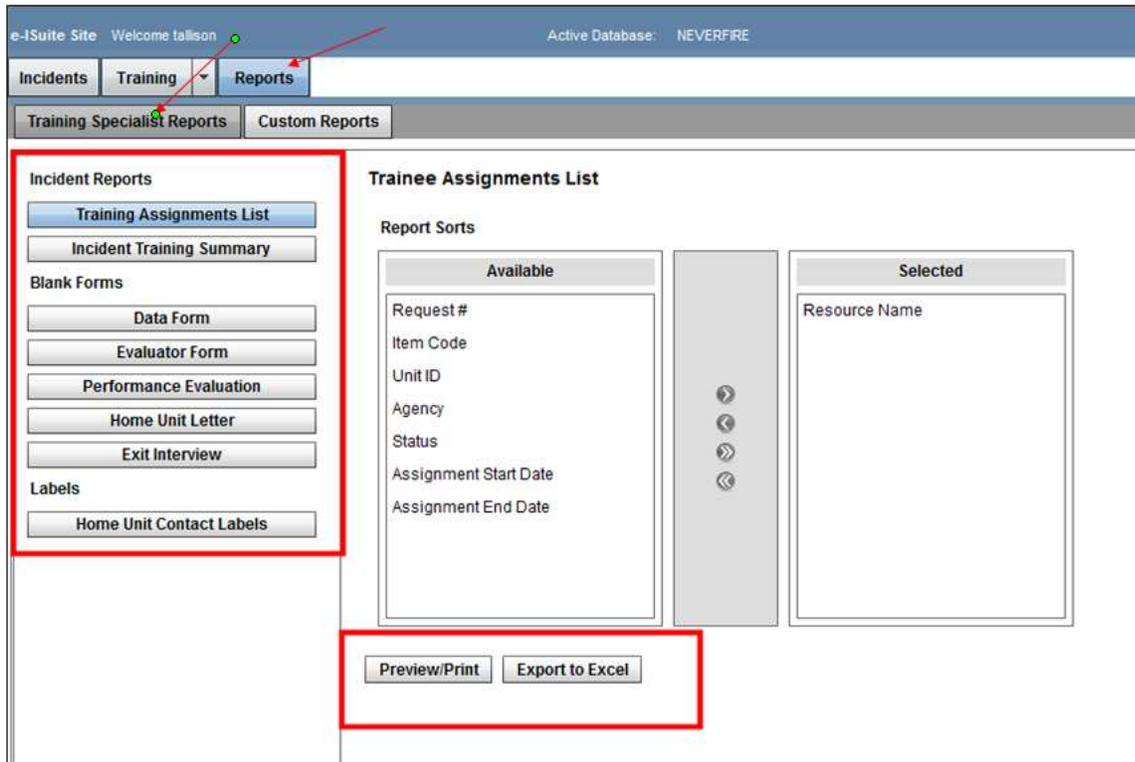
The following blank forms are available on the Training Specialist Reports page:

- Data Form
- Evaluator Form
- Performance Evaluation

- Home Unit Letter
- Exit Interview

The following labels are available on the Training Specialist Reports page:

- Home Unit Contact Labels



e-ISuite Site Welcome tallison Active Database: NEVERFIRE

Incidents Training Reports

Training Specialist Reports Custom Reports

**Incident Reports**

- Training Assignments List
- Incident Training Summary

**Blank Forms**

- Data Form
- Evaluator Form
- Performance Evaluation
- Home Unit Letter
- Exit Interview

**Labels**

- Home Unit Contact Labels

**Trainee Assignments List**

Report Sorts

Available		Selected
Request #		Resource Name
Item Code		
Unit ID		
Agency		
Status		
Assignment Start Date		
Assignment End Date		

Preview/Print Export to Excel

## Printing the Incident Training Assignments List

1. Click the **Training Assignments List** button.
2. Select the applicable sorts from the **Available** list and shuttle them to the **Selected** list.
3. Click the **Preview/Print** button to preview or print the report.
4. Click the **Export to Excel** button to open the report in Excel.



# Training Specialist

## INCIDENT TRAINING ASSIGNMENTS LIST BUCKSKIN

Training Specialist	APPLE, AMILLIA				Agency	USFS	Unit ID	OR-RSF		
Phone	(123) 123-4533				Email	AMILLIA@GMAIL.COM				
Training Specialist	RANDALL, RANDY				Agency	USFS	Unit ID	OR-RSF		
Phone	(123) 123-4533				Email	RANDY@GMAIL.COM				
Trainee	Req. #	Item Code	Asgmt Start	Asgmt End	Agency	Horse Unit	Trainer / Evaluator	Recom #1-2	PTB %	Section
FILBERT, FEONIA	O-16.29	MEDL	03/01/2016	03/05/2016	USFS	OR-MHF	KEN KOE	2	30	LOGISTICS
GERKE, GEORGE	O-16.35	LOFR	03/01/2016	03/08/2016	USFS	OR-DEF	CLAY COVILLE	2	60	COMMAND
JACKSON, JOHN	O-16.14	SOFR	03/01/2016	03/05/2016	USFS	OR-DEF	PETER PETROCK	2	40	COMMAND

### Printing the Incident Training Summary

1. Click the **Incident Training Summary** button.
2. Enter the **Start Date** to include in the report.
3. Enter the **End Date** to include in the report.
4. Click the **Preview/Print** button to preview or print the report. The report will be in .PDF format.

NOTE: The report will print all active Training Specialists in the header. To print only current Training specialists, return to Settings, Training Specialist Contact Information tab and uncheck any inactive Training Specialists.



# Training Specialist

## INCIDENT TRAINING SUMMARY

(NEVERFIRE2 / OR-500S-234523)

02/15/2016-03/14/2016

Training Specialist	GREEN, HANK	Agency	USFS	Unit ID	OR-500S
Phone		Email			
Training Specialist	SKELTON, RED	Agency	USFS	Unit ID	OR-500S
Phone		Email			

### Number of Trainees per Section and Agency

Agency	Command	Operations	Plans	Logistics	Finance	External	Total
BLM	0	1	0	0	0	0	1
USFS	0	2	1	0	0	0	3
Total	0	3	1	0	0	0	4

### Priority Program Resource Counts

NORTHWEST PLANNING AND LOGISTICS	1	Incident Personnel Ordered as Trainees Trainees Assigned on the Incident  Example: Engine, Helicopter, Handcrew Modules or individual resources reassigned on incident for training opportunity	3
NORTHWEST PRIORITY PROGRAM	1		4
SOUTHEAST OPERATIONS PROGRAM	2		

### NUMBER OF TRAINEES WITH THE FOLLOWING RATINGS

- 1 1. The trainee has successfully performed all tasks in the PTB for the position. The Final Evaluator has completed the Final Evaluator's Verification section and recommended the trainee be considered for agency certification.
- 1 2. The tasks have been performed in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- 0 3. The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- 0 4. The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Remarks:

## Printing Home Unit Contact Labels

1. Click the **Home Unit Contact Labels**.
2. To select all Home Unit Contacts, click the **Select All** button. To select multiple Home Unit Contacts, use the **Shift** or **Ctrl** keys.
3. Click the **Preview/Print** button to preview and then print the labels on Avery 5160 label sheets.



# Training Specialist

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4. Click the **Export to Excel** button to export the labels to Excel.

NOTE: Extremely long Unit Descriptions may be truncated on the label.



# Training Specialist

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## Index

### A

Assignment, 12

### R

Reports

Training Specialist, 15

### T

Training Specialist Settings, 5

Training Task

Add, 8