

**M E T R O P O L I T A N E M E R G E N C Y
S E R V I C E S B O A R D**

**RADIO TECHNICAL OPERATIONS COMMITTEE
AGENDA**

**Board Room, Metro Counties Government Center
February 22, 2017
1:00 – 3:00 p.m.**

MEMBERS:

Scott Haas, Chair
Scott County

Ron Jansen, Vice Chair
Dakota County

Jake Thompson
Anoka County

Tim Walsh
Carver County

Rod Olson
City of Minneapolis

Jon Eckel
Chisago County

John Gundersen
Hennepin County

Bob Shogren
Isanti County

Jeff Bjorklund
Metropolitan Airports
Commission

Chad LeVasseur
Metropolitan Council

Scott Gerber
MN Fire Chiefs Association

Dave Pikal
Ramsey County

Chuck Steier
U of M Police, at large
member

Nate Timm
Washington County

Open
Metro Region EMS

Open
MN Chiefs of Police
Association

1. Call to Order
2. Approval of January, 2017 Minutes
3. Agenda Items
 - a. State National Weather Service Standard Workgroup Membership – Tretter
 - b. COMT Packet – Barry Altman (HCEM)
 - c. COMT Packet – Michael Ostlund (HCEM)
4. Moves, Additions & Changes to the System
 - a. Update on Removal of Voting from Interoperability System – Jansen
5. Committee Reports
 - a. Metro Mobility System Usage Update—Chad LeVasseur/Dana Rude
 - b. System Manager’s Group/Metro Owner’s Group Update – Jansen
 - c. Reports from SECB Committees
 - i. Steering - Tretter
 - ii. OTC – Gundersen / Timm
 - iii. Interoperable Data Committee – Olson / Thompson
 - iv. IOC –Thompson / Kummer
 - v. IPAWS – Haas / Williams
 - vi. Finance / Grants Workgroup- Tretter
 - d. 2017 Interoperability Conference – Tretter / Timm / Thompson
 - i. Conference Dates: May 1-3, 2017
6. Other Business
 - a. Regional Talkgroup Permissions Requests
 - i. Customs and Border Patrol (Port of Minneapolis)
 - ii. Gold Cross / Mayo Clinic Medical Transport
 - b. Next Meeting March 22nd
7. Adjourn

Scott Haas, Chair

**Metropolitan Emergency Services Board
Radio Technical Operations Committee
Meeting Notes
January 25, 2017**

Members Present

Curt Meyer, Ron Jansen, Nate Timm, Chad LeVasseur, Scott Haas, John Gundersen, Jon Eckel, Chuck Steier, Rod Olson, Robert Shogren, Curt Meyer, Dave Pikal, Tim Walsh, Jake Thompson, Scott Gerber

Guests Present:

Jill Rohret, MESB; Troy Tretter, MESB; Todd Krause, National Weather Service; Dan Anderson, HCEM, Charles Sloan III, Hennepin EMS; Peter Sauter, Carver County; Deb Paige, Carver County; Dana Rude, Metro Mobility.

Call to Order:

Scott Haas called the meeting to order at 1:00 P.M.

M/S/C Motion made by Jon Eckel to approve the January 25, 2017 agenda. Ron Jansen seconded. Motion carried

M/S/C Motion made by Shogren to approve the December, 2016 minutes. Gundersen seconded. Motion carried.

Agenda Items:

U of M Participation Plan Change

Chuck Steier presented they will be adding a 5th MCC7500 at the U of M PD PSAP for future expansion, training and special events. They will contract with ANCOM to complete the installation.

M/S/C Motion made by Ron Jansen to approve the U of M participation plan change. Jon Eckel seconded. Motion carried.

COML Packet – Nancie Pass

Troy Tretter presented that the packet did not have the IAP, ICS205 or AAR checked. The packet does, it was received after he scanned the check off sheet.

M/S/C Motion made by Dave Pikal to approve Nancie Pass's COML Packet. Chuck Steier seconded. Motion carried.

COML Packet – Robin Brimmer

Troy Tretter presented that Robin has 3 years from COML training to complete his task book, although it is being submitted after 3 years from training, he completed his task book with 10 days to spare. The committee asked who was his sponsor, since his home county is Waseca, out of the metro region. Tretter said he is being sponsored by Minneapolis, where Robin works for the PSAP.

M/S/C Motion made by Ron Jansen to approve Robin Brimmers COML Packet. Nate Timm seconded. Motion carried.

COMT Packet – Kya Wagner

Troy Tretter presented Kya packet that the ICS205 included is Marvin Turners, from the same event. It is not required in the task book for the COMT to generate an ICS205, it is just needed to establish they did attend a large-scale event or exercise approved by ECN.

M/S/C Motion made by Scott Gerber to approve Kya Wagner's COMT Packet. Jake Thompson seconded. Motion carried.

State National Weather Service Standard (Metro Amendment)

Troy Tretter presented the OTC was cancelled for January and the notes from the Metro December TOC meeting were incorporated into the draft state standard. The OTC will meet in February and will review the standard. Tretter said that present today for the discussion are Dan Anderson from Hennepin County Emergency Management, Todd Krause from the National Weather Service and Deb Paige from Carver County Emergency Management.

Scott Hass opened the discussion with Deb Paige. Deb stated she did not feel like how the standard was written and asked why this standard was not addressed with emergency mangers in the metro sooner. She wanted to know who chose the members to be a part of the committee. She also said that it is illegal for UASI funds to be used to fund the National Weather Service.

Troy Tretter responded saying the standard is a radio standard and was reviewed by the radio TOC. All standards affect emergency management in some fashion and are not sent to emergency management unless the committee recommends it. Workgroup appointees are generally appointed by the region to the state. In this case, the state did not go through the regional boards for appointees. Troy said he was on the workgroup because this issue was addressed at the steering committee and he was not included in the workgroup until this item was going to be voted on at the OTC. That is why it came back to the TOC and welcomed any feedback before it went back to the state. He also asked if there was any feedback on the metro standard as it was understood it was the will of the TOC to keep the metro NWS standard intact.

Dan Anderson said he was appointed by his boss Eric Waage to address this issue from the emergency management communications perspective.

John Gundersen said he liked the changes to the standard that Jill and Troy made and recommended they should be accepted.

Scott Haas said that he wanted to ensure that the NWS has a participation plan, just like everyone else who uses ARMER. To include a fleet map, designated system administrator. He said that if the PSAPs are required to program the NWS channels, a study would need to be done to determine if the metro PSAP consoles have enough room and if the tower sites can take the extra traffic.

Tretter wanted to ensure the letter on behalf of the TOC was to address: keeping the existing metro standard in effect; requiring a participation plan for the NWS; funding needs to be the responsibility of the NWS, not the region; a study needs to be conducted for PSAP console capacity and tower traffic.

M/S/C Motion made by Ron Jansen to approve the Metro Amendments to version 18 of the NWS standard and drafting a letter to the OTC addressing the concerns of the TOC. Jon Eckel seconded. Motion carried.

Tretter informed the committee that he would draft the letter and send it to Scott Haas for review for before sending it to the OTC and state.

Nomination of State COMU Workgroup Membership

Troy Tretter presented the COMU workgroup was formed by the SWIC in 2016 and the workgroup was to only meet for one year. The workgroup felt they should continue to meet and were open for new

membership. Troy said that Dan Anderson, and Mark Vandenberghe have both expressed they would like to stay on the workgroup and wanted to know if the TOC wanted to formally appoint members and who they should report to; the TOC or the CRTF Steering Workgroup. Nate Timm said he is also part of the COMU workgroup and would like to stay on. Ron Jansen nominated Troy Tretter to be a member of the workgroup, since he works a lot with the CRTF and the TOC. No vote was taken, but consensus from the workgroup was to accept the names appointed.

Chair Haas said there is no formal action needed by the committee to appoint members Dan Anderson, Mark Vandenberghe, Nate Timm and Troy Tretter.

Move, Additions & Changes to the System

Update on Removal of Voting from Interoperability System

Ron Jansen said the work is complete except for moving channels to King stack and HCGC. Nate Timm asked about the coverage with FEDCOM and if anyone else has any issues. None were reported by the committee or guests.

Removal of dual naming on metro channels in Statusboard

Ron Jansen said this is complete and can be removed from future agendas.

Reports from SECB Committees

Metro Mobility System Usage Update

Dana Rude said they did have an outage on their Trapeze scheduling system on January 17th due to an upgrade the night before and had to use ARMER to dispatch until the issues were resolved early Tuesday afternoon.

Troy Tretter said their levels in December are the lowest since October 2014. Ron Jansen said that his reports for Dakota County control channel usage were almost 100 hours off and said the numbers for Metro Mobility may not be completely accurate.

System Manager's Group/Metro Owner's Group Update

Ron Jansen reported they discussed the 7.15 punch list, discussed the LTAC-E change management requirements and heard a presentation from AT&T on a voice over LTE similar to Motorola's WAVE system.

Reports from SECB Committees

Steering

Tretter said there was further discussion on Federal Participants on ARMER, it was agreed there would need to be research legally if 911 funds, which are used for ARMER, can be used to support Federal partners. There was a discussion how to potentially charge Federal partners to use ARMER.

OTC

Gundersen said the January meeting was cancelled and there was nothing to report.

Interoperable Data Committee

Rod Olson reported they have been participating in a lot of workgroups preparing for the draft State FirstNet proposal. He said there is a delay in awarding the RFP to AT&T, but they are probably still working on draft plans.

IOC

Jake Thompson reported they approved the SOAR change management standard and it will be using the 8TACs for repeated channels. He also said they voted on the MN Duty Officer communications process for the state.

IPAWS

Scott Haas reported they are adding a Blue Alert and Alexandria Tech is developing training for Code Red. IT was asked what a Blue Alert was, Scott stated it was for it a law enforcement officer that has been injured and that the public could be in danger.

2017 Interoperability Conference Dates: May 1-3, 2017

Troy Tretter reported they met on January 12th and discussed priorities of what classes to present. Also, OEC will be providing training on Communication After Action Review writing. He said there should be grant money to send participants to the conference.

Other Business

Regional Talkgroup Permissions Updates

Troy Tretter said he will be communicating out that any requests for the new talkgroups will need to apply for permission and will not be covered by previously approved submittals. This means mainly ME TAC 1-4, ME TAC 9-10, ME TAC 11E-12E.

Next Meeting February 22, 2017.

The meeting was adjourned at 2:50pm.

Minnesota COMT Team Metro Region Communications Unit Leader Type III COMT CERTIFICATION CHECK OFF

The following items checked are included in this packet

- All Prerequisite Training Completed
 - ICS 700 (Printout attached)
 - ICS 800 (Printout attached)
 - ICS 100 (a or b) (Printout attached)
 - ICS 200 (Printout attached)

If you are part of the Minnesota training Website, A print of the HSEM Certification Record Completed courses main page with the above courses listed will be sufficient.

- Copy of Certificate from COMT training
- Agency Certification (attached)
- Completed Task Book (with evaluator reviews)
- Copy of an Incident Action Plan, Incident Communications Plan, or After Action Plan (only one needed)
- Final Evaluator Certification (attached)
- Regional Radio Services Coordinator review



(Signature)

Troy Tretter
(Printed Name)

- Regional Radio Board – Technical Operations Committee Review

(Chair of Radio-TOC Signature)

Scott Haas
(Printed Name)

- Statewide Interoperability Program Manager Review

(Statewide Interoperability Program Manager Signature)

James Stromberg
(Printed Name)

BARRY J. ALTMAN

18120 39TH AVE N. PLYMOUTH MN 55446



22 January, 2017

Troy Tretter

Radio Services Coordinator
Metropolitan Emergency Services Board
2099 University Avenue West
Saint Paul, MN 55104

Dear Mr. Tretter

Enclosed please find my All-Hazards Communications Technician (COMT) Task Book.

The task book has all tasks properly signed including the Final Evaluator's Verification and Agency Certification

I have also included the attachments required by State Radio Board Standard 3.17.3 *Criteria for State Certification as a Communications Technician*.

ICS 100 – Completion Certificate

ICS-200– Completion Certificate

ICS-700 – Completion Certificate

ICS-800 – Completion Certificate

Emergency Management Certificate – Not required

COMT Training Certificate – Completion Certificate

Agency Certification – Page 2 Task Book

Task Book COMT – Barry Altman

Copy of an Incident Communications Plan – Attached

Final Evaluator Certification – Page 2 Task Book

Type III COMT Certification Check Off (Attachment B) – Attached

The next step is for you, as the Regional Interoperability Coordinator, to review the above documents and sign off on the appropriate line of Attachment B.

After that, I would appreciate your presenting the documentation to the MESB Radio Technical Operations Committee for signoff on the Type III COMT Certification Check Off form (Attachment B).

The Final step is to forward the entire package to Mr. James Stromberg, Statewide Interoperability Coordinator.

3.17.3 Criteria for State Certification as a Communications Technician. Paragraph 3 (Extracted)

The RIC or the Regional Radio Services Coordinator will review the qualification documents to make sure they meet the requirements set forth in this certification process. They will then go before the Regional Advisory Committee (RAC), Regional Radio Board (RRB), Emergency Services Board (ESB) or the MESB RTOC, presenting the COMT candidate's credentials to request a resolution that the COMT candidate be recommended to the Statewide Interoperability Program Manager for final review and certification. (See attachment "B," check-off template.)

Thank you for processing my application for COMT Certification,

A handwritten signature in black ink, appearing to read "Barry J. Altman". The signature is fluid and cursive, with a prominent initial "B".

Barry J. Altman

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

BARRY J. ALTMAN

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

IS-00100
Introduction to the Incident Command System,
(ICS 100)

Issued this 17th Day of August, 2006


Cortez Lawrence, PhD
Superintendent
Emergency Management Institute

0.3 CEU

FEMA Form 16-31, October 05

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

BARRY J ALTMAN

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00200
ICS for Single Resources and
Initial Action Incidents**

Issued this 27th Day of January, 2008

A handwritten signature in black ink, appearing to read "Cortez Lawrence".

Cortez Lawrence, PhD
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that

BARRY J ALTMAN

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00700

**National Incident Management System
(NIMS) an Introduction**

Issued this 3rd Day of February, 2008

A handwritten signature in black ink, appearing to read "Cortez Lawrence".

Cortez Lawrence, PhD
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

BARRY J ALTMAN

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00800.B

National Response Framework, An Introduction

Issued this 10th Day of February, 2008

A handwritten signature in black ink, appearing to read "Cortez Lawrence".

Cortez Lawrence, PhD
Superintendent
Emergency Management Institute



**The State of Minnesota Department of Public Safety
Division of Homeland Security and Emergency Management**

Presents this Professional Certificate of Achievement to

Barry Altman

For dedication to homeland security and emergency preparedness through professional development and successful completion of all training requirements for

Basic Emergency Management Certificate





Joe Kelly, Director
November 28, 2016



CERTIFICATE OF COMPLETION

THIS CERTIFICATE RECOGNIZES THAT

Barry Altman

Completed the All-Hazards Communications Technician (COMT)
Course during 21-25 September, 2015 at the
Olmsted County Sheriff's Office EOC, in Rochester, Minnesota



Ronald T. Hewitt

Ronald T. Hewitt

Director,

Office of Emergency Communications
National Protection and Programs Directorate
U.S. Department of Homeland Security



Homeland Security

ALL-HAZARDS COMMUNICATIONS TECHNICIAN (COMT)

Position Task Book

Task Book Assigned To:

Trainee's Name: Barry Altman

Home Unit/Agency: Hennepin County Emergency Management

Home Unit Phone Number: ~~612-596-1372~~ 612-596-0250

Task Book Initiated By:

Official's Name: Dan Anderson

Home Unit Title: Senior Coordinator – Data Collaboration and Communications

Home Unit/Agency: Hennepin County Emergency Management

Home Unit Phone Number: ~~612-543-1328~~ (612) 596-0253

Home Unit Address: 1600 Prairie Drive Medina, MN 55340

Date Initiated: May 1, 2016

Version 2.2
January 2015

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF ALL- HAZARDS COMMUNICATIONS TECHNICIAN (COMT)

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials. I also verify that Barry Altman has performed as a trainee and should therefore be considered for certification in this position.

Final Evaluators Signature [Signature] Date 1/11/17

Printed Name Daniel D. Anderson Agency Hennepin County Emergency Management

Phone Number (612) 596-0253 Email daniel.anderson@hennepin.us

AGENCY CERTIFICATION

I certify that Barry Altman has met all requirements for qualification in this position and that such qualification has been issued.

Certifying Official's Signature [Signature] Date 1/12/2017

Printed Name Eric Waage Agency Hennepin County Emergency Management

Title Director Phone Number (612) 596-0252

INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTB) were developed for designated positions as described under the National Interagency Incident Management System (NIIMS) and have been incorporated into the National Incident Management System (NIMS). The position task book is used by the authority having jurisdiction to certify that the person to whom the task book belongs meets the standards recommended by the National (NIMS) Integration Center (NIC).

Each PTB 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 that the trainee be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task that require an action (contain an action verb) must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Agency Management** is responsible for:
 - Selecting trainees based on the needs of their organization or area Incident Management Teams.
 - Providing opportunities for evaluation and/or making the trainee available for evaluation.
2. The **Individual** is responsible for:
 - Reviewing and understanding instructions in the PTB.
 - Identifying desired objectives/goals.
 - Providing background information to an evaluator.
 - Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
 - Assuring the evaluation record is complete.
 - Notifying the local agency head when the PTB is completed, and obtaining their signature recommending certification.
 - Keeping the original PTB in personal records.
3. The **Evaluator** is responsible for:
 - Being qualified and proficient in the position being evaluated.
 - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
 - Reviewing tasks with the trainee.
 - Explaining to the trainee the evaluation procedures that will be utilized and which






- objectives may be attained.
- Identifying tasks to be performed during the evaluation period.
 - Accurately evaluating and recording demonstrated performance of tasks. Dating and initialing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Record of Evaluation.
 - Completing the Record of Evaluation found at the end of each PTB.
4. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
5. The **Agency Head** or designee is responsible for:
- Issuing the PTB to document task performance.
 - Explaining to the trainee the purpose and processes of the PTB, as well as the trainee's responsibilities.
 - Tracking progress of the trainee.
 - Identifying incident evaluation opportunities.
 - Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
 - Documenting the assignment.
 - Conducting progress reviews.
 - Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.

Competency 1: General

Task	Code	Evaluator # and Initials	Date
1. Obtain and assemble information and materials needed for a response kit prior to receiving an assignment, including critical items needed for the assignment and items needed for functioning during the first 48 hours. The following items are suggested as basic information and materials kept in a go bag: <ul style="list-style-type: none"> • Appropriate ICS forms and logs • Working knowledge of local TICIP • Tactical Interoperable Communications Plan (TICIP), if available • Inventories or other lists of local and regional communications response equipment • Preplanned local system coverage maps • Pads of paper, pencils, pens, and tape • Food and beverage to be self-sustained for 48 hours or more • Portable radio(s) as appropriate for the region • Radio programming equipment (cloning cable or computer), adapters, and suitable tools. 	O	RNF	10-26-2016
2. Establish and maintain positive interpersonal and interagency working relationships. <ul style="list-style-type: none"> • Conduct self in a professional manner • Respectful and courteous • Respectful of public and private property 	O	RNF	10-26-2016
3. Provide for the safety and welfare of assigned incident personnel during the entire period of supervision. <ul style="list-style-type: none"> • Obtain the safety briefing • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Provide safety and identifying equipment, such as vests identifying the communications function, flashlights, and glow sticks. • Provide for security of information • Ensure that special precautions are taken when extraordinary hazards exist. 	I	Hed DW	1/11/17

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)
 Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Competency 2: Mobilization

Task	Code	Evaluator # and Initials	Date
4. Obtain complete information from the public safety communications center(s) serving the area and incident upon initial activation, including: <ul style="list-style-type: none"> • Incident name and, as appropriate, an order, request, or other unique number identifying the incident for tracking purposes • Reporting location • Reporting time • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio). 	I	 #2 DDD	5/10/17 1/11/17
5. Gather information to assess the incident assignment. This is an ongoing task throughout all phases of the incident. Include assigned resources in a draft Incident Radio Communications Plan (ICS Form 205). Examples of important information include: <ul style="list-style-type: none"> • Frequencies and/or talkgroups already assigned • Other mutual aid channels or equipment already in use • Gateway or other interoperability devices already in use • Other current incidents or events that may create conflicts communications plans or tax resources. 	I	 #2 DDD	5/10/17 1/11/17
6. Arrive at incident and check in. Arrive properly equipped at the assigned incident location within acceptable time limits.	I	 #2 DDD	5/13/17 1/11/17
7. Obtain briefing from supervisor. Examples of briefing items are: <ul style="list-style-type: none"> • Work space • Work schedule • Policies and operating procedures • Current resource commitments and expectations • Current situation • Expected duration of assignment • Special needs. <p>This list is not all inclusive; COMT is responsible for asking adequate questions.</p>	I	 #2 DDD	5/13/17 1/11/17
8. Determine requirements for communications as directed by the COML.	I	 #2 DDD	5/12/17 1/11/17

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Task	Code	Evaluator # and Initials	Date
9. Evaluate needs and order supplies, materials and personnel to keep/provide necessary communications, as required. <ul style="list-style-type: none"> • Recommend to COML materials and supplies required. • Monitor levels of supplies and materials at a level to prevent shortage of any basic needed items. Report shortages to the COML. • Recommend adequate number of personnel to support the communications unit, technicians, technical specialists, etc. to the COML. • Assess current tactical communications equipment needs such as power sources for extended operations, report findings to the COML. 	I	#2 DD	1/11/17
10. Working with the COML, perform as the technical expert for communications needs. <ul style="list-style-type: none"> • Determine the feasibility and required equipment/personnel to provide the required communications support. • Provide operational and technical information on communications equipment available for the incident. • Provide operational and technical information on communications equipment and systems capabilities and restrictions. 	I	#2 DD	5/26/16 1/11/17
11. Working at the direction of the COML, install or arrange for the installation of communications systems to meet incident operational needs. <ul style="list-style-type: none"> • Through the COML, request any additional communications vendor services; e.g., telephone, SATCOM, microwave and help identify costs associated with equipment. • Through the chain of command, document the locations for equipment to be installed; e.g., repeaters, satellite telephones, telephone lines, etc. • Provide communications support for external and internal data operations. • Create/update diagrams of current communication system(s). • Assist the COML to determine optimal locations for any future expansion of communications equipment using topographical maps to evaluate elevation and separation needs. 	I	RW	10-26-2016

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Task	Code	Evaluator # and Initials	Date
12. Install, or provide for the installation of, communications equipment. <ul style="list-style-type: none"> • Obtain equipment as needed. • Install and test all components of the communications equipment to ensure the incident's systems are operational, for example: <ul style="list-style-type: none"> o Repeaters o Links (radio and wire-based) o Remotes o Gateways o Telephones o FAX o Data o Aircraft and other special needs • In cooperation with the COML develop installation priorities, while adhering to safety standards regarding communications needs of tactical personnel; i.e., operations before logistics. • Clone or program radios. 	I	RIF	10-26-2016
13. Assign communications equipment. <ul style="list-style-type: none"> • Provide resources and unit leaders with appropriate equipment based on the communications plan. • Provide basic training as needed on equipment being fielded. • Maintain equipment inventory to provide accountability. 	I	[Signature] #2-003	5/25/16 1/11/16
14. Assist the COML to initiate and maintain accurate records of all communications equipment. <ul style="list-style-type: none"> • Maintain accountability system for issuing hand-held radio resources. • Document geographic locations of equipment and transfer this information to local maps (latitude/longitude, address, or access instructions). • Keep records for local and national resources to ensure return to proper locations. 	I	RIF	10-26-2016

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Task	Code	Evaluator # and Initials	Date
15. Monitor operational performance of communications systems throughout the duration of the incident. <ul style="list-style-type: none"> Identify and take necessary action to accomplish minor field repair or place orders for replacement of equipment. Monitor all gateways in use. Plan for battery replacement. Plan for generator refueling. Act decisively to minimize interruptions in system operation. 	I	RBF	10-26-2016
16. Maintain a 214 for the COMT when required. Unit Log will be kept current, legible, and will document all major activities, which may include: <ul style="list-style-type: none"> Equipment locations. Personnel changes. 	I	[Signature]	5/3/17

#2 DPA 1/11/17

Competency 3: Demobilization

Task	Code	Evaluator # and Initials	Date
17. Demobilization and check out. <ul style="list-style-type: none"> Submit all required information to the COML. Receive demobilization instructions from the COML. Brief subordinate staff on demobilization procedures and responsibilities. Ensure that incident and agency demobilization procedures are followed. Complete required ICS form(s) and turn in to the appropriate person. Ensure that personnel in the unit are demobilized correctly. Document lost equipment on agency specific forms. 	I	[Signature]	5/4/17

#2 DPA 1/11/17

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All-Hazards Communications Technician

INSTRUCTIONS FOR COMPLETING THE RECORD OF EVALUATION

There are four separate pages allowing evaluations to be made. These evaluations may be made on incidents, planned events, Full Scale Exercises (FSE), Functional Exercises (FE), simulation in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation opportunities are needed, a page can be copied from a blank task book and attached. (Remember to change the Evaluation Record # to the next sequential number.)

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Trainee's name and Trainee's position: Self Explanatory

Evaluator's name, title and agency: List the name of the evaluator, and his/her incident position (on incidents) or office title, and agency.

Evaluator's agency address, e-mail address and phone: Self explanatory

Evaluation Record #: The number prepopulated in the upper left corner of the evaluation page 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 during the evaluation opportunity.

Name and Location of Incident or Situation: Identify the name of the incident (if there is one) and the location where the tasks were performed. If evaluation occurs during a short term situation rather than a named incident, list the responding agency and area.

Incident Kind: Enter kind of incident, e.g., hurricane, wild land fire, search and rescue, flood, planned event, full scale exercise, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Kind of Resources: Enter how many resources of each kind assigned to the incident pertinent to the trainee's task book position. (e.g. 2 mobile communications vehicles)

Duration: Enter inclusive dates during which the trainee was evaluated. If evaluation occurs during a short term situation, enter date and start and end time of evaluation. (e.g. 11/1/14 to 11/4/14)

Management Level or Complexity Level: Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command.

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: Evaluator initials here to authenticate their recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant rating: Evaluator lists their certification relevant to the trainee position they supervised.

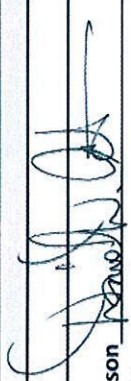
RECORD OF EVALUATION

TRAINEE NAME		TRAINEE POSITION		
Evaluation Record #1	Evaluator's name: <i>Curt Meyer</i>	Evaluator's Title: <i>Asst Radio Sp. Mg.</i>	Evaluator's Agency: <i>Hempden Sheriff's</i>	
Evaluator's agency address:				
Evaluator's e-mail: <i>curtic.meyer@hempden.us</i>			Phone: <i>612.596.1922</i>	
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
<i>Rogers S.H.S. 21000 141st Ave Rogers, MN</i>	<i>Drill</i>	<i>Cache Radios 3 Staff</i>	<i>3 hours</i>	<i>ComL</i>
<p>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:</p> <p><input checked="" type="checkbox"/> The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p><input type="checkbox"/> The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p><input type="checkbox"/> Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p><input type="checkbox"/> 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.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
Date: <i>5/3/10</i>		Evaluator's initials: <i>DM</i>		
Evaluator's relevant agency certification or rating: _____				

RECORD OF EVALUATION

TRAINEE NAME		TRAINEE POSITION		
Evaluation Record #2	Evaluator's name: <u>Daniel D. Anderson</u>	Evaluator's Title: <u>Communications Coordinator</u>	Evaluator's Agency: <u>Hennepin County Emergency Management</u>	
Evaluator's agency address: <u>1600 Prairie Dr., Medina, MN 55340</u>				
Evaluator's e-mail: <u>daniel.anderson@hennepin.us</u>			Phone: <u>(612) 596-0253</u>	
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
<u>Medina</u>	<u>Hazardous Materials</u>	<u>Type III Communications Unit Technician 1 Mobile Communications Vehicle</u>	<u>1/11/17</u>	<u>Type III</u>
<p>The tasks initiated & 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:</p> <p><input checked="" type="checkbox"/> The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p><input type="checkbox"/> The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p><input type="checkbox"/> Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p><input type="checkbox"/> 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.</p> <p>Comments: <u>Trainee had originally completed Task #3 successfully though not originally marked (2016 St. Pete exercise).</u></p> <p>_____</p> <p>_____</p> <p>Date: <u>1/17/17</u> Evaluator's initials: <u>DDA</u></p> <p>Evaluator's relevant agency certification or rating: <u>Type III COML - MN Certified</u></p>				

2016 CERT Communications Exercise

MINNESOTA METRO REGION ICS205 INCIDENT, EVENT OR EXERCISE COMMUNICATIONS PLAN		INCIDENT/EVENT NAME			DATE/TIME PREPARED		OPERATIONAL PERIOD DATE/TIME		
		CERT Communications Exercise			Feb 13, 2016 12:00		Feb 27, 2016 08:00 - 17:00		
Line	Function (NET) <small>COMMAND, TACTICAL, SUPPORT, AID</small>	Talkgroup/Channel/Phone	Assignment <small>INCIDENT, COMM, OTHER</small>	RX Freq (N or W)	RX Tone/NAC	TX Freq (N or W)	TX Tone/NAC	Mode <small>(A, D or M)</small>	Remarks
1	Command	HCEMTAC	INCIDENT COMMAND	800 MHz				D	Plymouth Fire/Command Post
2	Tactical	FRS-1	CERT Alpha	462.5625 W		462.5625 W		A	For use by CERT Team Alpha
3	Tactical	FRS-5	CERT Bravo	462.6625 W		462.6625 W		A	For use by CERT Team Bravo
4	Tactical	FRS-3	CERT Charlie	462.6125 W		462.6125 W		A	For use by CERT Team Charlie
5	Tactical	FRS-7	CERT Delta	462.7125 W		462.7125 W		A	For use by CERT Team Delta
6	Tactical	PLYEV1	Plymouth Reserves	800MHz				D	For use by Plymouth Reserves
7	Support	DRO-1	Feeding/Sheltering	800 MHz				D	RED Cross / VOAD's
8	Support	WC0HC Repeater	Amateur Radio Net	146.700 W		146.100 W	127.3	A	Coordinates Amateur Radio resources
9	Support	HPOOL2	Exercise	800MHz				D	For Exercise Control
10									
11			Mike Ostlund COMT (612) 839-6501						
12			Barry Altman COMT (763) 227-8108 Exercise Control						
13									
14									
15									
SPECIAL INSTRUCTIONS									
 COMT: Barry Altman COMT: Dan Anderson AGENCY: Hennepin County Emergency Management PHONE: (612) 578-1372 EMAIL: daniel.anderson@hennepin.us									
INCIDENT/EVENT LOCATION									
Plymouth MN									

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed. (MESB Version 1.0, 11/2015)

Minnesota COMT Team Metro Region Communications Unit Leader Type III COMT CERTIFICATION CHECK OFF

The following items checked are included in this packet

- All Prerequisite Training Completed
 - ICS 700 (Printout attached)
 - ICS 800 (Printout attached)
 - ICS 100 (a or b) (Printout attached)
 - ICS 200 (Printout attached)

If you are part of the Minnesota training Website, A print of the HSEM Certification Record Completed courses main page with the above courses listed will be sufficient.

- Copy of Certificate from COMT training
- Agency Certification (attached)
- Completed Task Book (with evaluator reviews)
- Copy of an Incident Action Plan, Incident Communications Plan, or After Action Plan (only one needed)
- Final Evaluator Certification (attached)
- Regional Radio Services Coordinator review



(Signature)

Troy Tretter
(Printed Name)

- Regional Radio Board - Technical Operations Committee Review

(Chair of Radio-TOC Signature)

Scott Haas
(Printed Name)

- Statewide Interoperability Program Manager Review

(Statewide Interoperability Program Manager Signature)

James Stromberg
(Printed Name)



January 19, 2017

Troy Tretter
Radio Services Coordinator
Metropolitan Emergency Services Board
2099 University Avenue West
St. Paul, MN 55104

Good Morning Troy,

It seems like it was ages ago that we were attending the COMT course in Rochester, but I have finally completed my Position Task Book. I would like to submit my PTB for State Certification as a COMT. I would also like to apply to serve as a COMT for the CRTF. Besides my PTB, Certification Check Off form, I'm also enclosing a copy of the "notes" that I took during our COMMEX in St. Peter, where most of the PTB was completed. I am also including the necessary documentation from my FEMA Coursework, along with my Certificate from the COMT Training in Rochester.

While reading the ARMER Standard, it said that we needed to submit a copy of the ICP, IAP or AAR. Due to our role in the COMMEX in St. Peter, I didn't receive any of those materials. If you need me to track those down, just let me know. Not having those materials available is why I'm submitting my notes from the COMMEX for your review.

Please let me know if you need additional materials or if you have questions. You may use my home address for correspondence; 5307 Hyland Place – Bloomington, MN 55437.

Thanks Troy –

A handwritten signature in black ink, appearing to read 'M. Ostlund', followed by a long horizontal line extending to the right.

Michael J. Ostlund, CEM,
Hennepin County Emergency Management
Communications Specialist

CERTIFICATE OF COMPLETION

THIS CERTIFICATE RECOGNIZES THAT

Michael Ostlund

Completed the All-Hazards Communications Technician (COMT)
Course during 21-25 September, 2015 at the
Olmsted County Sheriff's Office EOC, in Rochester, Minnesota



Ronald T. Hewitt

Ronald T. Hewitt
Director,
Office of Emergency Communications
National Protection and Programs Directorate
U.S. Department of Homeland Security

Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that

MICHAEL J OSTLUND

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100

Introduction to the Incident Command System,

ICS-100

Issued this 1st Day of March, 2008



A handwritten signature in blue ink, appearing to read "Tony Russell".

Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that

MICHAEL J OSTLUND

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00200

**ICS for Single Resources and
Initial Action Incidents, ICS-200**

Issued this 3rd Day of March, 2008



A handwritten signature in black ink, appearing to read "Tony Russell".

Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMMA

This Certificate of Achievement is to acknowledge that

MICHAEL J OSTLUND

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00700

**National Incident Management System
(NIMS), An Introduction**

Issued this 5th Day of March, 2008




Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMMA

This Certificate of Achievement is to acknowledge that

MICHAEL J OSTLUND

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00800.b

National Response Framework, An Introduction

Issued this 26th Day of March, 2008



A handwritten signature in black ink, appearing to read "Tony Russell".

Tony Russell
Superintendent
Emergency Management Institute



Homeland Security

ALL-HAZARDS COMMUNICATIONS TECHNICIAN (COMT)

Position Task Book

Task Book Assigned To:

Trainee's Name: Michael Potvin

Home Unit/Agency: Hennepin County Emergency Mgt

Home Unit Phone Number: _____

Task Book Initiated By:

Official's Name: Dan Anderson

Home Unit Title: Communications Coordinator

Home Unit/Agency: Hennepin County Emergency Management

Home Unit Phone Number: (612) 596-0253

Home Unit Address: 1600 Prairie Dr. Medina, MN

Date Initiated: May 1, 2016

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF ALL- HAZARDS COMMUNICATIONS TECHNICIAN (COMT)

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials. I also verify that Michael Ostlund has performed as a trainee and should therefore be considered for certification in this position.

Final Evaluators Signature [Signature] Date 1/12/17

Printed Name Daniel D. Anderson Agency Hennepin County Emergency Management

Phone Number (612) 596-0253 Email daniel.anderson@hennepin.us

AGENCY CERTIFICATION

I certify that Michael Ostlund has met all requirements for qualification in this position and that such qualification has been issued.

Certifying Official's Signature [Signature] Date 1/13/17

Printed Name Eric Waage Agency Hennepin County Emergency Management

Title Director Phone Number (612) 596-0252

INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTB) were developed for designated positions as described under the National Interagency Incident Management System (NIIMS) and have been incorporated into the National Incident Management System (NIMS). The position task book is used by the authority having jurisdiction to certify that the person to whom the task book belongs meets the standards recommended by the National (NIMS) Integration Center (NIC).

Each PTB 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 that the trainee be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task that require an action (contain an action verb) must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Agency Management** is responsible for:
 - Selecting trainees based on the needs of their organization or area Incident Management Teams.
 - Providing opportunities for evaluation and/or making the trainee available for evaluation.
2. The **Individual** is responsible for:
 - Reviewing and understanding instructions in the PTB.
 - Identifying desired objectives/goals.
 - Providing background information to an evaluator.
 - Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
 - Assuring the evaluation record is complete.
 - Notifying the local agency head when the PTB is completed, and obtaining their signature recommending certification.
 - Keeping the original PTB in personal records.
3. The **Evaluator** is responsible for:
 - Being qualified and proficient in the position being evaluated.
 - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
 - Reviewing tasks with the trainee.
 - Explaining to the trainee the evaluation procedures that will be utilized and which

objectives may be attained.

- Identifying tasks to be performed during the evaluation period.
 - Accurately evaluating and recording demonstrated performance of tasks. Dating and initialing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Record of Evaluation.
 - Completing the Record of Evaluation found at the end of each PTB.
4. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
5. The **Agency Head** or designee is responsible for:
- Issuing the PTB to document task performance.
 - Explaining to the trainee the purpose and processes of the PTB, as well as the trainee's responsibilities.
 - Tracking progress of the trainee.
 - Identifying incident evaluation opportunities.
 - Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
 - Documenting the assignment.
 - Conducting progress reviews.
 - Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.

Competency 1: General

Task	Code	Evaluator # and Initials	Date
1. Obtain and assemble information and materials needed for a response kit prior to receiving an assignment, including critical items needed for the assignment and items needed for functioning during the first 48 hours. The following items are suggested as basic information and materials kept in a go bag: <ul style="list-style-type: none"> • Appropriate ICS forms and logs • Working knowledge of local TICP • Tactical Interoperable Communications Plan (TICP), if available • Inventories or other lists of local and regional communications response equipment • Preplanned local system coverage maps • Pads of paper, pencils, pens, and tape • Food and beverage to be self-sustained for 48 hours or more • Portable radio(s) as appropriate for the region • Radio programming equipment (cloning cable or computer), adapters, and suitable tools. 	0	RNF	10-26-2016
2. Establish and maintain positive interpersonal and interagency working relationships. <ul style="list-style-type: none"> • Conduct self in a professional manner • Respectful and courteous • Respectful of public and private property 	0	RNF	10-26-2016
3. Provide for the safety and welfare of assigned incident personnel during the entire period of supervision. <ul style="list-style-type: none"> • Obtain the safety briefing • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Provide safety and identifying equipment, such as vests identifying the communications function, flashlights, and glow sticks. • Provide for security of information • Ensure that special precautions are taken when extraordinary hazards exist. 	1	PHH RNF	1/12/17

Code: 0 = Can be completed in any situation (Simulation, Classroom, Daily Job)

Code: 1 = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Competency 2: Mobilization

Task	Code	Evaluator # and Initials	Date
4. Obtain complete information from the public safety communications center(s) serving the area and incident upon initial activation, including: <ul style="list-style-type: none"> • Incident name and, as appropriate, an order, request, or other unique number identifying the incident for tracking purposes • Reporting location • Reporting time • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio). 	I	RMF	10-26-2016
5. Gather information to assess the incident assignment. This is an ongoing task throughout all phases of the incident. Include assigned resources in a draft Incident Radio Communications Plan (ICS Form 205). Examples of important information include: <ul style="list-style-type: none"> • Frequencies and/or talkgroups already assigned • Other mutual aid channels or equipment already in use • Gateway or other interoperability devices already in use • Other current incidents or events that may create conflicts communications plans or tax resources. 	I	RMF	10-26-2016
6. Arrive at incident and check in. Arrive properly equipped at the assigned incident location within acceptable time limits.	I	RMF	10-26-2016
7. Obtain briefing from supervisor. Examples of briefing items are: <ul style="list-style-type: none"> • Work space • Work schedule • Policies and operating procedures • Current resource commitments and expectations • Current situation • Expected duration of assignment • Special needs. This list is not all inclusive; COMT is responsible for asking adequate questions.	I	RMF	10-26-2016
8. Determine requirements for communications as directed by the COML.	I	RMF	10-26-2016

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)

Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Task	Code	Evaluator # and Initials	Date
<p>9. Evaluate needs and order supplies, materials and personnel to keep/provide necessary communications, as required.</p> <ul style="list-style-type: none"> • Recommend to COML materials and supplies required. • Monitor levels of supplies and materials at a level to prevent shortage of any basic needed items. Report shortages to the COML. • Recommend adequate number of personnel to support the communications unit, technicians, technical specialists, etc. to the COML. • Assess current tactical communications equipment needs such as power sources for extended operations, report findings to the COML. 	I	RMF	10-26-2016
<p>10. Working with the COML, perform as the technical expert for communications needs.</p> <ul style="list-style-type: none"> • Determine the feasibility and required equipment/personnel to provide the required communications support. • Provide operational and technical information on communications equipment available for the incident. • Provide operational and technical information on communications equipment and systems capabilities and restrictions. 	I	RMF	10-26-2016
<p>11. Working at the direction of the COML, install or arrange for the installation of communications systems to meet incident operational needs.</p> <ul style="list-style-type: none"> • Through the COML, request any additional communications vendor services; e.g., telephone, SATCOM, microwave and help identify costs associated with equipment. • Through the chain of command, document the locations for equipment to be installed; e.g., repeaters, satellite telephones, telephone lines, etc. • Provide communications support for external and internal data operations. • Create/update diagrams of current communication system(s). • Assist the COML to determine optimal locations for any future expansion of communications equipment using topographical maps to evaluate elevation and separation needs. 	I	RMF	10-26-2016

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)

Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Task	Code	Evaluator # and Initials	Date
12. Install, or provide for the installation of, communications equipment. <ul style="list-style-type: none"> • Obtain equipment as needed. • Install and test all components of the communications equipment to ensure the incident's systems are operational, for example: <ul style="list-style-type: none"> o Repeaters o Links (radio and wire-based) o Remotes o Gateways o Telephones o FAX o Data o Aircraft and other special needs • In cooperation with the COML develop installation priorities, while adhering to safety standards regarding communications needs of tactical personnel; i.e., operations before logistics. • Clone or program radios. 	I	RAF	10-26-2016
13. Assign communications equipment. <ul style="list-style-type: none"> • Provide resources and unit leaders with appropriate equipment based on the communications plan. • Provide basic training as needed on equipment being fielded. • Maintain equipment inventory to provide accountability. 	I	RAF	10-26-2016
14. Assist the COML to initiate and maintain accurate records of all communications equipment. <ul style="list-style-type: none"> • Maintain accountability system for issuing hand-held radio resources. • Document geographic locations of equipment and transfer this information to local maps (latitude/longitude, address, or access instructions). • Keep records for local and national resources to ensure return to proper locations. 	I	RAF	10-26-2016

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)

Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

Task	Code	Evaluator # and Initials	Date
15. Monitor operational performance of communications systems throughout the duration of the incident. <ul style="list-style-type: none"> Identify and take necessary action to accomplish minor field repair or place orders for replacement of equipment. Monitor all gateways in use. Plan for battery replacement. Plan for generator refueling. Act decisively to minimize interruptions in system operation. 	I	HAW	1/2/17
16. Maintain a 214 for the COMT when required. Unit Log will be kept current, legible, and will document all major activities, which may include: <ul style="list-style-type: none"> Equipment locations. Personnel changes. 	I	RWS	10-26-2016

Competency 3: Demobilization

Task	Code	Evaluator # and Initials	Date
17. Demobilization and check out. <ul style="list-style-type: none"> Submit all required information to the COML. Receive demobilization instructions from the COML. Brief subordinate staff on demobilization procedures and responsibilities. Ensure that incident and agency demobilization procedures are followed. Complete required ICS form(s) and turn in to the appropriate person. Ensure that personnel in the unit are demobilized correctly. Document lost equipment on agency specific forms. 	I	RWS	10-26-2016

Code: O = Can be completed in any situation (Simulation, Classroom, Daily Job)

Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC))

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All-Hazards Communications Technician

INSTRUCTIONS FOR COMPLETING THE RECORD OF EVALUATION

There are four separate pages allowing evaluations to be made. These evaluations may be made on incidents, planned events, Full Scale Exercises (FSE), Functional Exercises (FE), simulation in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation opportunities are needed, a page can be copied from a blank task book and attached. (Remember to change the Evaluation Record # to the next sequential number.)

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Trainee's name and Trainee's position: Self Explanatory

Evaluator's name, title and agency: List the name of the evaluator, and his/her incident position (on incidents) or office title, and agency.

Evaluator's agency address, e-mail address and phone: Self explanatory

Evaluation Record #: The number prepopulated in the upper left corner of the evaluation page 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 during the evaluation opportunity.

Name and Location of Incident or Situation: Identify the name of the incident (if there is one) and the location where the tasks were performed. If evaluation occurs during a short term situation rather than a named incident, list the responding agency and area.

Incident Kind: Enter kind of incident, e.g., hurricane, wild land fire, search and rescue, flood, planned event, full scale exercise, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Kind of Resources: Enter how many resources of each kind assigned to the incident pertinent to the trainee's task book position. (e.g. 2 mobile communications vehicles)

Duration: Enter inclusive dates during which the trainee was evaluated. If evaluation occurs during a short term situation, enter date and start and end time of evaluation. (e.g. 11/1/14 to 11/4/14)

Management Level or Complexity Level: Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command.

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: Evaluator initials here to authenticate their recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant rating: Evaluator lists their certification relevant to the trainee position they supervised.

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RECORD OF EVALUATION

TRAINEE NAME		TRAINEE POSITION		
Evaluation Record #1	Evaluator's name: <u>Daniel D. Anderson</u>	Evaluator's Title: <u>Communications Coordinator</u>	Evaluator's Agency: <u>Hennepin County Emergency Management 1600 Prairie Dr. Medina, MN</u>	
Evaluator's agency address:		<u>daniel.anderson@hennepin.us</u>		
Evaluator's e-mail:		<u>daniel.anderson@hennepin</u>		
		Phone: <u>(612) 596-0253</u>		
Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
<u>Medina Hazmat</u>	<u>Hazmat</u>	<u>Type III Incident Communications Center</u>	<u>1/12/17</u>	<u>Type III</u>
<p>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:</p> <p><input checked="" type="checkbox"/> The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p><input type="checkbox"/> The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p><input type="checkbox"/> Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p><input type="checkbox"/> 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.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
Date: <u>1/12/17</u> Evaluator's initials: <u>DA</u>				
Evaluator's relevant agency certification or rating: <u>Type III COML</u>				

619-272 3825

ACTIVITY LOG (ICS 214)

1. Incident Name: <i>CONNEX - 2086</i>		2. Operational Period: Date From: <i>26 OCT</i> Date To: <i>26 OCT</i> Time From: <i>0900</i> Time To:	
3. Name: <i>MICHAEL OSWALD</i>	4. ICS Position: <i>COMT-T</i>	5. Home Agency (and Unit): <i>HEMN. CO. E.M.</i>	
6. Resources Assigned:			
Name	ICS Position	Home Agency (and Unit)	
<i>KATH RUTLAND</i>	<i>COMC TEAM LEAD</i>	<i>H. PETER A.</i>	
<i>RICK FRESHWATER</i>	<i>COMT TEAM LEAD</i>	<i>CLINTON CO. 50</i>	
<i>DAN WALLACE</i>	<i>TEAM SIMULATOR</i>	<i>TRUE NORTH CO. 50</i>	
<i>CATHY ANDERSON</i>	<i>PLANO</i>	<i>D/S E.M.</i>	
<i>BOB BEEM</i>	<i>COMC-T</i>	<i>HENNING CO. 50</i>	
<i>CHAD STEWART</i>	<i>COMC-T</i>	<i>PECKING 11</i>	
<i>BARRY ALTMAN</i>	<i>COMT-T</i>	<i>HEMN</i>	
<i>MIKE OSWALD</i>	<i>COMT-T</i>	<i>HEMN</i>	
7. Activity Log:			
Date/Time	Notable Activities		
<i>0905</i>	<i>Arrived @ Mequet Co. Lab Growers -</i>		
	<i>- Checked in</i>		
<i>0925</i>	<i>Started ICS-214 team -</i>		
<i>0945</i>	<i>Go-kit inspection -</i>		
<i>0900</i>	<i>CONNEX started - Mike Lucette leads.</i>		
<i>0930</i>	<i>Exercise start -</i>		
<i>0945</i>	<i>Checking -</i>		
<i>0950</i>	<i>EC brief -</i>		
<i>0915</i>	<i>Arrived @ Conn Unit @ 50</i>		
<i>0940</i>	<i>Submitted ICS 213 - Supply Request #9-</i>		
<i>0950</i>	<i>ICS 205 Arrived -</i>		
<i>1000</i>	<i>COMT - Interview w/ Alex -</i>		
<i>1055</i>	<i>COMT - Tech Room</i>		
<i>1140</i>	<i>Lunch break -</i>		
<i>1210</i>	<i>Started Tech Room - w/ Patrick Komver -</i>		
<i>1235</i>	<i>Cat 5 Cables -</i>		
<i>1245</i>	<i>JACO</i>		
<i>1255</i>	<i>ROUTING -</i>		
<i>1315</i>	<i>Tech Room Station 6 -</i>		
<i>1400</i>	<i>Completed Tech Room</i>		
<i>1420</i>	<i>Assisted by Wagner w/ programming router</i>		
Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 214, Page 1		Date/Time: _____	

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
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4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

Parade found land S.E. of College -
 TRAVEL N.E. through land bank -

6. Prepared by: Name: Y. M. [Signature] Position/Title: Asst Signature: [Signature]

ICS 201, Page 1 Date/Time: 26 OCT 2016

INCIDENT BRIEFING (ICS 201)

1. Incident Name: <i>Torpedo</i>	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
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7. Current and Planned Objectives:

SRE All - Entry Area

STATS Assumed

STAT

S. Muldown

MIKE Parsons

619-379-2955

8. Current and Planned Actions, Strategies, and Tactics:

Time:	Actions:
<i>0830</i>	<i>Command Tower - Proposing -</i> <i>• Command Plan together</i> <i>- 3 T.G. - Command and Net</i> <i>MARKET - SR 10 - #1 - Team</i> <i>OP FIRE - SR 2 →</i> <i>ARMING DUTY A = 2.</i> <i>COMMAND NET</i> <i>MAC - EOC - Net</i> <i>5 TACTICAL NETS - (CSE 3) 1 - A + B</i> <i>2 AIR TO GROUND = Nets</i> <i>- MAP</i> <i>(L2) SR 10</i> <i>STATS APPROX TRACK 5</i> <i>LE - 4 TACTICAL NETS -</i> <i>- CSE 2 A - B -</i> <i>INTEGRATING WITH OPERATIONS - REPORT CHECKS</i> <i>OP 0700 - (0600 REPORT)</i> <i>ORDER REVISED →</i> <i>CSE 1000 Time - 2:14</i>

PHILIP J. J.
907.995.0523

6. Prepared by: Name: _____ Position Title: _____ Signature: _____

UHF Net

26 OCT 2016 -

CARRIER -

1. Mike AULETE - EXERCISE DIRECTOR -
2. Goal - OPPORTUNITY TO LEARN & NETWORK -
3. PHASES -
 - 1 = Response
 - 2 = Check in / Reporting -
 - 3 = observations
 - 4 = Debrief
 - 5 = AAR & =
4. Policy - "This is an EXERCISE"
= ALL COMPANY START & END -
- 5.

EX - START -

FEW TH & RONALD CURRY - ACCOUNT G.

- 62 degrees

- Cloudy

- 9-10 mph - SSE -

INVEST RONALD -

- 2016 1699 -

Tough on - Casey -

- CASUALTY & DRY -

- Support Day Ronald Comments -

10.26.16/2

• continued work - (Net) ^{to}
- LE - fire - 209 -
- Supply area being established -

• COMMAND - Net ^{DIV 2}
* fire III - - TRAPS - TRAPERS -
- ^{TRAPERS}
- ^{TRAPERS}

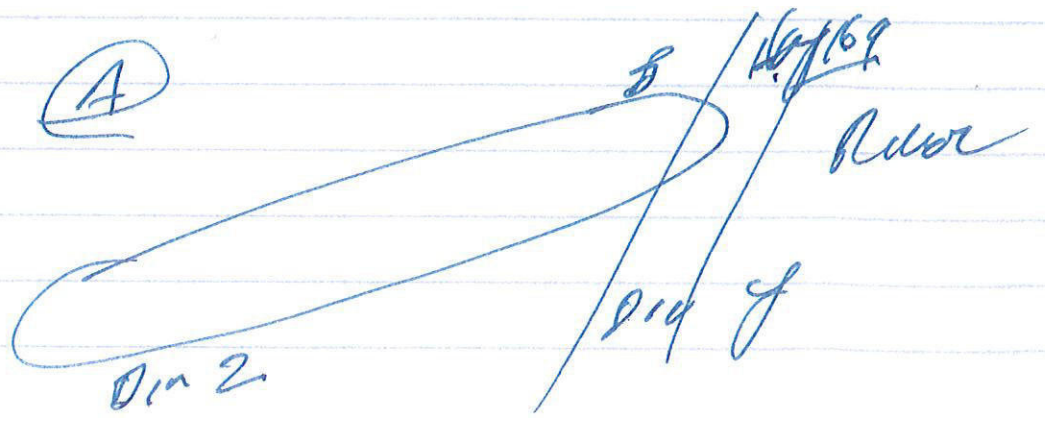
HAYMAK

LE - 209
- Security -
- Personnel ^{on site}

Topic board -
- Equip / Supplies -

SE of Camp -
- crossed River - Hwy 169 -

T. Paul → DIV A - 1/E - DIV B - NW -
T. Paul → DIV 2 - SE DIV 3 - Hwy 169 -



Priority - Cost & objectives -

1. ramp up Pro. Prod →
2. Personal Welfare Issues -
3. Safety -

- Let keep's make -

- Report All Injuries -

~~Ashton~~

L PAC -) Not Acceptable
BOA = => Best Value -

- 999

tax 207 - @ 507 387 89 09 -

507A

No Lights, no San L - State and all

507A

- Street, members

507A

- Street

A	B	C
507A	507A	507A
507A	553.0175	

ROUTER =

STARTING - 192.168.1.1 -

255.255.255.0 -

Now 192.168.1.10

8910 - RONADO1 - Class 6 -

ADMIN

ADMIN -

INTROD - COOPER =

INTROD COOPER $\phi 6 \phi 16$



11006 ~~Summers~~

A - UTAC 37 = 154.4525 - TMS - 156.7

X 159.7375 MMS 136.7

B. - UCALL 40 453.2125 458.2125

UCALL 43 453.8625 458.8625

C. - 76 TAC 77 774.85625 ~~804.85625~~

D - 8 TAC 93 852.5125 (867.5125) 852.5125
(867.5125)

E - MARINE 16 156.800 - ^{new} 156.800

MARINE 22 157.100 - 157.100

F - RR PRICE 161.205
AUTUM 20

G. NONT - PAGE #30 -

H. THE FEDERAL INTEROP ALMANAC -
- PAGE 19 -

I. NO -

J. PAGE 33 - 35

K. PAGE 66

L. PUBLIC ENTRY ISSU. INFO -



Metropolitan Emergency Services Board - ARMER System
AUTHORIZATION TO USE TALK GROUPS
NOT OWNED BY THE REQUESTING AGENCY

Date: 02-10-2017

Requesting Agency: US Customs and Border Protection

Authorizing Agency: _____

Reason for Request Add Talk Group(s) to Radios
 Scan Talk Group(s)
 Other _____

I. Request permission to ADD the following talk groups

Talk Group	To Be Installed in: (i.e., Portable, Mobile, Command Post)	For the following Work Units:
ME TACS I-10	2 Portable Radios	Metro Interoperability & Airport
MSP Call	2 Portable Radios	Metro Interoperability & Airport

II. Request permission to SCAN/MONITOR the following talk groups

Talk Group	To Be Installed in: (i.e., Portable, Mobile, Command Post)	To be monitored by the following positions:	Request for Receive Only

III. Other Request/ Requirements (Explain)

IV. Reason for Request

Metro Interoperability

(Attach supporting documentation)

Name of individual completing application Steven Stahl

Address 7150 Humphrey Drive, Suite 2168, Minneapolis, MN 55450

Phone 612-725-3689 x1125 E-mail address Steven.O.Stahl@cbp.dhs.gov



ARMER TALKGROUP AUTHORIZATION REQUEST

Requesting Entity Information	
Entity: Gold Cross / Mayo Clinic Medical Transport	Date: 02-09-17
Requestor: Paul McIntyre	
Address: 2800 7 th Street North, St Cloud, MN 56303	
Telephone: 320-333-5588	
Email: mcintyre.paul@mayo.edu	
Requestor Signature: Paul McIntyre	

Talkgroup Requests			
Talkgroup	Radio Types	Radio Quantities	Hex ID <small>(provided by Authorizing Agency)</small>
ME TAC 1-8 (Update Agreement)	Portables and Mobiles/Consoles?	All	
ME TAC 9&10 Request to Add	Portables and Mobiles/Consoles?	All	

Reason for the Request
<p>State, Regional and local EMS and Public Safety interoperability, update existing agreement in place for original metro interop talkgroups and ME TAC 1-8. Also a new request to add ME TAC 9&10. Would need Hex information for ME TAC 9&10 if approved. This would be for all Gold Cross / MCMT sites, all radios across system are programed the same way for standardization and interoperability.</p>

Authorizing Entity Information			
Approval:	YES	NO	YES w/CONDITIONS (see below)
Approved By:			
Approver's Entity:			
Approver's Telephone:			
Approver's Email:			
Approver's Signature:			Date:

Conditions

Talkgroup Authorization Requests are considered by the talkgroup's owner (city, county, or region) and should be submitted to that entity. Record of the authorization should be maintained by the authorizing entity and, if applicable, the entity's sponsoring agency.