



METROPOLITAN EMERGENCY SERVICES BOARD RADIO TOC MEETING AGENDA

September 26, 2018, 1:00 p.m.

1. **Call to Order** – Committee Chair, Captain Scott Haas
2. **Approval of Agenda** – Haas
3. **Approval of Minutes of June 27, 2018 Meeting** – Haas
4. **Agenda Items**
 - A. Approval of COML/COMT Renewal for Jake Thompson _____ Haas
 - B. Approval of COML Renewal for Sara Boucher-Jackson _____ Haas
 - C. Approval of Incident Tactical Dispatcher (INTD) for Sara Boucher-Jackson _____ Haas
 - D. Approval of COML/COMT Renewal for Nate Timm _____ Haas
 - E. Approval of Amateur Emergency Communications Specialist (AECS) for Nate Timm _____ Haas
 - F. Approval of COML Renewal for Butch Gillum _____ Haas
 - G. Approval of AECS for Jeremy Amundson _____ Haas
 - H. Approval of AECS for Jim Hagen _____ Haas
 - I. Approval of AECS for Mike Ostlund _____ Haas
 - J. Approval of AECS for David Ventura _____ Haas
 - K. Approval of AECS for Thomas York _____ Haas
 - L. Approval of Amendments to Metro Standard 3.35.0 – NWS _____ Haas
 - M. Approval of Request by U.S. Customs & Border Patrol for METAC11E-12E _____ Haas
 - N. Appointment to SECB STR Subcommittee _____ Haas
 - O. Appointment to SECB Cross-Spectrum Interoperability System Workgroup _____ Haas
 - P. Discussion: SECB Standard 5.1.0 – Media Access _____ Haas
5. **Moves, Additions & Changes to the System**
 - A. IP Simulcast Conversion – City of Minneapolis _____ Olson
6. **Committee Reports**
 - A. Metro Mobility System Usage Update _____ LeVasseur
 - B. System Manager's/Metro Owners Group Update _____ Jansen
 - C. SECB Committees
 - i. Steering _____ Rohret
 - ii. OTC _____ Gundersen/Timm
 - iii. Interoperable Data Committee _____ Olson/Thompson
 - iv. IOC & Subcommittees _____ Thompson/Timm; Gundersen; Timm/Anderson
 - v. IPAWS _____ Haas
 - vi. Finance/Grants Workgroup _____ Rohret
7. **Other Business**
 - A. Topics for October Meeting
 - i. Regional Funding Priorities
 - ii. Election for 2019 Chair/Vice Chair
8. **Adjourn**



METROPOLITAN EMERGENCY SERVICES BOARD RADIO TOC MEETING AGENDA

September 26, 2018, 1:00 p.m.

Radio Technical Operations Committee Members

| Name | Representing |
|-----------------------------|------------------------------------------|
| Jake Thompson | Anoka County |
| Tim Walsh | Carver County |
| Jon Eckel | Chisago County |
| Rod Olson | City of Minneapolis |
| Ron Jansen, 2018 Vice-Chair | Dakota County |
| John Gundersen | Hennepin County |
| Bob Shogren | Isanti County |
| Wendy Lynch | Metro Region EMS |
| Jeff Bjorklund | Metropolitan Airports Commission |
| Chad LeVasseur | Metropolitan Council, Metro Transit |
| Scott Gerber | Minnesota State Fire Chiefs Association |
| Daniel Palmer | Ramsey County |
| Scott Haas, 2018 Chair | Scott County |
| Chuck Steier | University of Minnesota, At-Large Member |
| Nate Timm | Washington County |

**Metropolitan Emergency Services Board
Radio Technical Operations Committee
Meeting Notes
June 27, 2018**

Members Present:

Scott Haas, Chair; John Gundersen; Ron Jansen; Chad LeVasseur; Rod Olson; Nancie Pass; Peter Sauter; Chuck Steier; and Jake Thompson.

Guests Present:

Daniel Palmer, Ramsey County; Curt Meyer, Hennepin County; Josh Ewing, Action Radio; Andrew Johnson, Action Radio; Scott Wosje, Northland Business Systems; Dana Rude, Metro Mobility; Jill Rohret, MESB; Troy Tretter, MESB; and Martha Ziese, MESB.

Call to Order: Scott Haas called the meeting to order at 1:01 p.m.

Approval of Minutes:

Peter Sauter moved to approve minutes from April 18, 2018 with the spelling correction to John Gundersen. John Gundersen seconded. Motion carried.

Approval of Amendments to Metro Standard 3.22.0 – Use of Mobile/Portable Gateways to Connect Fixed Network Interoperability Resources

Troy Tretter said this topic was tabled from the May meeting. Jon Eckel recommended that a definition of a gateway be should be added. Tretter made the addition under Capabilities, noting that console patches are considered a mobile gateway.

The changes were reviewed by the CRTF Steering Workgroup and included the removal of the vendor list of gateways, the removal of the TIC plan and the removal of the SMG.

Ron Jansen suggested removing two sentences in the Capabilities section which state: “The communications can go in both directions but only one at a time. The two devices may be two VHF radios, one VHF and one 800 MHz radio, or any other two devices.”

M/S/C – Jansen moved a recommendation to approve the amendments to Metro Standard 3.22.0 – Use of Mobile Portable Gateways to Connect Fixed Network Interoperability Resources, including the deletion of two additional sentences. Peter Sauter seconded. Motion carried.

Approval of Amendments to Metro Standard 3.21.0 – Recommended Initial Communications Plan for Large Scale and Disaster Level Mutual Aid Incidents

Tretter stated amendments to this standard were necessary due to changes made in other related standards earlier in the year. The amendments were reviewed by the CRTF Steering Workgroup, which discussed whether the standard should include the use of STACs or METACs for a large-scale disaster event. The CRTF Steering Workgroup determined that because large, disaster events would likely require assistance from entities located outside the metro region, an initial communications plan should include STACs and scale back to METACs when feasible.

Changes include: spelling out acronyms and updating SECB language consistent with other standards. The ICS205 on the last page was updated with the regional ICS205 template.

Tretter said there is not a state standard for large disaster level events, just the communications plan for a pre-planned event. STAC 1 is left out of the plan, which is reserved for aircraft landing.

Haas said the language should state first available STAC. He wondered what the standard accomplishes.

Gundersen said the original standard was used as a staging standard.

Jansen said the dispatchers used to be trained on it before the 205s were widely used.

Rod Olson said the use of “may” indicates the standard is a guide.

Nancie Pass said it provides a good recommendation to telecommunicators.

M/S/C – Gundersen moved a recommendation to approve the amendments to Metro Standard 3.21.0 – Recommended Initial Communications Plan for Large Scale and Disaster Level Mutual Aid Incidents. Pass seconded. Motion carried.

Approval of a Participation Plan for Action Radio

Josh Ewing from Action Radio said they are requesting two talkgroups and eight subscriber IDs in the test section range on the ARMER system. The radios would be residing at its Maple Grove office.

Gundersen said Hennepin County has a very good relationship with Action Radio. Hennepin County programs all of its own radios, and for its dependent agencies. Hennepin County requires users operating on the Hennepin subsystem to have a subscriber agreement.

M/S/C – Jansen moved to request the SECB OTC establish a standard for participation plans for private entities, and a way for vendors to access the ARMER system. Pass seconded. Motion carried.

Approval of COML Renewal for Curt Meyer

Tretter said Curt Meyer has met the requirements for COML renewal.

M/S/C – Jansen moved to approve Curt Meyer’s COML renewal. Gundersen seconded. Motion carried.

Approval of COML Renewal for John Gundersen

Tretter said that John Gundersen has met the requirements for COML renewal.

M/S/C - Jansen moved to approve John Gundersen’s COML renewal. Scott Gerber seconded. Motion carried.

Move, Additions & Changes to the System

IP Simulcast Conversion – Washington County: Nate Timm said this work was completed today.

IP Simulcast Conversion – City of Minneapolis: Olson said Minneapolis will start its conversion this fall. Minneapolis has some repeaters that need to be replaced as part of the conversion.

Committee Reports

Metro Mobility System Usage Update

Dana Rude said Metro Mobility continues to work with Trapeze. They are looking into using private call through the consoles to the bus. He said he retires on Monday but may come back in a limited basis as a contractor.

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

Jansen said that Motorola has ordered all computers for the consoles in the 7.17 update, which is scheduled for November. Motorola will be at the next SMG meeting to provide an update and the upgrade training. There was an in-depth discussion on strategic planning. Genesis training is July 11.

Reports from SECB Committees

Steering: Tretter said the Steering Committee met on June 13. The meeting mostly focused on reviewing the SECB 2019-2021 Strategic Plan draft. The ARMER Participation by Federal Entities study was accepted by the committee and will go on to the SECB. There was a lot of discussion centered around billing federal entities for use of ARMER.

OTC: Gundersen said that the OTC met June 12. The discussions included vendor participation, amendments to the Wright County and Sherburne County participation plans, and an ID request from the DNR.

Interoperable Data Committee: Jake Thompson said the committee met by conference call June 19.

IOC: No report.

IPAWS: No report, no June meeting.

Finance/Grants Workgroup: Tretter reported that 2019 SECB grant applications are due on July 6. Only items that are on the regional funding priority list are eligible for application. Each region will receive \$25,000 for training. The Dakota County BDA will be included on the metro region's application. The federal SHSP grant amounts will be declining the future and will be only for training, so equipment purchases can only be done via the SECB grants for now. Grant inquiries can be done through Tretter.

Adjournment

M/S/C – Jansen moved to adjourn. Nancie Pass seconded. Motion carried.

Meeting adjourned at 2:23 p.m.

September 26, 2018 Radio TOC

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| | | | | Assist | | Participate | | | | |
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AECS Approval

[illegible]

**Minnesota
Communications Unit
Standard Operating
Guidelines
Forms**



COMU Position Recognition Application

This form is used to apply for recognition, renew recognition, or change status of COMU recognition.

Application Type:

Check the correct box:

- Applying for new recognition
- Renewing recognition
- Change recognition status

Position

- Check only one position per application

Demographics

- Name: List your full, legal name

Agency Certification

- This section *certifies* one to serve in a COMU position as an agent of your agency.
- This section provides the assurance to an incident commander that the person deployed to their incident is covered by employment-related protections such as workers compensation and liability insurance.
- This section should be completed and signed by an authorized representative from your agency.

Submission

- The completed form should be submitted to the ECB/ESB region where recognition is requested.
- State employees should submit the form to the SWIC.

COMU Experience Record

Points

- Using the chart from the SOG, enter the number of points that you believe should be recorded for the event.

Date

- Enter the date or dates you provided the service or activity.

Summary

- Summarize the activity by providing information such as:
 - General Summary
 - Location
 - Activity
 - Participants
 - Who Can Verify

Submission

- The completed form should be submitted along with the *COMU Position Recognition Application* and supporting documents to the ECB/ESB region where recognition is requested. State employees should submit the form to the SWIC.

COMU Position Recognition Application

Application Type:

☐ Initial Application ☒ Renewal ☐ Change of Status

Position (check only one):

☒ COML ☐ COMT ☐ COMC ☐ AUXCOMM (THSP)
☐ INCM ☐ INTD ☐ RADO ☐ THSP

Name

(Last, First Middle) Thompson, Jacob Gaylen

Certifying
Agency

Anoka County

County

Anoka County

ECB/ESB
Region

MESB

Agency Address 2100 3rd Ave, Anoka, MN 55303

24/7

Telephone

763-486-3279

Business

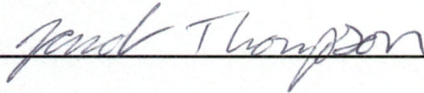
Telephone

763-324-4756

Email Address

Jake.thompson@co.anoka.mn.us

Signature



Date 06/29/2018

Agency Certification (this section must be completed even if PTB Agency Certification form was completed)

The above named individual seeking state recognition for the above identified COMU position is recognized by the above named agency in that COMU position. The person serves the agency as a paid employee or as a volunteer but, in either case, is recognized as an employee for the purposes of Workers Compensation, liability, and all other liability-related protections afforded employees of the agency.

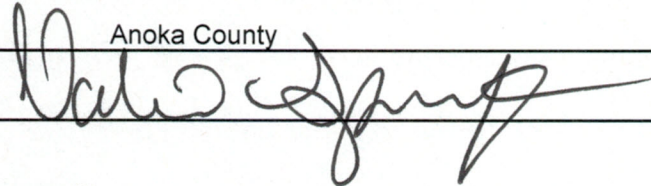
When the above named person serves in the COMU position, whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency.

Name & Title Val Sprynczynatyk PSAP Manager

Agency

Anoka County

Signature



Date

7/2/18

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region

Signature

Date

COMU Workgroup & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name

(Last, First Middle)

Thompson, Jacob Gaylen

Agency

Anoka County

County

Anoka County

Region

Metro

Detail activities below and attach supporting documents.

| POINTS | DATE(s) | SUMMARY |
|--------|------------|---------------------------------------------------------------------|
| | | (Location, Activity, Participants, Who Can Verify, General Summary) |
| 1 | 02/27/2018 | Attended CRTF Training at MESB. Troy Tretter can verify |
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I certify that I participated in the above activities.

Signature

Jacob Thompson

Date: 06/29/2018

**Minnesota
Communications Unit
Standard Operating
Guidelines
Forms**



COMU Position Recognition Application

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- Check only one position per application

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Date

- Enter the date or dates you provided the service or activity.

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Position (check only one):

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☐ INCM ☐ INTD ☐ RADO ☐ THSP

Name

(Last, First Middle)

Thompson, Jacob Gaylen

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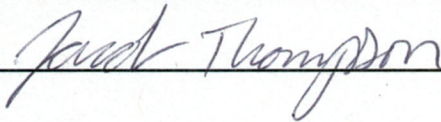
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Jake.thompson@co.anoka.mn.us

Signature



Date 06/29/2018

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Name & Title Val Sprynczynatyk PSAP Manager

Agency Anoka County

Signature



Date 7/2/18

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region

Signature

Date

COMU Workgroup & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name

(Last, First Middle)

Thompson, Jacob Gaylen

Agency

Anoka County

County

Anoka County

Region

Metro

Detail activities below and attach supporting documents.

| POINTS | DATE(s) | SUMMARY |
|--------|------------|---------------------------------------------------------------------|
| | | (Location, Activity, Participants, Who Can Verify, General Summary) |
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I certify that I participated in the above activities.

Signature



Date: 06/29/2018

COMU Position Recognition Application

Application Type:

☒ Initial Application

☒ Renewal

☐ Change of Status

Position (check only one unless changing status):

☒ COML - renewal

☐ COMT

☐ INCM

☒ INTD - Initial

☐ RADO

☐ AECS

Name

(Last, First Middle)

Boucher-Jackson, Sara Anne

Certifying

Agency

Minneapolis Emergency Communications Center (MECC)

County

Hennepin

ECB/ESB

Region

Metro

Agency Address

350 S. 5th St Room B911 MPLS MN 55415

24/7

Telephone

612-998-1219

Business

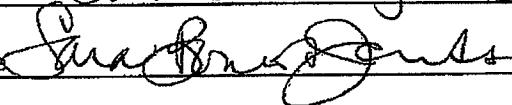
Telephone

612-673-5912

Email Address

Sara.boucher-jackson@minneapolismn.gov

Signature



Date

7/16/2018

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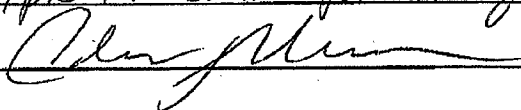
Name & Title

Christine McPherson, Asst Director

Agency

Mpls 911 (Minneapolis Emergency Communications Center)

Signature



Date

8/1/18

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region

Signature

Date

COMU Subcommittee & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name
(Last, First Middle)

Boucher-Jackson, Sara Anne

Agency

MECC

ECB/ESB
Region

Metro

Position:

☒ COML

☐ COMT

☐ INCM

☐ INTD

☐ RADO

☐ AECS

Detail activities below and attach supporting documents (use multiple lines or pages, as necessary).

| POINTS | DATE(S) | SUMMARY |
|--------|-----------------|--------------------------------------------------------------------------------------------------------------------------|
| | | (location, activity, participants, who can verify, general summary) |
| 3 | 9/24/2017 | Exercise Planning Team Member / Observer / OEC Communications TTX @ Arden Hills Training Facility POC: Harlan Squires |
| 3 | 1/8 - 1/12/2018 | Super Bowl LII LEO Radio Training @ Minneapolis Convention Center. Trained 3000 First Responders to the Comms plan |
| 3 | 2/4/2018 | COML for Super Bowl LII, posted @ MAEC 511 11 Ave S MPLS. |
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I certify that I participated in the above activities.

Signature

Sara Boucher-Jackson

Date:

7/16/2018

**MINNESOTA METRO REGION ICS205
INCIDENT, EVENT OR EXERCISE
COMMUNICATIONS PLAN**

INCIDENT/EVENT NAME
NFL Play-Off Game
Minnesota Vikings v. New Orleans Saints

DATE/TIME PREPARED
1/10/2018
14:00

OPERATIONAL PERIOD DATE/TIME
1/14/2018
11:00 - 20:00

| Line | Function (NET) <small>(COMMAND, TACTICAL, SUPPORT, AIR)</small> | Talkgroup/Channel/Phone | Assignment <small>(LAW, FIRE, EMS, OTHER)</small> | RX Freq (N or W) | RX Tone/NAC | TX Freq (N or W) | TX Tone/NAC | Mode <small>(A or W)</small> | Remarks |
|------|--------------------------------------------------------------------|-------------------------|------------------------------------------------------|------------------|-------------|------------------|-------------|---------------------------------|---------------------------------------------------------|
| 1 | Command | | Law | Cell Phone | | | | | Interior Command Cmdr. G. Moore - call sign Viking1 |
| 2 | Command | | Law | Cell Phone | | | | | Exterior Command Lt. C. House - call sign 1301 |
| 3 | Command | | Fire | Cell Phone | | | | | BC1 Van Vickie |
| 4 | Command | | EMS | Cell Phone | | | | | Hennepin EMS DC Wardell |
| 5 | Tactical | LTAC 2 | Law | ARMER 800 MHz | | ARMER 800 MHz | | | Stadium Interior |
| 6 | Tactical | LTAC 3 | Law | ARMER 800 MHz | | ARMER 800 MHz | | | Stadium Exterior |
| 7 | Tactical | HC-EVT | EMS | ARMER 800 MHz | | ARMER 800 MHz | | | Interior/Exterior EMS Operations |
| 8 | Tactical | Medical 8 | EMS | UHF | | UHF | | | Interior- Hennepin EMS Medical 1st Aid Team |
| 9 | Tactical | | EMS | Cell Phone | | | | | Hennepin EMS SOC/IOC DC Sloan III |
| 10 | Tactical | | EMS | Cell Phone | | | | | Hennepin EMS Field Operations DC M. Rogers |
| 11 | Support | | Communications | Land Line | | | | | SOC MECC Incident Dispatcher |
| 12 | Support | | Communications | Landline | | | | | EMS SOC Incident Dispatcher |
| 13 | Expansion | MPFD | EMS/FIRE | ARMER 800 MHz | | ARMER 800 MHz | | | External Public Safety Hennepin EMS/Minneapolis Fire |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |

SPECIAL INSTRUCTIONS

COM1: Sara Boucher-Jackson

AGENCY: Minneapolis Emergency Communications Center

PHONE: 612-998-1219 - cell

EMAIL: sara.boucher-jackson@minneapolismn.gov

INCIDENT/EVENT LOCATION

US Bank Stadium

401 Chicago Ave S

Minneapolis, MN 55415

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.** (MLESB Version 1.0, 11/2015)

NFL 1-12-18

COMU Position Recognition Application

Application Type:

☒ Initial Application

☒ Renewal

☐ Change of Status

Position (check only one unless changing status):

☒ COML - renewal

☐ COMT

☐ INCM

☒ INTD - initial

☐ RADO

☐ AECS

Name

(Last, First Middle)

Boucher-Jackson, Sara Anne

Certifying

Agency

Minneapolis Emergency Communications Center (MECC)

County

Hennepin

ECB/ESB

Region

Metro

Agency Address

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612-998-1219

Business

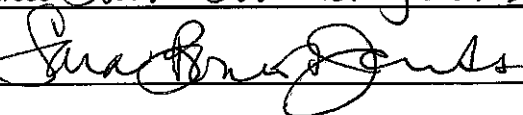
Telephone

612-673-5912

Email Address

Sara.boucher-jackson@minneapolismn.gov

Signature



Date

7/16/2018

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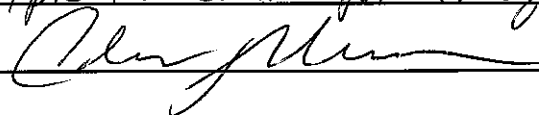
Name & Title

Christine McPherson, Asst Director

Agency

Mpls 911 (Minneapolis Emergency Communications Center)

Signature



Date

8/1/18

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region

Signature

Date

COMU Subcommittee & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name
(Last, First Middle)

Boucher-Jackson, Sara Anne

Agency

MECC

ECB/ESB
Region

Metro

Position:

☒ COML

☐ INTD

☐ COMT

☐ RADO

☐ INCM

☐ AECS

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| 3 | 2/4/2018 | COML for Super Bowl LII, posted @ MACE 511 11 Ave S MPLS. |
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I certify that I participated in the above activities.

Signature

Sara Boucher-Jackson

Date:

7/16/2018

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF INCIDENT TACTICAL DISPATCHER INTD

Final Evaluator's Verification

I verify that all tasks have been performed and are documented with appropriate initials.

I also verify that Sara Boucher Jackson has performed as a trainee and should therefore be considered for certification in this position.

Final Evaluators Signature Jennifer J Gaiselhart Date 8/1/2018

Printed Name Jennifer J Gaiselhart Agency MEU

Highest NIMS Qualification COMM

Phone Number 612 348 2345 email address jennifer.gaiselhart@minneapolismn.gov

Compiled training information:

Number and Type of Resources: 200+
Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

Duration: Spring 2017 / Jan 2018
Enter the inclusive dated during which the trainee was evaluated.

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

Date: 8/1/18
List the date the record is being completed.

Evaluator's initials: JJG
Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualification Record.

To be attached to completed INTD Task Book

Attachment D

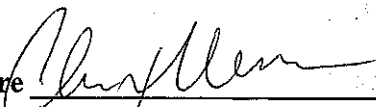
This form must be filled out by evaluators, when sign offs are done for INTD Task book

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| Evaluation # 1 - ?? (write over) | Name of Evaluator: Jennifer Geiselhart | Title: all supervisor/comm | Agency: MELL |
| Evaluator's Address 350 S 5th St Emball, MPLS, MN 55415 | | | |
| Name & Location of Incident - Agency and Area Active Shooter @ Winland School US Bank Stadium | Kind of Incident FSE National Sporting event | Number and Type of Communication Resources 100+ 100+ | Duration of Incident Spring 2017 11/14/18 |
| | | | Management Level or Complexity Level 4 3 |
| Name of Trainee <u>Sara Boucher-Jackson</u> | | | |
| 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. The individual has successfully performed all tasks for the position and should be considered for certification. The individual was not able to complete certain tasks (comments below) or additional guidance is required. Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. 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. | | | |
| Recommendations: _____ | | | |
| Date: <u>8/1/18</u> Evaluator's Initials: <u>JG</u> | | | |
| Evaluator's relevant agency certification rating: <u>comm</u> | | | |

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSTION OF INTD (All Hazards)

Agency Certification

I certify that Sara Boucher-Jackson has met all requirements for qualifications in this position and that such qualification has been issued.

Certifying Official's Signature  Date 8/1/18

Printed Name Christine McPherson Agency Mpls 911

Title Asst Director Phone Number 612 673 5918

Pre-Qualifications for INTD Training are but not limited to:

- A public safety communications background with exposure to field operations; this experience should be validated by the authority who supervised the student.
- Fundamental public safety communications technology, supervisory, and personnel management skills. These must be validated by the authority who supervised the student and include, but are not limited to:
 - Knowledge of local communications systems
 - Frequencies and spectrum
 - Technologies
 - Knowledge of local topography
 - Knowledge of system site locations
 - Knowledge of local, regional, and state communications plans
 - Knowledge of local and regional Tactical Interoperable Communications Plans, if available
 - Knowledge of local, regional and national communications and resource contacts
- Completion of the following training courses:
 - IS-700, IS-800b, ICS-100, ICS-200, and ICS-300, ICS-144

TO BE ATTACHED TO COMPLETED INTD (ALL HAZARDS) TASK BOOK



Homeland Security

All-Hazards INCIDENT TACTICAL DISPATCHER (INTD)

Position Task Book

Task Book Assigned To:

Trainee's Name: Sara Boucher-Jackson
Trainee's Email Address: Sara.boucher-jackson@minneapolismn.gov
Home Agency: Minneapolis Emergency Communications Center
Home Agency Phone Number: 612-673-5902 (admin)

Task Book Initiated By:

Official's Name: Jennifer Geiselhart
Agency Official's Title: all Supervisor
Agency: Minneapolis Emergency Communications
Agency Phone Number: 612-348-2345
Agency Address: 350 S 5TH ST Room B911
Minneapolis MN 55415
Date Initiated: 2/21/2017

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

Version 1.0
October
2015

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE
POSITION OF INCIDENT TACTICAL DISPATCHER

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials.

I also verify that Sara Boucher Jackson

has performed as a trainee and should therefore be considered for recognition in this position.

Final Evaluator's Signature

Jennifer J. Giselhart

Date

7/28/18

Printed Name

Jennifer J. Giselhart

Title

911 Supervisor / LOML

Agency

Minneapolis Emergency Communications Center

Phone Number

6123481240

Email

jennifer.giselhart@minneapolismn.gov

AGENCY CERTIFICATION

I certify that

Sara Boucher Jackson

has met all requirements for qualification in this position and that such qualification has been issued.

Certifying Official's Signature

Christine McPherson

Date

8/1/18

Printed Name

Christine McPherson

Title

Asst Director

Agency

Minneapolis Emergency Communications Center

Phone Number

612 673 5918

Email

christine.mcpherson@minneapolismn.gov

NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTB) are developed for designated Incident Command System (ICS) positions¹ as described under the National Integration Center (NIC) and have been incorporated into the National Incident Management System (NIMS). The PTB is used by the authority having jurisdiction, to certify that the person to whom the task book belongs meets the standards recommended by the 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 recognized in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and varied activities such as Incidents, Planned Events, Functional Exercises (FE), Full Scale Exercises (FSE), Drills, Simulation, Classroom, or Daily Job functions (as specified in the task tables). It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated, and bullet statements within a task that require an action must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Trainee** is responsible for:

- Fulfilling the pre-requisite requirements:²
 - Public safety background with three years of experience in dispatch
 - Awareness of fundamental public safety communications technology
 - Awareness of the ICS Communications Unit function
 - Completion of IS-100.b, IS-144, IS-200.b, IS-700.a, and IS-800.b
- Reviewing and understanding instructions in the PTB.
- Identifying desired objectives/goals.
- Providing background information to an evaluator.
- Requesting Agency Head to initiate the PTB; putting name on cover and second page, initials on subsequent pages.
- Satisfactorily demonstrating completion of all tasks for an assigned position within three years of the Date Initiated.
- Assuring the evaluation record is complete.
- Notifying their agency head when the PTB is completed, and obtaining their signature recommending certification.
- Keeping the original PTB in personal records.
- Providing copies of their completed PTB to the designated authorities within their

¹ The Incident Tactical Dispatch (INTD) position is not currently a NIMS-approved Incident Command System (ICS) title.

² ICS-300, Intermediate ICS for Expanding Incidents, is also recommended.

home agency, jurisdiction, region, or state in accordance with applicable SOPs for recognition of Communications Unit (COMU) positions.

2. The **Evaluator** is responsible for:

- Being qualified and proficient in the position being evaluated, or higher ICS position (e.g. IC, COML, INTD, etc.).
- 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 Evaluation Record.
- Completing an Evaluation Record found at the end of each PTB.

3. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.

4. The **Agency Head** or designee 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.
- Initiating 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.
- Providing trainees the opportunity to attend the applicable training course(s).

Competency: INTD Preparedness

| Task | Code | Evaluator # and Initials | Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| Behavior: Ensure readiness prior to assignment. | | | |
| 1. Assemble and maintain an INTD response kit prior to receiving an assignment, including critical operating supplies and equipment needed to support the INTD job assignment over multiple operational periods (up to 72 hours). The following items are suggested as a partial listing of items needed: <ul style="list-style-type: none"> • Communications equipment <ul style="list-style-type: none"> ○ Portable radio ○ Cellphone ○ Batteries/chargers • First aid kit • Personal safety gear • ICS Forms cache • Office Supplies (e.g. clipboard, tape, paper, pencil, etc.) • Multi-purpose tool/Flashlight • Clock/Watch with countdown timer function • Reference Documents (e.g. TICP, NIFOG, TIC-FOG, etc.) • Computer/Printer/Thumb drive • INTD PTB | O | 1 JH | 1/28/18 |
| 2. Obtain and assemble supplies and materials for a personal sustainment kit of items needed for functioning over multiple operational periods. The following items are suggested as basic information and materials needed for a personal kit: <ul style="list-style-type: none"> • Multiple changes of clothing (as appropriate for anticipated weather conditions) • Personal identification/credentials • Toiletries • Medicines (prescription and over-the-counter) • Cash and credit cards • Alarm clock • Food/Water | O | 1 JH | 1/28/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

SJS

Competency: INTD Mobilization

| Task | Code | Evaluator # and Initials | Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|------|
| Behavior: Obtain complete information for response. | | | |
| 3. Obtain complete information for assignment and initiate documentation: <ul style="list-style-type: none"> Incident name Incident/Mission/Tracking/Order # Calling channel/phone number Reporting time/Check-in location Transportation arrangements/travel routing instructions Contact procedures during travel Specific equipment/supplies needed | I | 1 7/28/18 SJS | |

Behavior: Ensure check-in is recorded and accountability is activated.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------|--|
| 4. Arrive at incident and check in: <ul style="list-style-type: none"> Arrive properly equipped at assigned location within acceptable time limits Follow established policies and procedures for checking in, and provide the needed information and documentation: <ul style="list-style-type: none"> Incident/Mission/Tracking/Order # Unit Leader's name Incident assignment, etc. Identification/credentials | I | 1 7/28/18 SJS | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------|--|

Behavior: Gather and apply situational information relevant to the assignment.

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------|--|
| 5. Document initial briefing from Incident Communications Center Manager (INCM) /incident supervisor: <ul style="list-style-type: none"> Situation Summary Safety Briefing Current and Planned Goal/Objectives Current and Planned Actions, Strategies and Tactics Current Organization (ICS 207 – Incident Organization Chart) Current/Planned communications plan <ul style="list-style-type: none"> Communications Nets, e.g., Command, Tactical, Logistics, etc. Map Sketch of communication system Current /Planned Resource Summary | I | 1 7/28/18 SJS | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------|--|

Evaluate ALL numbered tasks. ONLY evaluate bullets with action verbs.

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

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Competency: Incident Tactical Dispatch Operations

| Task | Code | Evaluator # and Initials | Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| Behavior: Support establishment of Incident Communications Center (ICC). | | | |
| 6. Assist INCM/supervisor with setup of the ICC if needed/as assigned: <ul style="list-style-type: none"> Facility/vehicle in which to situate the ICC Appropriate location of ICC ICC equipment activation and testing <ul style="list-style-type: none"> Radio Data Telephone Video Ancillary equipment ICC documentation organization Notification of ICC activation | I | I <i>JY</i> | 1/28/18 |
| 7. Evaluate needs and request additional resources to support ICC operations: <ul style="list-style-type: none"> Develop or initiate an inventory control system for INTD supplies and equipment Request supplies, equipment, and/or personnel using procedures established by INCM/supervisor. Maintain quantities of supplies and equipment at a level to prevent shortage of any needed items. | I | I <i>JY</i> | 1/28/18 |
| 8. Assist in maintaining Security of the ICC <ul style="list-style-type: none"> Keep ICC entry/access points secured/locked in accordance with established policies Notify INCM/supervisor of any security concerns | I | I <i>JY</i> | 1/28/18 |
| 9. Demonstrate safety awareness: <ul style="list-style-type: none"> Location of First Aid kit supplies and equipment ICS 206 – Medical Plan Potential safety issues or hazards | I | I <i>JY</i> | 1/28/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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: Incident Tactical Dispatch Operations (continued)

| Task | Code | Evaluator # and Initials | Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| Behavior: Establish effective relationships. | | | |
| 10. Conduct self in a professional manner: <ul style="list-style-type: none"> • Be respectful and courteous • Respect public and private property • Establish and maintain positive interpersonal and interagency working relationships. • Encourage and promote team environment • Follow established procedures to report and document any inappropriate personnel actions • Report any situations of concern to INCM/supervisor | O | <i>SB</i> | 7/28/18 |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|---------|
| Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient. | | | |
| 11. Communicate information effectively to incident personnel: <ul style="list-style-type: none"> • Speak clearly and use concise language • Speak at a pace sufficient for recipients to copy information when applicable • Maintain appropriate level of radio discipline when operating on assigned nets • Use proper microphone/headset techniques • Record information in an easily understood manner | I | <i>SB</i> | 7/28/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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: Incident Tactical Dispatch Operations (continued)

| Task | Code | Evaluator # and Initials | Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient (continued). | | | |
| 12. Provide effective communications support during routine or non-emergency situations: <ul style="list-style-type: none"> • Dispatch incident personnel based upon needs of the incident and at the direction of incident management • Monitor and prioritize traffic simultaneously over all networks: <ul style="list-style-type: none"> ○ Repeated voice Nets ○ Simplex voice Nets ○ Data networks • Receive/relay/log information/ messages/ instructions to and from incident personnel <ul style="list-style-type: none"> ○ Supply orders (e.g., Operations, Logistics, etc.) ○ Message traffic routing ○ Weather reports ○ Resource status changes ○ Loss of communication assets ○ Safety updates ○ Situation reports • Conduct radio checks at specified intervals for personnel safety and accountability • Acknowledge all requests received in person or via phone, radio, and data networks. | I | 1 248 | 1/28/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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: Incident Tactical Dispatch Operations (continued)

| Task | Code | Evaluator # and Initials | Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient (continued). | | | |
| 13. Provide effective communications support during emergency situations: <ul style="list-style-type: none"> • Recognize and react decisively to urgent situations if encountered: • Request assistance from other ICC personnel if needed • Restrict or move unrelated radio traffic • Use appropriate notification procedures for emergency situations <ul style="list-style-type: none"> ○ Requests for emergency/urgent assistance or additional resources/support ○ Activations of radio emergency call buttons ○ Medical transport/ Medevac request ○ Aircraft emergency ○ Evacuation ○ Search and Rescue ○ Serious injury/Fatality • Notify INCM/supervisor of emergency situations | I | <i>SM</i> | 1/28/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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: Incident Tactical Dispatch Operations (continued)

| Task | Code | Evaluator # and Initials | Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|----------------|
| Behavior: Conduct tactical dispatch operations. | | | |
| 14. Demonstrate proper use of ICC communications systems for dispatch: <ul style="list-style-type: none"> • Radio equipment • Data equipment • Telephone equipment • Video equipment • Ancillary equipment | I | <i>1</i> <i>SBT</i> | <i>1/28/18</i> |
| 15. Demonstrate familiarity with other ICC functions/capabilities: <ul style="list-style-type: none"> • Radio systems (e.g. Simplex, Conventional, Trunked, Digital & Analog modes) • Types of Radio Nets (i.e. Command, Tactical, Logistics/Support, Dispatch, Air Operations Nets, etc.) • Types and appropriate usage of Interoperability channels (e.g. local, regional, State, National) • Audio Gateways | I | <i>1</i> <i>SBT</i> | <i>1/28/18</i> |
| 16. Demonstrate use of mapping tools (electronic and manual) <ul style="list-style-type: none"> • Locate key incident venues, personnel, and deployed resources. • Locate key incident hazards, terrain features, ingress/egress routes, and fall back locations. • Demonstrate the triangulation process on a map to identify the nearest quarter section at the intersect point and the correct Section, Township, and Range in each case. | I | <i>1</i> <i>SBT</i> | <i>1/28/18</i> |

Evaluate ALL numbered tasks. ONLY evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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: Incident Tactical Dispatch Operations (continued)

| Task | Code | Evaluator # and Initials | Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| Behavior: Conduct Incident Tactical Dispatch Operations. (continued) | | | |
| 17. Use specialized resources/technology to track the location of incident personnel where immediate, continuous, and accurate awareness of incident personnel is critical. Specific resources or technologies could include: <ul style="list-style-type: none"> • GPS technology • AVL technology • Maps • Status boards • Personal Accountability Report (PAR) • Personal Alert Safety System Device Activation (PASS) | I | 1 JS | 7/28/18 |
| 18. Demonstrate compliance with applicable communication policies and procedures: <ul style="list-style-type: none"> • Memoranda of Understanding (MOUs) • Tactical Interoperable Communications Plan (TICP) • Tactical Interoperable Communications Field Operations Guide (TIC-FOG) • Mobile Communications Unit Standard Operating Procedures (SOPs) • Tactical Dispatch SOPs • Jurisdictional requirements • Equipment accountability procedures | I | 1 JS | 7/28/18 |
| 19. Participate in all COMU briefings during each operational period: <ul style="list-style-type: none"> • Provide information on communication issues (e.g., radio equipment performance, shift activities, significant events, etc.) | I | 1 JS | 7/28/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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: Incident Tactical Dispatch Operations (continued)

| Task | Code | Evaluator # and Initials | Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| Behavior: Conduct Tactical Dispatch Operations. (continued) | | | |
| 20. Maintain and organize ICC documentation: <ul style="list-style-type: none"> • Radio logs • Activity logs • Telephone logs • Status Cards • Equipment check-in/check-out information • Lost/Damaged equipment documentation • Software Applications <ul style="list-style-type: none"> ○ WebCAD ○ WebEOC® ○ Google Earth® ○ Email, etc | I | 1 JW | 7/28/18 |
| 21. Support unique operations, terminology, capabilities and characteristics of multiple public safety disciplines and their special teams: <ul style="list-style-type: none"> • Emergency Management • Emergency Medical Services • Fire • Law Enforcement • Forestry | I | 1 JW | 7/28/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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: Incident Tactical Dispatch Operations (continued)

| Task | Code | Evaluator # and Initials | Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| Behavior: Comply with NIMS and ICS concepts and principles | | | |
| 22. Demonstrate awareness of NIMS and ICS COMU concepts and principles: <ul style="list-style-type: none"> • COMU structure, roles and responsibilities of each COMU position • Plain language/common terminology • ICS terminology <ul style="list-style-type: none"> ○ Unit identification ○ Position titles ○ Resource naming • Incident Organizational Structure • Functions of Incident Management Teams • ICS map symbols, designators, and mnemonics | I | 1 JY | 1/28/18 |
| 23. Obtain, and correctly fill out the NIC approved ICS forms needed to perform INTD functions within the ICC. <ul style="list-style-type: none"> • ICS 205 – Incident Radio Communications Plan • ICS 205A – Communications List • ICS 210 – Resource Status Change • ICS 213 – General Message • ICS 213 – RR Resource Request Message • ICS 214 – Activity Log • ICS 219-7- Equipment Resource Status (T-)Card | I | 1 JY | 1/28/18 |
| 24. Demonstrate ability to correctly interpret and respond to the following NIC approved ICS forms: <ul style="list-style-type: none"> • ICS 201 – Incident Briefing • ICS 203 – Organization Assignment List • ICS 204 – Assignment List • ICS 206 – Medical Plan • ICS 207 – Incident Organization Chart • ICS 208 – Safety Message/Plan • ICS 209 – Incident Status Summary • ICS 211 – Incident Check-in List • ICS 221 – Demobilization Check-Out • ICS 225 – Incident Personnel Performance Rating | I | 1 JY | 1/28/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

LMS

Competency: Incident Tactical Dispatch Operations (continued)

| Task | Code | Evaluator # and Initials | Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| Behavior: Comply with NIMS and ICS concepts and principles (continued) | | | |
| 24a. Demonstrate ability to correctly interpret the following forms: <ul style="list-style-type: none">Form 217A – Communications Resource Availability WorksheetForm 309 – Communication Log | I | 1/28 | 1/28/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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: INTD Demobilization

| Task | Code | Evaluator # and Initials | Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| Behavior: Transfer INTD position duties while ensuring continuity of authority and knowledge, taking into account the increasing or decreasing incident complexity. | | | |
| 25. Coordinate an efficient transfer of position duties: <ul style="list-style-type: none"> Document and coordinate demobilization actions Brief relief personnel Coordinate with incident/planned event personnel as necessary | I | 1 JY | 1/28/18 |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------|---------|
| Behavior: Complete demobilization procedures and restore response-readiness. | | | |
| 26. Demobilize from assignment: <ul style="list-style-type: none"> Check in equipment and submit required documentation Address safety and notification considerations for return to home agency | I | 1 JY | 1/28/18 |
| 27. Complete Demobilization Documentation <ul style="list-style-type: none"> If required, complete and submit ICS 221 – Demobilization Check-Out completed form as appropriate Obtain ICS 225 – Incident Personnel Performance Rating from INCM/supervisor Provide input for After-Action Report (AAR) Submit final documentation to INCM/supervisor | I | 1 JY | 1/28/18 |
| 28. Prepare for next operational period/incident <ul style="list-style-type: none"> Inventory and restock ICC supplies Inventory and restock INTD response kit and personal sustainment kit Attend applicable post-incident debriefings <ul style="list-style-type: none"> Hotwash Post-Incident/Event After Action Debriefings Critical Incident Stress Management/Debriefing (CISM/CISD) | I | 1 JY | 1/28/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

All-Hazards INCIDENT TACTICAL DISPATCHER**INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD**

There are four separate pages provided to allow evaluations to be made during four separate occasions. These evaluations may be made on Incidents, Planned Events, Functional Exercises, Full Scale Exercises, Simulations, Drills, Classroom, or Daily Job functions (as specified in the Task tables). This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation pages are needed, they 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 END 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, preplanned 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 #2 | Evaluator's name: Jenn Geiselhart | Evaluator's Title: COMC | Evaluator's Agency: MECC | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| Evaluator's agency address: jennifer.geiselhart@minneapolismn.gov | | | | |
| Evaluator's e-mail: 350 S 5TH S Room B911 | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, etc.) | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| US Bank Stadium NFL Play-off Game | Pre-planned Sporting event | 100+ responders 7100 Console | 11/14/18 | 3 |
| <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>Date: 8/1/18 Evaluator's initials: JG</p> <p>Evaluator's relevant agency certification or rating: COMC</p> | | | | |

RECORD OF EVALUATION

Sara Boucher-JacksonINTD

TRAINEE NAME

TRAINEE POSITION

| Evaluation Record #1 | Evaluator's name: <u>Jennifer Geiselhart</u> | Evaluator's Title: <u>all Supervisor / Comm</u> | Evaluator's Agency: <u>MECC</u> | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| Evaluator's agency address: <u>3505 55th Pkwy Ball Minneapolis MN 55415</u> | | | | |
| Evaluator's e-mail: <u>jennifer.geiselhart@minneapolismn.gov</u> | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, etc.) | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| <u>MPD / MFD Active Shooter Training in prep. of SBLI Willard School</u> | <u>FSE Type 4</u> | <u>Mobile Command 7500's / Portable 100 responder per session (MPD + MFD)</u> | <u>2/27 - 5/18/2017 30 sessions</u> | <u>4</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: _____</p> <p>Date: <u>1/28/18</u> Evaluator's initials: <u>JG</u></p> <p>Evaluator's relevant agency certification or rating: <u>Comm</u></p> | | | | |

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

SARA A. BOUCHER

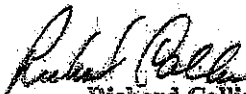
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

IS-00100

**Introduction to the Incident Command System,
(ICS 100)**

Issued this 27th Day of August, 2006

0.3 CEU


Richard Callis
Acting Superintendent
Emergency Management Institute

FEMA Form 16-31, October 05

DETACH THIS STUB

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

SARA A BOUCHER-JACKSON

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

IS-00144

**Telecommunicators Emergency Response Taskforce
(TERT) Basic Course**

Issued this 15th Day of December, 2016



0.3 IACET CEU

Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

SARA A. BOUCHER

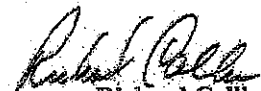
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

IS-00200

ICS for Single Resources and
Initial Action Incidents

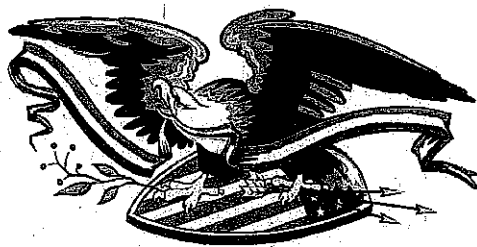
Issued this 27th Day of August, 2006

0.3 CEU


Richard Callis
Acting Superintendent
Emergency Management Institute

FEMA Form 15-31, October 05

DETACH THIS STUB



Minnesota Department of Public Safety
Division of
Homeland Security and Emergency Management

Certificate of Training

Presented to

Sara Boucher-Jackson

This certificate acknowledges and affirms a dedication to homeland security and emergency management through professional development and satisfactory completion of the following course:

ICS300 ICS-300 Intermediate ICS for Expanding Incidents
Fridley, MN - 24.00 hrs
5/13/2013 - 5/15/2013

James Cushing
Instructor

Kris A. Eide

Kris A. Eide, Director



Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

SARA A. BOUCHER

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

IS-00700

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

Issued this 27th Day of September, 2005


Stephen G. Sharro

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

SARA A BOUCHER-JACKSON

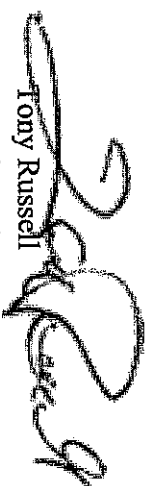
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00800.b

National Response Framework, An Introduction

Issued this 31st Day of January, 2014




Tony Russell

Superintendent
Emergency Management Institute

Certificate of Attendance

This certificate is
awarded to

Sara Boucher-Jackson
City of Minneapolis

In recognition of attending the
First Contact 9-1-1 workshop:

"Incident Dispatcher"
St. Paul, Minnesota
September 19-20, 2011

First Contact 9-1-1, LLC (866) 613-1911
www.firstcontact911.com



FIRST
CONTACT 9.11

Minnesota POST Class # 9803-0004 (14 Approved Credit Hours)

Instructor

A handwritten signature in black ink, appearing to read "Steve Clark", written over a horizontal line.

**MINNESOTA METRO REGION ICS205
INCIDENT, EVENT OR EXERCISE
COMMUNICATIONS PLAN**

INCIDENT/EVENT NAME
Multi-Agency/Active Shooter Training

DATE/TIME PREPARED
03/02/2017
16:45

OPERATIONAL PERIOD DATE/TIME
03/06/2017
12:00-15:30

| Line <small>(COMMAND, TACTICAL, SUPPORT, AM)</small> | Function (NET) | Talkgroup/Channel/Phone | Assignment <small>(LAW, FIRE, LAW OFFICER)</small> | RX Freq (N or W) | RX Tone/NAC | TX Freq (N or W) | TX Tone/NAC | Mode <small>(A, D, P, M)</small> | Remarks |
|---------------------------------------------------------|----------------|-------------------------|-------------------------------------------------------|------------------|-------------|------------------|-------------|-------------------------------------|-----------------------------------------------------------------------------------|
| 1 | Command | [REDACTED] | Law | | | | | | IC Sgt. Lucas Peterson |
| 2 | Tactical | METAC 8 | Law | 800 MHz | | 800 MHz | | D | Patched to: MPPD 10 for HCSO & MPD tactical communication B10 on HCSO portable |
| 3 | Support | MPPD 12 | Law | 800 MHz | | 800 MHz | | D | Encrypted instructor talk group B12 = MPD SWAT Portables |
| 4 | Support | MPFD 9 | Fire | 800 MHz | | 800 MHz | | D | Fire Rescue Tactical Channel |
| 5 | Support | [REDACTED] | Dispatch | | | | | | Incident dispatch instructor cellphone |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |

SPECIAL INSTRUCTIONS

Involved agencies: MPD, Hennepin County Sheriff, MFD & MECC

COML: Sara Boucher-Jackson

AGENCY: Minneapolis Emergency Communications Center

PHONE: 612-998-1219 cell/612-348-7240 MECC duty supervisor line

EMAIL: sara.boucher-jackson@minneapolismn.gov

INCIDENT/EVENT LOCATION

Willard School 2310-16 AV N

Minneapolis, MN 55411

Hennepin County

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or "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. (NCSB Version 1.0, 11/2015)

| MINNESOTA METRO REGION ICS205 INCIDENT, EVENT OR EXERCISE COMMUNICATIONS PLAN | | | INCIDENT/EVENT NAME Multi-Agency Active Shooter Training | | DATE/TIME PREPARED 02/28/2017 16:45 | | OPERATIONAL PERIOD DATE/TIME 03/01/2017 12:00-15:30 | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------|-------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------|-------------------------------|------------------------------------------------------------|
| Line | Function (NET) <small>COMMAND, TACTICAL, SUPPORT, FIRE</small> | Talkgroup/Channel/Phone | Assignment <small>LAW, FIRE, EMS, OTHER</small> | RX Freq. (N. or W.) | RX Tone/NAC | TX Freq. (N. or W.) | TX Tone/NAC | Mode <small>ANALOG</small> | Remarks |
| 1 | Command | MPPD 12 | LAW | 800 MHz | | 800 MHz | | D | Instructor talk group B12 = MPPD SWAT Portables |
| 2 | Tactical | MPPD 10 | LAW | 800 MHz | | 800 MHz | | D | A10 = MPPD & Park Portables B10 = UMPD Portables |
| 3 | Support | MPLS.COM | LAW | 800 MHz | | 800 MHz | | D | Patched with MPPD 10 for Fire IC to monitor LE tactical |
| 4 | Support | MPPD 9 | Fire | 800 MHz | | 800 MHz | | D | Fire Rescue |
| 5 | Support | | Dispatch | | | | | | Incident Dispatch cellphone |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| Involved agencies: MPD, Minneapolis Park Police, University of Minnesota Police, MED & MECC | | | | | | | | | |
| COM1: Sara Boucher-Jackson AGENCY: Minneapolis Emergency Communications Center PHONE: 612-719-4928 cell/612-348-7240 duty supervisor EMAIL: sara.boucher-jackson@minneapolismn.gov | | | | | INCIDENT/EVENT LOCATION Willard School 2310 16 AV N Minneapolis, MN 55411 Hennepin County | | | | |

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 "W" 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 METRO REGION ICS205 INCIDENT, EVENT OR EXERCISE COMMUNICATIONS PLAN

INCIDENT/EVENT NAME
Multi Agency Active Shooter Training

DATE/TIME PREPARED
02/28/2017
16:45

OPERATIONAL PERIOD DATE/TIME
03/01/2017
12:00-15:30

| Line | Function (NET) <small>(COMMAND, TACTICAL, SUPPORT, ETC.)</small> | Talkgroup/Channel/Phone | Assignment <small>(LAW, FIRE, LAW OTHER)</small> | RX Freq (N or W) | RX Tone/NAC | TX Freq (N or W) | TX Tone/NAC | Mode <small>(A, D, S, M)</small> | Remarks |
|------|---------------------------------------------------------------------|-------------------------|-----------------------------------------------------|------------------|-------------|------------------|-------------|-------------------------------------|------------------------------------------------------------|
| 1 | Command | MPPD 12 | Law | 800 MHz | | 800 MHz | | D | Instructor talk group B12 = MPD SWAT Portables |
| 2 | Tactical | MPPD 10 | Law | 800 MHz | | 800 MHz | | D | A10 = MPD & Park Portables B10 = UMPPD Portables |
| 3 | Support | MPLS-COM | Law | 800 MHz | | 800 MHz | | D | Patched with MPPD 10 for Fire IC to monitor LE tactical |
| 4 | Support | MPFD 9 | Fire | 800 MHz | | 800 MHz | | D | Fire Rescue |
| 5 | Support | | Dispatch | | | | | | Incident Dispatch cellphone |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |

SPECIAL INSTRUCTIONS

Involved agencies: MPD, Minneapolis Park Police, University of Minnesota Police, MFD & MECC

COML: Sara Boucher-Jackson

AGENCY: Minneapolis Emergency Communications Center
PHONE: 612-719-4928 cell/612-348-7240 duty supervisor

EMAIL: sara.boucher-jackson@minneapolismn.gov

INCIDENT/EVENT LOCATION
Willard School 2310 16 AV N
Minneapolis, MN 55411
Hennepin County

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. (MICSB Version 1.0, 11/2015)

| MINNESOTA METRO REGION ICS205 INCIDENT, EVENT OR EXERCISE COMMUNICATIONS PLAN | | | | INCIDENT/EVENT NAME NFL Play-Off Game Minnesota Vikings v. New Orleans Saints | | DATE/TIME PREPARED 1/10/2018 14:00 | | OPERATIONAL PERIOD DATE/TIME 1/14/2018 11:00 - 20:00 | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------|----------------------------------------------|-------------|----------------------------------------------------------------|---------------------------------------------------------|
| Line | Function (NET) <small>(COMMAND, TACTICAL, SUPPORT, AUX)</small> | Talkgroup/Channel/Phone | Assignment <small>(LAW, FIRE, EMS, OTHER)</small> | RX Freq (N or W) | RX Tone/NAC | TX Freq (N or W) | TX Tone/NAC | Mode <small>(A, D, S, M)</small> | Remarks |
| 1 | Command | [REDACTED] | Law | Cell Phone | | | | | Interior Command Cmdr. G. Moore - call sign Viking1 |
| 2 | Command | [REDACTED] | Law | Cell Phone | | | | | Exterior Command Lt. C. House - call sign 1301 |
| 3 | Command | [REDACTED] | Fire | Cell Phone | | | | | BC1 Van Vickie |
| 4 | Command | [REDACTED] | EMS | Cell Phone | | | | | Hennepin EMS DC Wardell |
| 5 | Tactical | LTAC 2 | Law | ARMER 800 MHz | | ARMER 800 MHz | | | Stadium Interior |
| 6 | Tactical | LTAC 3 | Law | ARMER 800 MHz | | ARMER 800 MHz | | | Stadium Exterior |
| 7 | Tactical | HC-EVT | EMS | ARMER 800 MHz | | ARMER 800 MHz | | | Interior/Exterior EMS Operations |
| 8 | Tactical | Medical 8 | EMS | UHF | | UHF | | | Interior- Hennepin EMS Medical 1st Aid Team |
| 9 | Tactical | [REDACTED] | EMS | Cell Phone | | | | | Hennepin EMS SOC/JOC DC Sloan III |
| 10 | Tactical | [REDACTED] | EMS | Cell Phone | | | | | Hennepin EMS Field Operations DC M. Rogers |
| 11 | Support | [REDACTED] | Communications | Land Line | | | | | SOC MECC Incident Dispatcher |
| 12 | Support | [REDACTED] | Communications | Land Line | | | | | EMS SOC Incident Dispatcher |
| 13 | Expansion | MPFD | EMS/FIRE | ARMER 800 MHz | | ARMER 800 MHz | | | External Public Safety Hennepin EMS/Minneapolis Fire |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| COM1: Sara Boucher-Jackson | | | | INCIDENT/EVENT LOCATION | | | | | |
| AGENCY: Minneapolis Emergency Communications Center | | | | US Bank Stadium | | | | | |
| PHONE: 612-998-1219 - cell | | | | 401 Chicago Ave S | | | | | |
| EMAIL: sara.boucher-jackson@minneapolismn.gov | | | | Minneapolis, MN 55415 | | | | | |

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 Communications Unit Standard Operating Guidelines Forms



November 30, 2017

COMU Position Recognition Application

This form is used to apply for, renew, or change status of Communications Unit (COMU) recognition.

Application Type:

Check the correct box:

- Applying for new recognition
- Renewing recognition
- Change recognition status (e.g. new employer, retirement, etc.)

Position

- Check only one position per application (unless changing status, then all applicable positions may be checked)

Demographics

- Name: Your full, legal name
- Certifying Agency: The agency providing Workers Compensation and other liability-related protections)
- County: If you serve in multiple counties, list them or write "multiple"
- ECB/ESB Region: List the ECB/ESB region in which you serve. If the state, write "state"
- 24/7 Telephone: Note the preferred number to reach you after business hours

Agency Certification

- This section *certifies* you to serve in a COMU position as an agent of your agency.
- This section assures an incident commander that the deployed person is covered by employment-related protections such as workers compensation and liability insurance.
- This section should be completed and signed by an authorized representative from your agency.

Submission

- The completed form should be submitted to the Emergency Communications/Services Board (ECB/ESB) region where recognition is requested.
- State employees may submit the form to the SWIC or to an ECB/ESB region. Regional recognition is necessary for inclusion on a regional team.

COMU Experience Record

Points

- Using the chart from the Standard Operating Guidelines (SOG), enter the number of points that you believe should be recorded for the event.

Date

- Enter the date or dates you provided the service or activity.

Summary

- Summarize the activity by providing information such as:
 - General Summary
 - Location
 - Activity – what specific role did you play at the event?
 - Participants – identify the main agencies participating in the event
 - Who Can Verify – who can verify your activities at the event (name & contact info)?

Submission

- The completed form should be submitted along with the *COMU Position Recognition Application* and supporting documents to the ECB/ESB region where recognition is requested. State employees may submit the form to the SWIC or to an ECB/ESB region.

COMU Position Recognition Application

Application Type:

☐ Initial Application

☒ Renewal

☐ Change of Status

Position (check only one unless changing status):

☒ COML

☒ COMT

☐ INCM

☐ INTD

☐ RADO

☐ AECS

Name

(Last, First Middle) Timm, Nathan Houston

Certifying

Agency Washington County Sheriff's Office

County

Washington

ECB/ESB
Region

Metro

Agency Address 15015 62nd St N, Stillwater MN 55082

24/7

Telephone 651-764-5185

Business

Telephone 651-430-7863

Email Address nate.timm@co.washington.mn.us

Signature



Date 9/4/2018

Agency Certification (this section must be completed even if PTB Agency Certification form was completed)

The above named individual seeking state recognition for the above identified COMU position(s) is recognized by the above named agency in that COMU position. The person serves the agency as a paid employee or as a volunteer but, in either case, is recognized as an employee for the purposes of Workers Compensation, liability, and all other liability-related protections afforded employees of the agency, when activated for duty.

When the above named person serves in the COMU position(s), whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency.

Name & Title Commander Andrew Ellickson

Agency

Washington County Sheriff's Office

Signature



Date 9/4/2018

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region Metro

Signature

Date

COMU Subcommittee & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name
(Last, First Middle) Timm, Nathan Houston

Agency Washington County Sheriff's Office

ECB/ESB
Region Metro

Position:

☒ COML
☐ INTD

☒ COMT
☐ RADO

☐ INCM
☐ AECS

Detail activities below and attach supporting documents (use multiple lines or pages, as necessary).

| POINTS | DATE(S) | SUMMARY (location, activity, participants, who can verify, general summary) |
|--------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | 1/25/18 - 2/5/18 | Super Bowl 52 event. Serving as COML and COMT. Verifiable by SWIC and Metro Regional Radio Coordinator and event documentation. Served in an operational period every day of the event. |
| 3 | 4/23/18 - 4/25/18 | 2018 Minnesota Public Safety Conference as instructor. Taught ARMER paging and Motorola APX advanced programming session. See attached agenda. |
| 1 | 7/17/18 | ICS205 - Scandia Chief Finnegan funeral |
| 1 | 7/4/18 | ICS205 - Stillwater Independence Day Celebration |
| 1 | 7/25/17 | ICS205 - St. Croix Crossing bridge opening ceremony |
| 1 | 10/31/16 | ICS205 - Deputy Glaze procession |
| | | |
| | | |
| | | |
| | | |

I certify that I participated in the above activities.

Signature



Date: 9/4/2018

Minnesota Public Safety Communications Conference
April 23-25, 2018
DRAFT-Conference Agenda
(Updated April 17, 2018)

Sunday, April 22, 2018

| | |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 9:30 am – 4:30 pm | Preconference Training #1: ARMER Train the Trainer Refresher <i>Tom Justin and Dave Theis - (Kelly Inn: University A)</i> |
| 9:00 am-12:00 pm | Preconference Training #2: Table Top Discussion for Small PSAPs (less than 4 seats) <i>John Persano and Greg Hauser - (Kelly Inn: University B)</i> |
| 1:00 – 4:00 pm | Preconference Training #3: Table Top Discussion for Large PSAPs (more than 5 seats) <i>John Persano and Greg Hauser - (Kelly Inn: University B)</i> |

| | | | | | | |
|------------------------------------|-------------------------------|-------------------------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------|--------------------------|
| Track 1: Vendor Provided | Track 2: Technology | Track 3: Broadband & Data FirstNet | Track 4: Interoperable Data (SLIGP) | Track 5: Training Opportunities | Track 6: Working Together | Track 7: NG911 |
|------------------------------------|-------------------------------|-------------------------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------|--------------------------|

Monday, April 23, 2018

| | | | | | | | |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 7:30 am | Registration – (River Center Lobby) | | | | | | |
| 8:00 am | Vendor Set Up – (Terry Haws Exhibit Hall) | | | | | | |
| 8:00 am | Breakfast Buffet (Terry Haws Exhibit Hall) Network Area Open A breakfast buffet will be available. An area of the Convention Center with Wi-Fi available will be designated as a Networking area for the duration of the conference. It will be equipped with appropriate seating to encourage group networking, sharing and discussion. | | | | | | |
| 8:00 am | St. Cloud Area Greeters – (River Center Lobby) The St. Cloud Area Greeters will be available from 8:00 to 11:00 a.m. in the Convention Center lobby providing information for participants concerning attractions, highlights and features of the St. Cloud area provided by the St. Cloud Area Convention and Visitors Bureau. | | | | | | |
| 8:50 am | Opening - St. Cloud Fire Service Color Guard – (Terry Haws Exhibit Hall) Welcome – MC Jim Stromberg (ECN), Dana Wahlberg (ECN) and Commissioner Mona Dohman (DPS) | | | | | | |
| 9:20 – 10:40 am | Opening Keynote: Calming the Chaos - (Terry Haws Exhibit Hall) <i>Jen McDonough (aka The Iron Jen)</i> | | | | | | |
| 10:50 am–12:00 pm Breakouts Session A | 1A Vendor Session (RapidSOS) NG911, Now What? It's Up to You to Deliver on the Promise! <i>Karin Marquez</i> | 2A ARMER Paging <i>Steve Olson, Brian Zastoupil, Chad Steffen, Nate Timm and Tom Semmelroth</i> | 3A FirstNet in Other States <i>Melinda Miller, Ed Mills and Red Grasso</i> | 4A Saint Cloud Integrated Voice and Data Pilot Project <i>Micah Myers and Brandon Larson</i> | 5A Implementing MCC7100 Consoles <i>Victoria Vadnais, Chad LeVasseur, Rod Olson and Scott Heide</i> | 6A ECN/SECB 101 for Newly Elected Officials <i>Jim Stromberg, Dana Wahlberg, Joe Glaccum, Jeff Jelinski, Marcus Bruning and Dan Hartog</i> | 7A Text-to-911 for the Deaf and Hard of Hearing Community <i>Dustin Leslie and Sara Kreiling</i> |
| 12:10 - 1:10 pm | Lunch and Recognition – (Terry Haws Exhibit Hall) | | | | | | |
| 1:20 – 2:30 pm Breakouts Session B | 1B Vendor Session (Zuercher Technologies) Embracing Change: Realizing Operational Efficiencies of NG 9-1-1 <i>Brian Fluegeman and Gary Loflin</i> | 2B National Guard as an Interop Partner <i>Thomas Simota</i> | 3B Public Safety Paging – Can Datacasting and PBS Help? <i>Red Grasso and John Contestabile</i> | 4B COMU Updates <i>Jim Stromberg, Jim Jarvis, Troy Tretter, Alan Choutka and Dan Anderson</i> | 5B Radio Best Practices for Everyday and Out-of-the-Ordinary Emergencies <i>Angie Wicks, Keith Ruffing, Tim Boyer and Jill Bondhus</i> | 6B PSCR Panel Discussion <i>Melinda Miller, Jake Thompson, Dave Deal, Dave Pike, Dave Thomson, Judy Indrelie, Matt Maas, Rick Burke and Josh Jack</i> | 7B Minnesota's GIS for 9-1-1 Project Update <i>Dan Craigie and Dana Wahlberg</i> |
| 3:00 – 4:00 pm | Statewide Emergency Communication Board Meeting – (Terry Haws Exhibit Hall) | | | | | | |
| 4:00 – 6:00 pm | Statewide Emergency Communication Board Meet and Greet - (Terry Haws Exhibit Hall) | | | | | | |
| 4:00 – 6:00 pm | Visit Inside Exhibits - (Terry Haws Exhibit Hall) | | | | | | |

Tuesday, April 24, 2018

| | |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7:00 – 8:00 am | Registration and Breakfast Buffet - (Terry Haws Exhibit Hall) |
| 7:45 – 8:00 am | Welcome – MC Jim Stromberg (ECN) |
| 8:00 – 9:20 am | Keynote: Emerging Technologies & Capabilities - (Terry Haws Exhibit Hall) <i>Ed Mills, Colorado Governor's Office of Information Technology</i> |


| | | | | | | | |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9:30 – 10:30 am Breakout Session C | 1C Vendor Session (Unication USA) How to Implement Paging on a P25 System <i>Vic Jensen</i> | 2C Drones: Field Uses and Data Considerations <i>Dave Thomson</i> | 3C Regional FirstNet Workshop <i>Melinda Miller, Rick Burke and Josh Jack</i> | 4C Interstate and Canadian Interoperability; Communicating Across Our Borders <i>Craig Marek, Brian Zastoupil and Marcus Bruning</i> | 5C (90 minute session) Reducing the Trauma and Drama Around Us: Understanding How We Are Wired <i>Jen McDonough</i> | 6C IPAWS for ICS <i>John Dooley</i> | 7C Update on ECN's Firewall Deployment Project <i>Dan Craigie and Mike Beagles</i> |
| 10:30 – 11:50 am | Break in Vendor Area – View Inside Exhibits - (Terry Haws Exhibit Hall) | | | | | | |
| 12:00 – 1:30 pm | Lunch and Keynote: As We Look for Critical-Communications Answers, Let's Make Sure We Are Asking the Right Questions – (Terry Haws Exhibit Hall) <i>Donny Jackson, IWCE Urgent Communications</i> | | | | | | |
| 1:40 - 2:40 pm Breakout Session D | 1D Vendor Session (Motorola Solutions) Journey to LMR+LTE Convergence <i>David Dombrowski</i> | 2D IPAWS: What Now! Testing, Training and Documentation <i>John Dooley</i> | 3D FirstNet Adoption <i>Melinda Miller and Sandra Wendelken</i> | 4D Using LTE for 9-1-1 Call Delivery to the PSAP <i>Dan Craigie, Matt Dagostino, Michael Fletcher and Andy Sackreiter</i> | 5D/5E (2 hour session) Motorola APX Advanced Programming <i>Nate Timm and Brandon Larson</i> | 6D Tribal Government Round Table <i>Robin Beatty, Jim Jarvis and Chad Steffen</i> | 7D CPE as a Service for Minnesota PSAPs <i>Dana Wahlberg, Joe Fick, John Olsen and Bill Wiswell</i> |
| 2:50 – 3:50 pm Breakout Session E | 1E Vendor Session (AVIAT Networks) Microwave in the LTE/5G Era <i>Said Jilani</i> | 2E CAD-to-CAD Interoperability <i>Julie Heimkes</i> | 3E Applications <i>Rick Burke and Josh Jack</i> | 4E Alex Tech-Online Training Update (Including FirstNet Initiatives) <i>Linda Muchow</i> | | 6E The National 9-1-1 Office and the Transition to NG9-1-1 <i>Jason Horning and Sherri Griffith Powell</i> | 7E Cybersecurity in the PSAP <i>Dan Craigie</i> |
| 4:00 – 5:00 pm Breakout Session F | 1F Vendor Session (AT&T) FirstNet Initiative <i>Shane Olsen, Matt Fletcher and Andy Sackreiter</i> | 2F The Real Text-to-9-1-1 <i>Dustin Leslie, Sherri Griffith Powell, Heidi Hieserich, Al Fjerstad, Christopher Muller, Amber Schindeldecker</i> | 3F FirstNet Developer Program – Application Innovation and Hackathons <i>Tim Pierce</i> | 4F ASTRO Infrastructure Offering Updates and MTUG Meeting <i>Dave Dombrowski and Jake Thompson (4:00 to 6:00 p.m.)</i> | 5F INTD, INCM, RADO, AECS and TERT <i>Troy Tretter, Jim Jarvis, Dan Anderson and Alan Choutka</i> | 6F IPAWS Committee Meeting <i>John Dooley</i> | 7F Minnesota Shared Services Panel Discussion <i>Cathy Anderson, Steve Olson, Judy Diehl, Mark Mather, Bill Wiswell, John Olsen, Jason Matthias and Dave Thomson</i> |
| Dinner On Your Own | | | | | | | |

Wednesday, April 25, 2018

| | | |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7:00 – 8:00 am | Breakfast Buffet – (Kelly Inn: Grand Ballroom) | |
| 8:00 – 9:30 am Breakout Session G | 6G Working in the Wilderness: Responding and Communicating in the BWCA and Remote Areas <i>Kurt Erickson and Rick Slatten</i> | 8G Case Study "Super Bowl 52" (Repeated 8H) <i>Sara Boucher-Jackson, Troy Tretter, Rod Olson, Dan Anderson, Jim Stromberg and Andrew LaVenture</i> |
| 9:30 – 9:40 am | Break | |
| 9:40 - 11:10 am Breakout Session H | 6H Virgin Islands / Puerto Rico <i>Stefanie Horvath and Jim Jarvis</i> | 8H Case Study "Super Bowl 52"(Repeated 8G) <i>Sara Boucher-Jackson, Troy Tretter, Rod Olson, Dan Anderson, Jim Stromberg and Andrew LaVenture</i> |
| 11:15 am-12:45 pm | Lunch and Keynote Wrap-Up: Public Safety in the IoT Age (Kelly Inn: Grand Ballroom) <i>Craig Coale, Cisco Systems Smart Communities Organization</i> | |
| 1:00 - 2:00 pm | Minnesota Public Safety Conference Advisory Group Committee Meeting – (Kelly Inn: Board Room) | |
| 1:00 – 2:30 pm | Central Regional EMAC Committee (Kelly Inn: University A) | |

| MINNESOTA METRO REGION ICS205 INCIDENT, EVENT OR EXERCISE COMMUNICATIONS PLAN | | | INCIDENT/EVENT NAME | | DATE/TIME PREPARED | | OPERATIONAL PERIOD DATE/TIME | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------|------------------------------------------------------|------------------|----------------------------------------------------------------------------|------------------|------------------------------|------------------------------------|------------------------------------------------------------------------|
| | | | Scandia FD Retired Chief Jim Finnegan Funeral | | 7/17/19 1430 | | Thursday July 19 8AM to 2 PM | | |
| Line | Function (NET) <small>(COMMAND, TACTICAL, SUPPORT, AVE)</small> | Talkgroup/Channel/Phone | Assignment <small>(LAW, FIRE, EMS, 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 | WA Event 9 | Cmd / Staging | ARMER | | | | | Command and staging net - Washington County MN users |
| 2 | Command | STAC 5 (Minnesota) | Cmd / Staging | ARMER | | | | | Command and staging net - ARMER / MN fire agencies |
| 3 | Command | VCALL10 | Cmd / Staging | 155.7525 (N) | 156.7 | 155.7525 (N) | 156.7 | A | Command and staging net - VHF simplex for Wisconsin conventional users |
| 4 | Command | STAC 5 (Wisconsin) | Cmd / Staging | WISCOM | | | | | Command and staging net - state of WI VHF trunked network |
| 5 | | | | | | | | | |
| 6 | Tactical | SC OPS2 | FD Operations | ARMER | | | | | Internal Operations, Scandia FD |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | Support | Asst. Chief Bill Havener | | Cell | | | | | Funeral Planning/Prep/Logistics |
| 12 | Support | IC, Chief Mike Hinz | | Cell | | | | | Incident Commander |
| 13 | | | | | | | | | |
| 14 | Support | Polk County WI Dispatch | | Land Line | | | | | |
| 15 | Support | Washington County MN Dispatch | | Land Line | | | | | Washington County Dispatch |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| Washington County PSAP to set patch for operational period: Event 9 / ARMER STAC 5 / WISCOM STAC 5 / VCALL 10 (King site). Status Board reservations are complete. Radio net for command, staging, and procession coordination. STAC4 is in the MN zone on ARMER radios. | | | | | | | | | |
| COML: Nathan Timm AGENCY: Washington County Sheriff's Office PHONE: 651-764-5185 cell ; 651-430-7863 office EMAIL: nate.timm@co.washington.mn.us | | | | | INCIDENT/EVENT LOCATION | | | | |
| | | | | | Grandstrand Funeral Home, Osceola WI followed by Trollhaugen for gathering | | | | |

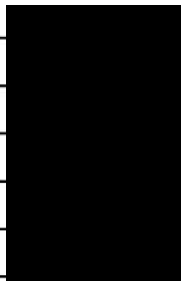
The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital or "M" indicating mixed mode. All channels are shown as if 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 METRO REGION ICS205 INCIDENT, EVENT OR EXERCISE COMMUNICATIONS PLAN | | | INCIDENT/EVENT NAME | | DATE/TIME PREPARED | | OPERATIONAL PERIOD DATE/TIME | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------|------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------|------------------|------------------------------|------------------------------------|---------------------------------------------------------------------------|
| | | | Stillwater Independence Day Celebration | | Rev2: 7/2/2018 1130 | | 7/4/18 1800-0000 | | |
| Line | Function (NET) <small>(COMMAND, TACTICAL, SUPPORT, AID)</small> | Talkgroup/Channel/Phone | Assignment <small>(LAW, FIRE, EMS, 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 | EVENT 10 | Event Main | ARMER | | | | | Main TG for July 4 Event - All Divisions. |
| 2 | Command | ME TAC6 | Event Main | ARMER | | | | | PATCHED TO EVENT 8 - ARMER interop, Washington PSAP |
| 3 | Command | VLA31 (KING) | Event Main | 155.475 - N | CSQ | 155.475 - N | 156.7 | A | PATCH - if needed for WI DNR or National Parks interop. Use King Site |
| 4 | | | | | | | | | |
| 5 | Tactical | MARINE 16 | River Interop | 156.800 - W | CSQ | 156.800 - W | CSQ | A | Hail river bridge or water craft. Marine1 zone in dual band radios |
| 6 | Tactical | BOSCOM | Talk Around | ARMER | | | | | Car to car for Bayport/Stillwater/Oak Park Heights. Not dispatch capable. |
| 7 | Dispatch | LE NORTH | Normal Law Ops | ARMER | | | | | Law main for non-event traffic |
| 8 | Dispatch | FIRE | Normal Fire Ops | ARMER | | | | | Fire main for non-event traffic |
| 9 | Tactical | SW OPS2 | Fire Ops | ARMER | | | | | Internal Fire Ops for Stillwater FD |
| 10 | Tactical | WPT | Water Patrol | ARMER | | | | | WCSO water traffic unrelated to event |
| 11 | | | | | | | | | |
| 12 | Support | IC Chief Stuart Glaser | | Cell | | | | | Incident Commander |
| 13 | Support | Captain Nate Meredith | | Cell | | | | | Law Command |
| 14 | Support | EMS Sup Matt Milder | | Cell | | | | | EMS Command |
| 15 | Support | WCSO Dispatch | | Land Line | | | | | Washington County Dispatch |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| WASHCO PSAP to set patch July 4 1700 hours: Washington Event 10 to Metro Tac6. If Wisconsin DNR or National Parks interop is needed, add VLA31 (King) to the patch. Status Board reservations are complete. VLA31 may be named "WISPERN" in Wisconsin Radios. | | | | | | | | | |
| COM1: Nathan Timm AGENCY: Washington County Sheriff's Office PHONE: 651-764-5185 cell ; 651-430-7863 office EMAIL: nate.timm@co.washington.mn.us | | | | | Revision 2  | | | | |
| | | | | | INCIDENT/EVENT LOCATION | | | | |
| | | | | | Command Post: Stillwater City Hall, 216 4th Street North. | | | | |

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 METRO REGION ICS205 INCIDENT, EVENT OR EXERCISE COMMUNICATIONS PLAN | | | INCIDENT/EVENT NAME | | DATE/TIME PREPARED | | OPERATIONAL PERIOD DATE/TIME | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------|------------------------------------------------------|------------------|--------------------------------------------------|------------------|------------------------------|------------------------------------|------------------------------------------------------------------------------|
| | | | St. Croix Crossing Opening Ceremony | | 7/25/17 1400 | | 8/2/17 0800-1400 | | |
| Line | Function (NET) <small>(COMMAND, TACTICAL, SUPPORT, AIR)</small> | Talkgroup/Channel/Phone | Assignment <small>(LAW, FIRE, EMS, 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 | EVENT 8 | Event Main | ARMER | | | | | Main TG for Event - All Divisions. |
| 2 | Command | ME TAC8 | Event Main | ARMER | | | | | Metro Tac 8 for non Washco ARMER interop |
| 3 | Command | STAC 8 (WI) | Event Main | WISCOM | | | | | WISCOM STAC 8 for Wisconsin State Patrol / WI DOT interop |
| 4 | Command | MARC2 | Event Main | 151.280 - N | 136.5 | 151.280 - N | 136.5 | A | VHF Conventional patch for St. Croix County units, using station @ WCSO LEC |
| 5 | | | | | | | | | |
| 6 | Tactical | MARINE 16 | River Interop | 156.800 - W | CSQ | 156.800 - W | CSQ | A | Hail lift bridge or private water craft. Marine1 zone in WC dual band radios |
| 7 | Tactical | WPT | Water Patrol | ARMER | | | | | WCSO water traffic unrelated to event |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | Command | MSP Lt. Gensmer | | Cell Phone | | | | | Cell phone to Incident Command |
| 11 | Support | WCSO Dispatch | | Land Line | | | | | Washington County Dispatch |
| 12 | Support | St. Croix Command | | Land Line | | | | | St. Croix mobile command post / Houlton area. "MC1" |
| 13 | Support | St. Croix Dispatch | | Land Line | | | | | St. Croix County Dispatch |
| 14 | Support | MN State Patrol Dispatch | | Land Line | | | | | MN State Patrol Dispatch |
| 15 | Support | WI State Patrol Dispatch | | Land Line | | | | | WI State Patrol Dispatch |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| WCSO Dispatch will establish radio patches / Status Board. | | | | | | | | | |
| COML: Nathan Timm AGENCY: Washington County Sheriff's Office PHONE: 651-764-5185 cell ; 651-430-7863 office EMAIL: nate.timm@co.washington.mn.us | | | | | INCIDENT/EVENT LOCATION | | | | |
| | | | | | St. Croix Crossing bridge, Hwy 36 MN / Hwy 64 WI | | | | |

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 METRO REGION ICS205 INCIDENT, EVENT OR EXERCISE COMMUNICATIONS PLAN | | | INCIDENT/EVENT NAME | | DATE/TIME PREPARED | | OPERATIONAL PERIOD DATE/TIME | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------|------------------|------------------------------|------------------------------------|-----------------------------------|
| | | | Deputy Glaze Procession - Twin Cities to Rusk County | | 10/31/16 0930 (VERSION 2) | | 10/31/16 0900-1200 | | |
| Line | Function (NET) <small>(COMMAND, TACTICAL, SUPPORT, AIR)</small> | Talkgroup/Channel/Phone | Assignment <small>(LAW, FIRE, EMS, 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 | Tactical | ARMER LTAC4 | Operations | ARMER | | | | | Minnesota units |
| 2 | Tactical | WISCOM STAC4 | Operations | WISCOM | | | | | Wisconsin State Patrol / WI Units |
| 3 | Tactical | VLAW31 | Operations | 155.475 N | 156.7 | 155.475 N | 156.7 | A | VHF simplex - Various Towers |
| 4 | | | | | | | | | (previously WISPERN in WI) |
| 5 | | | | | | | | | |
| 6 | Command |  | Command - MN | | | | | | Lt. Schroeffer MSP |
| 7 | Command | | Command - MN alternate | | | | | | MN State Patrol Dispatch |
| 8 | Command | | Command - WI | | | | | | Rusk County WI Dispatch |
| 9 | | | | | | | | | |
| 10 | Support | | Patching - MN | | | | | | Washington County MN |
| 11 | Support | | Patching - WI | | | | | | WSP Eau Claire Post Dispatch |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| Washington County MN has established the LTAC4 to Wiscom STAC4 patch and will also do the initial VLAW31 patch. WSP Eau Claire will move the VLAW31 to STAC4 patch as the procession moves to Rusk County. | | | | | | | | | |
| COML: Nathan Timm AGENCY: Washington County Sheriff's Office PHONE: 651-764-5185 cell ; 651-430-7863 office EMAIL: nate.timm@co.washington.mn.us | | | | | INCIDENT/EVENT LOCATION Minnesota Medical Examiner's office back to Rusk County. | | | | |

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 Communications Unit Standard Operating Guidelines Forms



November 30, 2017

COMU Position Recognition Application

This form is used to apply for, renew, or change status of Communications Unit (COMU) recognition.

Application Type:

Check the correct box:

- Applying for new recognition
- Renewing recognition
- Change recognition status (e.g. new employer, retirement, etc.)

Position

- Check only one position per application (unless changing status, then all applicable positions may be checked)

Demographics

- Name: Your full, legal name
- Certifying Agency: The agency providing Workers Compensation and other liability-related protections)
- County: If you serve in multiple counties, list them or write "multiple"
- ECB/ESB Region: List the ECB/ESB region in which you serve. If the state, write "state"
- 24/7 Telephone: Note the preferred number to reach you after business hours

Agency Certification

- This section *certifies* you to serve in a COMU position as an agent of your agency.
- This section assures an incident commander that the deployed person is covered by employment-related protections such as workers compensation and liability insurance.
- This section should be completed and signed by an authorized representative from your agency.

Submission

- The completed form should be submitted to the Emergency Communications/Services Board (ECB/ESB) region where recognition is requested.
- State employees may submit the form to the SWIC or to an ECB/ESB region. Regional recognition is necessary for inclusion on a regional team.

COMU Experience Record

Points

- Using the chart from the Standard Operating Guidelines (SOG), enter the number of points that you believe should be recorded for the event.

Date

- Enter the date or dates you provided the service or activity.

Summary

- Summarize the activity by providing information such as:
 - General Summary
 - Location
 - Activity – what specific role did you play at the event?
 - Participants – identify the main agencies participating in the event
 - Who Can Verify – who can verify your activities at the event (name & contact info)?

Submission

- The completed form should be submitted along with the *COMU Position Recognition Application* and supporting documents to the ECB/ESB region where recognition is requested. State employees may submit the form to the SWIC or to an ECB/ESB region.

COMU Position Recognition Application

Application Type:

☒ Initial Application

☐ Renewal

☐ Change of Status

Position (check only one unless changing status):

☐ COML

☐ COMT

☐ INCM

☐ INTD

☐ RADO

☒ AECS

Name

(Last, First Middle) Timm, Nathan Houston

Certifying

Agency Washington County Sheriff's Office

County

Washington

ECB/ESB

Region

Metro

Agency Address 15015 62nd St N, Stillwater MN 55082

24/7

Telephone 651-764-5185

Business

Telephone 651-430-7863

Email Address nate.timm@co.washington.mn.us

Signature



Date 9/6/2018

Agency Certification (this section must be completed even if PTB Agency Certification form was completed)

The above named individual seeking state recognition for the above identified COMU position(s) is recognized by the above named agency in that COMU position. The person serves the agency as a paid employee or as a volunteer but, in either case, is recognized as an employee for the purposes of Workers Compensation, liability, and all other liability-related protections afforded employees of the agency, when activated for duty.

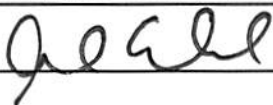
When the above named person serves in the COMU position(s), whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency.

Name & Title Commander Andrew Ellickson

Agency

Washington County Sheriff's Office

Signature



Date 9/6/2018

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region Metro

Signature

Date

COMU Subcommittee & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

AUXILIARY COMMUNICATIONS COURSE

Nathan Timm

Completed the Office of Emergency Communications
Auxiliary Communications Course during
17-18 March 2018 at the
Hennepin County Sheriff's Office
in Plymouth, Minnesota.



A handwritten signature in black ink, reading "Ronald T. Hewitt".

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

AUXILIARY COMMUNICATIONS TRAIN-THE-TRAINER COURSE

Nathan H. Timm

Completed the Office of Emergency Communications
Auxiliary Communications Train-the-Trainer Course
during 22-23 March, 2018 at the Hennepin County Sheriff's
Office in Plymouth, Minnesota



A handwritten signature in black ink, reading "Ronald T. Hewitt".

Ronald T. Hewitt
Director,

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

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Cut Along This Line

Cut Along This Line



UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION
AMATEUR RADIO LICENSE
KB0UXV

TIMM, NATHAN H

 INVER GROVE HEIGHTS, MN 55076

FCC Registration Number (FRN): 0014138192

Special Conditions / Endorsements

NONE

| Grant Date | Effective Date | Print Date | Expiration Date |
|------------|----------------|------------|-----------------|
| 10-22-2015 | 10-22-2015 | 10-22-2015 | 01-12-2026 |

| File Number | Operator Privileges | Station Privileges |
|-------------|---------------------|--------------------|
| 0006995913 | Amateur Extra | PRIMARY |

THIS LICENSE IS NOT TRANSFERABLE



 (Licensee's Signature)

FCC 660 - May 2007

Cut Along This Line

Licensee: This is your radio authorization in sizes suitable for your wallet and for framing. Carefully cut the documents along the lines as indicated and sign immediately upon receipt. They are not valid until signed.

The Commission suggests that the wallet size version be laminated (or another similar document protection process) after signing. The Commission has found under certain circumstances, laser print is subject to displacement.

Cut Along This Line

Cut Along This Line

Cut Along This Line


| Call Sign / Number | Grant Date | Expiration Date | File Number | Print Date | Effective Date |
|--------------------|------------|-----------------|-------------|------------|----------------|
| KB0UXV | 10-22-2015 | 01-12-2026 | 0006995913 | 10-22-2015 | 10-22-2015 |

Cut Along This Line

Cut Along This Line

Operator Privileges
 Amateur Extra

Station Privileges
 PRIMARY

TIMM, NATHAN H

 INVER GROVE HEIGHTS, MN 55076

AMATEUR RADIO LICENSE
 FCC Registration Number (FRN): 0014138192

Cut Along This Line

Cut Along This Line

THIS LICENSE IS NOT TRANSFERABLE

Special Conditions / Endorsements:
 NONE

 (Licensee's Signature)

FEDERAL COMMUNICATIONS COMMISSION

Cut Along This Line

Cut Along This Line

~~REDACTED~~

~~REDACTED~~

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

NATHAN H TIMM

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


IS-00100.c

Introduction to Incident Command System, ICS-100

Issued this 30th Day of August, 2018



0.2 IACET CEU



Steven P. Heidecker
Acting Deputy Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

NATHAN H TIMM

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


IS-00200.b

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

Issued this 10th Day of February, 2011



0.3 IACET CEU


Vilma Schifano Milmo
Superintendent (Acting)
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

NATHAN H TIMM

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

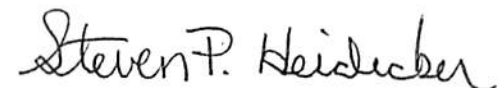
IS-00700.b

An Introduction to the National Incident Management Sys

Issued this 30th Day of August, 2018



0.4 IACET CEU



Steven P. Heidecker
Acting Deputy Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

NATHAN H TIMM

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

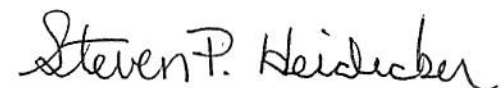
IS-00800.c

National Response Framework, An Introduction

Issued this 30th Day of August, 2018



0.3 IACET CEU



Steven P. Heidecker
Acting Deputy Superintendent
Emergency Management Institute



All-Hazards Auxiliary Emergency Communications Specialist (AECS)

Position Task Book

Task Book Assigned To:

Trainee's Name: Nate Timm

Trainee's Email Address: nate.timm@co.washington.mn.us

Home Agency: Washington County Sheriff's Office

Home Agency Phone Number: 651-430-7863

Task Book Initiated By:

Official's Name: Troy Tretter

Agency Official's Title: Radio Services Coordinator

Agency: Metropolitan Emergency Services Board

Agency Phone Number: 651-643-8398

Agency Address: 2099 University Ave West St. Paul, MN 55104

Date Initiated: 9/6/2018

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

Version 1.0
July 2018

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE
POSITION OF RADIO OPERATOR

FINAL EVALUATOR'S VERIFICATION

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

Final Evaluator's Signature  Date 9-5-18

Printed Name Troy Tretter

Title Radio Services Coordinator

Agency Metropolitan Emergency Services Board

Phone Number 651-643-8398 Email ttretter@mn-mesb.org

AGENCY CERTIFICATION

Per ARMER Standard 3.48.0: Communications Unit (COMU), completion of "Minnesota Communications Unit Standard Operating Guidelines Forms" is required and must be submitted with this Position Task Book in order to become Minnesota-recognized for this COMU position.

More information can be found at the Minnesota Division of Emergency Communication Network website at: <https://dps.mn.gov/divisions/ecn/> .

NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

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

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and varied activities such as Incidents, Planned Events, Functional Exercises (FE), Full Scale Exercises (FSE), Drills, Simulation, Classroom, or Daily Job functions (as specified in the task tables). It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated, and bullet statements within a task that require an action must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:**1. The Trainee is responsible for:**

- ☐ Fulfilling the pre-requisite requirements:¹Awareness of fundamental auxiliary communications technology
- ☐ Awareness of the ICS Communications Unit function
- ☐ Completion of IS-100.b, IS-200.b, IS-700.a, and IS-800.b and a DHS-recognized AUXCOMM course
- ☐ FCC Amateur Radio License
- ☐ Reviewing and understanding instructions in the PTB.
- ☐ Identifying desired objectives/goals.
- ☐ Providing background information to an evaluator.
- ☐ Requesting Agency Head to initiate the PTB; putting name on cover and second page, initials on subsequent pages.
- ☐ Satisfactorily demonstrating completion of all tasks for an assigned position within three years of the Date Initiated.
- ☐ Assuring the evaluation record is complete.
- ☐ Notifying their agency head when the PTB is completed, and obtaining their signature recommending certification.
- ☐ Keeping the original PTB in personal records.
- ☐ Providing copies of their completed PTB to the designated authorities within their home agency, jurisdiction, region, or state in accordance with applicable SOPs for recognition of Communications Unit (COMU) positions.

2. The Evaluator is responsible for:

- ☐ Being qualified and proficient in the position being evaluated, or higher ICS position (e.g. IC, COML, IDT, etc.).
- ☐ 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 Evaluation Record. Not all bullet points need to be achieved for the task to be completed. It will be a judgement call by the Evaluator whether the trainee has achieved the spirit of the task.
 - ☐ Completing an Evaluation Record found at the end of each PTB.
3. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. The **Agency Head** or designee 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.
 - ☐ Initiating 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.
 - ☐ Providing trainees the opportunity to attend the applicable training course(s).

Competency 1: General

| Task | Code | Evaluator # and Initials | Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| 1. Obtain and assemble information and materials for an AECS response kit prior to receiving an assignment, including critical items needed for the assignment over multiple operational periods. The following items are suggested as basic information and materials needed for a AECS response kit: <ul style="list-style-type: none">• ICS Forms• Office Supplies (e.g. clipboard, tape, paper, pencil, etc.)• First Aid Kit/Safety Gear• Multi-purpose tool/Flashlight• Clock/Watch/Cellphone & charger• Portable radio• Reference Documents (NIFOG, MNFOG, AUXFOG, Minnesota Section ARES Simplex Frequency Pool) | O | #1 T.M. | 1/25/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| 2. Obtain briefing from Communications Unit Leader (COML) or immediate supervisor and gain information on the following: <ul style="list-style-type: none"> • Incident name • Incident order/request number • Calling Channel/phone number • Reporting time/location • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio) | I | #1 T.B.T. 1/25/18 | 1/25/18 |
| 3. Arrive at assignment location and check in: <ul style="list-style-type: none"> • Arrive properly equipped at assigned location within acceptable time limits • Check in to the Incident with all required information <ul style="list-style-type: none"> • Order request # • Leader's name • Incident assignment, etc. | I | #1 T.B.T. | 1/25/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 3: Incident Activities

| Task | Code | Evaluator # and Initials | Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| 4. Obtain initial briefing from COML or immediate supervisor (Use an ICS 201 – Incident Briefing to gather information): <ul style="list-style-type: none"> • <i>Current resource commitments and expectations</i> • <i>Current situation</i> • <i>Expected duration of assignment</i> • <i>Operating procedures and policies (SOPs, etc.)</i> • <i>Task assignments</i> • <i>Work Schedule</i> • <i>Work Space</i> | I | #1 T.R. | 1/25/18 |
| 5. Initiate and maintain ICS Form 214 Activity Log, which may include <ul style="list-style-type: none"> • <i>Equipment locations</i> • <i>Medical evacuations</i> • <i>Personnel changes</i> • <i>Meetings attended/briefings</i> • <i>Personnel issues</i> | I | #1 T.R. | 1/26/18 |
| 6. Install AUXCOMM equipment per discussion with the COML <ul style="list-style-type: none"> • <i>Use appropriate/approved AUXCOMM equipment</i> • <i>Install/test all components of AUXCOMM equipment to ensure systems are operational</i> | I | #1 T.R. | 1/25/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------------------|
| 7. Assist in distribution of AUXCOMM equipment: <ul style="list-style-type: none"> Identify kinds and numbers of AUXCOMM equipment to be distributed to specific units according to the communications plan Maintain AUXCOMM equipment inventory to provide accountability Provide basic training as needed on equipment being fielded | I | #1 T.R.I. | 1/25/18- 2/5/18 |
| 8. Establish Auxiliary Communications area(s) of operation: <ul style="list-style-type: none"> Coordinate location with COML Locate away from radio frequency and electronic interference Keep away from generators (ensure noise exhaust is not in close proximity to the operations area) Obtain necessary supplies to function properly | I | #1 T.R.I. | 1/25/18 |
| 9. Demonstrate safety awareness: <ul style="list-style-type: none"> Identify location of First Aid kit and equipment Report, treat and document all injuries Identify and report potential risks | I | #1 T.R.I. | 1/25/18 |
| 10. Perform duties with the AUXCOMM area(s) of operation: <ul style="list-style-type: none"> Direct AUXCOMM radio/telephone traffic to proper destinations Document AUXCOMM radio/telephone traffic activities on appropriate ICS forms Follow established routing procedures for AUXCOMM messages Identify AUXCOMM system problems, both technical and operational, and determining appropriate solutions Set up a filing system for AUXCOMM documentation | I | #1 T.R.I. | 1/25/18- 2/5/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| 11. Use NIMS and ICS conventions: <ul style="list-style-type: none"> • Plain language • ICS terminology <ul style="list-style-type: none"> ○ Unit identification ○ Position titles ○ Resource naming • COMU organization chart | I | #1 / T.R.P. | 1/25/18 |
| 12. Coordinating resources: <ul style="list-style-type: none"> • Notify COML of personnel/equipment excess and deficiencies • Identify AUXCOMM resources as to capabilities, quantity, and location | I | #1 / T.R.P. | 1/26/18 |
| 13. Demonstrate ability to correctly interpret the following NIC approved ICS forms: <ul style="list-style-type: none"> • ICS 201 – Incident Briefing • ICS 205 – Incident Radio Communications Plan • ICS 205A – Communications List • Form 309 – Communications Log | I | #1 / T.R.P. | 1/25/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------------------|
| 14. Initiate and maintain accurate records of all AUXCOMM equipment: <ul style="list-style-type: none"> • Document geographic locations of AUXCOMM equipment and transfer of information to local maps (latitude/longitude, USNG) • Initiate and maintaining an accountability system for issuing AUXCOMM handheld and mobile radio resources • Keep records of AUXCOMM resources to ensure return to proper location | I | #1 T.P.C. | 1/25/18- 2/5/18 |
| 15. Demonstrate familiarity with basic AUXCOMM functions/capabilities: <ul style="list-style-type: none"> • Radio systems (e.g. Simplex, Conventional, Trunked) • Radio Nets (e.g. Tactical, Command, Logistics Nets, etc.) • Interoperability channels (e.g. local, regional, State, National) • Radio programming/cloning • Amateur HF • Amateur Digital Modes (DMR, D-Star) • Amateur Data (Winlink, fldigi) • GMRS • Citizens Band • Satellite Voice and Data • National Public Safety Broadband Network | I | #1 T.P.C. | 1/25/18- 2/5/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------------------|
| 16. Perform operational tests of AUXCOMM systems throughout the duration of the incident: <ul style="list-style-type: none"> Act decisively to minimize interruptions in system operations Identify and taking necessary actions to accomplish minor field repairs Plan for battery replacement | I | #1 T.B.L. | 1/25/18 - 2/5/18 |
| 17. Interact and coordinate with appropriate AUXCOMM operational personnel: <ul style="list-style-type: none"> Coordinate with COML regarding system coverage and needs Know what other AUXCOMM resources may be coming to the incident Participate in briefings and other planning meetings | I | #1 T.B.L. | 1/25/18 - 2/5/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 4: Demobilization

| Task | Code | Evaluator # and Initials | Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 18. Demobilize and check out: <ul style="list-style-type: none"> • Receive demobilization instructions by the COML • Briefing AUXCOMM subordinate staff on demobilization procedures and responsibilities • Complete required ICS form(s) and turning them in to the appropriate person • Document lost/damaged equipment on agency/organization specific (form(s) • Ensure that incident and agency/organization demobilization procedures are followed • Submit all required information to the COML | I | #1 [Signature] | 2/5/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

All-Hazard Auxiliary Emergency Communications Specialist

INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate pages provided to allow evaluations to be made during four separate occasions. These evaluations may be made on Incidents, Planned Events, Functional Exercises, Full Scale Exercises, Simulations, Drills, Classroom, or Daily Job functions (as specified in the Task tables). This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation pages are needed, they 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 END 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, preplanned 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

Nate Timm AECS
TRAINEE NAME **TRAINEE POSITION**

| Evaluation Record #1 | Evaluator's name: Troy Tretter | Evaluator's Title: Radio Services Coordinator | Evaluator's Agency: Metro Emergency Services Board | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|
| Evaluator's agency address: 2099 University Ave West, St. Paul MN 55104 | | | | |
| Evaluator's e-mail: ttretter@mn-mesb.org | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| Super Bowl 52 (Various agencies MN Metro Region) | National sporting event with community activities | Law, fire, and EMS resources; local, county, state, federal, and military resources. | Jan 25 2018 to Feb 5 2018 | Type 1 |
| <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: <u>Candidate performed roles of COMT and COML at this event.</u></p> | | | | |
| <p>Date: <u>9-5-18</u> Evaluator's initials: <u>T.T.T.</u></p> <p>Evaluator's relevant agency certification or rating: <u>COML & COMT</u></p> | | | | |

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluation Record #2 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| Evaluation Record #3 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluation Record #4 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| Evaluation Record #4 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

COMU Position Recognition Application

Application Type:

☐ Initial Application

☒ Renewal

☐ Change of Status

Position (check only one unless changing status):

☒ COML

☐ COMT

☐ INCM

☐ INTD

☐ RADO

☐ AECS

Name

(Last, First Middle)

Gillum, Butch (Donna) E

Certifying
Agency

CITY OF BLOOMINGTON POLICE

County

Hennepin

ECB/ESB
Region

METRO

Agency Address

1800 West Old Shakopee Rd BLOOMINGTON
MN-55431

24/7
Telephone

952-563-4900

Business
Telephone

Email Address

bgillum@BloomingtonMN.GOV

Signature

Butch Gillum

Date

9/7/2018

Agency Certification (this section must be completed even if PTB Agency Certification form was completed)

The above named individual seeking state recognition for the above identified COMU position(s) is recognized by the above named agency in that COMU position. The person serves the agency as a paid employee or as a volunteer but, in either case, is recognized as an employee for the purposes of Workers Compensation, liability, and all other liability-related protections afforded employees of the agency, when activated for duty.

When the above named person serves in the COMU position(s), whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency.

Name & Title

Laurene Draper, Civilian Services Manager

Agency

Bloomington Police Department

Signature

Laurene Draper

Date

9/7/18

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region

Signature

Date

COMU Subcommittee & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name
(Last, First Middle)

Gillum, Butch E

Agency

Bloomington

ECB/ESB
Region

Metro

Position:

☒ COML
☐ INTD

☐ COMT
☐ RADO

☐ INCM
☐ AECS

Detail activities below and attach supporting documents (use multiple lines or pages, as necessary).

| POINTS | DATE(S) | SUMMARY |
|--------|-----------|---------------------------------------------------------------------|
| | | (location, activity, participants, who can verify, general summary) |
| | 2017/2018 | Super Bowl LII COML and op Communications Planning Group |
| | 7/3/18 | Bloomington Summer Fete |
| | 7/3/17 | Bloomington Summer Fete |
| | 7/3/16 | Bloomington Summer Fete |
| | 2/22/16 | Mar of America Protest Black Clergy united for change |
| | 2/23/15 | Mar of America Protest ISIS |
| | | |
| | | |
| | | |
| | | |

I certify that I participated in the above activities.

Signature

Butch Gillum


Date:

9/7/2018

| ICS205 INCIDENT COMMUNICATIONS PLAN | | | Incident Name: MOA "Black Clergy United for Change" Protest | | Date/Time Prepared February 22, 2016 | Operational Period Date/Time February 22, 2016 12:00 - 17:00 | | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------|----------------------------------------------------------------|-----------------------------|-----------------------------------------|-------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------|
| # | Function | Dispatch Console Talkgroup/Channel Name or Phone # | Portable/Mobile Talkgroup/Channel Name or Fax # | Assignment | RX Freq N or W | TX Freq N or W | Mode A, D or M | Remarks |
| 1 | Event Common | ME TAC 4 | ME TAC 4 | Event Common | ARMER-800MHZ | ARMER-800MHZ | D | BPD, Metro Transit Police, Airport Police |
| 2 | | | | | | | | |
| 3 | MSP Airport Opps | ME TAC 3 | ME TAC 3 | Reserved for Airport | ARMER-800MHZ | ARMER-800MHZ | D | Contingency communications if protest moves to Airport property via lightrail |
| 4 | MSP Airport Opps | MSP 6 | | Craig Brekke - COML | | | | At Airport Comm Center for Airport Operations |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | Incident Command | Cell 9 | BLM 7206 | Dep Chief Mike Hartley | | | | Incident Commander |
| 8 | PIO | Cell 6 | BLM 7214 | Dep Chief Denis Otterness | | | | Public Information Officer |
| 9 | Exterior Command | Cell 9 | BLM 7171 | Cmdr Jeff Thibert | | | | Exterior Command |
| 10 | Tactical Operations | Cell | BLM 7162 | Cmdr Mark Stehlik | | | | Tactical Command |
| 11 | Assisting Tactical Operations | Cell 9 | BLM 7178 | Cmdr Kevin Herman | | | | Assisting Tactical Command |
| 12 | Booking - BPD Jail | Cell | BLM 7223 | Cmdr Kim Clauson | | | | Booking, BPD Jail Command |
| 13 | Arrest Command | Cell | BLM 7247 | Sgt Ben Calhoun | | | | Arrest/Support Tactical Command |
| 14 | MTPD Cordination | Cell | MTC CAR 4 | MTPD Captain Franklin | | | | Metro Transit Police Command |
| 15 | Cut Team - Decon | Cell | BFD Chief 2 | Asst Fire Chief Jay Forster | | | | Bloomington Fire Department will be on standby at the fire station |
| 16 | Medical | | | Bloomington PSAP | | | | Bloomington PSAP will contact Allina if needed |
| 17 | MOA Security | Cell | | MOA Major Doug Reynolds | | | | MOA Officer Command |
| | | | | | | | | |
| | | | | | | | | |
| Prepared By: Butch Gillum, Bloomington Police COML - CELL PHONE 952-292-0225 bgillum@BloomingtonMN.gov | | | | | | Incident Location: Mall of America 8100 24th Ave S Bloomington MN 55425 | | |

| ICS205 INCIDENT COMMUNICATIONS PLAN | | | Incident Name: BLOOMINGTON SUMMER FETE | | | Date/Time Prepared Tuesday June 28, 2016 | Operational Period Date/Time 7/3/2016 18:00 to 23:30 | |
|----------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------|--------------------------------------------------|----------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------|
| # | Function | Dispatch Console Talkgroup/Channel Name or Phone # | Portable/Mobile Talkgroup/Channel Name or Fax # | Assignment | RX Freq N or W | TX Freq N or W | Mode A, D or M | Remarks |
| 1 | COMMAND NET | H-BLM-SE2 | BLM-SE2 | Command Common | ARMER-800MHZ | ARMER-800MHZ | D | Bloomington Command Team Coordination |
| 2 | Event Common | H-BLM-SE1 | BLM-SE1 | Event Common | ARMER-800MHZ | ARMER-800MHZ | D | Primary Event Communication |
| 3 | Bloomington Swat | H-BLM-TAC | BLM-TAC | Swat | ARMER-800MHZ | ARMER-800MHZ | D | Swat team for display |
| 4 | Bloomington Fire | H-BLM-FIRE | BLM-FIRE | Fire/Rescue | ARMER-800MHZ | ARMER-800MHZ | D | Fire Department will monitor |
| 5 | Allina Ambulance | AHEMS-TAC 3 | AHEMS TAC 3 | EMS Common | ARMER-800MHZ | ARMER-800MHZ | D | EMS Coordination |
| 6 | Emergency Com | H-BLM-COM | CTYCOM | Weather Alerts | ARMER-800MHZ | ARMER-800MHZ | D | To be monitored by all for weather alerts |
| 7 | Commander Mark Stehlik | | CELL | EVENT IC | | | | Incident Commander |
| 8 | | | | | | | | |
| 9 | Bloomington Fire Chief | | CELL | Mike Ryan - Chief 4 | | | | Fire Command - Will be monitoring BLM-FIRE |
| 10 | Mobile command Post | | | Jeff Zieske - Dispatcher | ARMER-800MHZ | ARMER-800MHZ | D | Monitor H-BLM-SE1 |
| 11 | Allina Supervisor | | CELL | Jeff Lanenberg | | | | EMS Command |
| 12 | ** Allina CP ** | | | | | | | Allina Mobile Command located by BPD CP |
| 13 | | | | | | | | |
| 14 | SUPPORT NET | HV-FOXTROT | | Bloomington Communications Group RoverTeams | 146.4750 W | 146.4750 W | A | Primary talkpath for BCG amateur radio operations rover teams to COMM Van |
| 15 | SUPPORT NET | TCLV-11 | | Bloomington Communications Group Backup | 147.0900 W | 147.6900 W | A | Backup talkpath for BCG amateur radio operations rover teams / Comm Van |
| 16 | SUPPORT NET | METPH-4 | METPH-4 | CERT | ARMER-800MHZ | ARMER-800MHZ | D | Community Emergency Response Team |
| 17 | | | | | | | | |
| Prepared By: Butch Gillum, Bloomington Police and Fire. COML C-952-292-0225 bgillum@BloomingtonMN.gov | | | | | | Incident Location: Normandale Lake Activite Center - North Lot 5901 West 84th St. Bloomington MN 55438 | | |

| ICS205 INCIDENT COMMUNICATIONS PLAN | | | Incident Name: BLOOMINGTON SUMMER FETE | | | Date/Time Prepared Tuesday June 26, 2017 | Operational Period Date/Time 7/3/2017 18:00 to 23:30 | |
|----------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------|
| # | Function | Dispatch Console Talkgroup/Channel Name or Phone # | Portable/Mobile Talkgroup/Channel Name or Fax # | Assignment | RX Freq N or W | TX Freq N or W | Mode A, D or M | Remarks |
| 1 | COMMAND NET | H-BLM-SE2 | BLM-SE2 | Command Common | ARMER-800MHZ | ARMER-800MHZ | D | Bloomington Command Team Coordination |
| 2 | Event Common | H-BLM-SE1 | BLM-SE1 | Event Common | ARMER-800MHZ | ARMER-800MHZ | D | Primary Event Communication |
| 3 | | | | | | | | |
| 4 | Bloomington Fire | H-BLM-FIRE | BLM-FIRE | Fire/Rescue | ARMER-800MHZ | ARMER-800MHZ | D | Fire Department will monitor |
| 5 | Allina Ambulance | AHEMS-TAC 3 | AHEMS TAC 3 | EMS Common | ARMER-800MHZ | ARMER-800MHZ | D | EMS Coordination |
| 6 | Emergency Com | H-BLM-COM | CTYCOM | Weather Alerts | ARMER-800MHZ | ARMER-800MHZ | D | To be monitored by all for weather alerts |
| 7 | Commander Kevin Herman | | CELL | EVENT IC | | | | Incident Commander |
| 8 | | | | | | | | |
| 9 | Bloomington Fire Chief | | CELL | Brent Carlson - Chief 7 | | | | Fire Command - Will be monitoring BLM-FIRE |
| 10 | Police Mobile Command Post | | | # 222 - Doug Barland | ARMER-800MHZ | ARMER-800MHZ | D | Monitor H-BLM-SE1 |
| 11 | Allina Supervisor | | CELL | Jeff Lanenberg | | | | EMS Command |
| 12 | ** Allina CP ** | | | | | | | Allina Mobile Command located by BPD CP |
| 13 | | | | | | | | |
| 14 | SUPPORT NET | TCLV-11 | | Bloomington Communications Group Rover Teams | 147.0900 W | 147.6900 W | A | Primary talkpath for BCG amateur radio operations rover teams to COMM Van |
| 15 | SUPPORT NET | HV-FOXTROT | | Bloomington Communications Group Backup | 146.4750 W | 146.4750 W | A | Backup talkpath for BCG amateur radio operations rover teams / Comm Van |
| 16 | SUPPORT NET | METPH-4 | METPH-4 | CERT | ARMER-800MHZ | ARMER-800MHZ | D | Community Emergency Response Team |
| 17 | | | | | | | | |
| Prepared By: Butch Gillum, Bloomington Police and Fire. COML C-952-292-0225 bgillum@BloomingtonMN.gov | | | | | | Incident Location: Normandale Lake Activite Center - North Lot 5901 West 84th St. Bloomington MN 55438 | | |

| MINNESOTA METRO REGION ICS205 EVENT COMMUNICATIONS PLAN SUPER BOWL LI | | | | INCIDENT / EVENT NAME | | DATE / TIME PREPARED | | OPERATIONAL PERIOD DATE / TIME | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|-------------|--------------------------------|----------------------------------------------------------------------------------------------------------------|
| Line | Function (NET) (COMMAND, TACTICAL, SUPPORT, AIR) | Talkgroup/Channel/Phone | Assignment (LAW, FIRE, EMS, OTHER) | RX Freq (N or W) | RX Tone/MAC | TX Freq (N or W) | TX Tone/MAC | Mode (A, D or M) | Remarks |
| 1 | Command | STAC 3 | Unified Command | ARMER 800 MHz | | ARMER 800 MHz | | D | Unified Command Command Post to Command Post |
| 2 | Tactical | H-BLM-SE1 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Primary Event Communication Dispatch responsibilities / patching if required. Fixed Posts and Roam Teams |
| 3 | Tactical | H-BLM TAC E | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | BPD Quick Response Force (QRF) Group |
| 4 | Tactical | H-BLM-SE2 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Traffic Control |
| 5 | Tactical | H-BLM-FIRE | Fire | ARMER 800 MHz | | ARMER 800 MHz | | D | Fire Department will monitor MCA channel |
| 6 | Tactical | | | | | | | | |
| 7 | Expansion | LTACSE | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | SWAT / QRF / SRT response |
| 8 | Expansion | STAC 2 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Aviation / Overwatch response |
| 9 | Expansion | STAC 4 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Aviation / Overwatch response |
| 10 | Expansion | METAC 5 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Civil Disturbance Group / Mobile Field Force response |
| 11 | Expansion | LTACGE | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Hazard Investigation Team (HIT) |
| 12 | Operations | LTACFE | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Field Intelligence Teams |
| 13 | Operations | METAC 4 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Counterfeit Merchandise Teams (CMT) |
| 14 | Support | METAC 12E | Communications | ARMER 800 MHz | | ARMER 800 MHz | | D | Dispatch / Command Post hailing / talk- around |
| 15 | Support | | Communications | Landline | | | | | Event COML Stationed at the MACC |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| FOUO | | | | | | | | | |
|  COML: Butch Gillum PHONE: 952-292-0225 (cell) EMAIL: bgillum@BloomingtonMN.gov COML Coordinator (COMC): Sara Boucher-Jackson | | | | INCIDENT / EVENT LOCATION Mail of America Radisson Blu Hotel JW Marriott Bloomington, MN 55425 | | | | | |

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 "V" 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 METRO REGION ICS205 EVENT
COMMUNICATIONS PLAN SUPER BOWL LII**

INCIDENT/ EVENT NAME

DATE/TIME PREPARED

OPERATIONAL PERIOD DATE/TIME

REV D

| Line | Function (NET) (COMMAND, TACTICAL, SUPPORT, AIR) | Talkgroup/Channel/Phone | Assignment (LAW, FIRE, EMS, OTHER) | RX Freq (N or W) | RX Tone/MAC | TX Freq (N or W) | TX Tone/MAC | Mode (A, D or M) | Remarks |
|------|--------------------------------------------------------|-------------------------|------------------------------------------|------------------|-------------|------------------|-------------|------------------------|----------------------------------------------------------|
| 1 | COMMAND | STAC 3 | Unified Command | ARMER 800 MHz | | ARMER 800 MHz | | D | Unified Command Command Post to Command Post |
| 2 | Tactical | H-BLM-PD | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | All MOA and Street Operations |
| 3 | Tactical | H-BLM-CH2 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Alternate to BLM-PD - Multiple Checks |
| 4 | Tactical | H-BLM-SE1 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | JW Marriott and Radisson Blu Hotels |
| 5 | Tactical | H-BLM-SE2 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Use as needed |
| 6 | Tactical | H-BLM TAC E | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | BPD Quick Response Force QRF |
| 7 | Tactical | H-BLM-TRAFFIC | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Traffic Control |
| 8 | Tactical | METAC 7 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Reserved for emergin events |
| 9 | Tactical | H-BLM-FIRE | Fire | ARMER 800 MHz | | ARMER 800 MHz | | D | Fire Department will monitor |
| 10 | Expansion | STAC 2 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Team Escort HCSO / Aviation / Overwatch response |
| 11 | Expansion | STAC 4 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Team Escort HCSO / Aviation / Overwatch response |
| 12 | Expansion | METAC 5 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Civil Disturbance Group / Mobile Field Force response |
| 13 | Expansion | LTACSE | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | SWAT / QRF / SRT response |
| 14 | Expansion | LTACGE | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Hazard Investigation Team (HIT) |
| 15 | Operations | LTAC7E | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Field Intelligence Teams |
| 16 | Operations | METAC 4 | Law | ARMER 800 MHz | | ARMER 800 MHz | | D | Counterfeit Merchandise Teams (CMT) |
| 17 | | | | | | | | | |
| 18 | Support | METAC 12E | Communications | ARMER 800 MHz | | ARMER 800 MHz | | D | Dispatch / Command Post hailing / talk- around |
| 19 | Support | Cmdr Mark Stehli | | Cell Phone | | | | | MOA Operations |
| 20 | Support | Cmdr Jeff Thibert | | Cell Phone | | | | | Hotel Operations |
| 21 | Support | Bloomington Dispatch | | Landline | | | | | PSAP Operations |
| 22 | Support | | Communications | Landline | | | | | Event COML Stationed at the MACC |

SPECIAL INSTRUCTIONS:

Normal BPD operations, COI assignments and MOA operations will be on BLM-PD talk group. Alternate main will be BLM-CH2

COM1: Butch Gillum

PHONE: 952-292-0225 (cell)

EMAIL: bgillum@bloomingtonmn.gov

COML Coordinator (COMC): Sara Boucher-Jackson

INCIDENT/ EVENT LOCATION

Mail of America
Radisson Blu Hotel
JW Marriott
Bloomington, MN 55425



The com1 SUPER BOWL LII logo is 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 "W" indicating mixed mode. All channels are shown as "1" programmed in a talkgroup station, mobile or portable radio. Repeater and base stations must be programmed with the tx and rx reversed. (MCSB Version 1.0, 11/2015)

MINNESOTA METRO REGION ICS 205A

COMMUNICATIONS LIST SUPER BOWL LII

| | | | |
|------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------|--|
| Group Name | | Operational Period | |
| Bloomington MOA/Hotels | | 0700-1900 Daily | |
| Basic Local Communications Information: | | | |
| Incident Assigned Position | Name (Alphabetized) | Method(s) of Contact phone, pager, cell, email, etc. | |
| COML/COMC | Sara Boucher-Jackson | [REDACTED] | |
| | | sara.boucher-jackson@minneapolismn.gov | |
| | | 612-673-5912 desk | |
| MOA Commons | Day Commander Bloomington Police Cmdr Mark Stehlik | Cell - [REDACTED] SHIFT 0900-2200 | |
| | | mstehlik@BloomingtonMN.gov | |
| | | Desk - 952-563-8703 Dispatch 952-888-4401 | |
| Hotel and Patrol Commander | Day Commander Bloomington Police Cmdr Mike Utecht | Cell - [REDACTED] | |
| | | mutecht@BloomingtonMN.gov | |
| | | Desk - 952-563-4796 Dispatch 952-888-4401 | |
| Radisson Blu | Day Watch Bloomington Police Sgt Damon Bitney | Cell - [REDACTED] | |
| | | dbitney@BloomingtonMN.gov | |
| | | Desk - 952-563-8639 Dispatch 952-888-4401 | |
| JW Marriot | Day Watch Bloomington Police Sgt Ben Calhoun | Cell - [REDACTED] | |
| | | bcalhoun@BloomingtonMN.gov | |
| | | Desk - 952-563-8547 Dispatch 952-888-4401 | |
| Dispatch Supervisor | Jim Scanlon 1200-2400 | Cell - [REDACTED] | |
| | | jscanlon@BloomingtonMN.gov | |
| | | Desk - 952-563-8805 Dispatch 952-888-4401 | |
| COML | Butch Gillum 0700-1500 | Cell - [REDACTED] | |
| | | bgillum@BloomingtonMN.gov | |
| | | Desk - 952-563-4934 Dispatch 952-888-4401 | |
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| | | | |
| Prepared by: Butch Gillum | | Position/Title: COML | |
| ICS 205 A IAP Page | | Date/Time: 1/25/18 1330 | |
| Signature: _____ | | | |

MINNESOTA METRO REGION ICS 205A

COMMUNICATIONS LIST SUPER BOWL LII

| | | | |
|------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|
| Group Name | | Operational Period | |
| Bloomington MOA/Hotels | | 1900-0700 Daily | |
| Basic Local Communications Information: | | | |
| Incident Assigned Position | Name (Alphabetized) | Method(s) of Contact phone, pager, cell, email, etc. | |
| COML/COMC | Sara Boucher-Jackson | [REDACTED] | |
| | | sara.boucher-jackson@minneapolismn.gov | |
| | | 612-673-5912 desk | |
| MOA Commons | Night Commander Bloomington Police TBD | Cell - [REDACTED] ON CALL 2000-0700 | |
| | | mstehlik@BloomingtonMN.gov | |
| | | Desk - 952-563-8703 Dispatch 952-888-4401 | |
| Hotel and Patrol Commander | Night Commander Shift 1500-0300 Cmdr Jeff Thibert | Cell - [REDACTED] | |
| | | jthibert@BloomingtonMN.gov | |
| | | Desk - 952-563-4917 Dispatch 952-888-4401 | |
| Radisson Blu | Night Watch Bloomington Police Sgt Chris Yates | Cell - [REDACTED] | |
| | | cyates@BloomingtonMN.gov | |
| | | Desk - 952-563-4969 Dispatch 952-888-4401 | |
| JW Marriot | Night Watch Bloomington Police Sgt Nick Sassor | Cell - [REDACTED] | |
| | | nsassor@BloomingtonMN.gov | |
| | | Desk - 952-563-8638 Dispatch 952-888-4401 | |
| Dispatch Supervisor | Jim Scanlon 1200-2400 | Cell - [REDACTED] | |
| | | jscanlon@BloomingtonMN.gov | |
| | | Desk - 952-563-8805 Dispatch 952-888-4401 | |
| COML | Butch Gillum 0700-1500 | Cell - [REDACTED] | |
| | | bgillum@BloomingtonMN.gov | |
| | | Desk - 952-563-4934 Dispatch 952-888-4401 | |
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| | | | |
| Prepared by: Butch Gillum | | Position/Title: COML | Signature: |
| ICS 205 A IAP Page | Date/Time: 1/25/18 1330 | | |

| ICS205 INCIDENT COMMUNICATIONS PLAN | | | Incident Name: BLOOMINGTON SUMMER FETE | | | Date/Time Prepared Tuesday, July 03, 2018 | Operational Period Date/Time 7/3/2018 18:00 to 23:30 | |
|----------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------|
| # | Function | Dispatch Console Talkgroup/Channel Name or Phone # | Portable/Mobile Talkgroup/Channel Name or Fax # | Assignment | RX Freq N or W | TX Freq N or W | Mode A, D or M | Remarks |
| 1 | COMMAND NET | H-BLM-SE2 | BLM-SE2 | Command Common | ARMER-800MHZ | ARMER-800MHZ | D | Bloomington Command Team Coordination |
| 2 | Event Common | H-BLM-SE1 | BLM-SE1 | Event Common | ARMER-800MHZ | ARMER-800MHZ | D | Primary Event Communication |
| 3 | | | | | | | | |
| 4 | Bloomington Fire | H-BLM-FIRE | BLM-FIRE | Fire/Rescue | ARMER-800MHZ | ARMER-800MHZ | D | Fire Department will monitor |
| 5 | Allina Ambulance | AHEMS-TAC 3 | AHEMS TAC 3 | EMS Common | ARMER-800MHZ | ARMER-800MHZ | D | EMS Coordination |
| 6 | Emergency Com | H-BLM-COM | CTYCOM | Weather Alerts | ARMER-800MHZ | ARMER-800MHZ | D | To be monitored by all for weather alerts |
| 7 | Sgt Joe Spark | | CELL | EVENT IC | | | | Incident Commander |
| 8 | | | | | | | | |
| 9 | Bloomington Fire Chief | | | Tim Barrett | | | | Fire Command - Will be monitoring BLM-FIRE |
| 10 | Police Mobile Command Post | | | | ARMER-800MHZ | ARMER-800MHZ | D | Monitor H-BLM-SE1 |
| 11 | Allina Supervisor | | CELL | Jeff Lanenberg | | | | EMS Command |
| 12 | ** Allina CP ** | | | | | | | Allina Mobile Command located by BPD CP |
| 13 | | | | | | | | |
| 14 | SUPPORT NET | BLW.LOCALRPTR | | Bloomington Communications Group Rover Teams | 442.1500 W | 442.1500 W | D | Primary talkpath for BCG amateur radio operations rover teams to COMM Van |
| 15 | SUPPORT NET | DMRPLX | | Bloomington Communications Group Backup | 446.0750 W | 446.0750 W | D | Backup talkpath for BCG amateur radio operations rover teams / Comm Van |
| 16 | SUPPORT NET | METPH-4 | METPH-4 | CERT | ARMER-800MHZ | ARMER-800MHZ | D | Community Emergency Response Team |
| 17 | | | | | | | | |
| Prepared By: Butch Gillum, Bloomington Police and Fire. COML C-952-292-0225 bgillum@BloomingtonMN.gov | | | | | | Incident Location: Normandale Lake Activite Center - North Lot 5901 West 84th St. Bloomington MN 55438 | | |

| ICS205 INCIDENT COMMUNICATIONS PLAN | | | Incident Name: Bloomington Police MOA | | | Date/Time Prepared | Operational Period Date/Time | |
|--------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-------------------------------------------------|---------------------------------|----------------|----------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------|
| # | Function | Dispatch Console Talkgroup/Channel Name or Phone # | Portable/Mobile Talkgroup/Channel Name or Fax # | Assignment | RX Freq N or W | TX Freq N or W | Mode A, D or M | Remarks |
| 1 | Event Common | ME TAC 2 | ME TAC 2 | Event Common | ARMER-800MHZ | ARMER-800MHZ | D | Primary Event Communications |
| 2 | Scene Security | ME TAC 3 | ME TAC 3 | Law MA Agencies | ARMER-800MHZ | ARMER-800MHZ | D | Bloomington - FBI - HCSO |
| 3 | Steet Traffic Contol | ME TAC 4 | ME TAC 4 | Law MA Agencies | ARMER-800MHZ | ARMER-800MHZ | D | State Patrol - Eagan - Airport - Richfield - Eden Prairie - Edina |
| 4 | Law Staging | ME TAC 5 | ME TAC 5 | Law MA Agencies | ARMER-800MHZ | ARMER-800MHZ | D | Law Staging - North Parking lot |
| 5 | | | | | | | | |
| 6 | Bloomington Bomb | H-BLM-BOMB | BLM BOMB | Bomb Squad | ARMER-800MHZ | ARMER-800MHZ | D | Bloomington Bomb Squad Operations |
| 7 | ATF | ME TAC 6 | ME TAC 6 | ATF | ARMER-800MHZ | ARMER-800MHZ | D | ATF - Bomb Combined operations |
| 8 | | | | | | | | |
| 9 | Bloomington Swat | H-BLM-TAC | BLM TAC | SWAT | ARMER-800MHZ | ARMER-800MHZ | D | Bloomington SWAT Operations |
| 10 | HCSO Swat | H-TAC 6 | H-TAC 6 | MA SWAT TEAMS | ARMER-800MHZ | ARMER-800MHZ | D | Swat Combined Operations |
| 11 | | | | | | | | |
| 12 | Bloomington Fire | H-BF-TAC 3 | BF-TAC 3 | Fire/Rescue | ARMER-800MHZ | ARMER-800MHZ | D | Fire Department Operations |
| 13 | Fire Staging | H-FIRE-6 | H-FIRE-6 | Fire MA agencies | ARMER-800MHZ | ARMER-800MHZ | D | Fire Staging - East Parking Lot |
| 14 | Operations | H-FIRE-7 | H-FIRE-7 | Fire MA agencies | ARMER-800MHZ | ARMER-800MHZ | D | Division |
| 15 | Operations | H-FIRE-8 | H-FIRE-8 | Fire MA agencies | ARMER-800MHZ | ARMER-800MHZ | D | Division |
| 16 | | | | | | | | |
| 17 | Allina Ambulance | AL-TAC-3 | AL-TAC-3 | EMS Common | ARMER-800MHZ | ARMER-800MHZ | D | EMS Operations |
| 18 | Police Command | ██████████ | CELL | Bloom Police Chief Jeff Potts | | | | Police Command |
| 19 | INCIDENT PIO | ██████████ | CELL | Bloom Deputy Chief Mike Hartley | | | | PIO Officer |
| 20 | Fire-Rescue CMD | ██████████ | CELL | Bloom Fire Chief 1 Ulie Seal | | | | Fire Rescue Command |
| 21 | Allina Supervisor | ██████████ | CELL | Allina Sup - Jeff Lanenberg | | | | EMS Command |
| Prepared By: Butch Gillum, Bloomington Polce and Fire. COML - <u>CELL PHONE 952-292-0225</u> | | | | | | Incident Location: Mall of America 8100 24th Ave S Bloomington MN 55425 | | |

COMU Position Recognition Application

Application Type:

☒ Initial Application

☐ Renewal

☐ Change of Status

Position (check only one unless changing status):

☐ COML

☐ COMT

☐ INCM

☐ INTD

☐ RADO

☒ AECS

Name

(Last, First Middle)

Amundson Jeremy Duane

Certifying

Agency

Hennepin County Emergency management

County

Hennepin

ECB/ESB

Region

Agency Address

1600 Prairie Dr, Hamel, MN 55340

24/7

Telephone

Business

Telephone

Email Address

KD@BOC HCEM@outlook.com

Signature

Date

7-31-18

Agency Certification (this section must be completed even if PTB Agency Certification form was completed)

The above named individual seeking state recognition for the above identified COMU position(s) is recognized by the above named agency in that COMU position. The person serves the agency as a paid employee or as a volunteer but, in either case, is recognized as an employee for the purposes of Workers Compensation, liability, and all other liability-related protections afforded employees of the agency, when activated for duty.

When the above named person serves in the COMU position(s), whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency.

Name & Title

Don Anderson - Senior Coordinator - Public Warning & Communications

Agency

Hennepin County Emergency Management

Signature

Date

7/25/2018

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region

Signature

Date

COMU Subcommittee & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name
(Last, First Middle)

Agency

ECB/ESB
Region

Position:

☐ COML
☐ INTD

☐ COMT
☐ RADO

☐ INCM
☐ AECS

Detail activities below and attach supporting documents (use multiple lines or pages, as necessary).

| POINTS | DATE(S) | SUMMARY (location, activity, participants, who can verify, general summary) |
|--------|---------|--------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I certify that I participated in the above activities.

Signature

Date:



All-Hazards Auxiliary Emergency Communications Specialist (AECS)

Position Task Book

Task Book Assigned To:

Trainee's Name: Jeremy Duane Amundson
Trainee's Email Address: KDΦBOC-HCEM@outlook.com
Home Agency: Hennepin County Emergency Management
Home Agency Phone Number: [REDACTED]

Task Book Initiated By:

Official's Name: Daniel Anderson
Agency Official's Title: Senior Coordinator-Public Warning and Communications
Agency: Hennepin County Emergency Management
Agency Phone Number: [REDACTED]
Agency Address: 1600 Prairie Drive, Medina, MN 55340

Date Initiated: 7/24/2018

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

Version 1.0
July 2018

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE
POSITION OF RADIO OPERATOR

FINAL EVALUATOR'S VERIFICATION

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

Final Evaluator's Signature [Signature] Date 7/24/18

Printed Name Daniel Anderson

Title Senior Coordinator-Public Warning and Communications

Agency Hennepin County Emergency Management

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

AGENCY CERTIFICATION

Per ARMER Standard 3.48.0: Communications Unit (COMU), completion of "Minnesota Communications Unit Standard Operating Guidelines Forms" is required and must be submitted with this Position Task Book in order to become Minnesota-recognized for this COMU position.

More information can be found at the Minnesota Division of Emergency Communication Network website at: <https://dps.mn.gov/divisions/ecn/>.

NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

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

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and varied activities such as Incidents, Planned Events, Functional Exercises (FE), Full Scale Exercises (FSE), Drills, Simulation, Classroom, or Daily Job functions (as specified in the task tables). It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated, and bullet statements within a task that require an action must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Trainee** is responsible for:

- ☐ Fulfilling the pre-requisite requirements:¹Awareness of fundamental auxiliary communications technology
- ☐ Awareness of the ICS Communications Unit function
- ☐ Completion of IS-100.b, IS-200.b, IS-700.a, and IS-800.b and a DHS-recognized AUXCOMM course
- ☐ FCC Amateur Radio License
- ☐ Reviewing and understanding instructions in the PTB.
- ☐ Identifying desired objectives/goals.
- ☐ Providing background information to an evaluator.
- ☐ Requesting Agency Head to initiate the PTB; putting name on cover and second page, initials on subsequent pages.
- ☐ Satisfactorily demonstrating completion of all tasks for an assigned position within three years of the Date Initiated.
- ☐ Assuring the evaluation record is complete.
- ☐ Notifying their agency head when the PTB is completed, and obtaining their signature recommending certification.
- ☐ Keeping the original PTB in personal records.
- ☐ Providing copies of their completed PTB to the designated authorities within their home agency, jurisdiction, region, or state in accordance with applicable SOPs for recognition of Communications Unit (COMU) positions.

2. The **Evaluator** is responsible for:

- ☐ Being qualified and proficient in the position being evaluated, or higher ICS position (e.g. IC, COML, IDT, etc.).
- ☐ 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 Evaluation Record. Not all bullet points need to be achieved for the task to be completed. It will be a judgement call by the Evaluator whether the trainee has achieved the spirit of the task.
- ☐ Completing an Evaluation Record found at the end of each PTB.

3. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.

4. The **Agency Head** or designee 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.
- ☐ Initiating 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.
- ☐ Providing trainees the opportunity to attend the applicable training course(s).

Competency 1: General

| Task | Code | Evaluator # and Initials | Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|--------|
| 1. Obtain and assemble information and materials for an AECS response kit prior to receiving an assignment, including critical items needed for the assignment over multiple operational periods. The following items are suggested as basic information and materials needed for a AECS response kit: <ul style="list-style-type: none">• <i>ICS Forms</i>• <i>Office Supplies (e.g. clipboard, tape, paper, pencil, etc.)</i>• <i>First Aid Kit/Safety Gear</i>• <i>Multi-purpose tool/Flashlight</i>• <i>Clock/Watch/Cellphone & charger</i>• <i>Portable radio</i>• <i>Reference Documents (NIFOG, MNFOG, AUXFOG, Minnesota Section ARES Simplex Frequency Pool)</i> | O | #1 DDA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 2. Obtain briefing from Communications Unit Leader (COML) or immediate supervisor and gain information on the following: <ul style="list-style-type: none">• Incident name• Incident order/request number• Calling Channel/phone number• Reporting time/location• Transportation arrangements/travel routes• Contact procedures during travel (telephone/radio) | I | #1 DD | 2/7/18 |
| 3. Arrive at assignment location and check in: <ul style="list-style-type: none">• Arrive properly equipped at assigned location within acceptable time limits• Check in to the Incident with all required information<ul style="list-style-type: none">• Order request #• Leader's name• Incident assignment, etc. | I | #1 DD | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 3: Incident Activities

| Task | Code | Evaluator # and Initials | Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 4. Obtain initial briefing from COML or immediate supervisor (Use an ICS 201 – Incident Briefing to gather information): <ul style="list-style-type: none"> • <i>Current resource commitments and expectations</i> • <i>Current situation</i> • <i>Expected duration of assignment</i> • <i>Operating procedures and policies (SOPs, etc.)</i> • <i>Task assignments</i> • <i>Work Schedule</i> • <i>Work Space</i> | I | #1 DD | 2/4/18 |
| 5. Initiate and maintain ICS Form 214 Activity Log, which may include <ul style="list-style-type: none"> • <i>Equipment locations</i> • <i>Medical evacuations</i> • <i>Personnel changes</i> • <i>Meetings attended/briefings</i> • <i>Personnel issues</i> | I | #1 DD | 2/4/18 |
| 6. Install AUXCOMM equipment per discussion with the COML <ul style="list-style-type: none"> • <i>Use appropriate/approved AUXCOMM equipment</i> • <i>Install/test all components of AUXCOMM equipment to ensure systems are operational</i> | I | #1 DD | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 7. Assist in distribution of AUXCOMM equipment: <ul style="list-style-type: none"> Identify kinds and numbers of AUXCOMM equipment to be distributed to specific units according to the communications plan Maintain AUXCOMM equipment inventory to provide accountability Provide basic training as needed on equipment being fielded | I | #1 DPA | 2/4/18 |
| 8. Establish Auxiliary Communications area(s) of operation: <ul style="list-style-type: none"> Coordinate location with COML Locate away from radio frequency and electronic interference Keep away from generators (ensure noise exhaust is not in close proximity to the operations area) Obtain necessary supplies to function properly | I | #1 DPA | 2/4/18 |
| 9. Demonstrate safety awareness: <ul style="list-style-type: none"> Identify location of First Aid kit and equipment Report, treat and document all injuries Identify and report potential risks | I | #1 DPA | 2/4/18 |
| 10. Perform duties with the AUXCOMM area(s) of operation: <ul style="list-style-type: none"> Direct AUXCOMM radio/telephone traffic to proper destinations Document AUXCOMM radio/telephone traffic activities on appropriate ICS forms Follow established routing procedures for AUXCOMM messages Identify AUXCOMM system problems, both technical and operational, and determining appropriate solutions Set up a filing system for AUXCOMM documentation | I | #1 DPA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 11. Use NIMS and ICS conventions: <ul style="list-style-type: none"> • Plain language • ICS terminology <ul style="list-style-type: none"> ○ Unit identification ○ Position titles ○ Resource naming • COMU organization chart | I | #1 PPS | 2/4/18 |
| 12. Coordinating resources: <ul style="list-style-type: none"> • Notify COML of personnel/equipment excess and deficiencies • Identify AUXCOMM resources as to capabilities, quantity, and location | I | #1 PPS | 2/4/18 |
| 13. Demonstrate ability to correctly interpret the following NIC approved ICS forms: <ul style="list-style-type: none"> • ICS 201 – Incident Briefing • ICS 205 – Incident Radio Communications Plan • ICS 205A – Communications List • Form 309 – Communications Log | I | #1 PPS | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 14. Initiate and maintain accurate records of all AUXCOMM equipment: <ul style="list-style-type: none"> • Document geographic locations of AUXCOMM equipment and transfer of information to local maps (latitude/longitude, USNG) • Initiate and maintaining an accountability system for issuing AUXCOMM handheld and mobile radio resources • Keep records of AUXCOMM resources to ensure return to proper location | I | HI PDA | 2/4/18 |
| 15. Demonstrate familiarity with basic AUXCOMM functions/capabilities: <ul style="list-style-type: none"> • Radio systems (e.g. Simplex, Conventional, Trunked) • Radio Nets (e.g. Tactical, Command, Logistics Nets, etc.) • Interoperability channels (e.g. local, regional, State, National) • Radio programming/cloning • Amateur HF • Amateur Digital Modes (DMR, D-Star) • Amateur Data (Winlink, fldigi) • GMRS • Citizens Band • Satellite Voice and Data • National Public Safety Broadband Network | I | HI PDA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 16. Perform operational tests of AUXCOMM systems throughout the duration of the incident: <ul style="list-style-type: none"> Act decisively to minimize interruptions in system operations Identify and taking necessary actions to accomplish minor field repairs Plan for battery replacement | I | #1 PDS | 2/4/19 |
| 17. Interact and coordinate with appropriate AUXCOMM operational personnel: <ul style="list-style-type: none"> Coordinate with COML regarding system coverage and needs Know what other AUXCOMM resources may be coming to the incident Participate in briefings and other planning meetings | I | #1 PDS | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 4: Demobilization

| Task | Code | Evaluator # and Initials | Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 18. Demobilize and check out: <ul style="list-style-type: none">• <i>Receive demobilization instructions by the COML</i>• <i>Briefing AUXCOMM subordinate staff on demobilization procedures and responsibilities</i>• <i>Complete required ICS form(s) and turning them in to the appropriate person</i>• <i>Document lost/damaged equipment on agency/organization specific (form(s)</i>• <i>Ensure that incident and agency/organization demobilization procedures are followed</i>• <i>Submit all required information to the COML</i> | I | #1 JDA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

All-Hazard Auxiliary Emergency Communications Specialist

INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate pages provided to allow evaluations to be made during four separate occasions. These evaluations may be made on Incidents, Planned Events, Functional Exercises, Full Scale Exercises, Simulations, Drills, Classroom, or Daily Job functions (as specified in the Task tables). This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation pages are needed, they 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 END 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, preplanned 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.

Jeremy Duane Amundson ~~AECS~~ AECS

TRAINEE NAME

TRAINEE POSITION

| | | | |
|----------------------|-----------------------------------|----------------------------|-------------------------------------------------------------|
| Evaluation Record #1 | Evaluator's name: Dan Anderson | Evaluator's Title: COML | Evaluator's Agency: Hennepin County Emergency Management |
|----------------------|-----------------------------------|----------------------------|-------------------------------------------------------------|

Evaluator's agency address: 1600 Prairie Drive, Medina, MN

Evaluator's e-mail: dan.anderson@hennepin.us

| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| Super Bowl LII, Hennepin County Emergency Operations Center, 1600 Prairie Drive, Medina, MN | Planned Event | T3 MN | 1/26/2018-2/4/2018 | Type III |

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:

- ☒ The individual has successfully performed all tasks for the position and should be considered for certification.
- ☐ The individual was not able to complete certain tasks (comments below) or additional guidance is required.
- ☐ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.
- ☐ 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.

Comments: _____

Date: 7/24/19 Evaluator's initials: DA

Evaluator's relevant agency certification or rating: Type III COML

RECORD OF EVALUATION

TRAINEE NAME

TRAINEE POSITION

| Evaluation Record #2 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

TRAINEE NAME

TRAINEE POSITION

| Evaluation Record #3 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

TRAINEE NAME

TRAINEE POSITION

| Evaluation Record #4 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluation Record #4 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

AUXILIARY COMMUNICATIONS COURSE

Jeremy Amundson

Completed the Office of Emergency Communications
Auxiliary Communications Course during
17-18 March 2018 at the
Hennepin County Sheriff's Office
in Plymouth, Minnesota.



A handwritten signature in black ink, reading "Ronald T. Hewitt", written over a horizontal line.

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

REFERENCE COPY

This is not an official FCC license. It is a record of public information contained in the FCC's licensing database on the date that this reference copy was generated. In cases where FCC rules require the presentation, posting, or display of an FCC license, this document may not be used in place of an official FCC license.

14040 MAGNOLIA LN
DAYTON, MN 55327

NONE

| | | |
|------------|---------------|------------|
| 08-02-2017 | 08-02-2017 | 08-02-2017 |
| 0007875857 | Amateur Extra | |

Cut Along This Line

| | | | |
|---------------------------------------------------------------------------|---------------------------------|--------------------------------------|--------------------------------------------------|
| Call Sign / Number KD0BOC | Grant Date 08-02-2017 | Expiration Date 09-12-2027 | File Number 0007875857 |
| Operator Privileges Amateur Extra | | Station Privileges PRIMARY | Special Conditions / Endorsements NONE |
| AMUNDSON, JEREMY D 14040 MAGNOLIA LN DAYTON, MN 55327 | | | |
| AMATEUR RADIO LICENSE FCC Registration Number (FRN): 0016913287 | | | |

FCC 660 - May 2007

(Licensee's Signature)
FEDERAL COMMUNICATIONS COMMISSION

Cut Along This Line

Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

JEREMY D AMUNDSON

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

IS-00100.b

Introduction to Incident Command System

ICS-100

Issued this 30th Day of January, 2018



Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

JEREMY D AMUNDSON

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

IS-00200.b

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

Issued this 30th Day of January, 2018



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

Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

JEREMY D AMUNDSON

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

IS-00700.a

National Incident Management System (NIMS)

An Introduction

Issued this 26th Day of January, 2018



Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

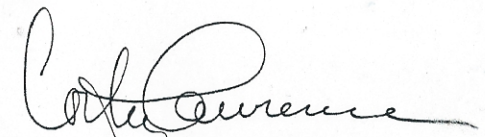
JEREMY D AMUNDSON

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 19th Day of February, 2010



Cortez Lawrence, PhD
Superintendent
Emergency Management Institute

COMU Position Recognition Application

Application Type:

☒ Initial Application

☐ Renewal

☐ Change of Status

Position (check only one unless changing status):

☐ COML

☐ COMT

☐ INCM

☐ INTD

☐ RADO

☒ AECS

Name

(Last, First Middle)

Hagen, James Ben

Certifying
Agency

Hennepin County Emergency Management

County

Hennepin

ECB/ESB
Region

MESB

Agency Address

1100 Prairie Drive

Medina, MN 55340

24/7

Telephone

612-272-3334

Business

Telephone

612-272-3334

Email Address

ajhem-hcem@outlook.com

Signature

James B Hagen

Date

29 July 2018

Agency Certification (this section must be completed even if PTB Agency Certification form was completed)

The above named individual seeking state recognition for the above identified COMU position(s) is recognized by the above named agency in that COMU position. The person serves the agency as a paid employee or as a volunteer but, in either case, is recognized as an employee for the purposes of Workers Compensation, liability, and all other liability-related protections afforded employees of the agency, when activated for duty.

When the above named person serves in the COMU position(s), whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency.

Name & Title

Don Anderson - Senior Coordinator - Public Warning & Communications

Agency

Hennepin County Emergency Management

Signature

Don Anderson

Date

7/25/2018

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region

Signature

Date

COMU Subcommittee & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name
(Last, First Middle)

Hagen James B

Agency

Hennepin County Emergency Mgmt

ECB/ESB
Region

MESB

Position:

☐ COML
☐ INTD

☐ COMT
☐ RADO

☐ INCM
☒ AECS

Detail activities below and attach supporting documents (use multiple lines or pages, as necessary).

| POINTS | DATE(S) | SUMMARY (location, activity, participants, who can verify, general summary) |
|--------|---------------|----------------------------------------------------------------------------------------------------|
| 3 | Oct 28, 2017 | Superbowl 52 Set - Assisted in planning and operating during the exercise. |
| | | Dan Anderson was COML and Supervisor |
| 3 | Dec. 2, 2017 | Superbowl 52 ReSet - As above - Dan Anderson - COML and Supervisor |
| 3 | Mar. 3, 2018 | Cert Skywarn Training - assisted in communication training for the class - Mike Oskand Supervised |
| | | ✓ Dan Anderson |
| 3 | April 7, 2018 | Cert Skywarn Training - As Above Dan Anderson : Mike Oskand Supervised |
| 3 | July 29, 2018 | Rogers REP Center Drill - Assisted in setting up and managing Aux. Communication for the exercise. |
| 3 | | Dan Anderson Supervised |
| | | |
| | | |

I certify that I participated in the above activities.

Signature

James B Hagen

Date: Aug 12, 2018



All-Hazards Auxiliary Emergency Communications Specialist (AECS)

Position Task Book

Task Book Assigned To:

Trainee's Name: JAMES B. HAGEN

Trainee's Email Address: ASDCM-HCEN@outlook.com

Home Agency: Hennepin County Emergency Management

Home Agency Phone Number: (612) 596-0250

Task Book Initiated By:

Official's Name: Daniel Anderson

Agency Official's Title: Senior Coordinator-Public Warning and Communications

Agency: Hennepin County Emergency Management

Agency Phone Number: (612) 596-0253

Agency Address: 1600 Prairie Drive, Medina, MN 55340

Date Initiated: 7/24/2018

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

Version 1.0
July 2018

**VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE
POSITION OF RADIO OPERATOR**

FINAL EVALUATOR'S VERIFICATION

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

Final Evaluator's Signature [Signature] Date 7/24/18

Printed Name Daniel Anderson

Title Senior Coordinator-Public Warning and Communications

Agency Hennepin County Emergency Management

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

AGENCY CERTIFICATION

Per ARMER Standard 3.48.0: Communications Unit (COMU), completion of "Minnesota Communications Unit Standard Operating Guidelines Forms" is required and must be submitted with this Position Task Book in order to become Minnesota-recognized for this COMU position.

More information can be found at the Minnesota Division of Emergency Communication Network website at: <https://dps.mn.gov/divisions/ecn/>.

NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

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

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and varied activities such as Incidents, Planned Events, Functional Exercises (FE), Full Scale Exercises (FSE), Drills, Simulation, Classroom, or Daily Job functions (as specified in the task tables). It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated, and bullet statements within a task that require an action must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Trainee** is responsible for:

- ☐ Fulfilling the pre-requisite requirements:¹Awareness of fundamental auxiliary communications technology
- ☐ Awareness of the ICS Communications Unit function
- ☐ Completion of IS-100.b, IS-200.b, IS-700.a, and IS-800.b and a DHS-recognized AUXCOMM course
- ☐ FCC Amateur Radio License
- ☐ Reviewing and understanding instructions in the PTB.
- ☐ Identifying desired objectives/goals.
- ☐ Providing background information to an evaluator.
- ☐ Requesting Agency Head to initiate the PTB; putting name on cover and second page, initials on subsequent pages.
- ☐ Satisfactorily demonstrating completion of all tasks for an assigned position within three years of the Date Initiated.
- ☐ Assuring the evaluation record is complete.
- ☐ Notifying their agency head when the PTB is completed, and obtaining their signature recommending certification.
- ☐ Keeping the original PTB in personal records.
- ☐ Providing copies of their completed PTB to the designated authorities within their home agency, jurisdiction, region, or state in accordance with applicable SOPs for recognition of Communications Unit (COMU) positions.

2. The **Evaluator** is responsible for:

- ☐ Being qualified and proficient in the position being evaluated, or higher ICS position (e.g. IC, COML, IDT, etc.).
- ☐ 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 Evaluation Record. Not all bullet points need to be achieved for the task to be completed. It will be a judgement call by the Evaluator whether the trainee has achieved the spirit of the task.
- ☐ Completing an Evaluation Record found at the end of each PTB.

3. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.

4. The **Agency Head** or designee 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.
- ☐ Initiating 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.
- ☐ Providing trainees the opportunity to attend the applicable training course(s).

Competency 1: General

| Task | Code | Evaluator # and Initials | Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 1. Obtain and assemble information and materials for an AECS response kit prior to receiving an assignment, including critical items needed for the assignment over multiple operational periods. The following items are suggested as basic information and materials needed for a AECS response kit: <ul style="list-style-type: none">• <i>ICS Forms</i>• <i>Office Supplies (e.g. clipboard, tape, paper, pencil, etc.)</i>• <i>First Aid Kit/Safety Gear</i>• <i>Multi-purpose tool/Flashlight</i>• <i>Clock/Watch/Cellphone & charger</i>• <i>Portable radio</i>• <i>Reference Documents (NIFOG, MNFOG, AUXFOG, Minnesota Section ARES Simplex Frequency Pool)</i> | O | #1 DDA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 2. Obtain briefing from Communications Unit Leader (COML) or immediate supervisor and gain information on the following: <ul style="list-style-type: none"> • Incident name • Incident order/request number • Calling Channel/phone number • Reporting time/location • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio) | I | #1 DD | 2/4/18 |
| 3. Arrive at assignment location and check in: <ul style="list-style-type: none"> • Arrive properly equipped at assigned location within acceptable time limits • Check in to the Incident with all required information <ul style="list-style-type: none"> • Order request # • Leader's name • Incident assignment, etc. | I | #1 DD | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 3: Incident Activities

| Task | Code | Evaluator # and Initials | Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 4. Obtain initial briefing from COML or immediate supervisor (Use an ICS 201 – Incident Briefing to gather information): <ul style="list-style-type: none"> • <i>Current resource commitments and expectations</i> • <i>Current situation</i> • <i>Expected duration of assignment</i> • <i>Operating procedures and policies (SOPs, etc.)</i> • <i>Task assignments</i> • <i>Work Schedule</i> • <i>Work Space</i> | I | #1 DDD | 2/4/18 |
| 5. Initiate and maintain ICS Form 214 Activity Log, which may include <ul style="list-style-type: none"> • <i>Equipment locations</i> • <i>Medical evacuations</i> • <i>Personnel changes</i> • <i>Meetings attended/briefings</i> • <i>Personnel issues</i> | I | #1 DDD | 2/4/18 |
| 6. Install AUXCOMM equipment per discussion with the COML <ul style="list-style-type: none"> • <i>Use appropriate/approved AUXCOMM equipment</i> • <i>Install/test all components of AUXCOMM equipment to ensure systems are operational</i> | I | #1 DDD | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 7. Assist in distribution of AUXCOMM equipment: <ul style="list-style-type: none"> Identify kinds and numbers of AUXCOMM equipment to be distributed to specific units according to the communications plan Maintain AUXCOMM equipment inventory to provide accountability Provide basic training as needed on equipment being fielded | I | #1 PPA | 2/4/18 |
| 8. Establish Auxiliary Communications area(s) of operation: <ul style="list-style-type: none"> Coordinate location with COML Locate away from radio frequency and electronic interference Keep away from generators (ensure noise exhaust is not in close proximity to the operations area) Obtain necessary supplies to function properly | I | #1 PPA | 2/4/18 |
| 9. Demonstrate safety awareness: <ul style="list-style-type: none"> Identify location of First Aid kit and equipment Report, treat and document all injuries Identify and report potential risks | I | #1 PPA | 2/4/18 |
| 10. Perform duties with the AUXCOMM area(s) of operation: <ul style="list-style-type: none"> Direct AUXCOMM radio/telephone traffic to proper destinations Document AUXCOMM radio/telephone traffic activities on appropriate ICS forms Follow established routing procedures for AUXCOMM messages Identify AUXCOMM system problems, both technical and operational, and determining appropriate solutions Set up a filing system for AUXCOMM documentation | I | #1 PPA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 11. Use NIMS and ICS conventions: <ul style="list-style-type: none"> • Plain language • ICS terminology <ul style="list-style-type: none"> ○ Unit identification ○ Position titles ○ Resource naming • COMU organization chart | I | #1 PAA | 2/4/18 |
| 12. Coordinating resources: <ul style="list-style-type: none"> • Notify COML of personnel/equipment excess and deficiencies • Identify AUXCOMM resources as to capabilities, quantity, and location | I | #1 PAA | 2/4/18 |
| 13. Demonstrate ability to correctly interpret the following NIC approved ICS forms: <ul style="list-style-type: none"> • ICS 201 – Incident Briefing • ICS 205 – Incident Radio Communications Plan • ICS 205A – Communications List • Form 309 – Communications Log | I | #1 PAA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 14. Initiate and maintain accurate records of all AUXCOMM equipment: <ul style="list-style-type: none"> • Document geographic locations of AUXCOMM equipment and transfer of information to local maps (latitude/longitude, USNG) • Initiate and maintaining an accountability system for issuing AUXCOMM handheld and mobile radio resources • Keep records of AUXCOMM resources to ensure return to proper location | I | #1 DDA | 2/4/18 |
| 15. Demonstrate familiarity with basic AUXCOMM functions/capabilities: <ul style="list-style-type: none"> • Radio systems (e.g. Simplex, Conventional, Trunked) • Radio Nets (e.g. Tactical, Command, Logistics Nets, etc.) • Interoperability channels (e.g. local, regional, State, National) • Radio programming/cloning • Amateur HF • Amateur Digital Modes (DMR, D-Star) • Amateur Data (Winlink, fldigi) • GMRS • Citizens Band • Satellite Voice and Data • National Public Safety Broadband Network | I | #1 DDA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 16. Perform operational tests of AUXCOMM systems throughout the duration of the incident: <ul style="list-style-type: none"> • Act decisively to minimize interruptions in system operations • Identify and taking necessary actions to accomplish minor field repairs • Plan for battery replacement | I | #1 DBA | 2/4/18 |
| 17. Interact and coordinate with appropriate AUXCOMM operational personnel: <ul style="list-style-type: none"> • <i>Coordinate with COML regarding system coverage and needs</i> • <i>Know what other AUXCOMM resources may be coming to the incident</i> • <i>Participate in briefings and other planning meetings</i> | I | #1 DBA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 4: Demobilization

| Task | Code | Evaluator # and Initials | Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 18. Demobilize and check out: <ul style="list-style-type: none">• <i>Receive demobilization instructions by the COML</i>• <i>Briefing AUXCOMM subordinate staff on demobilization procedures and responsibilities</i>• <i>Complete required ICS form(s) and turning them in to the appropriate person</i>• <i>Document lost/damaged equipment on agency/organization specific (form(s))</i>• <i>Ensure that incident and agency/organization demobilization procedures are followed</i>• <i>Submit all required information to the COML</i> | I | H1 PDD | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

All-Hazard Auxiliary Emergency Communications Specialist

INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate pages provided to allow evaluations to be made during four separate occasions. These evaluations may be made on Incidents, Planned Events, Functional Exercises, Full Scale Exercises, Simulations, Drills, Classroom, or Daily Job functions (as specified in the Task tables). This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation pages are needed, they 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 END 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, preplanned 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

JAMES B HAGEN

AECs

TRAINEE NAME

TRAINEE POSITION

| Evaluation Record #1 | Evaluator's name: Dan Anderson | Evaluator's Title: COML | Evaluator's Agency: Hennepin County Emergency Management | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|
| Evaluator's agency address: 1600 Prairie Drive, Medina, MN | | | | |
| Evaluator's e-mail: dan.anderson@hennepin.us | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| Super Bowl LII, Hennepin County Emergency Operations Center, 1600 Prairie Drive, Medina, MN | Planned Event | T3 MN | 1/26/2018-2/4/2018 | Type III |
| <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>Date: <u>7/24/18</u> Evaluator's initials: <u>DDA</u></p> <p>Evaluator's relevant agency certification or rating: <u>Type III COML</u></p> | | | | |

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluation Record #2 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

TRAINEE NAME

TRAINEE POSITION

| Evaluation Record #3 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |

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:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ 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.

Comments: _____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluation Record #4 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluation Record #4 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

AUXILIARY COMMUNICATIONS COURSE

James Hagen

Completed the Office of Emergency Communications Auxiliary
Communications Course during 8-9 October, 2016 at
Hennepin County Public Works in Medina, Minnesota



Ronald T. Hewitt

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



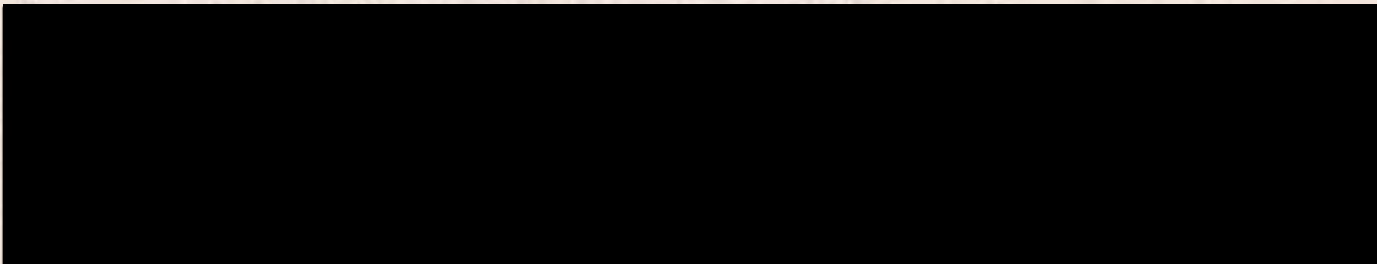
UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION



AMATEUR RADIO LICENSE

AJ0CM

HAGEN, JAMES B



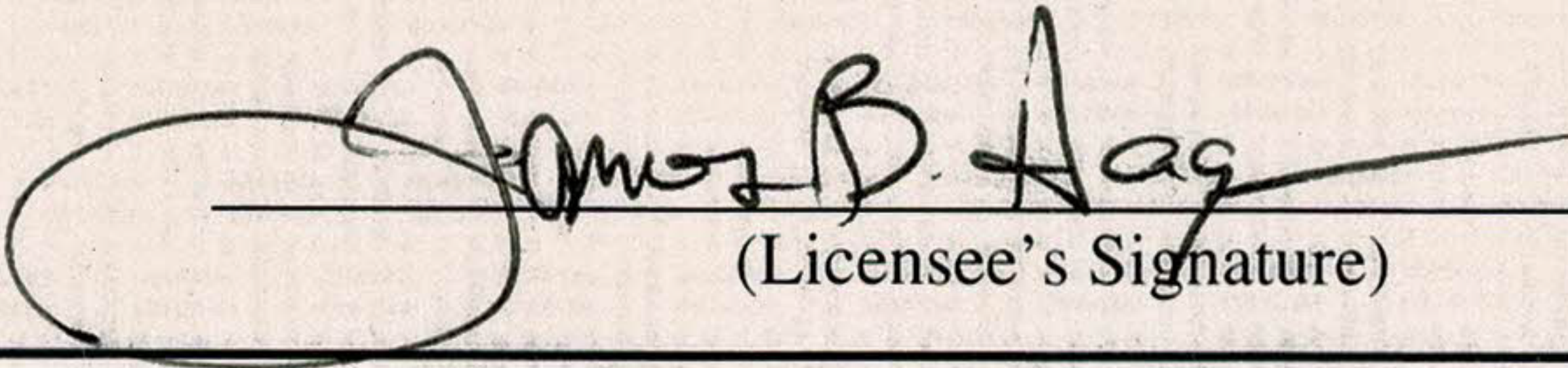
FCC Registration Number (FRN): 0022735310

Special Conditions / Endorsements

NONE

| Grant Date | Effective Date | Print Date | Expiration Date |
|-------------|---------------------|------------|--------------------|
| 08-27-2013 | 08-27-2013 | 08-27-2013 | 08-27-2023 |
| File Number | Operator Privileges | | Station Privileges |
| 0005887590 | Amateur Extra | | PRIMARY |

THIS LICENSE IS NOT TRANSFERABLE


(Licensee's Signature)

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

JAMIES HAGEN

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

IS-00100.b

Introduction to Incident Command System

ICS-100

Issued this 1st Day of January, 2015



Tony Russell

Superintendent

Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

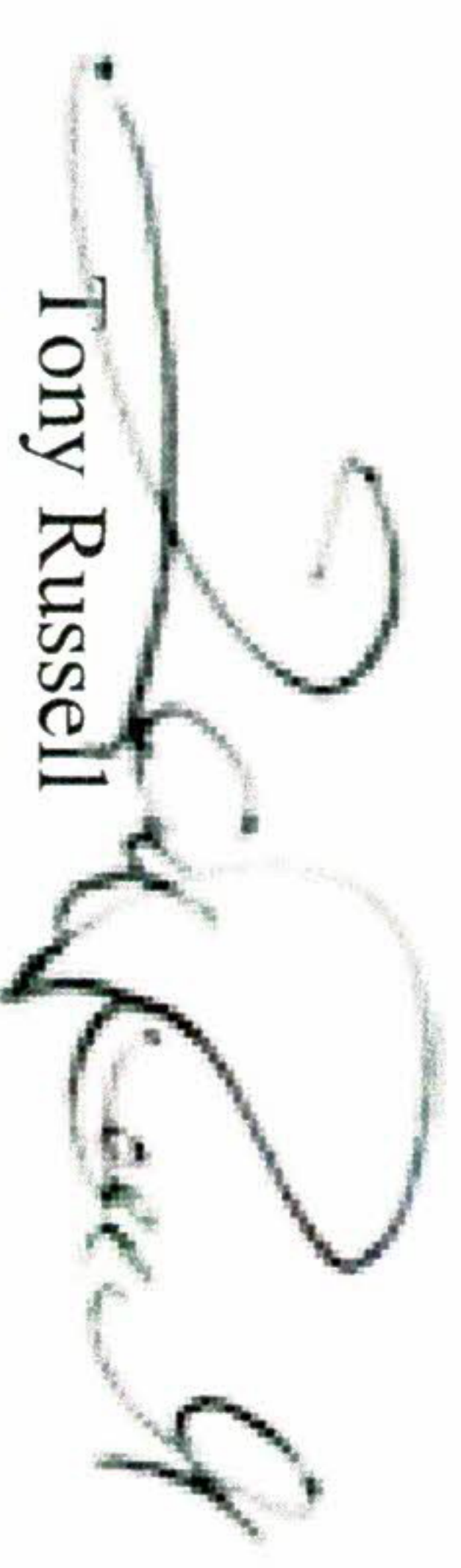
JAMES HAGEN

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

IS-00200.b

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

Issued this 11th Day of January, 2015



Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

JAMES HAGEN

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

IS-00700.a

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

Issued this 8th Day of February, 2015



Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

JAMES HAGEN

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 22nd Day of February, 2015



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

Tony Russell
Superintendent
Emergency Management Institute

COMU Position Recognition Application

Application Type:

☒ Initial Application

☐ Renewal

☐ Change of Status

Position (check only one unless changing status):

☐ COML

☐ COMT

☐ INCM

☐ INTD

☐ RADO

☐ AECS

Name

(Last, First Middle) Ostlund, Michael, John

Certifying
Agency

Hennepin County Emergency Management

County

Hennepin

ECB/ESB
Region

Metro

Agency Address 1600 Prairie Drive - Medina, MN 55340

24/7

Telephone

612.839.6501

Business

Telephone

Email Address

michael.ostlund@hennepin.us

Signature



Date

26 JUL 2018

Agency Certification (this section must be completed even if PTB Agency Certification form was completed)

The above named individual seeking state recognition for the above identified COMU position(s) is recognized by the above named agency in that COMU position. The person serves the agency as a paid employee or as a volunteer but, in either case, is recognized as an employee for the purposes of Workers Compensation, liability, and all other liability-related protections afforded employees of the agency, when activated for duty.

When the above named person serves in the COMU position(s), whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency.

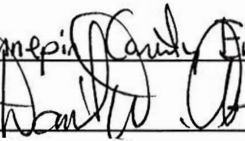
Name & Title

Don Anderson - Senior Coordinator - Public Warning & Communications

Agency

Hennepin County Emergency Management

Signature



Date

7/25/2018

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region

Signature

Date

COMU Subcommittee & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name
(Last, First Middle) Ostlund, Michael, John

Agency Hennepin County Emergency Management ECB/ESB
Region Metro

Position:

☐ COML

☒ COMT

☐ INCM

☐ INTD

☐ RADO

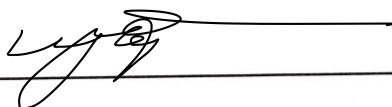
☐ AECS

Detail activities below and attach supporting documents (use multiple lines or pages, as necessary).

| POINTS | DATE(S) | SUMMARY (location, activity, participants, who can verify, general summary) |
|--------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 26 DEC 2017 -to- 04 FEB 2018 | Served as COMC (Communicaitons Coordinator) HCEM Operations of Super Bowl LII (52) in the Twin Cities. Worked with various volunteers and other HCEM Staff during the operational periods. Dan Anderson was my supervisor |
| | 01 SEP 2017 -to- 26 DEC 2017 | Worked with HCEM Staff and volunteers on planning for the Super Bowl LII Operations |
| | 24 MAR 2018 -and- 07 APR 2018 | Coordinated training Twin Cities Metro CERT Teams in Communications. This was part of the HCEM 2018 "CERT Training Days." Taught basic communications operations to volunteers. Created multiple ICS-205 forms. |
| | 28 OCT 2017 -and- 02 DEC 2017 | Planned and executed a SET (Simulated Emergency Test) with the HCEM AUXCOMM Team in support of SBLII. This was a chance to test our radio systems and protocols prior to SBLII. Also completed a "Re-Set" in December. |
| | Summer 2016-17 | Served as Communications Coordinator for various SMS Severe Wx Activations at HCEM. |
| | July 2016-17-18 | Served as Communications Coordinator / COMT for the Rogers REP Center exercise. Supported Communications for the MN HSEM REP Exercises. |
| | 11 AUG 2018 | Served as Deputy Incident Commander and Chief Planning Officer for Eagles Nest Fire Department Evacuation Exercise. Completed all planning and creation of ICS 205 forms. |
| | | |
| | | |
| | | |

I certify that I participated in the above activities.

Signature



Date: 30 JUL 2018



All-Hazards Auxiliary Emergency Communications Specialist (AECS)

Position Task Book

Task Book Assigned To:

Trainee's Name: Michael J. Carlson
Trainee's Email Address: Michael.Carlson@hennepin.us
Home Agency: Hennepin County Emergency Management
Home Agency Phone Number: (612) 596-0250

Task Book Initiated By:

Official's Name: Daniel Anderson
Agency Official's Title: Senior Coordinator-Public Warning and Communications
Agency: Hennepin County Emergency Management
Agency Phone Number: (612) 596-0253
Agency Address: 1600 Prairie Drive, Medina, MN 55340

Date Initiated: 7/24/2018

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

Version 1.0
July 2018

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE
POSITION OF RADIO OPERATOR

FINAL EVALUATOR'S VERIFICATION

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

Final Evaluator's Signature [Signature] Date 7/24/18

Printed Name Daniel Anderson

Title Senior Coordinator-Public Warning and Communications

Agency Hennepin County Emergency Management

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

AGENCY CERTIFICATION

Per ARMER Standard 3.48.0: Communications Unit (COMU), completion of "Minnesota Communications Unit Standard Operating Guidelines Forms" is required and must be submitted with this Position Task Book in order to become Minnesota-recognized for this COMU position.

More information can be found at the Minnesota Division of Emergency Communication Network website at: <https://dps.mn.gov/divisions/ecn/>.



NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

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

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and varied activities such as Incidents, Planned Events, Functional Exercises (FE), Full Scale Exercises (FSE), Drills, Simulation, Classroom, or Daily Job functions (as specified in the task tables). It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated, and bullet statements within a task that require an action must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Trainee** is responsible for:

- ☐ Fulfilling the pre-requisite requirements:¹Awareness of fundamental auxiliary communications technology
- ☐ Awareness of the ICS Communications Unit function
- ☐ Completion of IS-100.b, IS-200.b, IS-700.a, and IS-800.b and a DHS-recognized AUXCOMM course
- ☐ FCC Amateur Radio License
- ☐ Reviewing and understanding instructions in the PTB.
- ☐ Identifying desired objectives/goals.
- ☐ Providing background information to an evaluator.
- ☐ Requesting Agency Head to initiate the PTB; putting name on cover and second page, initials on subsequent pages.
- ☐ Satisfactorily demonstrating completion of all tasks for an assigned position within three years of the Date Initiated.
- ☐ Assuring the evaluation record is complete.
- ☐ Notifying their agency head when the PTB is completed, and obtaining their signature recommending certification.
- ☐ Keeping the original PTB in personal records.
- ☐ Providing copies of their completed PTB to the designated authorities within their home agency, jurisdiction, region, or state in accordance with applicable SOPs for recognition of Communications Unit (COMU) positions.

2. The **Evaluator** is responsible for:

- ☐ Being qualified and proficient in the position being evaluated, or higher ICS position (e.g. IC, COML, IDT, etc.).
- ☐ 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 Evaluation Record. Not all bullet points need to be achieved for the task to be completed. It will be a judgement call by the Evaluator whether the trainee has achieved the spirit of the task.
 - ☐ Completing an Evaluation Record found at the end of each PTB.
3. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. The **Agency Head** or designee 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.
 - ☐ Initiating 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.
 - ☐ Providing trainees the opportunity to attend the applicable training course(s).

Competency 1: General

| Task | Code | Evaluator # and Initials | Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 1. Obtain and assemble information and materials for an AECS response kit prior to receiving an assignment, including critical items needed for the assignment over multiple operational periods. The following items are suggested as basic information and materials needed for a AECS response kit: <ul style="list-style-type: none">• ICS Forms• Office Supplies (e.g. clipboard, tape, paper, pencil, etc.)• First Aid Kit/Safety Gear• Multi-purpose tool/Flashlight• Clock/Watch/Cellphone & charger• Portable radio• Reference Documents (NIFOG, MNFOG, AUXFOG, Minnesota Section ARES Simplex Frequency Pool) | O | #1 JDD | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 2. Obtain briefing from Communications Unit Leader (COML) or immediate supervisor and gain information on the following: <ul style="list-style-type: none">• Incident name• Incident order/request number• Calling Channel/phone number• Reporting time/location• Transportation arrangements/travel routes• Contact procedures during travel (telephone/radio) | I | #1 JDS | 2/4/18 |
| 3. Arrive at assignment location and check in: <ul style="list-style-type: none">• Arrive properly equipped at assigned location within acceptable time limits• Check in to the Incident with all required information<ul style="list-style-type: none">• Order request #• Leader's name• Incident assignment, etc. | I | #1 JDS | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 3: Incident Activities

| Task | Code | Evaluator # and Initials | Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 4. Obtain initial briefing from COML or immediate supervisor (Use an ICS 201 – Incident Briefing to gather information): <ul style="list-style-type: none"> • <i>Current resource commitments and expectations</i> • <i>Current situation</i> • <i>Expected duration of assignment</i> • <i>Operating procedures and policies (SOPs, etc.)</i> • <i>Task assignments</i> • <i>Work Schedule</i> • <i>Work Space</i> | I | #1 DDB | 2/4/18 |
| 5. Initiate and maintain ICS Form 214 Activity Log, which may include <ul style="list-style-type: none"> • <i>Equipment locations</i> • <i>Medical evacuations</i> • <i>Personnel changes</i> • <i>Meetings attended/briefings</i> • <i>Personnel issues</i> | I | #1 DDB | 2/4/18 |
| 6. Install AUXCOMM equipment per discussion with the COML <ul style="list-style-type: none"> • <i>Use appropriate/approved AUXCOMM equipment</i> • <i>Install/test all components of AUXCOMM equipment to ensure systems are operational</i> | I | #1 DDB | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 7. Assist in distribution of AUXCOMM equipment: <ul style="list-style-type: none"> Identify kinds and numbers of AUXCOMM equipment to be distributed to specific units according to the communications plan Maintain AUXCOMM equipment inventory to provide accountability Provide basic training as needed on equipment being fielded | I | #1 DPA | 2/4/18 |
| 8. Establish Auxiliary Communications area(s) of operation: <ul style="list-style-type: none"> Coordinate location with COML Locate away from radio frequency and electronic interference Keep away from generators (ensure noise exhaust is not in close proximity to the operations area) Obtain necessary supplies to function properly | I | #1 DPA | 2/4/18 |
| 9. Demonstrate safety awareness: <ul style="list-style-type: none"> Identify location of First Aid kit and equipment Report, treat and document all injuries Identify and report potential risks | I | #1 DPA | 2/4/18 |
| 10. Perform duties with the AUXCOMM area(s) of operation: <ul style="list-style-type: none"> Direct AUXCOMM radio/telephone traffic to proper destinations Document AUXCOMM radio/telephone traffic activities on appropriate ICS forms Follow established routing procedures for AUXCOMM messages Identify AUXCOMM system problems, both technical and operational, and determining appropriate solutions Set up a filing system for AUXCOMM documentation | I | #1 DPA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 11. Use NIMS and ICS conventions: <ul style="list-style-type: none"> • Plain language • ICS terminology <ul style="list-style-type: none"> ○ Unit identification ○ Position titles ○ Resource naming • COMU organization chart | I | H1 PPS | 2/4/18 |
| 12. Coordinating resources: <ul style="list-style-type: none"> • Notify COML of personnel/equipment excess and deficiencies • Identify AUXCOMM resources as to capabilities, quantity, and location | I | H1 PPS | 2/4/18 |
| 13. Demonstrate ability to correctly interpret the following NIC approved ICS forms: <ul style="list-style-type: none"> • ICS 201 – Incident Briefing • ICS 205 – Incident Radio Communications Plan • ICS 205A – Communications List • Form 309 – Communications Log | I | H1 PPS | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 14. Initiate and maintain accurate records of all AUXCOMM equipment: <ul style="list-style-type: none"> • Document geographic locations of AUXCOMM equipment and transfer of information to local maps (latitude/longitude, USNG) • Initiate and maintaining an accountability system for issuing AUXCOMM handheld and mobile radio resources • Keep records of AUXCOMM resources to ensure return to proper location | I | #1 DD | 2/4/18 |
| 15. Demonstrate familiarity with basic AUXCOMM functions/capabilities: <ul style="list-style-type: none"> • Radio systems (e.g. Simplex, Conventional, Trunked) • Radio Nets (e.g. Tactical, Command, Logistics Nets, etc.) • Interoperability channels (e.g. local, regional, State, National) • Radio programming/cloning • Amateur HF • Amateur Digital Modes (DMR, D-Star) • Amateur Data (Winlink, fldigi) • GMRS • Citizens Band • Satellite Voice and Data • National Public Safety Broadband Network | I | #1 DD | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 16. Perform operational tests of AUXCOMM systems throughout the duration of the incident: <ul style="list-style-type: none"> Act decisively to minimize interruptions in system operations Identify and taking necessary actions to accomplish minor field repairs Plan for battery replacement | I | #1 PDB | 2/4/18 |
| 17. Interact and coordinate with appropriate AUXCOMM operational personnel: <ul style="list-style-type: none"> Coordinate with COML regarding system coverage and needs Know what other AUXCOMM resources may be coming to the incident Participate in briefings and other planning meetings | I | #1 PDB | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 4: Demobilization

| Task | Code | Evaluator # and Initials | Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 18. Demobilize and check out: <ul style="list-style-type: none"> • Receive demobilization instructions by the COML • Briefing AUXCOMM subordinate staff on demobilization procedures and responsibilities • Complete required ICS form(s) and turning them in to the appropriate person • Document lost/damaged equipment on agency/organization specific (form(s)) • Ensure that incident and agency/organization demobilization procedures are followed • Submit all required information to the COML | I | #1 DB | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

All-Hazard Auxiliary Emergency Communications Specialist

INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate pages provided to allow evaluations to be made during four separate occasions. These evaluations may be made on Incidents, Planned Events, Functional Exercises, Full Scale Exercises, Simulations, Drills, Classroom, or Daily Job functions (as specified in the Task tables). This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation pages are needed, they 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 END 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, preplanned 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

Michael Ostus
 TRAINEE NAME

AEC3
 TRAINEE POSITION

| Evaluation Record #1 | Evaluator's name: Dan Anderson | Evaluator's Title: COML | Evaluator's Agency: Hennepin County Emergency Management | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|
| Evaluator's agency address: 1600 Prairie Drive, Medina, MN | | | | |
| Evaluator's e-mail: dan.anderson@hennepin.us | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| Super Bowl LII, Hennepin County Emergency Operations Center, 1600 Prairie Drive, Medina, MN | Planned Event | T3 MN | 1/26/2018-2/4/2018 | Type III |
| <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>Date: <u>7/24/18</u> Evaluator's initials: <u>DA</u></p> <p>Evaluator's relevant agency certification or rating: <u>Type III COML</u></p> | | | | |

Emergency Management Institute



FEMA

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



Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA


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



Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

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



FEMA

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



Tony Russell
Superintendent
Emergency Management Institute

REFERENCE COPY

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Cut Along This Line

Licensee: This is your radio authorization in sizes suitable for your wallet and for framing. Carefully cut the documents along the lines as indicated and sign immediately upon receipt. They are not valid until signed.

The Commission suggests that the wallet size version be laminated (or another similar document protection process) after signing. The Commission has found under certain circumstances, laser print is subject to displacement.

Cut Along This Line

Cut Along This Line

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--|------------------------------------------------------------------------------------|--|---------------------------|--|
|  UNITED STATES OF AMERICA FEDERAL COMMUNICATIONS COMMISSION AMATEUR RADIO LICENSE N0ANP OSTLUND, MICHAEL J 5307 HYLAND PLACE BLOOMINGTON, MN 55437 FCC Registration Number (FRN): 0016429813 | | | |  | | | |
| Special Conditions / Endorsements | | | | | | | |
| NONE | | | | | | | |
| Grant Date | | Effective Date | | Print Date | | Expiration Date | |
| 11-10-2017 | | 11-10-2017 | | 11-10-2017 | | 12-08-2027 | |
| File Number | | Operator Privileges | | | | Station Privileges | |
| 0007989815 | | Amateur Extra | | | | PRIMARY | |
| THIS LICENSE IS NOT TRANSFERABLE | | | | | | | |
| <hr/> | | | | | | | |
| (Licensee's Signature) | | | | | | | |
| FCC 660 - May 2007 | | | | | | | |

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|------------------------------------------------------------------|---------------------------------|--------------------------------------------|----------------------------------|-----------------------------------------|-------------------------------------|
| Call Sign / Number N0ANP | Grant Date 11-10-2017 | Expiration Date 12-08-2027 | File Number 0007989815 | Print Date 11-10-2017 | Effective Date 11-10-2017 |
| Operator Privileges Amateur Extra | | Station Privileges PRIMARY | | THIS LICENSE IS NOT TRANSFERABLE | |
| OSTLUND, MICHAEL J 5307 HYLAND PLACE BLOOMINGTON, MN 55437 | | Special Conditions / Endorsements: NONE | | | |
| AMATEUR RADIO LICENSE | | | | | |
| FCC Registration Number (FRN): 0016429813 | | | | | |
| FCC 660 - May 2007 | | | | | |
| | | | | (Licensee's Signature) | |
| | | | | FEDERAL COMMUNICATIONS COMMISSION | |

Cut Along This Line

Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

AUXILIARY COMMUNICATIONS COURSE

Michael Ostlund

Completed the Office of Emergency Communications Auxiliary
Communications Course during 8-9 October, 2016 at
Hennepin County Public Works in Medina, Minnesota



Ronald T. Hewitt

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

Minnesota Communications Unit Standard Operating Guidelines Forms



November 30, 2017

COMU Position Recognition Application

This form is used to apply for, renew, or change status of Communications Unit (COMU) recognition.

Application Type:

Check the correct box:

- Applying for new recognition
- Renewing recognition
- Change recognition status (e.g. new employer, retirement, etc.)

Position

- Check only one position per application (unless changing status, then all applicable positions may be checked)

Demographics

- Name: Your full, legal name
- Certifying Agency: The agency providing Workers Compensation and other liability-related protections)
- County: If you serve in multiple counties, list them or write "multiple"
- ECB/ESB Region: List the ECB/ESB region in which you serve. If the state, write "state"
- 24/7 Telephone: Note the preferred number to reach you after business hours

Agency Certification

- This section *certifies* you to serve in a COMU position as an agent of your agency.
- This section assures an incident commander that the deployed person is covered by employment-related protections such as workers compensation and liability insurance.
- This section should be completed and signed by an authorized representative from your agency.

Submission

- The completed form should be submitted to the Emergency Communications/Services Board (ECB/ESB) region where recognition is requested.
- State employees may submit the form to the SWIC or to an ECB/ESB region. Regional recognition is necessary for inclusion on a regional team.

COMU Experience Record

Points

- Using the chart from the Standard Operating Guidelines (SOG), enter the number of points that you believe should be recorded for the event.

Date

- Enter the date or dates you provided the service or activity.

Summary

- Summarize the activity by providing information such as:
 - General Summary
 - Location
 - Activity – what specific role did you play at the event?
 - Participants – identify the main agencies participating in the event
 - Who Can Verify – who can verify your activities at the event (name & contact info)?

Submission

- The completed form should be submitted along with the *COMU Position Recognition Application* and supporting documents to the ECB/ESB region where recognition is requested. State employees may submit the form to the SWIC or to an ECB/ESB region.

COMU Position Recognition Application

Application Type:

☒ Initial Application

☐ Renewal

☐ Change of Status

Position (check only one unless changing status):

☐ COML

☐ COMT

☐ INCM

☐ INTD

☐ RADO

☒ AECS

Name

(Last, First Middle)

VENTURA, DAVID Fujiki

Certifying
Agency

Hennepin County Emergency Management

County

Hennepin

ECB/ESB
Region

Metro (MESB)

Agency Address

1600 Prairie Dr. Medina, MN 55340

24/7

Telephone

612 325-5233

Business

Telephone

612 325-5233

Email Address

dave@networkliving.com

Signature

[Signature]

Date

8/3/2018

Agency Certification (this section must be completed even if PTB Agency Certification form was completed)

The above named individual seeking state recognition for the above identified COMU position(s) is recognized by the above named agency in that COMU position. The person serves the agency as a paid employee or as a volunteer but, in either case, is recognized as an employee for the purposes of Workers Compensation, liability, and all other liability-related protections afforded employees of the agency, when activated for duty.

When the above named person serves in the COMU position(s), whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency.

Name & Title

Don Anderson - Senior Coordinator - Public Warning & Communications

Agency

Hennepin County Emergency Management

Signature

[Signature]

Date

7/25/2018

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region

Signature

Date

COMU Subcommittee & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name
(Last, First Middle)

Agency

ECB/ESB
Region

Position:

☐ COML
☐ INTD

☐ COMT
☐ RADO

☐ INCM
☐ AECS

Detail activities below and attach supporting documents (use multiple lines or pages, as necessary).

| POINTS | DATE(S) | SUMMARY (location, activity, participants, who can verify, general summary) |
|--------|---------|--------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I certify that I participated in the above activities.

Signature

Date:



All-Hazards Auxiliary Emergency Communications Specialist (AECS)

Position Task Book

Task Book Assigned To:

Trainee's Name: David F. Ventura

Trainee's Email Address: dave@networkLiving.com

Home Agency: Hennepin County Emergency Management

Home Agency Phone Number: (612) 596-0250

Task Book Initiated By:

Official's Name: Daniel Anderson

Agency Official's Title: Senior Coordinator-Public Warning and Communications

Agency: Hennepin County Emergency Management

Agency Phone Number: (612) 596-0253

Agency Address: 1600 Prairie Drive, Medina, MN 55340

Date Initiated: 7/24/2018

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

Version 1.0
July 2018

AUXILIARY EMERGENCY COMMUNICATIONS SPECIALIST Trainee's Name: David F. Ventura

**VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE
POSITION OF RADIO OPERATOR**

FINAL EVALUATOR'S VERIFICATION

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

Final Evaluator's Signature  Date 7/24/19

Printed Name Daniel Anderson

Title Senior Coordinator-Public Warning and Communications

Agency Hennepin County Emergency Management

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

AGENCY CERTIFICATION

Per ARMER Standard 3.48.0: Communications Unit (COMU), completion of "Minnesota Communications Unit Standard Operating Guidelines Forms" is required and must be submitted with this Position Task Book in order to become Minnesota-recognized for this COMU position.

More information can be found at the Minnesota Division of Emergency Communication Network website at: <https://dps.mn.gov/divisions/ecn/>.

AUXILIARY EMERGENCY COMMUNICATIONS SPECIALIST

Trainee's Initials: *DFV*

NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

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

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and varied activities such as Incidents, Planned Events, Functional Exercises (FE), Full Scale Exercises (FSE), Drills, Simulation, Classroom, or Daily Job functions (as specified in the task tables). It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated, and bullet statements within a task that require an action must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Trainee** is responsible for:

- ☐ Fulfilling the pre-requisite requirements:¹Awareness of fundamental auxiliary communications technology
- ☐ Awareness of the ICS Communications Unit function
- ☐ Completion of IS-100.b, IS-200.b, IS-700.a, and IS-800.b and a DHS-recognized AUXCOMM course
- ☐ FCC Amateur Radio License
- ☐ Reviewing and understanding instructions in the PTB.
- ☐ Identifying desired objectives/goals.
- ☐ Providing background information to an evaluator.
- ☐ Requesting Agency Head to initiate the PTB; putting name on cover and second page, initials on subsequent pages.
- ☐ Satisfactorily demonstrating completion of all tasks for an assigned position within three years of the Date Initiated.
- ☐ Assuring the evaluation record is complete.
- ☐ Notifying their agency head when the PTB is completed, and obtaining their signature recommending certification.
- ☐ Keeping the original PTB in personal records.
- ☐ Providing copies of their completed PTB to the designated authorities within their home agency, jurisdiction, region, or state in accordance with applicable SOPs for recognition of Communications Unit (COMU) positions.

2. The **Evaluator** is responsible for:

- ☐ Being qualified and proficient in the position being evaluated, or higher ICS position (e.g. IC, COML, IDT, etc.).
- ☐ Meeting with the trainee and determining past experience, current qualifications,

July 2018

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AUXILIARY EMERGENCY COMMUNICATIONS SPECIALIST

Trainee's Initials: *DFV*

- 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 Evaluation Record. Not all bullet points need to be achieved for the task to be completed. It will be a judgement call by the Evaluator whether the trainee has achieved the spirit of the task.
 - ☐ Completing an Evaluation Record found at the end of each PTB.
3. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. The **Agency Head** or designee 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.
 - ☐ Initiating 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.
 - ☐ Providing trainees the opportunity to attend the applicable training course(s).

Competency 1: General

| Task | Code | Evaluator # and Initials | Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| <p>1. Obtain and assemble information and materials for an AECS response kit prior to receiving an assignment, including critical items needed for the assignment over multiple operational periods. The following items are suggested as basic information and materials needed for a AECS response kit:</p> <ul style="list-style-type: none"> • ICS Forms • Office Supplies (e.g. clipboard, tape, paper, pencil, etc.) • First Aid Kit/Safety Gear • Multi-purpose tool/Flashlight • Clock/Watch/Cellphone & charger • Portable radio • Reference Documents (NIFOG, MNFOG, AUXFOG, Minnesota Section ARES Simplex Frequency Pool) | O | #1 DPA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

July 2018

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Competency 2: Mobilization

| Task | Code | Evaluator # and Initials | Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 2. Obtain briefing from Communications Unit Leader (COML) or immediate supervisor and gain information on the following: <ul style="list-style-type: none"> • Incident name • Incident order/request number • Calling Channel/phone number • Reporting time/location • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio) | I | #1 <i>DP</i> | 8/4/18 |
| 3. Arrive at assignment location and check in: <ul style="list-style-type: none"> • Arrive properly equipped at assigned location within acceptable time limits • Check in to the Incident with all required information <ul style="list-style-type: none"> • Order request # • Leader's name • Incident assignment, etc. | I | #1 <i>DP</i> | 8/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

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

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Competency 3: Incident Activities

| Task | Code | Evaluator # and Initials | Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 4. Obtain initial briefing from COML or immediate supervisor (Use an ICS 201 – Incident Briefing to gather information): <ul style="list-style-type: none"> • <i>Current resource commitments and expectations</i> • <i>Current situation</i> • <i>Expected duration of assignment</i> • <i>Operating procedures and policies (SOPs, etc.)</i> • <i>Task assignments</i> • <i>Work Schedule</i> • <i>Work Space</i> | I | #1 DDD | 2/4/18 |
| 5. Initiate and maintain ICS Form 214 Activity Log, which may include <ul style="list-style-type: none"> • <i>Equipment locations</i> • <i>Medical evacuations</i> • <i>Personnel changes</i> • <i>Meetings attended/briefings</i> • <i>Personnel issues</i> | I | #1 DDD | 2/4/18 |
| 6. Install AUXCOMM equipment per discussion with the COML <ul style="list-style-type: none"> • <i>Use appropriate/approved AUXCOMM equipment</i> • <i>Install/test all components of AUXCOMM equipment to ensure systems are operational</i> | I | #1 DDD | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

July 2018

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| Task | Code | Evaluator # and Initials | Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 7. Assist in distribution of AUXCOMM equipment: <ul style="list-style-type: none"> Identify kinds and numbers of AUXCOMM equipment to be distributed to specific units according to the communications plan Maintain AUXCOMM equipment inventory to provide accountability Provide basic training as needed on equipment being fielded | I | #1 DDA | 2/4/18 |
| 8. Establish Auxiliary Communications area(s) of operation: <ul style="list-style-type: none"> Coordinate location with COML Locate away from radio frequency and electronic interference Keep away from generators (ensure noise exhaust is not in close proximity to the operations area) Obtain necessary supplies to function properly | I | #1 DDA | 2/4/18 |
| 9. Demonstrate safety awareness: <ul style="list-style-type: none"> Identify location of First Aid kit and equipment Report, treat and document all injuries Identify and report potential risks | I | #1 DDA | 2/4/18 |
| 10. Perform duties with the AUXCOMM area(s) of operation: <ul style="list-style-type: none"> Direct AUXCOMM radio/telephone traffic to proper destinations Document AUXCOMM radio/telephone traffic activities on appropriate ICS forms Follow established routing procedures for AUXCOMM messages Identify AUXCOMM system problems, both technical and operational, and determining appropriate solutions Set up a filing system for AUXCOMM documentation | I | #1 DDA | 2/4/18 |

Evaluate ALL numbered tasks. ONLY evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

July 2018

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| Task | Code | Evaluator # and Initials | Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 11. Use NIMS and ICS conventions: <ul style="list-style-type: none"> • Plain language • ICS terminology <ul style="list-style-type: none"> ◦ Unit identification ◦ Position titles ◦ Resource naming • COMU organization chart | I | #1 DDA | 2/4/18 |
| 12. Coordinating resources: <ul style="list-style-type: none"> • Notify COML of personnel/equipment excess and deficiencies • Identify AUXCOMM resources as to capabilities, quantity, and location | I | #1 DDA | 2/4/18 |
| 13. Demonstrate ability to correctly interpret the following NIC approved ICS forms: <ul style="list-style-type: none"> • ICS 201 – Incident Briefing • ICS 205 – Incident Radio Communications Plan • ICS 205A – Communications List • Form 309 – Communications Log | I | #1 DDA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

July 2018

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| Task | Code | Evaluator # and Initials | Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 14. Initiate and maintain accurate records of all AUXCOMM equipment: <ul style="list-style-type: none"> • Document geographic locations of AUXCOMM equipment and transfer of information to local maps (latitude/longitude, USNG) • Initiate and maintaining an accountability system for issuing AUXCOMM handheld and mobile radio resources • Keep records of AUXCOMM resources to ensure return to proper location | I | #1 DDA | 2/4/18 |
| 15. Demonstrate familiarity with basic AUXCOMM functions/capabilities: <ul style="list-style-type: none"> • Radio systems (e.g. Simplex, Conventional, Trunked) • Radio Nets (e.g. Tactical, Command, Logistics Nets, etc.) • Interoperability channels (e.g. local, regional, State, National) • Radio programming/cloning • Amateur HF • Amateur Digital Modes (DMR, D-Star) • Amateur Data (Winlink, fldigi) • GMRS • Citizens Band • Satellite Voice and Data • National Public Safety Broadband Network | I | #1 DDA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

July 2018

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| Task | Code | Evaluator # and Initials | Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------------------------|
| 16. Perform operational tests of AUXCOMM systems throughout the duration of the incident: <ul style="list-style-type: none"> • Act decisively to minimize interruptions in system operations • Identify and taking necessary actions to accomplish minor field repairs • Plan for battery replacement | I | #1 DSA | 2/4/18 2/4/18 |
| 17. Interact and coordinate with appropriate AUXCOMM operational personnel: <ul style="list-style-type: none"> • <i>Coordinate with COML regarding system coverage and needs</i> • <i>Know what other AUXCOMM resources may be coming to the incident</i> • <i>Participate in briefings and other planning meetings</i> | I | #1 DSA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

July 2018

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Competency 4: Demobilization

| Task | Code | Evaluator # and Initials | Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|-------|
| 18. Demobilize and check out: <ul style="list-style-type: none"> • Receive demobilization instructions by the COML • Briefing AUXCOMM subordinate staff on demobilization procedures and responsibilities • Complete required ICS form(s) and turning them in to the appropriate person • Document lost/damaged equipment on agency/organization specific (form(s)) • Ensure that incident and agency/organization demobilization procedures are followed • Submit all required information to the COML | I | 11 111 | 2/4/8 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

July 2018

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RECORD OF EVALUATION

DAVID F. VENTURA

AECS

TRAINEE NAME

TRAINEE POSITION

| Evaluation Record #1 | Evaluator's name: Dan Anderson | Evaluator's Title: COML | Evaluator's Agency: Hennepin County Emergency Management | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|
| Evaluator's agency address: 1600 Prairie Drive, Medina, MN | | | | |
| Evaluator's e-mail: dan.anderson@hennepin.us | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| Super Bowl LII, Hennepin County Emergency Operations Center, 1600 Prairie Drive, Medina, MN | Planned Event | T3 MN | 1/26/2018-2/4/2018 | Type III |
| <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>Date: <u>7/24/18</u> Evaluator's initials: <u>DA</u></p> <p>Evaluator's relevant agency certification or rating: <u>Type III COML</u></p> | | | | |

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

DAVID F VENTURA

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 29th Day of October, 2006

Cortez Lawrence, PhD

Superintendent
Emergency Management Institute

0.3 CEU

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

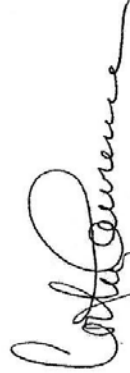
DAVID F VENTURA

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 10th Day of August, 2007

0.3 CEU


Cortez Lawrence, PhD
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

DAVID F VENTURA


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 10th Day of August, 2007

0.3 CEU


Cortez Lawrence, PhD
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

DAVID F VENTURA

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

0.3 IACET CEU

Issued this 14th Day of March, 2016




Tony Russell
Superintendent
Emergency Management Institute

AUXILIARY COMMUNICATIONS COURSE

David Ventura

Completed the Office of Emergency Communications Auxiliary
Communications Course during 8-9 October, 2016 at
Hennepin County Public Works in Medina, Minnesota



Ronald T. Hewitt

Ronald T. Hewitt
Director,

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

Cut Along This

Cut Along This Line

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

AMATEUR RADIO LICENSE

KE0NA

ATTN: DAVID FUJIKI VENTURA
VENTURA 325, DAVID F

FCC Registration Number (FRN): 0002978401

| Special Conditions / Endorsements | | | |
|-----------------------------------|--|--|--|
| NONE | | | |

| Grant Date | Effective Date | Print Date | Expiration Date |
|------------|----------------|------------|-----------------|
| 07-03-2012 | 07-06-2016 | 07-06-2016 | 09-29-2022 |

| File Number | Operator Privileges | Station Privileges |
|-------------|---------------------|--------------------|
| 0007326368 | Amateur Extra | PRIMARY |

THIS LICENSE IS NOT TRANSFERABLE

(Licensee's Signature)

FCC 660 - May 2007

Cut Along This

Licensee: This is your radio authorization in sizes suitable for your wallet and for framing. Carefully cut the documents along the lines as indicated.

The Commission suggests that the wallet size version be laminated (or another similar document protection process) after signing. The Commission has found, under certain circumstances, laser print is subject to displacement.

Cut Along This

Cut Along This

| Call Sign / Number | Grant Date | Expiration Date | File Number | Print Date | Effective Date |
|--------------------|------------|-----------------|-------------|------------|----------------|
| KE0NA | 07-03-2012 | 09-29-2022 | 0007326368 | 07-06-2016 | 07-06-2016 |

| Operator Privileges | Station Privileges | Special Conditions / Endorsements: |
|---------------------|--------------------|---------------------------------------------------------------------------------|
| Amateur Extra | PRIMARY | <p style="text-align: center;">THIS LICENSE IS NOT TRANSFERABLE</p> <p>NONE</p> |

ATTN: DAVID FUJIKI VENTURA
VENTURA 325, DAVID F

AMATEUR RADIO LICENSE
FCC Registration Number (FRN): 0002978401

(Licensee's Signature)

FEDERAL COMMUNICATIONS COMMISSION

Cut Along This

Cut Along This

COMU Position Recognition Application

Application Type:

☒ Initial Application

☐ Renewal

☐ Change of Status

Position (check only one unless changing status):

☐ COML

☐ COMT

☐ INCM

☐ INTD

☐ RADO

☒ AECS

Name
(Last, First Middle)

York, Thomas Arthur

Certifying
Agency

Hennepin County Emergency Management

County

Hennepin

ECB/ESB
Region

MESB

Agency Address

1600 PRAIRIE DRIVE Medina MN 55340

24/7
Telephone

651 447 3646

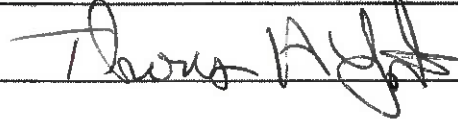
Business
Telephone

612 291 3549

Email Address

Thomas.York@hotmail.com

Signature



Date

8/12/18

Agency Certification (this section must be completed even if PTB Agency Certification form was completed)

The above named individual seeking state recognition for the above identified COMU position(s) is recognized by the above named agency in that COMU position. The person serves the agency as a paid employee or as a volunteer but, in either case, is recognized as an employee for the purposes of Workers Compensation, liability, and all other liability-related protections afforded employees of the agency, when activated for duty.

When the above named person serves in the COMU position(s), whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency.

Name & Title

Don Anderson - Senior Coordinator - Public Warning & Communications

Agency

Hennepin County Emergency Management

Signature



Date

7/25/2018

Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title

Region

Signature

Date

COMU Subcommittee & SWIC Recognition

The COMU Subcommittee and the SWIC have reviewed the request for state recognition and supports state recognition of this person.

SWIC

Signature

Date

COMU Experience Record

Name York, Thomas Arthur
(Last, First Middle)

Agency Hennepin County Emergency Management Auxcomm ECB/ESB Region MESB

Position:

☐ COML

☐ INTD

☐ COMT

☐ RADO

☐ INCM

☒ AECS

Detail activities below and attach supporting documents (use multiple lines or pages, as necessary).

| POINTS | DATE(S) | SUMMARY (location, activity, participants, who can verify, general summary) |
|--------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | 1/31/18 to 2/4/18 | Hennepin County Emergency Management, Medina. Auxilliary Communications support for Suber Bowl 52. Dan Anderson and Mike Ostlund supervisors. Provided communications support & monitoring between the Minneapolis EOC, HCEM, Bloomington during Superbowl event |
| 2 | 3/3/18 & 4/7/18 | Hennepin County Emergency Management, Medina. Communications and net control for HCEM CERT (Community Emergency Response Team) training days. Mike Ostlund supervisor. General support for the event including acting as net control during the final exercise. |
| 1 | 6/23/18 | Hennepin County Emergency Management, Rogers MN. Communications support for Rockin Rogers Days. Dan Anderson Supervisor. Communications support and cache radio specialist for the event. Issued and provided JIT training for participants on the use of GMRS hand held radios. |
| 1 | 7/24/18 | Hennepin County Emergency Management, Rogers MN. Communications support for the REP drill for the Monticello Nuclear Power Plant. Dan Anderson and Mike Ostlund Supervisors. Communications support and cache radio specialist for the event. Issued and provided JIT training for participants not familiar on use of Armer handheld radios |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I certify that I participated in the above activities.

Signature

Date:



All-Hazards Auxiliary Emergency Communications Specialist (AECS)

Position Task Book

Task Book Assigned To:

Trainee's Name: Thomas A York

Trainee's Email Address: thomas.york@hotmail.com

Home Agency: Hennepin County Emergency Management

Home Agency Phone Number: (612) 596-0250

Task Book Initiated By:

Official's Name: Daniel Anderson

Agency Official's Title: Senior Coordinator-Public Warning and Communications

Agency: Hennepin County Emergency Management

Agency Phone Number: (612) 596-0253

Agency Address: 1600 Prairie Drive, Medina, MN 55340

Date Initiated: 7/24/2018

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

Version 1.0
July 2018

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE
POSITION OF RADIO OPERATOR

FINAL EVALUATOR'S VERIFICATION

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

Final Evaluator's Signature [Signature] Date 7/24/18

Printed Name Daniel Anderson

Title Senior Coordinator-Public Warning and Communications

Agency Hennepin County Emergency Management

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

AGENCY CERTIFICATION

Per ARMER Standard 3.48.0: Communications Unit (COMU), completion of "Minnesota Communications Unit Standard Operating Guidelines Forms" is required and must be submitted with this Position Task Book in order to become Minnesota-recognized for this COMU position.

More information can be found at the Minnesota Division of Emergency Communication Network website at: <https://dps.mn.gov/divisions/ecn/>.

NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

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

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and varied activities such as Incidents, Planned Events, Functional Exercises (FE), Full Scale Exercises (FSE), Drills, Simulation, Classroom, or Daily Job functions (as specified in the task tables). It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated, and bullet statements within a task that require an action must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Trainee** is responsible for:

- ☐ Fulfilling the pre-requisite requirements:¹Awareness of fundamental auxiliary communications technology
- ☐ Awareness of the ICS Communications Unit function
- ☐ Completion of IS-100.b, IS-200.b, IS-700.a, and IS-800.b and a DHS-recognized AUXCOMM course
- ☐ FCC Amateur Radio License
- ☐ Reviewing and understanding instructions in the PTB.
- ☐ Identifying desired objectives/goals.
- ☐ Providing background information to an evaluator.
- ☐ Requesting Agency Head to initiate the PTB; putting name on cover and second page, initials on subsequent pages.
- ☐ Satisfactorily demonstrating completion of all tasks for an assigned position within three years of the Date Initiated.
- ☐ Assuring the evaluation record is complete.
- ☐ Notifying their agency head when the PTB is completed, and obtaining their signature recommending certification.
- ☐ Keeping the original PTB in personal records.
- ☐ Providing copies of their completed PTB to the designated authorities within their home agency, jurisdiction, region, or state in accordance with applicable SOPs for recognition of Communications Unit (COMU) positions.

2. The **Evaluator** is responsible for:

- ☐ Being qualified and proficient in the position being evaluated, or higher ICS position (e.g. IC, COML, IDT, etc.).
- ☐ 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 Evaluation Record. Not all bullet points need to be achieved for the task to be completed. It will be a judgement call by the Evaluator whether the trainee has achieved the spirit of the task.
 - ☐ Completing an Evaluation Record found at the end of each PTB.
3. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. The **Agency Head** or designee 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.
 - ☐ Initiating 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.
 - ☐ Providing trainees the opportunity to attend the applicable training course(s).

Competency 1: General

| Task | Code | Evaluator # and Initials | Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|--------------------------|
| 1. Obtain and assemble information and materials for an AECS response kit prior to receiving an assignment, including critical items needed for the assignment over multiple operational periods. The following items are suggested as basic information and materials needed for a AECS response kit: <ul style="list-style-type: none">• ICS Forms• Office Supplies (e.g. clipboard, tape, paper, pencil, etc.)• First Aid Kit/Safety Gear• Multi-purpose tool/Flashlight• Clock/Watch/Cellphone & charger• Portable radio• Reference Documents (NIFOG, MNFOG, AUXFOG, Minnesota Section ARES Simplex Frequency Pool) | O | #1 DOA | 2/4/18 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 2. Obtain briefing from Communications Unit Leader (COML) or immediate supervisor and gain information on the following: <ul style="list-style-type: none"> • Incident name • Incident order/request number • Calling Channel/phone number • Reporting time/location • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio) | I | #1 2/4/18 DDB | 2/4/18 |
| 3. Arrive at assignment location and check in: <ul style="list-style-type: none"> • Arrive properly equipped at assigned location within acceptable time limits • Check in to the Incident with all required information <ul style="list-style-type: none"> • Order request # • Leader's name • Incident assignment, etc. | I | #1 DDB | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 3: Incident Activities

| Task | Code | Evaluator # and Initials | Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 4. Obtain initial briefing from COML or immediate supervisor (Use an ICS 201 – Incident Briefing to gather information): <ul style="list-style-type: none"> • Current resource commitments and expectations • Current situation • Expected duration of assignment • Operating procedures and policies (SOPs, etc.) • Task assignments • Work Schedule • Work Space | I | #1 PPS | 2/4/19 |
| 5. Initiate and maintain ICS Form 214 Activity Log, which may include <ul style="list-style-type: none"> • Equipment locations • Medical evacuations • Personnel changes • Meetings attended/briefings • Personnel issues | I | #1 PPS | 2/4/18 |
| 6. Install AUXCOMM equipment per discussion with the COML <ul style="list-style-type: none"> • Use appropriate/approved AUXCOMM equipment • Install/test all components of AUXCOMM equipment to ensure systems are operational | I | #1 PPS | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 7. Assist in distribution of AUXCOMM equipment: <ul style="list-style-type: none"> Identify kinds and numbers of AUXCOMM equipment to be distributed to specific units according to the communications plan Maintain AUXCOMM equipment inventory to provide accountability Provide basic training as needed on equipment being fielded | I | #1 DDA | 2/4/18 |
| 8. Establish Auxiliary Communications area(s) of operation: <ul style="list-style-type: none"> Coordinate location with COML Locate away from radio frequency and electronic interference Keep away from generators (ensure noise exhaust is not in close proximity to the operations area) Obtain necessary supplies to function properly | I | #1 DDA | 2/4/18 |
| 9. Demonstrate safety awareness: <ul style="list-style-type: none"> Identify location of First Aid kit and equipment Report, treat and document all injuries Identify and report potential risks | I | #1 DDA | 2/4/18 |
| 10. Perform duties with the AUXCOMM area(s) of operation:: <ul style="list-style-type: none"> Direct AUXCOMM radio/telephone traffic to proper destinations Document AUXCOMM radio/telephone traffic activities on appropriate ICS forms Follow established routing procedures for AUXCOMM messages Identify AUXCOMM system problems, both technical and operational, and determining appropriate solutions Set up a filing system for AUXCOMM documentation | I | #1 DDA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 11. Use NIMS and ICS conventions: <ul style="list-style-type: none"> • Plain language • ICS terminology <ul style="list-style-type: none"> ○ Unit identification ○ Position titles ○ Resource naming • COMU organization chart | I | #1 PDS | 2/4/18 |
| 12. Coordinating resources: <ul style="list-style-type: none"> • Notify COML of personnel/equipment excess and deficiencies • Identify AUXCOMM resources as to capabilities, quantity, and location | I | #1 PDS | 2/4/18 |
| 13. Demonstrate ability to correctly interpret the following NIC approved ICS forms: <ul style="list-style-type: none"> • ICS 201 – Incident Briefing • ICS 205 – Incident Radio Communications Plan • ICS 205A – Communications List • Form 309 – Communications Log | I | #1 PDS | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|--------|
| 14. Initiate and maintain accurate records of all AUXCOMM equipment: <ul style="list-style-type: none"> • Document geographic locations of AUXCOMM equipment and transfer of information to local maps (latitude/longitude, USNG) • Initiate and maintaining an accountability system for issuing AUXCOMM handheld and mobile radio resources • Keep records of AUXCOMM resources to ensure return to proper location | I | #1 PPA | 2/4/18 |
| 15. Demonstrate familiarity with basic AUXCOMM functions/capabilities: <ul style="list-style-type: none"> • Radio systems (e.g. Simplex, Conventional, Trunked) • Radio Nets (e.g. Tactical, Command, Logistics Nets, etc.) • Interoperability channels (e.g. local, regional, State, National) • Radio programming/cloning • Amateur HF • Amateur Digital Modes (DMR, D-Star) • Amateur Data (Winlink, fldigi) • GMRS • Citizens Band • Satellite Voice and Data • National Public Safety Broadband Network | I | #1 PPA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------|
| 16. Perform operational tests of AUXCOMM systems throughout the duration of the incident: <ul style="list-style-type: none"> • Act decisively to minimize interruptions in system operations • Identify and taking necessary actions to accomplish minor field repairs • Plan for battery replacement | I | #1 PBA | 2/4/18 |
| 17. Interact and coordinate with appropriate AUXCOMM operational personnel: <ul style="list-style-type: none"> • <i>Coordinate with COML regarding system coverage and needs</i> • <i>Know what other AUXCOMM resources may be coming to the incident</i> • <i>Participate in briefings and other planning meetings</i> | I | #1 PBA | 2/4/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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 4: Demobilization

| Task | Code | Evaluator # and Initials | Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|---------|
| 18. Demobilize and check out: <ul style="list-style-type: none">• Receive demobilization instructions by the COML• Briefing AUXCOMM subordinate staff on demobilization procedures and responsibilities• Complete required ICS form(s) and turning them in to the appropriate person• Document lost/damaged equipment on agency/organization specific (form(s)• Ensure that incident and agency/organization demobilization procedures are followed• Submit all required information to the COML | I | #1 DDA | 2/21/18 |

Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.

Code: O = Can be completed in any situation (Drill, 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))

All-Hazard Auxiliary Emergency Communications Specialist

INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate pages provided to allow evaluations to be made during four separate occasions. These evaluations may be made on Incidents, Planned Events, Functional Exercises, Full Scale Exercises, Simulations, Drills, Classroom, or Daily Job functions (as specified in the Task tables). This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation pages are needed, they 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 END 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, preplanned 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

Thomas A York

AECs

TRAINEE NAME

TRAINEE POSITION

| | | | |
|----------------------|-----------------------------------|----------------------------|-------------------------------------------------------------|
| Evaluation Record #1 | Evaluator's name: Dan Anderson | Evaluator's Title: COML | Evaluator's Agency: Hennepin County Emergency Management |
|----------------------|-----------------------------------|----------------------------|-------------------------------------------------------------|

Evaluator's agency address: 1600 Prairie Drive, Medina, MN

Evaluator's e-mail: dan.anderson@hennepin.us

| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| Super Bowl LII, Hennepin County Emergency Operations Center, 1600 Prairie Drive, Medina, MN | Planned Event | T3 MN | 1/26/2018-2/4/2018 | Type III |

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:

X

The individual has successfully performed all tasks for the position and should be considered for certification.

The individual was not able to complete certain tasks (comments below) or additional guidance is required.

Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

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.

Comments: _____

Date: 7/24/18 Evaluator's initials: DM

Evaluator's relevant agency certification or rating: Type III COML

RECORD OF EVALUATION

TRAINEE NAME

TRAINEE POSITION

| Evaluation Record #2 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| Evaluation Record #3 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Evaluation Record #4 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

RECORD OF EVALUATION

| TRAINEE NAME | | TRAINEE POSITION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| Evaluation Record #4 | Evaluator's name: | Evaluator's Title: | Evaluator's Agency: | |
| Evaluator's agency address: | | | | |
| Evaluator's e-mail: | | | | |
| Name and Location of Incident or Situation (agency & area) | Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, | Number & Kind of Resources Pertinent to Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| | | | | |
| <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>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ 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>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification or rating: _____</p> | | | | |

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

THOMAS A YORK

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

IS-00100.b
Introduction to Incident Command System
ICS-100

Issued this 31st Day of January, 2015




Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

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**IS-00200.b
ICS for Single Resources and
Initial Action Incident, ICS-200**

Issued this 7th Day of February, 2015



0.3 IACET CEU


Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



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

IS-00700.a

National Incident Management System (NIMS)

An Introduction

Issued this 14th Day of February, 2015



Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

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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 31st Day of July, 2016




Tony Russell

Superintendent
Emergency Management Institute

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Cut Along This Line

Cut Along This Line


UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION
AMATEUR RADIO LICENSE
K0ZZX

 YORK, THOMAS A


FCC Registration Number (FRN): 0023362577

| Special Conditions / Endorsements | | | |
|-----------------------------------|--|--|--|
| NONE | | | |

| Grant Date | Effective Date | Print Date | Expiration Date |
|------------|----------------|------------|-----------------|
| 10-25-2014 | 05-10-2016 | 06-17-2016 | 10-25-2024 |

| File Number | Operator Privileges | Station Privileges |
|-------------|---------------------|--------------------|
| 0007307445 | General | PRIMARY |

THIS LICENSE IS NOT TRANSFERABLE

 (Licensee's Signature)

FCC 660 - May 2007

Licensee: This is your radio authorization in sizes suitable for your wallet and for framing. Carefully cut the documents along the lines as indicated and sign immediately upon receipt. They are not valid until signed.

The Commission suggests that the wallet size version be laminated (or another similar document protection process) after signing. The Commission has found under certain circumstances, laser print is subject to displacement.

Cut Along This Line


Cut Along This Line

Cut Along This Line

Cut Along This Line


| Call Sign / Number | Grant Date | Expiration Date | File Number | Print Date | Effective Date |
|--------------------|------------|-----------------|-------------|------------|----------------|
| K0ZZX | 10-25-2014 | 10-25-2024 | 0007307445 | 06-17-2016 | 05-10-2016 |

| Operator Privileges | Station Privileges | Special Conditions / Endorsements: |
|---------------------|--------------------|------------------------------------------|
| General | PRIMARY | THIS LICENSE IS NOT TRANSFERABLE NONE |

YORK, THOMAS A


 (Licensee's Signature)

AMATEUR RADIO LICENSE
 FCC Registration Number (FRN): 0023362577

FCC 660 - May 2007
FEDERAL COMMUNICATIONS COMMISSION


Cut Along This Line

Cut Along This Line

AUXILIARY COMMUNICATIONS COURSE

Thomas York

Completed the Office of Emergency Communications Auxiliary
Communications Course during 8-9 October, 2016 at
Hennepin County Public Works in Medina, Minnesota



A handwritten signature in black ink, appearing to read "Ronald T. Hewitt".

Ronald T. Hewitt
Director,

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

METRO REGION

800 MHz Trunked Regional Public Safety Radio System

Standards, Protocols, Procedures

| | | |
|--------------------|------------------------------------------------------------|----------------------------|
| Document/ Section: | 3. Interoperability Guidelines | Radio TOC Recommendation |
| Sub-Section: | METRO 3.35.0 | Date: 3/30/11 |
| Procedure Title: | National Weather Service ARMER Radio Operations | |
| Date Established: | 2/3/2010 | MESB Approval - Signature: |
| Replaces Document | 6/24/2015 | Date: 4/13/11 |
| Dated: | | |
| Date Revised: | 11/9/2017 | |
| Effective Date: | 1/31/2018 | |

1. Purpose and Objective:

To define the ARMER talkgroups and establish policy and procedures of radios to be used by the National Weather Service (NWS) Chanhassen office (Chanhassen Weather) and establish a Warning Point Net (Minnesota State Patrol - Metro Communications Center) during severe weather events.

2. Technical Background:

• Capabilities –

To provide talkgroups that are readily available tools for the use by Chanhassen Weather to communicate with numerous Warning Points (PSAP, Dispatch Center, EOC or other designated location) across the nine-county metro region and optionally other counties within the Chanhassen Weather County Warning Area (CWA) during severe weather events or other emergency incidents where the weather service's aid may be requested. The Statewide Emergency Communications Board has authorized a dedicated talkgroup for Chanhassen Weather, named US-NWS CHN. This is the resource Chanhassen Weather will use to distribute weather event information. PSAPs may choose to add this resource to their consoles or monitor on a separate ARMER Radio. Chanhassen Weather is authorized to use the statewide resources of STAC1-12 and the metro region resources of ME TAC 1-10 as directed by the Warning Point Net. The regional talkgroup METEM is also programmed in the radios for communications with regional and local Emergency Managers as stated in Metro Standard 3.28.0 – Use of Metro Emergency Management Talkgroup - METEM.

• Constraints –

Chanhassen Weather has been issued three handheld portable and one control station transceivers. These units will primarily be used to monitor selected talkgroups when invited to do so by a Warning Point or Emergency Manager as a result of severe weather or other emergency incident. This Standard does not limit the use of other ARMER resources and/or radios for other authorized purposes by Chanhassen Weather.

3. Operational Context:

For activations within the nine-county metropolitan region, Chanhassen Weather will hail the Metro Warning Point and the affected counties in the event of a severe weather warning. The Metro Warning Point will hail the affected PSAPs over the METCOM talkgroup and direct them to listen to the US-NWS CHN talkgroup for information on the weather. In the event of some other type of emergency incident that would require assistance from Chanhassen Weather, the agency requesting the assistance would contact Chanhassen Weather directly via a land line or via US-NWS CHN and direct them to the appropriate talkgroup resources for the incident.

- Chanhassen Weather will hail the affected PSAP's on the US-NWS CHN talkgroup.
- If the affected PSAP does not answer the hail, the State Patrol will hail the PSAP on METCOM and direct them to the US-NWS CHN talkgroup or a STAC or METAC.
- If the PSAP does not answer on METCOM, the State Patrol will contact the PSAP via landline

4. Recommended Procedure:

- Activation – Metro Warning Point

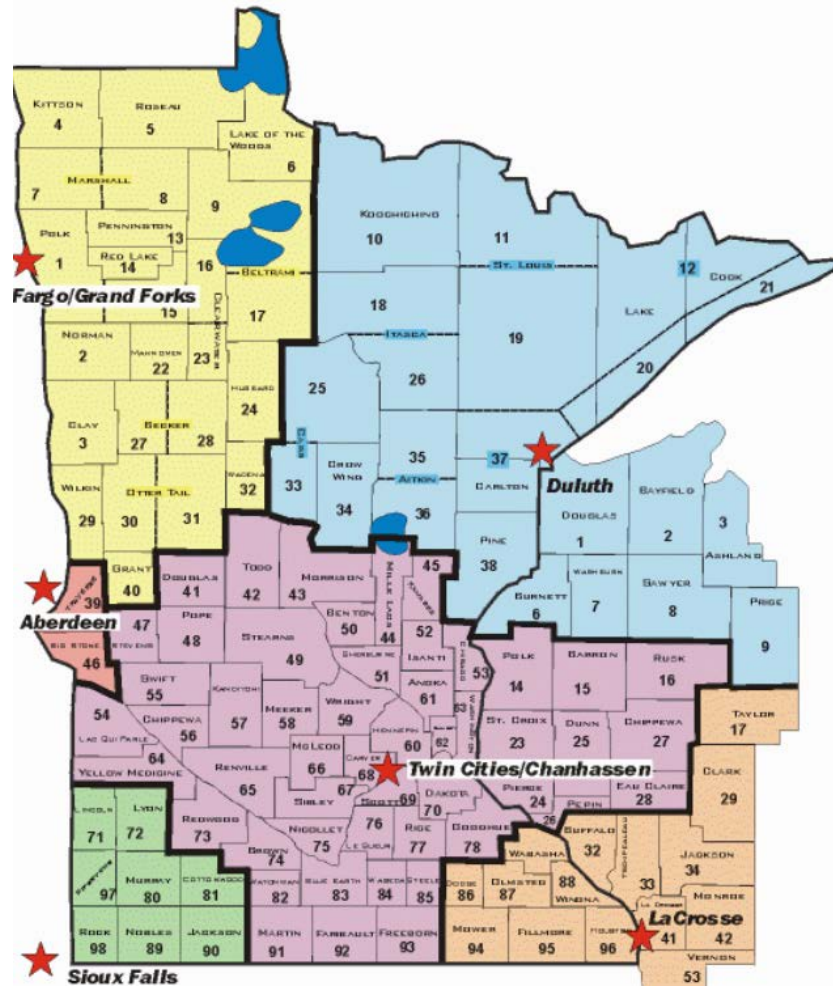
Chanhassen Weather will normally initiate weather warnings, via US-NWS CHN to the Metro Warning Point. The warning will also transfer from the NWS computers to National Law Enforcement Telecommunication System (NLETS), from there the BCA computers copies the notification over to Minnesota Justice Information Services (MNJIS) and is sent out to notify the affected area(s).

The Metro Warning Point will hail all the Metro areas affected by the warnings over the METCOM talkgroup and direct them to the US-NWS CHN talkgroup for further detailed information. PSAP's that do not respond to the hail will be contacted via land line by the Metro Warning Point and directed to listen to US-NWS CHN talkgroup. US-NWS CHN talkgroup will be used for any information exchange between the affected centers and the National Weather Service; such as severe weather reports, including sightings of tornados. This communication should be limited to updates to/from Warning Points **only**. This is not for individual field spotters. As the threat expires for each Warning Point's area, the center can choose to turn down the volume on the US-NWS CHN talkgroup on their own. Any new weather threats that occur after existing threats have expired will be handled in the same manner described above.

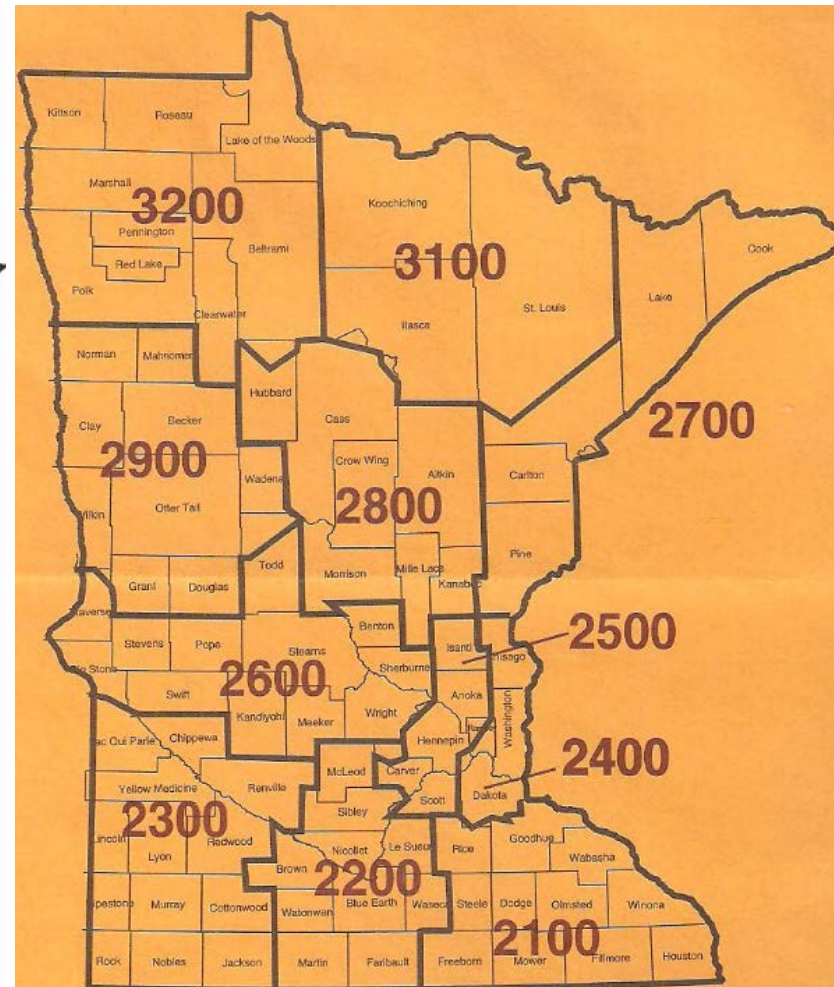
5. Management:

State Patrol Warning Points shall manage assignment and usage of talkgroups for Warning Point Net activations. Dispatch center managers and supervisors ~~on-in~~ the metro ~~area-region~~ ARMER system shall ensure that adherence to this procedure for usage and assignment of ME TAC or STAC talkgroups ~~be adhered to~~.

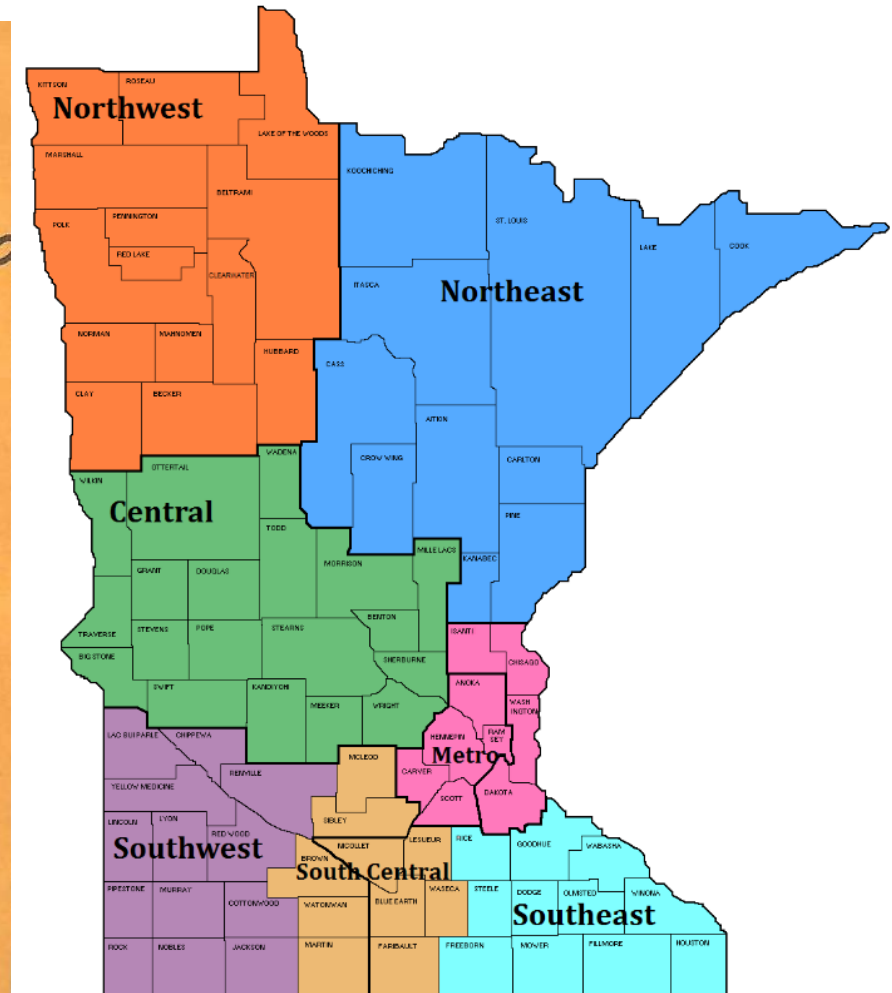
NWS CWA MAP



STATE PATROL DISTRICT MAP

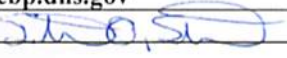


REGIONAL RADIO BOARD MAP





ARMER TALKGROUP AUTHORIZATION REQUEST

| Requesting Entity Information | |
|--------------------------------------------------------------------------------------------------------|------------------|
| Entity: US Customs and Border Protection | Date: 08-01-2018 |
| Requestor: Steve Stahl | |
| Address: 7150 Humphrey Drive, Suite 7168, Minneapolis, MN 55450 | |
| Telephone: 612-725-3689 x1125 | |
| Email: Steven.O.Stahl@cbp.dhs.gov | |
| Requestor Signature:  | |

| Talkgroup Requests | | | |
|--------------------|---------------------|------------------|--------------------------------------------|
| Talkgroup | Radio Types | Radio Quantities | Hex ID (provided by Authorizing Agency) |
| ME TAC11E & 12E | Portables/Handhelds | 15 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Reason for the Request |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interoperability between US Customs and Border Protection (CBP) and State/Local agencies during planned events or unplanned natural/man-made emergencies. |
| Please note: We are expecting to add more portable and mobile radios in the future as we upgrade from XTS5000 VHF only radios to APX7000 VHF/800 MHz portable radios as well as APX7500 mobile radios. |
| CBP Minneapolis currently has access to ME TAC1-10 previously approved by MESB. |

| 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.

Allied Radio Matrix for Emergency Response System (ARMER) Standards, Protocols, Procedures

| | | |
|-------------------------|----------------------------------------------------------------|-------------------------------------|
| Document Section 5 | System Access by Non- Governmental Organizations (NGOs) | Status: Complete |
| State Standard Number | 5.1.0 | |
| Standard Title | Media Access | |
| Date Established | 10/30/2001 | SECB Approval: 01/24/2008 |
| Replaces Document Dated | 12/12/2007 | |
| Date Revised | 1/9/2008 | |

1. Purpose or Objective

The purpose of this standard is to establish a policy that will provide for news media and others to access certain voice communications over the ARMER system.

2. Technical Background

▪ Capabilities

The ARMER system provides enhanced communications and interoperability using state-of-the-art technology for system users such as police, fire, Emergency Medical Services (EMS), and public works agencies.

▪ Constraints

Under the provisions of State Standard 2.3.0, "Talkgroup and Multigroup Names," talkgroups are the property of the primary agency using them, and the agencies shall control access to those talkgroups. The Statewide Emergency Communications Board (SECB) shall control access to talkgroups used for interoperability between and among agencies.

3. Operational Context

Members of the public and media who currently monitor public safety communications can continue to monitor agencies moving to the ARMER system by using a radio programmed to scan selected talkgroups in a receive-only mode.

Anyone using radios or other scanning equipment to monitor shall comply with all Federal and Minnesota Statutes and Rules regarding the use of that equipment.

4. Recommended Protocol/ Standard

Media agencies wishing to monitor communications may purchase radios compatible with the ARMER system. The radios shall only be programmed by staff authorized by the Statewide Emergency Communications Board. Before the radios are programmed, users must complete a signed agreement to abide by standards regarding use of the equipment, as determined by the appropriate Regional Radio Board (RRB). This agreement shall state the radios will be used only for receiving communications and will not be reprogrammed by unauthorized personnel. Violation of the agreement shall result in the user's radios being removed from the system.

5. Recommended Procedure

Each agency using the ARMER system shall submit a list of the talkgroups that are open for monitoring to the appropriate Regional Radio Board.

The agreement shall include terms and conditions for use of radios on the system, requirement of compliance with state and federal law, and a list of the talkgroups to be monitored. These talkgroups shall be among those the owner agencies have indicated may be monitored. Users may then purchase radios to be used for scanning purposes only of talkgroups that have been authorized for monitoring. Violation of the agreement shall result in the user's radio being removed from the system.

6. Management

The appropriate Regional Radio Board shall manage the agreement process and maintain a list of users with radios for scanning purposes and what talkgroups are monitored. The Statewide Radio Board shall designate entities authorized to program radios. Billing users for the cost of programming shall be the responsibility of the programming entity.