



TENNESSEE AHIMT - INCIDENT TRAINEE DATA FORM

TRAINEE DATA

Trainee Name		Request #	
Trainee Item Code	Item Code Description		
Section	Initial Assignment?	Agency	
Unit ID	Unit ID Description		
Assignment Start		Assignment End	
1. Trainee possesses valid Red Card or agency certification card?			
2. Trainee has CURRENT home unit-initiated Position Task Book?			
3. Trainee has incident issued Task Book with concurrence of home unit?			
Priority Trainee?		Priority Program	

HOME UNIT CONTACT

Name			
Unit ID	Unit ID Description		
Address			
City	State	Zip	
Phone	E-Mail		

TRAINEE GOALS (Tasks to be evaluated on this incident)

1.	
2.	
3.	

TRAINER/EVALUATOR DATA

Name		Request #	
Item Code	Item Code Description		
Unit ID	Unit Description		
Address			
City	State	Zip	
Phone	E-Mail		
Recommendation #		PTB Progress %	

INCIDENT DATA (For Training Specialist Use Only)

Incident Name	Incident Number
Incident Type	Complexity
Acres	Fuel Type

TRAINING SPECIALIST (For Training Specialist Use Only)

Name	Agency
Unit ID	Unit Description
Phone	E-Mail

Date:

Time:

TENNESSEE AHIMT - INCIDENT TRAINEE DATA FORM

Purpose. The Tennessee AHIMT Incident Trainee Data Form gives program leadership and Training Specialists the opportunity to track participant progress throughout the trainee evaluation process. The information collected directly supports the Training Specialist, Team Leadership, and the Credentialing and Qualifications Committee efforts to facilitate the Tennessee Incident Management Qualification System (TIMQS).

Preparation. The Tennessee AHIMT Incident Trainee Data Form is normally prepared by the supervisor for each subordinate. Each gray section should be completed prior to facilitating any coaching/evaluation. Each green section must be completed by assigned Coach/Evaluator. Each blue section must be completed by the Training Specialist (TNSP) or assigned Team Lead (must be pre-identified by the appropriate Regional Coordinating Committee).

Distribution. The Tennessee AHIMT Incident Trainee Data Form must be distributed to the appropriate TNSP, Regional Coordinating Committee, the individual seeking qualification, and added to the final incident package.

Notes:

TRAINEE DATA

TRAINEE DATA	
Trainee Name	Enter the Trainee Name
Request #	Enter the appropriate request number (if applicable and published)
Trainee Item Code	Enter the Trainee item code by position, i.e., OSC3-AH, PSC3-AH, SITL-AH, as defined in TIMQS.
Item Code Description	Enter the full description of the item code, i.e., Operations Section Chief, Planning Section Chief, Situation Unit Leader.
Section	Enter the appropriate section (Command Staff, Planning, Operations, etc.)
Initial Assignment?	If this is the trainee's initial assignment, answer "yes." If not, note "no."
Agency	Enter the Agency you are representing, i.e., TN-AHIMT-Middle, TN-AHIMT-East, TN-AHIMT-West
Unit ID	Enter the appropriate Unit ID for this incident, i.e., TN-FRK, TN-NSH
Unit ID Description	Enter a description of the Unit ID for this incident, i.e., TN-Franklin, TN-Nashville
Assignment Start	Enter the appropriate date for assignment start
Assignment End	Enter the appropriate date for assignment end
1. Red Card	Enter if applicable – Enter "Yes, No, or N/A"
2. Home Unit PTB	*Required for all trainees – Enter "Yes or No"
3. Incident PTB	*Rare occurrence –Enter "Yes or No"
Priority Trainee?	If affiliated note "Yes" – all other answers should be "No or N/A"
Priority Program?	If affiliated note "Yes" – all other answers should be "No or N/A"
HOME UNIT CONTACT	
Name	Enter Home Unit Supervisor Information
Unit ID	Enter Home Unit ID, i.e., TN-FRK, TN-NSH
Unit ID Description	Enter Home Unit ID Description i.e., TN-Franklin, TN-Nashville
Address	Enter Home Unit Address
City	Enter Home Unit City
State	Enter Home Unit State
Zip	Enter Home Unit Zip Code

Date:

Time:

Phone	Enter Home Unit Phone #
Email	Enter Home Unit Supervisor Email Address
Trainee Goals	Enter Trainee Goals for this Incident (overarching or specific)
EVALUATOR DATA (EVALUATOR ONLY)	
Name	Enter Evaluator Name
Request #	Enter Request Number if applicable
Item Code	Enter Item Code (must be qualified in or supervising trainee position), i.e., ICT3-AH, OSC3-AH, LSC3-AH
Item Code Description	Enter Item Code Description, i.e., Incident Commander, Operations Section Chief, Logistics Section Chief
Unit ID	Enter Evaluator Unit ID i.e., TN-FRK, TN-NSH
Unit ID Description	Enter Evaluator Unit ID Description i.e., TN-Franklin, TN-Nashville
Address	Enter Evaluator Address
City	Enter Evaluator City
State	Enter Evaluator State
Zip	Enter Evaluator Zip Code
Phone	Enter Evaluator Phone #
Email	Enter Evaluator Email Address
Recommendation #	Enter Evaluator Recommendation # (found in PTB and on Home Unit Letter)
PTB Progress %	Enter PTB Progress percentage (100% being complete)
INCIDENT DATA (TNSP ONLY or TEAM LEAD ONLY)	
Incident Name	Enter the Incident Name (must align with the IAP)
Incident #	Enter the Incident Number. If this is an exercise or planned event, please note if this information is not available.
Incident Type	Enter a general definition of the incident in this block, i.e., US&R, Hurricane, HAZMAT, Technical Rescue, Tornado, etc.
Complexity	Indicate the level of complexity for the incident, event, or exercise (1, 2, 3, 4, 5)
Acres	Enter this information if applicable. If not, mark N/A
Fuel Type	Enter this information if applicable. If not, mark N/A
TRAINING SPECIALIST (TNSP or TEAM LEAD ONLY)	
Name	Enter TNSP or Team Lead (managing the evaluation process – RCC Identified)
Agency	Enter appropriate Team Information – TN-AHIMT-East, TN-AHIMT-Middle, TN-AHIMT-West
Unit ID	Enter TNSP or Team Lead Unit ID
Unit Description	Enter TNSP or Team Lead Unit ID Description
Phone	Enter TNSP or Team Lead Phone #
Email	Enter TNSP or Team Lead Email Address

(1 copy to each: TNSP, RCC, TRAINEE, FINAL INCIDENT DOCUMENTATION PACKAGE)

Date:

Time:

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