



Incident Qualification and Certification

Individual Employee New Account

# Required field	Header Information		
# Social Security Number		Employment Kind (Career, Career Seasonal, Casual Hire, Temporary, Volunteer)	
# First Name		Fitness Rating (Arduous, Moderate, Light, None)	
# Last Name		Fitness Date (MM/DD/YYYY)	
Middle Initial		Medical Date (Date of Most Recent Medical Exam - MM/DD/YYYY)	
Org Code		Group (IMT Member and Team name)	
Unit Code		IRDP Incident Responder Development Plan (Y/N)	
# Birth Date			

Incident Qualification Card <i>(only the jobs you anticipate working)</i>			
Qualified Jobs		Trainee Jobs	
Job Code	Job Code	Job Code	Job Code

JOB CODE = Four digit code for the job performed (ex.: **FFT2** = Firefighter Type 2)

Training administered within IQCS will automatically be applied to the individual's record when the course session is completed

Employee Training Entry			
Course Code	Date Completed (MM/DD/YY)	Course Code	Date Completed (MM/DD/YY)
EXAMPLE: S190	02/04/04		

EMPLOYEE SIGNATURE		DATE	
SUPERVISOR		DATE	

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Task Books

Initiated, But Not Completed		
Event Code	Job Code	Initiated Date
Example: WF	Example: FFT1	Example: MM/DD/YYYY

Initiated And Completed		
Job Code, and Initiated Date Example: WF-FFT1 MM/DD/YYYY	Job Code, and Initiated Date	Job Code, and Initiated Date
Final Evaluator Example: Last Name, First Name, Middle Initial	Final Evaluator	Final Evaluator
Title Example: Station Manager	Title	Title
Home Unit Example: NMNPA, Northern Pueblos Agency	Home Unit	Home Unit
Phone Number Example: 801-354-5678	Phone Number	Phone Number
Certifier's Empl ID Example: This Person Must Be In The IQCS Data Base	Certifier's Empl ID	Certifier's Empl ID
Title Example: District FMO	Title	Title
Home Unit Example: ORWSA, Warm Springs Agency	Home Unit	Home Unit
Phone Number Example: 801-456-9875	Phone Number	Phone Number
Certification Date Example: MM/DD/YYYY	Certification Date	Certification Date