

The following pages were extracted (for file-size purposes) from the following Task Guide:

Ground & Urban DF Team Task Guide (u_052704140516.pdf)

SPECIALTY QUALIFICATION TRAINING RECORDS (SQTR)

On the following pages you will find the specialty qualification training records for the ground and urban direction finding team specialties. These sheets are your record of training accomplished prior to earning any of these emergency services specialty qualifications. We recommend that you keep copies of these records in a safe place just in case you lose this task guide. Electronic records are not required to be updated until all training is accomplished so this may be your only record of training successfully accomplished. Once you have completed a qualification, provide a copy of the appropriate SQTR to your unit commander or other designated officer for processing.

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Ground Team Member – Level 3**

NAME (Last, First, MI)	CAPID	DATE ISSUED
------------------------	-------	-------------

Prerequisites

Item	Date Completed
Qualified GES	

The above listed member has completed the required prerequisite training for the ground team member – level 3 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-0001 Prepare Individual Equipment	
Complete Task O-0002 Conduct Individual Refit	
Complete Task O-0003 Prevent and Treat Hot Weather Injuries	
Complete Task O-0004 Prevent and Treat Cold Weather Injuries	
Complete Task O-0101 Identify Natural Hazards	
Complete Task O-0102 Prevent and Treat Fatigue	
Complete Task O-0103 Conduct Field Sanitation and Hygiene	
Complete Task O-0201 Use a Compass	
Complete Task O-0601 Conduct actions if Lost	
Complete Task O-0902 Exercise Universal Precautions	
Complete Task P-0102 Conduct a Phone Alert	

The above listed member has completed the required familiarization and preparatory training requirements for the ground team member - level 3 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Evaluator's CAPID and
Date Completed

Task

- Complete Task O-0301 Determine Distress Beacon Bearing
- Complete Task O-0302 Locate a Distress Beacon
- Complete Task O-0403 Employ Search Techniques while on foot
- Complete Task O-0404 Move as Part of a Search Line
- Complete Task O-0405 Communicate to Other Members of a Search Line
- Complete Task O-0406 Use Whistle Signals
- Complete Task O-0407 Conduct Attraction Techniques
- Complete Task O-0408 Identify Aircraft Search Clues
- Complete Task O-0409 Identify Missing Person Search Clues
- Complete Task O-0410 Mark a Route or Search Boundary
- Complete Task O-0411 Conduct individual actions on locating a clue
- Complete Task O-0412 Conduct individual actions on "find"
- Complete Task O-0413 Participate in a hasty search
- Complete Task O-0502 Participate in a litter carry
- Complete Task O-0702 Use a signal mirror
- Complete Task L-0001 Basic Radio Procedures for ES Operators
- Complete Task L-0002 Perform Radio Operations Procedures
- Complete Task L-0003 Employ appropriate radio frequencies and repeaters
- Complete Task P-0101 Keep a Team Log
- Complete Basic First Aid
- Complete Basic Communications User Training
- Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

Exercise Participation

The above listed member satisfactorily participated as a ground team member – level 3 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

The above listed member satisfactorily participated as a ground team member – level 3 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the ground team member – level 3 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE DATE

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Ground Team Member – Level 2**

NAME (Last, First, MI)	CAPID	DATE ISSUED
------------------------	-------	-------------

Prerequisites

Item	Date Completed
Complete requirements for GTM 3	

The above listed member has completed the required prerequisite training for the ground team member – level 2 specialty and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training
No Additional Training Is Required

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-0104 Set up Shelter	
Complete Task O-0202 Measure Distance with Pace Count	
Complete Task O-0203 Navigate past an Obstacle	
Complete Task O-0209 Identify The Major Terrain Features On A Map	
Complete Task O-0210 Identify Topographic Symbols On A Map	
Complete Task O-0211 Determine Elevation On Map	
Complete Task O-0212 Measure Distance On A Map	
Complete Task O-0213 Convert Between Map And Compass Azimuths	
Complete Task O-0215 Determine Azimuths On A Map Using Two Points	
Complete Task O-0216 Orient A Map To The Ground Using Terrain Association	
Complete Task O-0217 Orient A Map To North Using A Compass	
Complete Task O-0420 Perform An Airfield Search (Ramp Check)	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as a ground team member – level 2 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a ground team member – level 2 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the ground team member – level 2 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Ground Team Member - Level 1**

NAME (Last, First, MI)	CAPID	DATE ISSUED
------------------------	-------	-------------

Prerequisites

Item	Date Completed
Complete requirements for GTM 2	

The above listed member has completed the required prerequisite training for the ground team member – level 1 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-0701 Recognize and React to Air to Ground Signals	

The above listed member has completed the required familiarization and preparatory training requirements for the ground team member – level 1 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-0401 Work with Canine Search Teams	
Complete Task O-0416 Plan Search Line Operations	
Complete Task O-0417 Organize a Search Line	
Complete Task O-0418 Control a Search Line	
Complete Task O-0419 Plan and Organize a Hasty Search	
Complete Task O-0703 Employ Ground to Air Signals	
Complete Task O-0802 Plan and Organize Site Surveillance	
Complete Task P-0201 Sign-In Team At Mission	
Complete Task P-0202 Plan And Brief Sortie	
Complete Task P-0203 Conduct Rehearsals	
Complete Task P-0204 Conduct After Action Review	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as a ground team member – level 1 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a ground team member – level 1 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the ground team member – level 1 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Ground Team Leader

NAME (Last, First, MI)	CAPID	DATE ISSUED
------------------------	-------	-------------

Prerequisites

Item	Date Completed
Qualified Ground Team Member (level 3, 2, or 1)	
At least 18 years of age	

The above listed member has completed the required prerequisite training for the ground team leader specialty and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training
No Additional Training Is Required

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-0005 Insect team members	
Complete Task O-0006 Inspect team equipment	
Complete Task O-0007 Direct team refit after sortie	
Complete Task O-0104 Set up Shelter	
Complete Task O-0204 Locate a point on a Map using Latitude and Longitude	
Complete Task O-0205 Locate a point on a map using the CAP Grid System	
Complete Task O-0209 Identify the major terrain features on a map	
Complete Task O-0210 Identify topographic symbols on a map	
Complete Task O-0211 Determine elevation on a map	
Complete Task O-0212 Measure distance on a map	
Complete Task O-0213 Convert between map and compass azimuths	
Complete Task O-0214 Determine and plot an azimuth on a map	
Complete Task O-0215 Determine azimuths on a map using two points	
Complete Task O-0216 Orient a map to the ground using terrain association	
Complete Task O-0217 Orient a map to north using a compass	
Complete Task O-0218 Locate own position on a map using terrain association	
Complete Task O-0220 Move from point to point in a vehicle using a map	
Complete Task O-0301 Determine Distress Beacon Bearing	
Complete Task O-0302 Locate a Distress Beacon	
Complete Task O-0303 Deactivate a distress beacon	
Complete Task O-0304 Triangulate on a distress beacon signal	
Complete Task O-0416 Plan Search Line Operations	
Complete Task O-0417 Organize a Search Line	
Complete Task O-0418 Control a Search Line	
Complete Task O-0419 Plan and Organize a Hasty Search	
Complete Task O-0420 Perform an Airfield Search (Ramp check)	
Complete Task O-0421 Direct team actions on locating a clue	
Complete Task O-0422 Direct team actions on find	
Complete Task O-0605 Extinguish a small Fire	
Complete Task O-0802 Plan and organize site surveillance	
Complete Task O-0803 Supervise a site surveillance shift	
Complete Task O-0804 Sign over a site	
Complete Task O-1001 Direct team actions at meeting point	
Complete Task O-1002 Establish a helicopter landing zone	
Complete Task O-1101 Conduct Witness Interview	
Complete Task P-0201 Sign-in a Team at Mission Base	
Complete Task P-0202 Plan and brief sortie	
Complete Task P-0203 Conduct rehearsals	
Complete Task P-0204 Conduct after action review	
Complete Task L-0101 Inspect a vehicle	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as a ground team leader trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a ground team leader trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the ground team leader specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Urban Direction Finding Team

NAME (Last, First, MI)	CAPID	DATE ISSUED
------------------------	-------	-------------

Prerequisites

Item	Date Completed
Qualified GES	

The above listed member has completed the required prerequisite training for the urban direction finding team specialty.

 UNIT/WING/REGION COMMANDER OR
 AUTHORIZED DESIGNEE'S SIGNATURE

 DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-0010 Prepare UDF Individual Equipment	
Complete Task P-0102 Conduct a Phone Alert	

The above listed member has completed the required familiarization and preparatory training requirements for the urban direction finding team specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

 UNIT/WING/REGION COMMANDER OR
 AUTHORIZED DESIGNEE'S SIGNATURE

 DATE

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-0201 Use a Compass	
Complete Task O-0205 Locate A Point On A Map Using The CAP Grid System	
Complete Task O-0214 Determine And Plot An Azimuth On A Map	
Complete Task O-0218 Locate Own Position On A Map Using Terrain Association	
Complete Task O-0220 Move From Point To Point In A Vehicle Using A Map	
Complete Task O-0301 Determine Distress Beacon Bearing	
Complete Task O-0302 Locate a Distress Beacon	
Complete Task O-0303 Deactivate a Distress Beacon	
Complete Task O-0304 Triangulate on a Distress Beacon Signal	
Complete Task O-0420 Perform an Airfield Search (Ramp check)	
Complete Task L-0001 Basic Radio Procedures for ES Operators	
Complete Task L-0002 Perform Radio Operations Procedures	
Complete Task L-0003 Employ appropriate radio frequencies and repeaters	
Complete Task L-0101 Inspect a vehicle	
Complete Task P-0101 Keep a Log	
Complete Basic Communications User Training	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

Exercise Participation

The above listed member satisfactorily participated as an urban direction finding team trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as an urban direction finding team trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the urban direction finding team specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE