

AZ SAR Tracker III

Rev. 2 (11/20)

| Task Book Assigned To: | |
|--------------------------|-------|
| Candidate's Name/Unit #: | _ |
| Phone Number: | - |
| | |
| | |
| | |
| Task Book Initiated By: | |
| Official's Name: | _ |
| Title: | |
| Agency: | _ |
| Phone Number: | |
| Address: | _ |
| Date Initiated: | |
| | |
| | |
| | |
| | |

ASARCA Task book for the position of: AZ SAR Tracker III

Task Book Overview

The AZ SAR TRACKER III Task Book is designed as a recommended standard for all new Arizona Search & Rescue volunteers. It is meant to provide a foundation of training in the Tracking discipline.

Upon completion of this task book, the candidate will be awarded the AZ SAR TRACKER III status, signifying the training level of the individual, and they will be ready to fill support roles on Search & Rescue missions.

Tasks within the Position Task Book (PTB) are numbered sequentially; however, the numbering does NOT indicate the order in which the tasks need to be performed or evaluated.

The bullets under each numbered task are examples or indicators of items or actions related to the task, or minimum requirements for the course to be qualifying to meet standards. The purpose of the bullets is to assist the evaluator in evaluating the candidate, or as a reference for the candidate to adhere to the suggested course standards. The bullets are not all-inclusive. Evaluate and initial ONLY the numbered tasks. DO NOT evaluate and initial each individual bullet.

INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD

Evaluation Record #

Each evaluator/instructor will need to generate an evaluation record for each event/incident/training where tasks are being signed off. The evaluation records should be numbered sequentially. One or more tasks may be signed off by an evaluator/instructor for a given evaluation record and corresponding event/incident/training. ASARCA approved evaluators/instructors only shall complete the next open box on the evaluation record page and write the corresponding record #, date, and location and instructor information in the appropriate columns of the PTB. Only tasks completed in a satisfactory manner will be given an evaluation record and signed off. Those tasks not completed in a satisfactory manner will be referred to the agency coordinator for re-evaluation.

Final Evaluators Verification

Upon satisfactory completion of all tasks in the PTB the candidate can submit it to their agency SAR coordinator. The SAR coordinator will then complete the Final Evaluator's Verification page and submit the PTB to the ASARCA Standards Committee.

Arizona SAR TRACKER III Task Book

| Task | Eval Record#/ Certificate | Date Completed | Location & Instructor Info |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|-------------------------------|
| Initial SAR Tracking Education | | | |
| Complete an approved ASARCA AZ SAR Tracker III Minimum 4 hours Classroom training | | | |
| Tracker III Evaluation (Evaluator: Check off as completed. Must be completed as part of the field test requirements.) | | | |
| a Properly identify the positions on a tracking team and explain the functions carried on by each person. | | | |
| b Discuss clue awareness and successful ways to protect and preserve tracks and sign. | | | |
| c Successfully follow tracks and sign over various terrain for a distance of 200 yards. Time limit 4 hours with no more than 3 persons rotating positions throughout course. | | | |
| d Demonstrate the ability to obtain and mark a GPS coordinate of a track. | | | |
| e Demonstrate the ability to save and create a route traveled. | | | |
| Field training- Actively participate in four actual or | | | |
| training missions. Generally completed in your county or assisting another county | | | |
| 1. Mission Number & Date | _ | | |
| 2. Mission Number & Date | | | |
| 3. Mission Number & Date | | | |
| 4. Mission Number & Date | | | |

Notes:

Arizona SAR TRACKER III Task Book

| Evaluation Record # | Evaluator/Instructor Name: |
|------------------------------|----------------------------|
| Evaluator/Instructor Home Ag | gency: |
| Incident/Event: | Date: |
| Notes: | |
| | |
| Evaluation Record # | Evaluator/Instructor Name: |
| Evaluator/Instructor Home Ag | jency: |
| Incident/Event: | Date: |
| Notes: | |
| | Evaluator/Instructor Name: |
| | jency: |
| Incident/Event: | |
| Notes: | |
| | Evaluator/Instructor Name: |
| Evaluator/Instructor Home Ag | ency: |
| Incident/Event: | Date: |
| Notes: | |
| | |
| Evaluation Record # | Evaluator/Instructor Name: |
| Evaluator/Instructor Home Ag | gency: |
| Incident/Event: | Date: |
| Notes: | |
| | |

Arizona SAR TRACKER III Task Book

| Evaluation Record # | Evaluator/Instructor Name: | |
|---------------------------|----------------------------|----|
| Evaluator/Instructor Home | Agency: | |
| Incident/Event: | Date | :: |
| Notes: | | |
| | | |
| Evaluation Record # | Evaluator/Instructor Name: | |
| Evaluator/Instructor Home | Agency: | |
| Incident/Event: | Date | :: |
| Notes: | | |
| | | |
| Evaluation Record # | Evaluator/Instructor Name: | |
| Evaluator/Instructor Home | Agency: | |
| Incident/Event: | Date | :: |
| Notes: | | |
| | | |
| Evaluation Record # | Evaluator/Instructor Name: | |
| Evaluator/Instructor Home | Agency: | |
| Incident/Event: | Date | :: |
| Notes: | | |
| | | |
| | Evaluator/Instructor Name: | |
| Evaluator/Instructor Home | Agency: | |
| Incident/Event: | Date | :: |
| Notes: | | |
| | | |

| Verification/Certification of Completed Task Book for the Position of: | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| AZ SAR TRACKER III | | | | |
| inal Evaluator's Verification | | | | |
| To be completed ONLY when you are recommending the candidate for certification. | | | | |
| I verify that (candidate name) has successfully performed as a candidate by demonstrating all tasks for the position listed above and should be considered for certification in this position. All tasks are documented with appropriate initials. | | | | |
| inal Evaluator's Signature: | | | | |
| inal Evaluator's Printed Name/Unit #: | | | | |
| itle: | | | | |
| gency | | | | |
| hone Number: Date: | | | | |
| gency Certification | | | | |
| certify that (candidate name) has met all requirements for alification in the above position and that such qualification has been issued. | | | | |
| ertifying Official's Signature: | | | | |
| ertifying Official's Printed Name: | | | | |
| | | | | |
| gency: | | | | |
| hone Number: Date: | | | | |

(Initial only one line as appropriate)

_____ 1) The Candidate has successfully performed all tasks in the PTB for the position. I

recommend the Candidate be considered for qualification of the position.

_____ 2) The Candidate did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.

_____ 3) The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.