

# MI-TF1

## USAR TASK FORCE

### TECHNICAL INFORMATION SPECIALIST

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**Description of Duties:**

The Technical Information Specialist is responsible for:

- Gathering requested information from all available sources and forwarding to the Planning Team Manager for incorporation in the planning function
- Creating, displaying, providing and compiling documentation for all pertinent Task Force and incident information via written, audio, and visual mediums
- Providing accountability, maintenance, and minor repairs for all task force technical information and planning team equipment
- Performing additional tasks or duties as assigned

Other Task Force positions applying for:

1.

2.

3.

#### APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Home Phone			E-mail Address			
Cell Phone			Work Phone			
Sponsoring Agency: (i.e.: department, team) if applicable						
Chief/Dept. Head:						
Address:						
Telephone:						
Job Classification/Rank						

	<b>Employment History</b>
Dates To-From	Employer (Name, address and telephone)

### Position Specific Required Training

YES	NO	Complete the DHS/FEMA National US&R Response System GPS Awareness Level Course
YES	NO	Complete the DHS/FEMA National US&R Response System Planning Team Training Course

### General Training Requirements

YES	NO	Critical Incident Stress awareness training
YES	NO	IS-100 and IS-200 (or their equivalent), IS-700 and IS-800B online courses
YES	NO	US&R Response System Orientation
YES	NO	First Responder Operations Level for Hazardous Materials (OSHA 29 CFR, 1910.120)
YES	NO	Certified in Cardiopulmonary Resuscitation
YES	NO	Respiratory protection training per OSHA 29 CFR 1910.134 (k).
YES	NO	DHS/FEMA National US&R Response System WMD Enhanced Operation
YES	NO	NFPA 1670 Awareness Level- Confined Space Rescue
YES	NO	NFPA 1670 Awareness Level- Water Rescue
YES	NO	NFPA 1670 Awareness Level- Structural Collapse Rescue
YES	NO	Blood-borne Pathogen training



**TRAINING EXERCISES**

Multiple agency USAR Training Exercises – Include year, sponsoring agency, location and duration of the exercise  
(use additional sheets as needed)

Year	Sponsoring Agency	Location	Duration

**SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

Authorized Signature Chief or Agency Head

Date

Printed Signature

Title

**Please email completed application to the MABAS-MI/MI-TF1 PROGRAM DIRECTOR  
at [programmanager@michiganmabas.us](mailto:programmanager@michiganmabas.us)**