



# Standard Guide for Forms Used for Search and Rescue<sup>1</sup>

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<sup>ε1</sup> NOTE—Editorial changes were made to Sections 4.1 and Table 1 in October 1999.

## INTRODUCTION

Many organizations have been working in the Search and Rescue (SAR) community using the Incident Command System (ICS) framework. In doing so, these organizations have adapted the existing ICS forms to fit their needs. They have also found that some new forms needed to be developed in order to address problems or areas not considered in the fire-oriented forms. Some of these organizations have developed their own standard packet of forms that will address the typical needs of that organization. By addressing the appropriate actions called for by the average mission, these forms can focus the team members' activities into a standard operating procedure. This guide will show examples of form packets used by some SAR organizations.

### 1. Scope

1.1 This guide gives examples of forms used in the SAR community.

1.2 It is not the intent of this guide to recommend one form over another, but to make the user aware of the many different types of forms used. This guide does not purport to contain every form used in SAR, only a few examples of forms in each category.

1.3 These forms cover a great variety of the many aspects involved in SAR. This guide will attempt to give a few versions of forms used for each aspect identified. The user may choose which form best fits his particular need.

1.4 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

### 2. Referenced Documents

2.1 The forms in this guide have been submitted by members of various organizations who are presently using them. In some cases the organization logo will identify the source of the submitted form. Use of logos on forms in this guide does not constitute an endorsement by either ASTM or the contributing SAR organization. Use of these displays are for the convenience and information of the user.

2.2 ICS National Training Curriculum— *ICS Forms Catalog<sup>2</sup>*

### 3. Significance and Use

3.1 This guide will give SAR personnel options in choosing a form that will fit their specific need. These forms will assist in the organization, management, and documentation of a search or rescue incident.

3.2 Additional forms will be categorized by topics such as management, investigation, training documentation, equipment maintenance, and reports. This guide will compare the original ICS forms with samples of those developed to parallel them for SAR.

3.3 Once categorized, an explanation will be given for each type of form. Some examples of these forms will be shown. Some contributors have included detailed instruction for the use of their forms.

3.4 This guide may serve as the basis for new forms to be created using some information found here.

### 4. Summary of Guide

4.1 This guide has been arranged so that the user can locate an example of a form by identifying the way that it is used, or where it fits within the Incident Command System.

Section	Category
Section 5	Existing ICS Forms
Section 6	ICS forms Modified for SAR
Section 7	Additional Forms for SAR Management (these are listed by the four general staff functions)

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Section	Category
7.2	Plans
7.3	Operations
7.4	Logistics
7.5	Finance
Section 8	Additional Forms for SAR Investigation
Section 9	Additional Forms for SAR Training
Section 10	Additional forms for SAR Equipment Maintenance
Section 11	Additional Forms for SAR Reports & Critiques
Section 12	Additional Forms for Urban SAR
Section 13	Miscellaneous SAR Forms
Section 14	Form Packets
Section 15	Index

## 5. Existing ICS Forms

5.1 In adopting the incident command system as the preferred method for managing a search or rescue incident, we have also adopted the forms that go with that system. All the forms included in the ICS are shown for the reference of the user. It is up to the user to choose which form will fit the specific need of a given incident.

5.1.1 Appendix X1 is arranged as follows: (forms not included at this time):

- 201 Incident Briefing
- 202 Incident Objectives
- 203 Organization Assignment List
- 204 Division Assignment List
- 205 Incident Radio Communications Plan
- 206 Medical Plan
- 207 Chain of Command Flow Chart
- 209 Incident Status Summary
- 210 Status Change Card
- 211 Check In List
- 213 General Message
- 214 Unit Log
- 215 Operational Planning Work Sheet
- 216 Radio Requirements Worksheet
- 217 Radio Frequency Assignment Worksheet
- 218 Support Vehicle Inventory
- 219 Miscellaneous Equipment/Task Force (T-Card)
- 220 Air Operations Summary
- 221 Demobilization Checkout

## 6. ICS Forms Modified for SAR

6.1 These are forms that are based directly on the ICS but have been altered in some manner to fit specific needs of a particular organization. In many cases the forms show a parallel to ICS by using the number or the name that corresponds to the ICS system.

6.2 Forms included in SAR/ICS sections:

6.2.1 *201 Incident Briefing Forms*—This is a form to gather basic information, including but not limited to the situation, the subject, the overhead team, and initial response actions. It is used to brief incoming SAR personnel, and as a record of the initial response.

6.2.1.1 Examples found in Appendix X2:

- (1) Incident Briefing (Fig. X2.1).
- (2) General Briefing (Fig. X2.2).
- (3) General Briefing—Missing Person with Instruction Sheets (Fig. X2.3).
- (4) Daily Briefing (Fig. X2.4).

(5) Shift Briefing Format (Fig. X2.5).

6.2.2 *202 Incident Objectives Forms*—This form is the first sheet of the incident action plan. The objectives are developed by the incident commander at the planning meeting and then documented on this form.

6.2.2.1 Examples found in Appendix X2:

(1) Incident Objectives (Fig. X2.6).

6.2.3 *203 Organization Assignment List*—This form provides incident personnel with information as to which units have been established and the names of the individuals in each position. This form becomes part of the incident action plan and may be posted separately on information boards.

6.2.3.1 Examples found in Appendix X2:

(1) Organizational Assignment List (Fig. X2.7).

6.2.4 *204 Division Assignment List*—This form is used to detail the field assignment that is given to any particular resource. In many cases a segmented incident map will be given with this assignment sheet. (The maps may be copied on the back side).

6.2.4.1 The examples shown give a variety of additional information to the crew/team such as: debriefing, communications, subject profile, and equipment/transportation information.

6.2.4.2 Form instructions are included where available.

6.2.4.3 Examples found in Appendix X2:

- (1) Task Assignment (Fig. X2.8).
- (2) Field Team Assignments (Fig. X2.9).
- (3) Crew Assignment (Fig. X2.10).
- (4) Crew Assignment with Instructions (Fig. X2.11).
- (5) Team Assignment with Instructions (Fig. X2.12).

6.2.5 *205 Incident Radio Communications Plan*—This plan provides information on all radio frequencies being used on the incident. It becomes part of the Incident Action Plan.

6.2.5.1 Examples found in Appendix X2:

(1) Incident Communications Plan (Fig. X2.13)

6.2.6 *206 Medical Plan*—This form provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures. It becomes part of the Incident Action Plan.

6.2.6.1 Examples found in Appendix X2:

(1) Incident Medical/Evacuation Plan (Fig. X2.14).

6.2.7 *211 Check-In List*—This form is used to record the arrival of all incident personnel.

6.2.7.1 Examples found in Appendix X2:

- (1) Daily Local Volunteer Personnel Register (Fig. X2.15).
- (2) Daily SAR Unit/Government Personnel Register (Fig. X2.16).
- (3) Personnel Check In/Out (Fig. X2.17).
- (4) Registration of Search and Rescue Participants (Fig. X2.18).

6.2.8 *214 Unit Log*—This form is used to document any activity or events occurring in a particular unit.

6.2.8.1 Examples found in Appendix X2:

(1) Daily Unit Log (Fig. X2.19).

6.2.9 *215 Operational Planning Worksheet*—This form is used in planning which resources will be used for assignments. It is also used by logistics for ordering resources.

6.2.9.1 Examples found in Appendix X2:

(1) Daily SAR Resources Worksheet (Fig. X2.20).

6.2.10 *218 Support Vehicle Inventory*— This form provides an inventory of vehicles assigned or available at the incident.

6.2.10.1 Example found in Appendix X2:

(1) Daily Vehicle Register (Fig. X2.21).

## 7. Additional Forms for SAR Management

7.1 These are forms that are not based on ICS forms but have been developed for use within the system because of the particular needs of the developing organization in managing an incident. These forms have been broken down into the four general staff functions.

7.2 *Forms Used Within the Plans Sections:*

7.2.1 *Debriefing Forms*—These forms are used to detail information coming from the field. This information is vital in planning strategy for future operational periods. This form also serves as a record of field activities.

7.2.1.1 Examples found in Appendix X2:

(1) Debriefing Form (Fig. X2.22).

(2) Team Debriefing with Supplement and Instructions (Fig. X2.23).

7.2.2 *Resource Forms*—These forms are used for ordering resources and can also be useful when planning assignments.

7.2.2.1 Examples found in Appendix X2:

(1) Search Capabilities Roster (Fig. X2.24).

(2) Resource Order Form (Fig. X2.25).

7.2.3 *Planning Worksheets/Checklist* — These are general forms used within the planning section.

7.2.3.1 Examples found in Appendix X2:

(1) Survival Time-frame Worksheet (Fig. X2.26).

(2) Planning Process Checklist (Fig. X2.27).

(3) Planning Cycle (Fig. X2.28).

7.2.4 *Aircraft Search Forms*—These forms are used when searching for downed aircraft.

7.2.4.1 Examples found in Appendix X2:

(1) Missing Aircraft Worksheet (Fig. X2.29).

(2) ELT Worksheet (Fig. X2.30).

7.2.5 *Situation Unit Forms:*

7.2.5.1 Examples found in Appendix X2.

(1) Situation Report (Fig. X2.31).

7.3 *Forms Used Within the Operations Section:*

7.3.1 *Assignment Record*—These forms are used for documenting tasks that have been assigned to particular resources.

7.3.1.1 Examples found in Appendix X2:

(1) Daily Task Log (Fig. X2.32).

(2) Crew Card with Instructions (Fig. X2.33).

7.3.2 *Field Forms*—These are forms used by resources in the field to document various activities.

7.3.2.1 Examples found in Appendix X2:

(1) ELT-DF Field Team Log (Fig. X2.34).

(2) Tracking Worksheet (Fig. X2.35).

(3) Track ID Form (Fig. X2.36).

7.4 *Forms Used Within the Logistics Section:*

7.4.1 *Supply Unit Form*—These forms are used in the supply unit for ordering, locating, and tracking supplies and equipment.

7.4.1.1 Examples found in Appendix X2:

(1) Equipment Roster (Fig. X2.37).

(2) Equipment Check (Fig. X2.38).

7.4.2 *Communications Unit Forms*—These forms are used within the communications unit.

7.4.2.1 Examples found in Appendix X2:

(1) Daily Communications Log (Fig. X2.39).

(2) Communications Log (Fig. X2.40).

7.4.3 *Medical Unit Forms*—These forms are used within the medical unit.

7.4.3.1 Examples found in Appendix X2:

(1) Medical Report (Fig. X2.41).

(2) Report of Injury (Fig. X2.42).

(3) Patient Referral (Fig. X2.43).

(4) Notice of Death Form (Fig. X2.44).

7.4.4 *Facilities Unit Forms:*

7.4.4.1 Examples found in Appendix X2.

(1) Operating Facilities (Fig. X2.45).

7.5 *Forms Used Within the Finance Section:*

7.5.1 *Time Unit Forms*—These are forms used within the time unit.

7.5.1.1 Examples found in Appendix X2:

(1) Monthly Time Report (Fig. X2.46).

(2) Time Record (Fig. X2.47).

7.5.2 *Cost Unit Forms*—These are forms used within the cost unit.

7.5.2.1 Examples found in Appendix X2:

(1) Search and Rescue Expenditure Report (Fig. X2.48).

(2) Cost Sheet (Fig. X2.49).

## 8. Additional Forms for SAR Investigation

8.1 Search investigation very often plays an important role in the planning and the operations of an incident. This is quite different than a fire. The investigation may deal with the subjects' history or with current events such as possible sightings. Some organizations have developed forms to assist them that have no connection to the ICS.

8.2 *Forms Used to Aid in the Investigation:*

8.2.1 *Subject Profile Forms*—These are forms that are used to gather information about the person or persons that is (are) the subject of the search. Some groups use short forms that only compile basic information used in the initial phases of the search, and get more detail later. Other groups have very detailed forms that serve as the foundation of their investigation.

8.2.1.1 Examples found in Appendix X3:

(1) Lost Person Questionnaire (Fig. X3.1).

(2) Search and Rescue Circumstance (Fig. X3.2).

(3) Incident Missing Person Questionnaire (Fig. X3.3).

(4) Lost Person Worksheet (Fig. X3.4).

(5) ML Quick Sheet (Fig. X3.5).

(6) Notification of Search and/or Rescue (Fig. X3.6).

8.2.2 *Information Compiling Forms*—These forms will assist the investigators in gathering and compiling information. They cover everything from the documentation of the initial source of the clue (whether it is physical or verbal) to the sorting and logging of the clue.

8.2.2.1 Examples found in Appendix X3:

(1) Urban Interview Log (Fig. X3.7).

(2) Daily Clue Log (Fig. X3.8).

(3) ELT-DF Reports (Fig. X3.9).

(4) Clue Card (Fig. X3.10).

8.2.3 *Miscellaneous Investigation Forms:*

8.2.3.1 Examples found in Appendix X3:

- (1) Relative Search Urgency Rating Form (Fig. X3.11).

**9. Additional Forms for SAR Training**

9.1 These forms are used to document all phases of training from planning to implementation.

9.1.1 Examples found in Appendix X3:

- 9.1.1.1 Training Plan (Fig. X3.12).
- 9.1.1.2 Documented Training Form (Fig. X3.13).
- 9.1.1.3 Training Check-In (Fig. X3.14).

**10. Additional Forms for SAR Equipment Maintenance**

10.1 These are forms used to document information related to search and/or rescue equipment such as, serial numbers, age, use history, and maintenance.

10.1.1 Examples found in Appendix X3.

- (1) PMI Usage and History (Fig. X3.15).

**11. Additional Forms for SAR Reports & Critiques**

11.1 These are forms used to report an incident. Some are formal reports used as a permanent record, while others are a general summary of information. Forms used in critiques are included here.

11.1.1 Examples found in Appendix X3:

- (1) Mission Debriefing Form (Fig. X3.16).
- (2) Mission Report (Fig. X3.17).
- (3) Incident Report (Fig. X3.18).
- (4) Incident After Action Report (Fig. X3.19).
- (5) Mutual Aid Response Survey (Fig. X3.20).

**12. Additional Forms for Urban SAR**

12.1 These are forms intended to be used for an incident in an urban setting.

12.1.1 Examples found in Appendix X3.

- 12.1.1.1 Task Force Leader’s Mission Assignment Checklist (Fig. X3.21).
- 12.1.1.2 Task Force Base Of Operations Location Checklist (Fig. X3.22).
- 12.1.1.3 Task Force Operations Report (Fig. X3.23).
- 12.1.1.4 Task Force Operations Site Sketch (Fig. X3.24).
- 12.1.1.5 Structure Triage (Fig. X3.25).
- 12.1.1.6 Urban Interview Log (Fig. X3.7).

**13. Miscellaneous SAR Forms**

13.1 It is recommended that SAR organizations develop a packet of forms that fits their particular needs. They should analyze how they respond to their typical incident. A preplan and a packet of forms could be made up to help guide them through the entire incident.

13.2 Examples found in Appendix X4:

- (1) Public Information Summary—Incident Status (Fig. X4.1).
- (2) Intra-Agency Registration Firm (Fig. X4.2).
- (3) Call-out List (Fig. X4.3).

**14. Form Packets**

14.1 Included here is a form packet being used by the state of New Mexico. This packet is shown here to give an example of how an agency has developed a form packet to fit their specific needs. It is not the intention of this document to make this form packet a national standard. The purpose is to encourage SAR organizations to use the forms in this guide, or ones similar, to create their own form packet which will help to organize their SAR response more efficiently.

**15. Alphabetical Index to Forms**

15.1 Table 1 lists the forms in alphabetical order.

**New Mexico Department of Public Safety**  
**SAR INCIDENT REPORT**

Mission Number: \_\_\_\_\_ AFRC Number: \_\_\_\_\_

Field Coordinates:		Mission Opened:	Mission Closed:	Mission Initiator(s):			
A) _____	E) _____	Date: _____	Date: _____	Opening: _____			
B) _____	F) _____	Time: _____	Time: _____	Closing: _____			
C) _____	G) _____	Area Commander: _____					
D) _____	H) _____						
Subject's Name		City	St:				
A) _____		_____	_____				
B) _____		_____	_____				
C) _____		_____	_____				
Activity	Incident	Response	Area Found	Jurisdiction	Subject	CAP Used	Suspense
			(A) (B) (C)		(A) (B) (C)		
Location Where Subject Was Found							Subject Located
							Date: _____
							Time: _____
Incident Summary							
Report Prepared By		Date Prepared	Total Personnel	Total Manhours			

Additional Comments: \_\_\_\_\_

Reviewed By (Mission Initiator): \_\_\_\_\_ Name \_\_\_\_\_

**Required Attachments Checklist**

<b>Notification or Callout Only</b>	<b>Search and Rescue</b>	<b>Additional Operational Periods</b>
<input type="checkbox"/> No Attachments Required	<input type="checkbox"/> ICS 201 Incident Briefing	<input type="checkbox"/> ICS 202 Incident Objectives
	<input type="checkbox"/> ICS 201A Search Initiation Log	<input type="checkbox"/> ICS 203 Incident Organization Chart
<b>Rescued Only</b>	<input type="checkbox"/> ICS 201B Lost Person Questionnaire	<input type="checkbox"/> ICS 204A Task Assignments
<input type="checkbox"/> ICS 201 Incident Briefing	<input type="checkbox"/> ICS 204A Task Assignments	<input type="checkbox"/> ICS 211A Check-in List
<input type="checkbox"/> ICS 201A Search Initiation Log	<input type="checkbox"/> ICS 211A Check-in List	<input type="checkbox"/> ICS 214 Unit Log(s)
<input type="checkbox"/> ICS 211A Check-in List	<input type="checkbox"/> ICS 214 Unit Log(s)	
<input type="checkbox"/> ICS 214 Unit Log(s)		

Rev. 3-3-94 All entries must be typed or mechanically printed.

**FIG. 1 SAR Incident Report**

TABLE 1 Alphabetical Index to Forms

Title	Reference Number
Aircraft, Missing-Worksheet	2:29
Assignment list, Crew	2:10
Assignment list, Crew	2:11
Assignment list, Field Team	2:9
Assignment list, Organizational	2:7
Assignment list, task	2:8
Assignment list, team	2:12
Briefing General	2:2
Briefing, General-Missing Person	2:3
Briefing, Incident	2:1
Call Out List	4:3
Check-in List	X:X
Check List, Task Force Base of Operation Location	3:22
Check List, Task Force Leader Mission Assignment	3:21
Clue Card	3:10
Communications, Daily-log	2:39
Communications, log	2:40
Cost Sheet	2:49
Crew Card	2:33
Daily Briefing	2:4
Debriefing, Form	2:22
Debriefing Form, Mission	3:16
Debriefing Team	2:23
ELT-DF Reports	3:9
ELT Worksheet	2:30
ELT-DF field team log	2:34
Emergency Helicopter Request Information Sheet	X:XX
Equipment Check In/Out	2:38
Equipment Roster	2:37
Expenditure Report, SAR	2:48
ICS Planning Guide	X:XX
Incident Briefing	X:XX
Incident Communications Plan	2:131
Incident Medical/Evacuation Plan	2:14
Incident Objectives	2:6
Incident Objectives	X:XX
Incident Organization Chart	X:XX
Incident Status Summary	X:XX
Injury, Report of	2:42
Liability Release	X:XX
Log, Daily Clues	3:8
Log, Daily Tasks	2:32
Log, Urban Interview	3:7
Lost Person Worksheet	3:4
Medical Report	2:41
Medical Plan	X:XX
ML Quicksheet	3:5
Non-segmented Areas	X:XX
Notification of Search and/or Rescue	3:6
Notice of Death Form	2:44
Operating Facilities	2:45
Operational Planning Worksheet	X:XX
Organization Assignment List	X:XX
Patient Referral	2:43
Planning Cycle	2:28
Planning Process Checklist	2:27
PMI Usage & History	3:15
"POD" End of Shift Report	X:XX
Public Information Summary-Incident Status	4:1
Questionnaire, Incident Missing Person	3:3
Questionnaire, Lost Persons	3:1
Radio Communications Plan	X:XX
Register-Personnel, Check In/Out	2:17
Register-Personnel, Daily SAR Unit/Gov't	2:16
Register-Personnel, Daily Local Volunteer	2:15
Registration Form, Intra-Agency	4:2
Registration of Search & Rescue Participants	2:18
Relevance of Clue	X:XX
Report, Incident	3:18
Report, Incident after Action	3:19
Report, Mission	3:17
Resource Order Form	2:25
Resources Worksheet, Daily SAR	2:20

TABLE Continued

Title	Reference Number
Roster, Search Capabilities	2:24
SAR Incident Report	X:XX
SAR Injury Report	X:XX
SAR Questionnaire A & B	X:XX
Search & Rescue Circumstance	3:2
Search Clue Log	X:XX
Search Initiation Log	X:XX
Shift Briefing Format	2:5
Situation Report	2:31
Structure Triage	3:25
Survey, Mutual Aid Response	3:20
Survival Time Frame Worksheet	2:26
Task Assignment	X:XX
Task Force Operations Report	3:23
Task Force Operations Site Sketch	3:24
Time Record	2:47
Time Report, Monthly	2:46
Tracking ID Form	2:36
Tracking Worksheet	2:35
Training Check-In	3:14
Training Form, Documented	3:13
Training Plan	3:12
Unit Log	X:XX
Unit Log, Daily	2:19
Urgency Rating Form, Relative Search	3:11
Vehicle Register, Daily	2:21

Activity	Incident	Response	Area Found	Jurisdiction	Subject	CAP Used	Suspense
1 Climber	1 Unknown	1 Standby	1 Primary Area	1 USFS	1 Unrequied	1 No	1 Closed
2 Hiker	2 Lost	2 Calout	2 Secondary Area	2 BLM	2 Injured	2 Yes	2 Suspended
3 Hunter	3 Stranded	3 Land Search	3 Previous Area	3 NPS	3 Fatality		3 Open
4 Stow	4 Injury	4 Water Search	4 Out of Area	4 Wilderness			
5 Snowmobile	5 Missing	5 Air Search	5 Bested Search	5 State Land			
6 Vehicle	6 Runaway	6 Rescue	6 Other	6 Federal Land			
7 Aircraft	7 Overdue	7 Recovery		7 Private Land			
8 Boat / Raft	8 False Alarm	8 Self Evac.		8 Indian Land			
9 ELT	9 Other	9 Carry Out		9 Military Res.			
10 Caver		10 Other Evac.		10 Unknown			
11 Hospital Patient							
12 Motorcycle							
13 Wood Cuts							
14 Gatherer-Forager							
15 Unknown							

General Instructions for Preparing SAR Incident Report

**Instructions for Using Field Codes**

- The Field codes are printed on the reverse of the form. To use the codes, fold the bottom edge of the form along the bottom edge of the code fields and create the form. The field codes will align with the code fields.
- When typing the form, the field codes are visible above the top edge of the form when the form is positioned in the typewriter.

**Instructions for completing Incident Report:**

NOTE: Attachments are not required if resources were not used (other than MI and FCI) or if mission was terminated prior to mobilization of resources.

- This form satisfies the minimum information required by DPS. Incomplete forms or missing attachments will be returned to sender. Report will be electronically scanned, therefore it is mandatory to type or mechanically print all form entries.
- Mission Number: Enter the state mission number using the form yy-dd-nn, where yy is the current year, dd is the state police district, and nn is the sequence number assigned to this incident.
- AFRCC Number: Enter the Air Force Rescue number. Required for missions using Air Force resources.
- Field Coordinators: Enter the last names of all certified FCI used on this mission in a Command or General Staff role. Up to 8 FCI can be listed. Use Additional Comments space for more.
- Mission Opened: Enter the date and time that the mission was opened. Should agree with the opening teletype.
- Mission Closed: Enter the date and time that the mission was closed. Should agree with the closing teletype.
- Mission Initiator: Enter the last name of the MI who began the mission and the MI on duty when the mission was closed.
- Area Commander: Enter the name on the On-call Area Commander during this incident. Area Commander must be notified on missions lasting longer than 4 hours.
- Subject's Name: Enter the first and last names of each subject. Up to 3 subjects can be listed. Use Additional Comments space to list more.
- City: Enter the town or residence for each subject.
- ST: Enter the state of residence for each subject.
- Activity Code: Enter the subject's activity from the key.
- Incident Code: Enter the Incident type from the key.
- Response Code: Enter the response codes for the incident. Multiple entries from the key are permitted.
- Area Code: Enter the search area in which each subject was found using the key.
- Jurisdiction Code: Enter each jurisdiction whose property was searched during this incident. If Wilderness was searched, indicate the jurisdiction of the wilderness. Multiple entries from the key are permitted.
- Subject Code: Enter the status of each subject found from the key.
- CAP Used Code: Enter whether CAP resources were used on this incident from the key.
- Suspense Code: Enter the status of the incident at the time report was submitted. Select suspense code from key.
- Where Subject was Found: Enter the common name of the area where the subject was located. Latitude and Longitude are acceptable.
- Time Located: Enter the date that the subject was located.
- Time Located: Enter the time that the subject was located.
- Incident Summary: Give a brief description of the results of the SAR effort and rescue, i.e. "The subject was airlifted to BCMC by LifeGuard".
- Report Prepared By: Enter the name of the person preparing this report. This information is needed in case a question arises at a later time.
- Date Prepared: Enter the date that this report was submitted.
- Total Personnel: Enter the total number of volunteers assisting on the incident (outside from ICS Form 211A).
- Total Man-hours: Enter the total number of volunteer man-hours expended on this incident (outside from ICS Form 211A).
- Additional Comments: Enter any additional information that you feel is important. Use this space for additional names, etc. as mentioned above.
- Reviewed By: Enter the name of the Mission Initiator who will review this report.
- Required Attachment Checklist: Be sure to attach the required forms for the type of mission. Make a note in Additional Comments field if no resources were used or mission was terminated prior to mobilization.

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FIG. 1 SAR Incident Report (continued)

**NON-SEGMENTED AREAS**

**SEARCH CLUE LOG**

MISSION # \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_  
 (Type of Resource)  
 H = Helicopter HA = Hasty Team DA = Air Scent Dog V = Vehicle HO = Horse  
 A = Fixed Wing FT = Foot Team DT = Trailing Dog P = Phone X = \_\_\_\_\_

MISSION # \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_  
 ROC = RELEVANCE OF CLUE TO MISSION AT TIME CLUE WAS FOUND  
 0 - 100%

SEG A-Z	ROAD, TRAIL, HOME CAMP, CAR, Etc.	TR	DATE/TIME CHECKED?	TR	DATE/TIME CHECKED?	TR	DATE/TIME CHECKED?

AREA	TYPE CLUE & LOCATION FOUND	ROC	DATE/TIME	ACTION TAKEN
			FOUND BY ?	
			FOUND BY?	
			FOUND BY?	
			FOUND BY?	

**FIG. 2 Non-segmented Areas**

To figure relevancy of clue (ROC) you must subjectively select a number (0 - 100) that indicates your best guess as to how relevant the clue is to the mission at the time the clue is found. Information such as age of the clue, possibility of the clue belonging to victim, confidence in resource who found the clue etc., should be considered.

**FIG. 3 Search Clue Log**

**RELEVANCE OF CLUE (ROC)**

NEW POA = ROC x (1 - Old POA) + Old POA

**Old POA %**

	<b>10</b>	<b>20</b>	<b>30</b>	<b>40</b>	<b>50</b>	<b>60</b>	<b>70</b>	<b>80</b>	<b>90</b>
<b>10</b>	19	28	37	46	55	64	73	82	91
<b>20</b>	28	36	44	52	60	68	76	84	92
<b>30</b>	37	44	51	58	65	72	79	86	93
<b>40</b>	46	52	58	64	70	76	82	88	94
<b>50</b>	55	60	65	70	75	80	85	90	95
<b>60</b>	64	68	72	76	80	84	88	92	96
<b>70</b>	73	76	79	82	85	88	91	94	98
<b>80</b>	82	84	86	88	90	92	94	96	99
<b>90</b>	91	92	93	94	95	96	97	98	99

**ROC %**

To figure relevancy of clue (ROC) you must subjectively select a number (1% to 99%) that indicates your best guess as to how relevant that clue is to the mission. To adequately do this, you must use as much information about the circumstances surrounding the clue as possible. Such as; age of the clue, the possibility that the clue was left by the subject, confidence in the SAR resource which found the clue, etc.

**FIG. 4 Relevance of Clue**

**"POD" END OF SHIFT REPORT**

MISSION # \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_  
 Co-Ordinator \_\_\_\_\_  
 Date/Time Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Date/Time Ended \_\_\_\_/\_\_\_\_/\_\_\_\_

**RESPONSIVE**

(Type of Resource)  
 H = Helicopter T = Trackers DA = Air Scent Dogs HA = Hasty Team  
 A = Fixed Wing G = Grid Search DT = Trailing Dogs O = Other

AREA #	1st old	TR *	New POD	CUM	New POD	TR	CUM	New POD	TR	CUM	New POD	TR	CUM	(X) 90+	REMARKS

\* = If 1st search of area include Type of Resource.  
 (X) = 90% POD or more

**FIG. 5 "POD" End of Shift Report**



F 1767 - 98<sup>1</sup>

**UN-RESPONSIVE**

( )Type of (R)esource

H = Helicopter T = Trackers DA = Air Scent Dogs HA = Hasty Team  
A = Fixed Wing G = Grid Search DT = Trailing Dogs O = Other

AREA #	1st old	TR * POD	New CUM POD	TR CUM POD	New CUM POD	TR CUM POD	New CUM POD	TR CUM POD	New CUM POD	TR CUM (X) 90+	REMARKS

\* = If 1st search of area include Type of Resource.  
(X) = 90% POD or more  
FIG. 5 "POD" End of Shift Report (continued)



New Mexico Department of Public Safety  
Search and Rescue Office

**SAR Questionnaire**  
**(PART "A")**



This is a Mandatory Form and MUST be filled out by a Mission Initiator (or FC if no MI Available)

**Investigator MI/FC Assigned Call**

Date	Date Assigned	Time Assigned	Assigned Mission Initiator	Number of Subjects	Tracking Number
			#Name?		

**Source of Information**

Name of Reporting Party Number One	Address:	St	ZIP
Relationship to Subject	Phone Number	Call Back Number NOW	Call Back Number LATER
Name of Reporting Party Number Two	Address:	St	ZIP
Relationship to Subject	Phone Number	Call Back Number NOW	Call Back Number LATER
What is Believed to Have Happened			

The above information ONLY has to be filled out on the FIRST Subject.

**Subject of Subjects**

**Subject Information**

Name	Age   Sex	Nickname(s)	Home Phone	Local Phone
Address			City	St   Zip
Local Address			Local City	St   Zip

**Physical Description**

Identification	Clothing/Style	Color	Health
Height:	Shirt:		Physical Cond.:
Weight:	Pants:		Medical Cond.:
Age:	Outer Wear:		Psychological:
Build:	Head Wear:		Medications:
Hair Color:	Gloves:		Amount, Medications:
Shoe:	Footwear:		Eyesight w/o Glasses:
Glasses:	Extra Clothing		What Might Subject do if Lost
Mustache			
Beard			
Sideburns			

FIG. 6 SAR Questionnaire A & B



Subject \_\_\_\_ of \_\_\_\_ Subjects

**Place Last Seen**

Subject Last Seen By	Date	Time
Subject Last Seen By	Date	Time
Location / Common Name / Description		

**Subject's Trip Plans**

Itinerary		Transportation	
Starting Location	Transported By	Vehicle Location	
Start Date	Make / Model / Color	License	
Start Time	Additional Comments		
Destination	#Name?		

**Actions Taken So Far By Family / Friends / Others**

Action Taken by Family / Friends	Action Taken By Others
----------------------------------	------------------------

**Contacts Upon Reaching Civilization**

Name of Person Subject Would Contact	Relationship to Contact	Contact's Phone	Who is There Now

**Notes**

FIG. 6 SAR Questionnaire A & B (continued)

**SAR Questionnaire**  
(Part "A")

**SAR Priority Evaluation Chart**

This is a Mandatory Form and MUST be filled out by a Mission Initiator (or FC if no MI available)

	3 - Low Urgency	2 - Medium Urgency	1 - High Urgency
<b>Subject Profile</b>		<input type="checkbox"/> Other	<input type="checkbox"/> Very Young <input type="checkbox"/> Very Old
<b>Age</b>			
<b>Medical Condition</b>	<input type="checkbox"/> Healthy <input type="checkbox"/> Known fatality		<input type="checkbox"/> Known/suspected injured, ill, Mental Problem
<b>Number of Subjects</b>	<input type="checkbox"/> More than one (unless separated)		<input type="checkbox"/> One alone
<b>Subject Experience Profile</b>	<input type="checkbox"/> Experienced, knows area	<input type="checkbox"/> Experienced, not familiar with area	<input type="checkbox"/> Inexperienced, does not know area
<b>Weather Profile</b>	<input type="checkbox"/> No hazardous weather predicted	<input type="checkbox"/> Predicted hazardous weather, (<8 hrs.)	<input type="checkbox"/> Past and/or existing hazardous weather
<b>Equipment Profile</b>	<input type="checkbox"/> Adequate for environment and weather	<input type="checkbox"/> Predicted Hazardous WX, (<8 hrs.)	<input type="checkbox"/> Questionable for environment and weather
<b>Terrain/Hazards Profile</b>	<input type="checkbox"/> Few or no hazards		<input type="checkbox"/> Known terrain or other hazards

**Action Taken By Mission Initiator**

Assigned to Field Coordinator

FC Assigned Mission (Name)	Phone Number	Mission Number	Date	Time
* FC on Standby (Name)	Phone Number (now)	Phone Number (later)	Date	Time
* Area Commander Contacted and Briefed	Phone Number (now)	Phone Number (later)	Date	Time

CHECKED?	Time	Description of Other Action Taken
<input type="checkbox"/> Local Landowner(s)		
<input type="checkbox"/> Local Sheriff / Police		
<input type="checkbox"/> NM State Parks and Recreation		
<input type="checkbox"/> Nat. Game and Fish		
<input type="checkbox"/> Nat. Park Service		
<input type="checkbox"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/> BIA		
<input type="checkbox"/> Other		

Mission Terminated before Assigning Mission to Field Coordinator - Explain:

Sign by (Mission Initiator) \_\_\_\_\_ Date \_\_\_\_\_

\* If Field Coordinator NOT Assigned Mission - Put one on STANDBY - (Dispatch has On-Call Field Coordinator Number)

\* You MUST Brief Area Commander if no Field Coordinator Assigned - (Dispatch has On-Call Area Commander Number)

FIG. 6 SAR Questionnaire A & B (continued)



New Mexico Department of Public Safety  
Search and Rescue Office

## SAR Questionnaire (Part "B")

Subject \_\_\_\_ of \_\_\_\_ Subjects  
(Fill Out One (1) Form For Each Subject)

*This Form is Mandatory and MUST be filled out by the IC or General Staff*



Mission Number \_\_\_\_\_

SAR Questionnaire (PART "B")

Subject \_\_\_\_ of \_\_\_\_ Subjects

### Incident Information

Subject Name	Address	City	ST	ZIP	Phone

### Physical Description

Identification	Clothing/Style	Color	Health
Skin: _____ Marks: _____ Eyes: _____ Style: _____	Rain Wear: _____ Snow Wear: _____ Hunting Vest: _____		Health: _____
<b>Youth / Child</b> <input type="checkbox"/> Afraid of Dark <input type="checkbox"/> Afraid of Animals <input type="checkbox"/> Afraid of Strangers <input type="checkbox"/> Cries when hurt <input type="checkbox"/> Cries when scolded <input type="checkbox"/> Hides when afraid <input type="checkbox"/> HUG-A-TREE trained <input type="checkbox"/> Has a safe word	<b>Equipment</b> <input type="checkbox"/> Pack <input type="checkbox"/> Tent <input type="checkbox"/> Sleeping Bag <input type="checkbox"/> Ground Cloth <input type="checkbox"/> Fishing Gear <input type="checkbox"/> Climbing Gear <input type="checkbox"/> Liquid Container <input type="checkbox"/> Fire Starter	<input type="checkbox"/> Fuel <input type="checkbox"/> Stove <input type="checkbox"/> Compass <input type="checkbox"/> Map <input type="checkbox"/> Food <input type="checkbox"/> Knife <input type="checkbox"/> Camera <input type="checkbox"/> Lens <input type="checkbox"/> Snowshoes <input type="checkbox"/> Skis <input type="checkbox"/> Money <input type="checkbox"/> Credit Cards <input type="checkbox"/> Other Docs <input type="checkbox"/> Rope <input type="checkbox"/> Camp Tools <input type="checkbox"/> Gun	<b>Clues</b> <input type="checkbox"/> Scent Sample Available <input type="checkbox"/> Scent Articles Available <input type="checkbox"/> Scent Articles Secured <input type="checkbox"/> Clothing Visible from Air <input type="checkbox"/> Candy <input type="checkbox"/> Gum <input type="checkbox"/> Smoker <input type="checkbox"/> Photo
<b>Note</b>	<b>Other Equipment</b>	<b>Other Traits or Habits</b>	

### Place Last Seen

Subject Last Seen By:	Description	Additional Comments
Talked to Subject About:		
Weather at that Time:		
Weather Since:		
Direction of Travel:		
Subject's Attitude:		
Subject's Condition:		

### Subject's Trip Plans

Itinerary	Transportation	Additional Comments
By Way Of:	Loc Cfm By:	
Purpose:	Time Cfm:	
Length of Stay:	Other Vehicles:	
Size of Group:	Alternates:	
Here Before?:	Discussed With:	

### Subject's Outdoor Experience

General Experience	Additional Comments
<input type="checkbox"/> Familiar with Area <input type="checkbox"/> In Area Recently <input type="checkbox"/> Outdoors Training <input type="checkbox"/> Medical Training <input type="checkbox"/> Scouting <input type="checkbox"/> Military <input type="checkbox"/> Overnight <input type="checkbox"/> Other Training	
<input type="checkbox"/> Travels Alone <input type="checkbox"/> Stays on Route <input type="checkbox"/> Travels X-C <input type="checkbox"/> Lost Before <input type="checkbox"/> Will Stay Put <input type="checkbox"/> Keeps on Move <input type="checkbox"/> Climber <input type="checkbox"/> Athletic	

### Overdue Groups

Kind of Group:	Personality Clashes:
Group Leader:	Actions if Separated:
Experience of Leader:	Competitive Sport:
Local Point of Contact:	Intragroup Dynamics:

### Photos, Notes, Etc:

Recording Official	Phone	Recording Official	Phone
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IC B 2/6/95

OVER

FIG. 6 SAR Questionnaire A & B (continued)

FIG. 6 SAR Questionnaire A & B (continued)

<b>SEARCH INITIATION LOG</b>		Mission Initiator	Field Coordinator		
Notifying Agency		Mission Initiator Notified (Date / Time)		Field Coordinator Notified (Date / Time)	
<b>Be Sure to Get</b>		<b>Person Reporting Incident:</b>			
<input type="checkbox"/> Names <input type="checkbox"/> Dates / Times <input type="checkbox"/> Address <input type="checkbox"/> Phone Numbers <input type="checkbox"/> Plans to Contact					
<b>Be Sure to Get</b>		<b>Incident Description</b>			
<input type="checkbox"/> What Happened <input type="checkbox"/> Where <input type="checkbox"/> When <input type="checkbox"/> Point Last Seen <input type="checkbox"/> Number of Subjects Involved					
<b>Be Sure to Get</b>		<b>Subject Information</b>			
<input type="checkbox"/> Subject(s) Name <input type="checkbox"/> Physical Description <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> Planned Destination					
<b>Search?</b>		<b>Determined By (Factors)</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
District Mission Number	Date	Time	AFRCC Mission Number	Date	Time
ICS SAR 201A	Page 1				
NMSAR Rev. 2-15-92					

FIG. 7 Search Initiation Log

<b>FIRST RESPONDER INFORMATION</b>	
<b>Items to Consider</b>	<b>Base Camp</b>
<input type="checkbox"/> Accessibility to the Area <input type="checkbox"/> Weather <input type="checkbox"/> PWD Access <input type="checkbox"/> Communications Access <input type="checkbox"/> Support Staff <input type="checkbox"/> ETA & Enroute Delays	
<b>Items to Consider</b>	<b>Communications</b>
<input type="checkbox"/> Propagation over Terrain <input type="checkbox"/> Common Resources Available <input type="checkbox"/> Repeaters Available in Area <input type="checkbox"/> Common Support Base <input type="checkbox"/> Vehicular Communications <input type="checkbox"/> Callback Plan if Canceled	
<b>Items to Consider</b>	<b>First Responders</b>
<input type="checkbox"/> Special Equipment Needed <input type="checkbox"/> Routing to Scene <input type="checkbox"/> Subject Description <input type="checkbox"/> Search Codes <input type="checkbox"/> Checkpoints <input type="checkbox"/> Support Needed	
<b>Agencies to Notify</b>	<b>Agency Notification</b>
<input type="checkbox"/> AFRCC <input type="checkbox"/> National Guard <input type="checkbox"/> USFS (Wilderness) <input type="checkbox"/> BLM <input type="checkbox"/> BIA <input type="checkbox"/> State Parks & Recreation <input type="checkbox"/> Local Sheriff/Police <input type="checkbox"/> Local Landowner(s)	
<b>Other Action Taken</b>	
ICS SAR 201A	Page 2
NMSAR Rev. 2-15-92	

FIG. 7 Search Initiation Log (continued)

INCIDENT BRIEFING	Date Prepared	Time Prepared	Mission Number
Map Sketch			
<div style="text-align: center;"> <b>Current Organization</b> </div> <pre>                     graph TD                         ID[Incident Commander] --&gt; P[Planning]                         ID --&gt; O[Operations]                         ID --&gt; E[Logistics]                         P --- P1[ ]                         P --- P2[ ]                         O --- O1[ ]                         O --- O2[ ]                         O --- O3[ ]                         E --- E1[ ]                         E --- E2[ ]                         E --- E3[ ]                         E --- A[Abs]                     </pre>			
ICS 201 NMSAR Rev. 5-25-92	Page 1	Prepared By (Name and Position)	

**FIG. 8 Incident Briefing**

Resources Summary				
Resource Ordered	Resource Name	BTA	On Scene	Location / Assignment
Summary of Current Actions				
ICS 201 NMSAR Rev. 4-15-92	Page 2			

**FIG. 8 Incident Briefing (continued)**

INCIDENT OBJECTIVES		Date Prepared	Time Prepared	Mission Number
		From (Date)	From (Time)	To (Date)
<b>Objectives for Incident (include Alternatives)</b>				
<b>Weather Forecast for Operational Period</b>				
<b>General Safety Message</b>				
<b>Attachments (to Complete Incident Action Plan)</b>				
<input type="checkbox"/> Organization Assignment List (ICS 203)		<input type="checkbox"/> Radio Communications Plan (ICS 206)		
<input type="checkbox"/> Incident Map		<input type="checkbox"/> Traffic Plan (Internal & External)		
<input type="checkbox"/> Task Assignment Forms (ICS SAR 204A)		<input type="checkbox"/> Medical Plan (ICS 209)		
<b>ICS 202</b>	<b>Prepared By (Planning Section Chief)</b>	<b>Approved By (Incident Commander)</b>		
NMSAR Rev. 5-25-92				

**FIG. 9 Incident Objectives**

ORGANIZATION ASSIGNMENT LIST		Date Prepared	Time Prepared	Mission Number	Operational Period
		<b>Incident Commander and Staff</b>			
Incident Commander:		Chief:			
Deputy:		Deputy:			
Safety Officer:		<b>Branch I Division / Groups</b>			
Information Officer:		Branch Director:			
Liaison Officer:		Deputy:			
		Division / Group:			
		Division / Group:			
		Division / Group:			
		Division / Group:			
		<b>Branch II Division / Groups</b>			
		Director:			
		Deputy:			
		Division / Group:			
		Division / Group:			
		Division / Group:			
		Division / Group:			
		<b>Planning Section</b>			
Chief:		Division / Group:			
Deputy:		Division / Group:			
Resources Unit:		Division / Group:			
Situation Unit:		Division / Group:			
Documentation Unit:		<b>Branch III Division / Groups</b>			
Demobilization Unit:		Branch Director:			
Technical Specialists:		Deputy:			
		Division / Group:			
		Division / Group:			
		Division / Group:			
		Division / Group:			
		<b>Logistics Section</b>			
Chief:		Division / Group:			
Deputy:		Division / Group:			
		<b>Support Branch</b>			
Director:		<b>Air Operations Branch</b>			
Supply Unit:		Air Operations Director:			
Facilities Unit:		Air Ops. Supervisor:			
Ground Support Unit:		Air Support Supervisor:			
		<b>Finance Section</b>			
Director:		Chief:			
Communications Unit:		Deputy:			
Medical Unit:		Time Unit:			
Food Unit:		Procurement Unit:			
		Compensation / Claims:			
		Cost Unit:			
<b>ICS 203</b>		<b>Prepared By (Resources Unit)</b>			
NMSAR Rev. 5-25-92					

**FIG. 10 Organization Assignment List**



TASK ASSIGNMENT	Team Name	Call sign	
	Mission Number	Operational Period	

Planning Section

Type of Team	Name (Leader First)	Resource Name	Skill / Equipment	Briefing Summary
<input type="checkbox"/> Dog Team	1			<input type="checkbox"/> Overview
<input type="checkbox"/> Heavy Team	2			<input type="checkbox"/> Weather
<input type="checkbox"/> Foot Team	3			<input type="checkbox"/> Close
<input type="checkbox"/> Tracking Team	4			<input type="checkbox"/> Subject Profile
<input type="checkbox"/> Grid Team	5			<input type="checkbox"/> Time Frame
<input type="checkbox"/> Vehicle Team	6			<input type="checkbox"/> Dog Chart
<input type="checkbox"/> Horse Team	7			<input type="checkbox"/> Family
<input type="checkbox"/> Mixed				<input type="checkbox"/> Media
<input type="checkbox"/> Fixed Wing A/C				<input type="checkbox"/> Subject Info
<input type="checkbox"/> Helicopter				
<input type="checkbox"/> Boat / Amphib				
<input type="checkbox"/> Technical Rock				
<input type="checkbox"/> Communications				

Operations Section

Assignment Date	Estimated Departure Time	Actual Departure Time	Estimated Time in Segment											
Radio Frequency	Tracked By	Reviewed By												
Resource Assignment & Map														
<table border="1"> <thead> <tr> <th colspan="2">Briefing Summary</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Tactics</td></tr> <tr><td><input type="checkbox"/> Terrain</td></tr> <tr><td><input type="checkbox"/> Maps</td></tr> <tr><td><input type="checkbox"/> Communications</td></tr> <tr><td><input type="checkbox"/> Rescue Plan</td></tr> <tr><td><input type="checkbox"/> Death Code</td></tr> <tr><td><input type="checkbox"/> Desired POD _____ %</td></tr> <tr><td><input type="checkbox"/> Pickup Time</td></tr> <tr><td><input type="checkbox"/> Safety</td></tr> </tbody> </table>				Briefing Summary		<input type="checkbox"/> Tactics	<input type="checkbox"/> Terrain	<input type="checkbox"/> Maps	<input type="checkbox"/> Communications	<input type="checkbox"/> Rescue Plan	<input type="checkbox"/> Death Code	<input type="checkbox"/> Desired POD _____ %	<input type="checkbox"/> Pickup Time	<input type="checkbox"/> Safety
Briefing Summary														
<input type="checkbox"/> Tactics														
<input type="checkbox"/> Terrain														
<input type="checkbox"/> Maps														
<input type="checkbox"/> Communications														
<input type="checkbox"/> Rescue Plan														
<input type="checkbox"/> Death Code														
<input type="checkbox"/> Desired POD _____ %														
<input type="checkbox"/> Pickup Time														
<input type="checkbox"/> Safety														

FIG. 11 Task Assignment

DEBRIEFING	Debriefed By	Mission Number	Operational Period
	Date Returned	Time Returned	Actual Time in Segment

Explain What Your Team Actually Did

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Estimate of PODs Responsive _____ % Not Responsive _____ %	Describe the Location of Any Clues Discovered

Current Status of These Clues

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Describe Difficulties or Gaps in Coverage

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Describe Any Hazards in Search Area

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Suggestions, Ideas, Recommendations

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FIG. 11 Task Assignment (continued)

RADIO COMMUNICATIONS PLAN		Date Prepared	Time Prepared	Mission Number	Operational Period
<b>Radio Channel Utilization</b>					
System	Channel	Function	Frequency	Assignment	Remarks
ICS 205 NMSAR Rev. 5-25-92		Prepared By (Communications Unit)			

FIG. 12 Radio Communications Plan

MEDICAL PLAN		Date Prepared	Time Prepared	Mission Number	Operational Period			
<b>Incident Medical Stations</b>								
Medical Aid Station	Location	Paramedics						
		Yes	No					
<b>Transportation Ambulance Services</b>								
Name	Address	Phone	Paramedics					
			Yes	No				
<b>Incident Ambulances</b>								
Name	Location	Paramedics						
		Yes	No					
<b>Hospitals</b>								
Name	Address	Travel Time		Phone	Helipad		Burn Center	
		Air	Ground		Yes	No	Yes	No
<b>Medical Emergency Procedures</b>								
ICS 206 NMSAR Rev. 5-25-92		Prepared By (Medical Unit Leader)		Reviewed By (Safety Officer)				

FIG. 13 Medical Plan

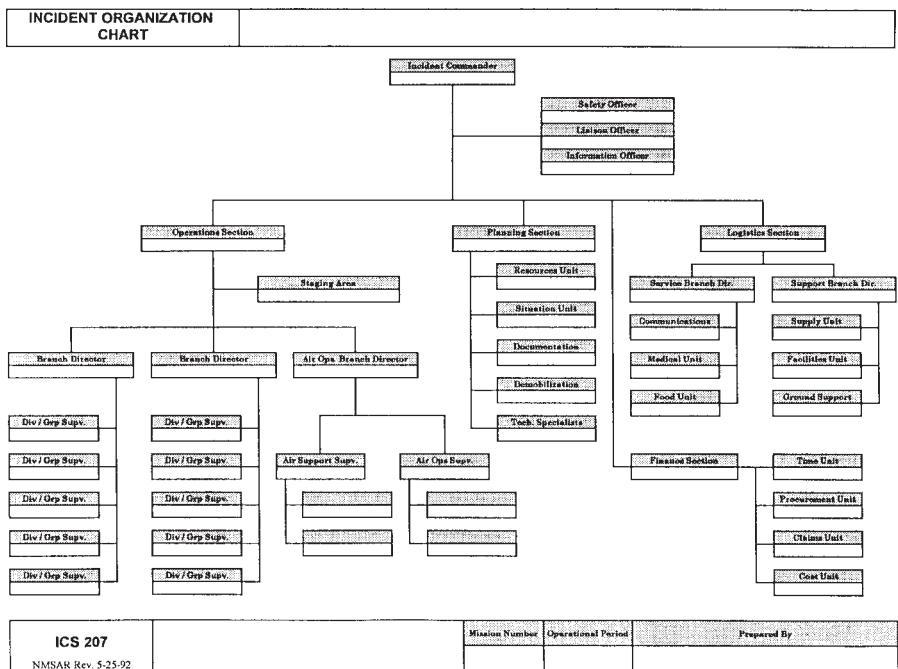


FIG. 14 Incident Organization Chart

**INCIDENT STATUS SUMMARY**

<b>INCIDENT STATUS SUMMARY</b>	Partial Covered by this Report	
	From (Date / Time)	To (Date / Time)
	Incident Name / Number	
	Incident Commander	
	Print: Signature	
<b>Future Considerations</b>	Probable Leads That Require Checking	
Proposed Overall Course Of Action		
Weather Forecast For Next 24 Hours		
Additional Comments		

**Resources Available Now**

Name	Type of Resource	# of Personnel	Remarks
ICS 209 Rev. 7-12-92		Page 1	

FIG. 15 Incident Status Summary



Resources Alerted for Use at a Later Time

Team Name	Type of Resource	# of Personnel	Remarks

Resources Used This Operational Period

Team Name	Type of Resource	# of Personnel	# of Hours

Totals This Operational Period
--------------------------------

Totals for Other Types of Resources Used

Type of Resource	# of Hours	Type of Resource	# of Hours

FIG. 15 Incident Status Summary (continued)

CHECK-IN LIST		Incident Name/Number:	CHECK-IN LOCATION					DATE:	
Single or Team (S/T)	Name (Print) (Check Box if NOT a SAR Volunteer)	Date/Time Check-in	CHECK-IN LOCATION		Method of Travel	Availability & Other Qualifications	Date/Time Check-out	Hrs (Nearest) 30 mins.	
			<input type="checkbox"/> BASE <input type="checkbox"/> CAMP	<input type="checkbox"/> STAGING AREA <input type="checkbox"/> HELIBASE					
1	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
2	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
3	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
4	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
5	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
6	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
7	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
8	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
9	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
10	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
11	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
12	N.V.					Will Stay ___ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC			
<b>ICS 211A</b>		Resources Unit:					Page ___ of ___		Total Hours (Volunteers only)

FIG. 16 Check-in List

**SAR: CHECK-IN LIST (ICS FORM 211A)**

**Purpose.** The Check-in List is used to keep track of all individuals that are participating on the incident. Personnel arriving at the incident can check in at various locations. Check-in consists of reporting specific information which is recorded on the check-in list. The check-in list is used for recording arrival and departure times for all incident personnel. Completion of this form is crucial for liability and insurance purposes. Information furnished on the standard Check-in List (~~ICS Form 211A~~) is not satisfactory for SAR administrative purposes.

**Preparation.** The check-in list can be initiated at a number of locations including:

1. Staging areas, base, camps, helibase, and ICP. Managers at these locations record information and give it to the resources unit as soon as possible.
2. Communications unit radio operators located at communications center should record check-in information and forward it to the resources unit as soon as possible.
3. Check in at ICP should be done by a recorder from the resources unit.

**Distribution.** Check-in lists, which are completed by personnel at the various check-in locations, should be furnished by the resources unit. The resources unit maintains a master list of equipment and personnel that have reported to the incident.

**ITEM TITLE - INSTRUCTIONS**

**\*NOTE:** - Incident dispatchers, upon receipt of a check-in message by radio, record the information on the Check-in list and forward the information to the resources unit.

**Incident Name/Number.** Enter the SAR mission number assigned to this incident.

**Check-in Location.** Enter the location where this check-in list is being used. Space is provided for base, camp, staging area, or helibase.

**Date.** Enter the current date (month, day, year).

**Single or Team.** Enter S if this is a single resource, or T if a member of a team.

**Name.** Please print name. Everyone who is associated with this incident **MUST CHECK IN!** Check box if person is not a volunteer (such as paid emergency response or law enforcement personnel). Incident Commander and Staff must account for all who check in.

**Date/Time.** Enter the date and time that resource arrived on-scene. Do not include travel time from home base.

**Team Name/Leader's Name.** Enter the team name and team leader (for each entry).

**Home Base.** Enter the city for the team (should agree with SAR resource directory).

**Method of Travel.** Enter the transportation (bus, car, horse, foot) used by resource to arrive at scene.

**Availability & Other Qualifications.** Enter the approximate length of time resource is available for this incident. Leave blank for duration. Time is used only for planning purposes. The resource is not held to this number. Check the box if resource is a certified EMT, Paramedic, or Physician. Check the box if resource is a certified FC. Enter other specialty qualifications (such as ICS Staff, Technical Specialist, OMI, etc.) if resource has additional expertise that can be utilized, if needed.

**Date/Time Check-out.** Enter the date and time resource left the scene. Do not include travel time back to home base.

**Hours.** Enter the total hours rounded to nearest thirty (30) minutes. Show volunteer hours ONLY.

**Resources Unit.** Enter the name of the individual assigned by the Resources unit to record and maintain this check-in list.

**Page Count.** Enter the page number. At the end of the mission, enter the total number of pages submitted.

**Total Hours.** Enter the page total. Be sure hours listed are for volunteers ONLY.

FIG. 16 Check-in List (*continued*)



OPERATIONAL PLANNING WORK SHEET			Mission Number	Operational Period				
Division Group or Other Location	Work Assignments	Resources by Type				Other	Reporting Location	Req. Acc. Time
		Req.	Have	Need	Req.			
		Req.						
		Have						
		Need						
		Req.						
		Have						
		Need						
		Req.						
		Have						
		Need						
		Req.						
		Have						
		Need						
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		Have						
		Need						
		Req.						
		Have						
		Need						
		Req.						
		Have						
		Need						
ICS 215 NMSAR Rev. 5-25-92	Total Resources Required							Prepared By _____
	Total Resources On Hand							
	Total Resources Needed							

FIG. 18 Operational Planning Worksheet

New Mexico Department of Public Safety  
Search and Rescue Office

### SAR Injury Report

Incident Number	Time Reported / Lost / Injured		Time Patient Treated		This is a Mandatory Form and if filed out MUST be done by a EMS provider and filed with Incident Report					
		Last Name	First Name		MI	Phone				
Address		City	ST	ZIP	Sex	Age	Birthdate			
Location of Incident				Resident Status						
				<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Out of State						
Primary Category - Code			Prehospital Care Summary			Disposition				
<input type="checkbox"/> trauma <input type="checkbox"/> cardiac <input type="checkbox"/> burn <input type="checkbox"/> pedicob <input type="checkbox"/> medical <input type="checkbox"/> head / spinal <input type="checkbox"/> poison <input type="checkbox"/> behavioral			<input type="checkbox"/> extrication <input type="checkbox"/> EST. MIN. <input type="checkbox"/> assessment <input type="checkbox"/> airway management <input type="checkbox"/> oxygen <input type="checkbox"/> pocket mask <input type="checkbox"/> nasal / oral airway <input type="checkbox"/> bag valve mask <input type="checkbox"/> demand valve <input type="checkbox"/> CPR <input type="checkbox"/> control of bleeding <input type="checkbox"/> wound care			<input type="checkbox"/> BLS <input type="checkbox"/> spinal immobilization <input type="checkbox"/> limb splinting <input type="checkbox"/> MAST <input type="checkbox"/> OB delivery <input type="checkbox"/> Other: (narrative)				
<input type="checkbox"/> MAJOR - LEVEL I <input type="checkbox"/> MAJOR - LEVEL II <input type="checkbox"/> MAJOR - LEVEL III			<input type="checkbox"/> IV <input type="checkbox"/> EOA <input type="checkbox"/> D 50 W <input type="checkbox"/> Naloxone (Narcan) <input type="checkbox"/> Blood sample <input type="checkbox"/> other: (narrative)			<input type="checkbox"/> treatment not needed <input type="checkbox"/> treatment refused <input type="checkbox"/> transport refused <input type="checkbox"/> transport not needed <input type="checkbox"/> canceled <input type="checkbox"/> false alarm <input type="checkbox"/> transported by POV <input type="checkbox"/> other service transport by				
Severity			Time			Name				
						Other Service Number				
						<input type="checkbox"/> Transported to <input type="checkbox"/> Facility				
Level of Consciousness: (circle one)			A	V	P	U	A	V	P	U
Respiration			City							
Pulse Rate / Rhythm			Destination Code							
Blood Pressure			<input type="checkbox"/> dead at scene							
Modifications:			Glasgow Coma total							
Alergies:			Trauma Score Total							
Narrative										
Physician						Witness				
Report Filled Out By						Date				

See back side of this form if Patient refuses medical services.

FIG. 19 SAR Injury Report

New Mexico Department of Public Safety, State Police Division  
 Search and Rescue Office  
 PO Box 1628  
 Santa Fe, New Mexico 87504

**Liability Release**

Date \_\_\_\_\_ SAR Incident Number \_\_\_\_\_  
 Location \_\_\_\_\_ Incident Commander \_\_\_\_\_

1. **REFUSAL OF CARE AGAINST MEDICAL ADVISE**  
 I have been informed that I have a potentially serious medical condition requiring assessment, treatment and transportation to a hospital. Of my own free will, without coercion or influence, I hereby REFUSE the care offered to me by the New Mexico Department of Public Safety, State Police Division SAR Incident Commander against the advice of attending personnel and their medical control physician. I understand that by my refusal I risk further illness, injury, disability or death. In the event that I later choose to accept treatment or transportation, I will call for emergency response.  
 INITIAL HERE \_\_\_\_\_
2. **NON AMBULANCE TRANSPORT**  
 I have been assessed and treated as necessary by the personnel responding from the New Mexico Department of Public Safety, State Police Division. I will arrange condition promptly. I have been informed of signs and symptoms which could indicate that my condition is deteriorating. If I develop and additional signs or symptoms, or have any concerns about my health or safety, I will call for emergency response.  
 INITIAL HERE \_\_\_\_\_
3. **NON - PATIENT**  
 I have no complaint, illness or injury and I do not consider myself to be a patient. If I develop any signs or symptoms, or if I have any concern about my health or safety, I will call my physician promptly or I will call for emergency response.  
 INITIAL HERE \_\_\_\_\_

I have read and understand section \_\_\_\_\_ above. My condition has been explained to me and I have no questions. I knowingly and voluntarily release the New Mexico Department of Public Safety, State Police Division the ELMS director, the staff and physicians of the hospital having medical control from any liability for my decision regarding my medical care.

Patient Name and Signature _____		Date _____
Address _____	City _____	State ZIP _____
Date of Birth _____	Phone _____	Translator/Parent/Guardian _____

EMS PROVIDER: This patient has indicated comprehension of the content and meaning of this form. This patient is alert and oriented.

Name _____	Signature _____	Date/Time _____
Name _____	Signature _____	Date/Time _____
Name _____	Signature _____	Date/Time _____

**FIG. 20 Liability Release**

EMERGENCY HELICOPTER REQUEST INFORMATION SHEET

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ MISSION NO. \_\_\_\_\_ AFRC NO. \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

FIELD COORDINATOR: \_\_\_\_\_ BASE CAMP SITE: \_\_\_\_\_

EMERGENCY & REASON FOR REQUEST (serious threat to life, transport searchers, etc)  
 \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF ASSISTANCE NEEDED IN ADDITION TO HELICOPTER (medical personnel, rescue, gear, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

NUMBER & NAMES OF PERSONS IN INCIDENT: \_\_\_\_\_  
 \_\_\_\_\_

EXTENT OF INJURIES & CONDITION, IF KNOWN: \_\_\_\_\_  
 \_\_\_\_\_

ESTIMATE WEIGHT OF PERSONS & EQUIPMENT BOARDING: \_\_\_\_\_

NUMBER BOARDING: \_\_\_\_\_ TYPE OF EQUIPMENT BOARDING: \_\_\_\_\_

OTHER PERSONS AT INCIDENT SITE: \_\_\_\_\_  
 \_\_\_\_\_

WILL THEY NEED AIRLIFT OUT: \_\_\_\_\_ OTHER INFORMATION: \_\_\_\_\_  
 \_\_\_\_\_

LOCATION OF INCIDENT SITE. COORDINATES AND/OR ANY OTHER MEANS OF LOCATING THE AREA:  
 \_\_\_\_\_  
 \_\_\_\_\_

ARE PYROTECHNICS AVAILABLE AT SITE OR BASE: \_\_\_\_\_

ELEVATION OF SITE/LANDING ZONE (LZ) ABOVE SEA LEVEL: \_\_\_\_\_

IS SUITABLE LZ NEAR INCIDENT SITE? IF SO, HOW FAR AWAY, DESCRIBE TERRAIN, DEGREE OF SLOPE  
 TYPE OF SURFACE (snow, dirt, etc.) SIZE OF AREA: \_\_\_\_\_  
 \_\_\_\_\_

**FIG. 21 Emergency Helicopter Landing Request Information Sheet**

PAGE TWO

IF NO LZ NEARBY, CAN SUBJECTS BE HOISTED OUT SAFELY: \_\_\_\_\_ HAVE PEOPLE AT SITE WORKED WITH PENETRATORS: \_\_\_\_\_ HAVE PEOPLE AT SITE WORKED WITH HELICOPTERS: \_\_\_\_\_ DESCRIBE HAZARDS IN INCIDENT/LZ AREA (trees, power lines, cliffs, etc.): \_\_\_\_\_

WEATHER AT LZ: WIND DIRECTION & VELOCITY: \_\_\_\_\_ CLOUD COVER: \_\_\_\_\_ HEIGHT OF CLOUDS ABOVE GROUND AND/OR PEAKS: \_\_\_\_\_ VISIBILITY: \_\_\_\_\_ CURRENT PRECIPITATION: \_\_\_\_\_ APPROXIMATE TEMPERATURE \_\_\_\_\_ °F SNOW DEPTH: \_\_\_\_\_ WEATHER CONDITIONS IN DELIVERY AREA: \_\_\_\_\_ 24-HOUR WEATHER FORECAST: \_\_\_\_\_

WHERE ARE SUBJECTS TO BE TRANSPORTED (hospital, base camp, etc.; if not closest hospital, why not): \_\_\_\_\_ HOW WILL LANDING AREA BE MARKED: (panels, pyrotechnics, mirrors, strobes, etc.): \_\_\_\_\_

ARE EMERGENCY MEDICAL PERSONNEL AT THE INCIDENT SITE: \_\_\_\_\_; IF NOT, WILL THEY BE THERE BY THE TIME HELICOPTER ARRIVES: \_\_\_\_\_ WILL EMERGENCY CARE PERSONNEL BE AT THE DELIVERY SITE TO RECEIVE PATIENTS: \_\_\_\_\_ DETAILS OF ALTERNATE LZ (location and similar information as above): \_\_\_\_\_

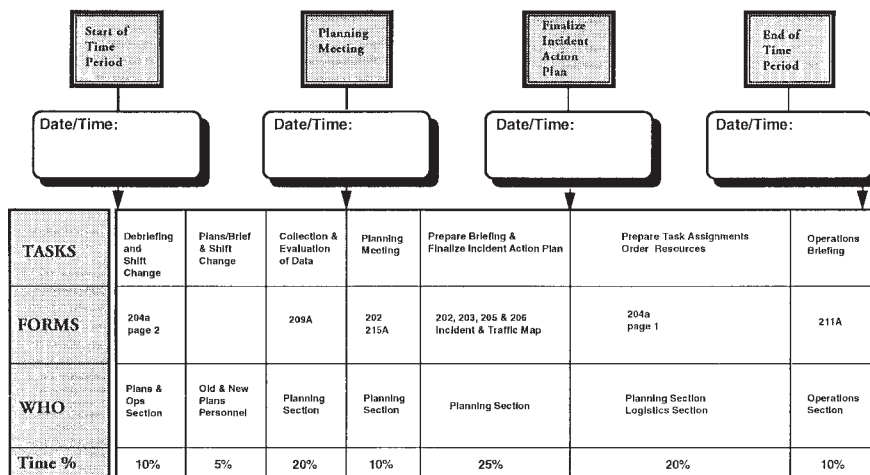
RADIO COMMUNICATIONS ON THE GROUND (frequencies and call signs): \_\_\_\_\_ EN ROUTE RENDEZVOUS POINT WITH OTHER SAR PERSONNEL: \_\_\_\_\_

REQUESTED ETA AT INCIDENT SITE/LZ: \_\_\_\_\_ OTHER INFORMATION: \_\_\_\_\_

FIG. 21 Emergency Helicopter Landing Request Information Sheet (continued)

Mission Number:	
Time Period:	

### ICS Planning Guide



Time Period Planning Chart

FIG. 22 ICS Planning Guide

**APPENDIXES**

(Nonmandatory Information)

**X1. EXISTING ICS FORMS**

X1.1 See existing ICS Forms. Forms are not included in this appendix.

**X2. ICS FORMS MODIFIED FOR SAR**

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
MALIBU MOUNTAIN RESCUE TEAM

**INCIDENT BRIEFING**

<small>LA 32 USE ONLY</small>		<small>REPORT CONTINUATION</small>	<small>URN</small>	<small>page</small>	<small>of</small>
Incident Name		Date/Time Prepared		Operational Period	
MAP SKETCH					
<b>ICS 201</b>		PAGE 1 OF 4		PREPARED BY: (NAME & POSITION)	

**FIG. X2.1 Incident Briefing**







<b>GENERAL BRIEFING</b>		1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. INCIDENT NUMBER	
<b>MISSING PERSON</b>					
4. INCIDENT SUMMARY					
5. COMMUNICATIONS PLAN					
FUNCTION	FREQUENCY	CHANNEL DESCRIPTION	CHANNEL		
COMMAND (TEAM – BASE)					
TACTICAL (TEAM – TEAM)					
SUBJECT INFORMATION					
6. NAME			7. SEX	8. AGE	
9. NAME TO CALL		10. EXPECTED RESPONSE			
11. SUBJECT'S PLANS OR INTENT					
12. PHYSICAL DESCRIPTION			15. PHOTO		
HEIGHT	WEIGHT	BUILD			
RACE		COMPLEXION			
EYES	HAIR				
13. CLOTHING DESCRIPTION					
14. FOOTWEAR/TRACK DESCRIPTION					
SIZE					
16. PREPARED BY					
17. DATE PREPARED		18. TIME PREPARED			
SAR 100A BASARC 1/96					

**FIG. X2.3 General Briefing—Missing Person with Instruction Sheets**

### SAR 100A -- General Briefing -- Missing Person (1/96)

**Overview**

The General Briefing Form is intended to provide searchers with background information related to the incident. The form contains information that is not specific to any given assignment. This allows the form to be filled out once and photocopied. The intent is to reduce unnecessary duplication of information on Team Assignment Forms. The General Briefing Form should be included with each Team Assignment Form.

If more than one individual is missing, complete additional Subject Information portions of the General Briefing Form.

**Instructions for Completing Form**

**1. Incident Name**

The incident name should be established early in the operation. Be consistent and don't use several names, or change names in the middle. Good names often include either the last name of the subject i.e. "Smith Search" or the name of the search location i.e. "Jones Gulch Search".

**2. Operational Period**

This is where the date goes. But it's more than just a date. An operational period has a beginning and an ending date and time. But the ending time may not be known at the time the forms is being filled out. It may be most useful to use the date followed by a word or two describing the time of day or phase of the search. For example

- 1/14/96 Initial Response                      1/14/96 Night
- 1/15/96 Day 1                                      1/15/96 Daytime
- 1/14/96 2200 to 1/15/96 0600

**3. Incident Number**

The incident numbers assigned by the local responsible agency or a larger coordinating agency. Typically incident numbers are the last two digits of the year followed by a sequential number. If both the local agency and a larger coordinating entity have issued numbers, list them both, indicating who issued each number.

**4. Incident Summary**

After reading this short narrative, a searcher should have a good overview of the incident. Information in the summary may duplicate some of the subject information found later on the form. That's ok.

**5. Communications Plan**

For most small to medium sized operations it is sufficient to assign a single command (search base to teams) radio frequency along with a single tactical (team to team) radio frequency. If your incident requires more than this, refer readers to a more complete communications plan. There is space on the Team Assignment form for team specific communication plans.

It's important to note the frequency of the radio net. Different agencies may use different names and channel assignments.

The Channel Description can be used for the "Name" of the radio net. Sufficient room is provided to also include info about repeater offsets, and tone if required.

Remember the Channel number may be different on radios outside of your own agency, so use the space

**FIG. X2.3 General Briefing—Missing Person with Instruction Sheets (continued)**

with caution on a multiple agency operation.

**6. Name**

Name of the missing subject.

**7. Sex**

Sex of the missing subject.

**8. Age**

Age of the missing subject. Searchers don't need a precise age if one is not know, nor is the date of birth important to a ground searcher.

**9. Name to Call**

This is the name the searchers will call out, and listen for a response. It's usually a first name or nickname. For small children this would be a good place to also note their "safety word" if they have one.

**10. Expected Response**

How is the subject expected to respond to voice contact. Young children may be frightened by strangers or may have been taught not to talk to strangers. Older subjects may not respond to their name due to a number of conditions from poor hearing to alzheimiers. When a subject has been missing for an extended period of time, the likelihood of their being responsive decreases.

**11. Subject's Plans or Intent**

A brief discussion of what the subject's intended to do. If known, mention the intended activity, as well as the planned location or route of travel.

**12. Physical Description**

This field contains the normal set of physical description information. Remember the level of detail required by searchers is typically less that of a police officer. A searcher is trying to identify a missing person in an area were there typically are not very many other people. This is opposed to the law enforcement need to pick a criminal out from a crowd.

**13. Clothing Description**

The clothing and equipment description helps the ground searcher in four ways. The colors of clothing will determine how visible the subject is in brush and trees. Knowing how the subject was equipped will help searchers think about what they may have done to survive the elements. When an item of clothing or gear is found that matches this description it immediately becomes an important clue. Finally it helps identify the subject. Often the clothing descriptions provided by friends and family of the subject have proved to be incorrect. Searchers should not treat this description as absolute.

**14. Footwear/Track Description**

The tracks that a subject leaves are of such importance that there is a sperate space to describe them. If known, you should supply shoe size, track measurements of length, width at heal, and width at ball. In addition a short description of the sole or track. If one is available, a sperate picture should be provided to the searchers.

**15. Photo**

Remember that the photo selected for this space will be reproduced with a photocopier. Selecting a photo with good contrast and little background clutter will produce better results.

**16. Prepared By**

Knowing who prepared a form allows questions about the information to asked of the correct person.

**FIG. X2.3 General Briefing—Missing Person with Instruction Sheets (continued)**

**17. Date Prepared**

The date and time a form is completed allows users of the information to know how current it is. In addition it helps establish the chronology of events when the search paperwork is being examined after the fact.

**18. Time Prepared**

See Date Prepared.

**Notes**

The Subject Information portion of this form is focused on the needs of a ground searcher. The Physical Description portion is not the full "Law Enforcement" set, but rather enough that a field searcher can identify the missing individual.

There is not a specific section of this form devoted to hazards and safety issues that are expected in the field. Most of the hazards I've seen noted before seemed obvious one that searchers should be expected to anticipate, such as heat, cold, cliffs, etc. It may be that we will find it necessary to add a second page to the form to deal with safety related issues. For now, don't hesitate to add hazard and safety information whenever they are not readily apparent to searchers.

Field 11. Subject's Plans or Intent may need to be bigger.

**FIG. X2.3 General Briefing—Missing Person with Instruction Sheets (continued)**



FEMA US&R RESPONSE SYSTEM  
INCIDENT SUPPORT TEAM

DAILY BRIEFING	INCIDENT	OPERATIONAL PERIOD		REPORTING UNIT	FORM
		DATE	TIMES		
<p>■ <b>MANAGEMENT COORDINATION</b></p> <ul style="list-style-type: none"> <li>• General Incident Objectives _____</li> <li>• Strategic Planning _____</li> </ul>					
<p>■ <b>OPERATIONS/PLANNING</b></p> <ul style="list-style-type: none"> <li>• Accomplishments/Current Assessment _____</li> <li>• Personnel Status _____</li> <li>• Tactical Assignments _____</li> <li>• Safety/Health/Medical _____</li> <li>• Weather _____</li> <li>• Debriefing _____</li> </ul>					
<p>■ <b>LOGISTICS</b></p> <ul style="list-style-type: none"> <li>• Comm Assignments/Freq _____</li> <li>• Ordering Supplies/Support Facilities _____</li> <li>• Transportation _____</li> </ul>					
<p>■ <b>MEDIA</b></p> <ul style="list-style-type: none"> <li>• Coverage/Field Involvement _____</li> </ul>					
<p>■ <b>LIAISON</b></p> <ul style="list-style-type: none"> <li>• Assisting/Cooperating Agencies _____</li> </ul>					
<p>■ <b>ADMIN/FINANCE</b></p> <ul style="list-style-type: none"> <li>• Accountability/Cost Issues _____</li> </ul>					
<p>■ <b>DEMOBILIZATION</b></p>					
<p>■ <b>ADDITIONAL COMMENTS</b></p>					
<p>DISTRIBUTION:</p>					2/95
IST LEADER		DATE		TIME	


FIG. X2.4 Daily Briefing



FEMA US&R RESPONSE SYSTEM  
INCIDENT SUPPORT TEAM


SHIFT BRIEFING FORMAT	INCIDENT	REPORTING UNIT	ESF-9	FORM US&R-XXX
DISASTER #	OPS PERIOD	DATE/TIME PREPARED		UNIT LEADER
<b>ACTION</b>			<b>RESPONSIBILITY</b>	
■ State strategic objectives			IST Leader	
■ Update present incident situation			IST Operations Section Chief	
■ Incident projection for the operational period			IST Planning Section Manager	
■ Specific assignments			IST Operations Section Chief	
■ Safety message			IST Safety Officer	
■ Communications plan and other logistical issues			IST Logistics Section Chief	
■ Questions and concerns			IST Leader	
PREPARED BY	APPROVED BY	DATE		

FIG. X2.5 Shift Briefing Format

Pennsylvania Search and Rescue Council	<h3>Incident Objectives</h3> Incident Form 2 of 5		
Incident Name:	Operational Period (Date/Time):	Date/Time Prepared:	
<b>Objectives</b>	General Objectives for Incident:                     		
<b>Weather</b>	Weather Forecast for Operational Period:     		
<b>Safety</b>	General or Safety Messages:     		
	List any Attachments:    		
	Prepared by (Plans Section Chief):	Approved by (Incident Commander):	
	3/2/92	(similar to ICS 202)	Page 1 of 1

**FIG. X2.6 Incident Objectives**

New York State Department of Environmental Conservation  
Forest Rangers



**ORGANIZATION ASSIGNMENT LIST**

<b>INCIDENT COMMANDER AND STAFF</b>		Incident Name: _____ Date Prepared: _____ Time Prepared: _____
Incident Commander Deputy Safety Officer Information Officer Liaison Officer		<b>OPERATIONS SECTION</b>
<b>AGENCY REPRESENTATIVES</b>		Chief Deputy Div. Supervisor A Crew Boss # _____ Crew Boss # _____ Crew Boss # _____ Crew Boss # _____ Div. Supervisor B Deputy Crew Boss # _____ Crew Boss # _____ Crew Boss # _____ Crew Boss # _____ Div. Supervisor C Deputy Crew Boss # _____ Crew Boss # _____ Crew Boss # _____ Crew Boss # _____ Air Operations Branch Air Ops Director Staging Area Manager
<b>PLANNING SECTION</b>		<b>FINANCE/ADMINISTRATION SECTION</b>
Chief Deputy Rental Unit Medical Unit Documentation Unit Demobilization Unit Investigation TECHNICAL SPECIALISTS		Chief Deputy Time Unit Procurement Unit Compensation/Claims Unit Cost Unit
<b>LOGISTICS SECTION</b>		
Chief Deputy Support Branch Director Supply Unit Facilities Unit Ground Support Unit Service Branch Director Communications Unit Medical/Evac. Unit Food Unit Prepared by: (Resource Unit)		
NYSAR 203 496		

**FIG. X2.7 Organizational Assignment List**



Search & Rescue SHERIFF'S DEPARTMENT SANTA BARBARA COUNTY			Field Team Assignments		Unit Number	Page Number
					Operator Number	Date
Assign #	Field Team #	Call Sign	Assignment			
Members			Time			
Leader			Time Out			
2			Message Out			
3			Take Off Time	Debriefing		
4						
5			Time In			
6			Message In			
7			Time On Ground			
8			Total Mission Time			

Assign #	Field Team #	Call Sign	Assignment			
Members			Time			
Leader			Time Out			
2			Message Out			
3			Take Off Time	Debriefing		
4						
5			Time In			
6			Message In			
7			Time On Ground			
8			Total Mission Time			

Assign #	Field Team #	Call Sign	Assignment			
Members			Time			
Leader			Time Out			
2			Message Out			
3			Take Off Time	Debriefing		
4						
5			Time In			
6			Message In			
7			Time On Ground			
8			Total Mission Time			

Form SHELPOAA-0991

FIG. X2.9 Field Team Assignments

Search & Rescue SHERIFF'S DEPARTMENT SANTA BARBARA COUNTY			Field Team Assignments		Unit Number	Page Number
					Operator Number	Date
Assign #	Field Team #	Call Sign	Assignment			
Members			Time		Type	
Leader			Time Out			
2			Message Out	<input type="checkbox"/> HASTY <input type="checkbox"/> DOG <input type="checkbox"/> HELICOPTER <input type="checkbox"/> FIXED WING <input type="checkbox"/> DF <input type="checkbox"/> ROAD PATROL <input type="checkbox"/> ORV/QUAD <input type="checkbox"/> GRID <input type="checkbox"/> TRACKING <input type="checkbox"/> HORSE PATROL		
3			Take Off Time	Signature: _____ POI: _____ TRANSPORT: _____ Agency: _____ Medical Capability: _____ Grounds: _____ Notes: _____		
4						
5			Time In			
6			Message In			
7			Time On Ground			
8			Total Mission Time			
Assignment						
Debriefing						
Notes						

Form SHELPOAA-0991

FIG. X2.9 Field Team Assignments (continued)



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
MALIBU MOUNTAIN RESCUE TEAM

Call Sign: \_\_\_\_\_ CREW ASSIGNMENT

THIS ROW OR LAST USE ONLY	REPORT CONTINUATION	URN	page of
Incident Name		Date/Time Prepared	Operational Period
Call Sign: _____ Freq: _____ T-Card Color: _____ By: _____			
Assignment: _____			
Crew Leader: _____			
Members: _____			
Date/Time of Assignment: _____		Date/Time in Field: _____	
Date/Time Assign. Complete: _____		Date/Time in CP: _____	
Call Sign: _____ Freq: _____ T-Card Color: _____ By: _____			
Assignment: _____			
Crew Leader: _____			
Members: _____			
Date/Time of Assignment: _____		Date/Time in Field: _____	
Date/Time Assign. Complete: _____		Date/Time in CP: _____	
Call Sign: _____ Freq: _____ T-Card Color: _____ By: _____			
Assignment: _____			
Crew Leader: _____			
Members: _____			
Date/Time of Assignment: _____		Date/Time in Field: _____	
Date/Time Assign. Complete: _____		Date/Time in CP: _____	

**ICS 204** This form can be used for multiple crews, or a single crew with multiple assignments

FIG. X2.10 Crew Assignment

81 14 67 (9/95) - 10g NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
FOREST RANGERS

**CREW ASSIGNMENT SHEET**

CREW NUMBER	AFFILIATION	INCIDENT NAME	CREW BOSS
OPERATIONAL PERIOD (Date and Time)			
From		To	
INCIDENT PERSONNEL (Name and Number)			
INCIDENT COMMANDER	OPERATIONS	CREW RADIO ID	
PLANS	STAGING AREA MANAGER	ICP PHONE	
LOGISTICS	DIVISION SUPERVISOR	ICP TO FIELD FREQUENCY	
INFORMATION OFFICER	STRIKE TEAM LEADER	FIELD TO FIELD FREQUENCY	
		REPEATER NAME / CHANNEL	
CREW ASSIGNMENT		SPECIAL INSTRUCTIONS / EQUIPMENT / DROP POINT	
TRANSPORTATION			
<b>SUBJECT INFORMATION</b>			
NAME		NICKNAME	
SEX	RACE	AGE	HEIGHT
			WEIGHT
			HAIR
			EYES
CLOTHING WORN		ITEMS CARRIED	
TYPE OF EMPLOYMENT		FOOTWEAR	
PERSONAL HABITS			
EXPECTED WEATHER			
SPECIAL INFORMATION			
<b>CREW BRIEFING CHECKLIST</b>			
<input type="checkbox"/> Summary to Date	<input type="checkbox"/> Subject Information	<input type="checkbox"/> Clues	<input type="checkbox"/> Time Frame (in field)
<input type="checkbox"/> Safety	<input type="checkbox"/> Family	<input type="checkbox"/> Media	<input type="checkbox"/> Weather
			<input type="checkbox"/> Tactics
			<input type="checkbox"/> Terrain
			<input type="checkbox"/> Altitude

FIG. X2.11 Crew Assignment with Instructions

**Crew Briefing Checklist**  
(Found on the bottom of the Crew Assignment Sheet)

- Subject Info:** can be read directly from the form.
- Terrain:**
- nobody likes surprises
  - advise the crew of what to expect
  - remind them of safety
- Tactics:**
- relate assignment both verbally and graphically (use map).
  - define your assignment (ie, Type I, II, IIm, III)
  - instruct/review how to execute search techniques.
  - reiterate expected time needed to complete assignment.
- Clues:**
- remind crew of the importance of looking for clues.
  - emphasize that clues may include:
    - Items of clothing or items carried by the subject
    - Footprints, shelters, fires, matted vegetation, etc.
  - emphasize the need to age the evidence.
- Summary to date:** relate information received in your briefing.
- keep it simple.
  - answer two questions:
    - How long has the search been going on?
    - What areas have been searched?
- Weather:** can be read directly from the Crew Assignment Sheet
- Safety:**
- identify known hazards.
  - determine if crew members are prepared for weather and terrain.
  - determine if crew members have adequate food, water, clothing, footwear, special gear (ie gloves, sun block, bug dope, flashlight, etc.)
  - make sure each member understands serious nature of the assignment.
  - complete an individual inspection
    - Crew is only as strong as it's weakest link.
    - Seek assistance from Operations section if not satisfied with an individual's equipment, clothing or conditioning.
- Family:**
- advise your crew of family members present.
  - may or may not be readily identifiable.
  - advise crew to use discretion and act professionally at all times.
  - DEC may identify family members with special badges.
- Media:**
- all requests for information by the press should be politely referred to the Incident Commander or the Information Officer.
  - press may be identified by special badges.

**FIG. X2.11 Crew Assignment with Instructions (continued)**

- Time frame (in field):** -crew members should advise crew boss of problems they may have
- crew should be informed of approximate timing of assignment.
    - Time crew expected to depart ICP
    - Anticipated duration of assignment
    - Time crew expected to return to ICP
- Attitude:**
- reinforce values of positive attitude.
  - establish sense of urgency and importance of your assignment.
  - remind crew that finding nothing is as important as finding a clue.
  - crew boss establishes rapport and sense of leadership.

**FIG. X2.11 Crew Assignment with Instructions (continued)**

<b>TEAM ASSIGNMENT</b>		1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. ASGN. NUMBER
4. RESOURCE TYPE				
5. PERSONNEL ASSIGNED * L -- TEAM LEADER M -- MEDICAL				
* 1	NAME	AGENCY	* 6	NAME
2			7	
3			8	
4			9	
5				
<input type="checkbox"/> ADDITIONAL NAMES ATTACHED				
6. ASSIGNMENT				
.....				
.....				
.....				
<input type="checkbox"/> MAP(S) ATTACHED				
7. PREVIOUS AND PRESENT SEARCH EFFORTS IN AREA				
.....				
.....				
<input type="checkbox"/> (DE) BRIEFING INFO ATTACHED				
8. TIME ALLOCATED	9. SIZE OF ASSIGNMENT	10. EXPECTED P.O.D.		
		H	M	L
11. DROP OFF AND PICKUP INSTRUCTIONS				
.....				
12. COMMUNICATIONS				
RADIO CALL				
FUNCTION		FREQUENCY	CHANNEL DESCRIPTION	CHANNEL
COMMAND (TEAM -- BASE)				
TACTICAL (TEAM -- TEAM)				
.....				
13. PREPARED BY			14. DATE PREPARED	15. TIME PREPARED
16. EQUIPMENT ISSUED				
.....				
17. BRIEFER		18. TIME BRIEFED	19. TIME OUT	20. TIME RETURNED
SAR 104 BASARC 2/96		COPIES		NOTES
		<input type="checkbox"/> PLANS <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TEAM		

FIG. X2.12 Team Assignment with Instructions

## SAR 104 – Team Assignment (1/96)

### Overview

The Team Assignment Form is intended to provide searchers with specific information related to their assignment. The form should be accompanied by a General Briefing Form that contains general information about the incident. A separate Team Assignment Form will be completed for each assignment made.

### Instructions for Completing Form

#### 1. Incident Name

The incident name should be established early in the operation. Be consistent and don't use several names, or change names in the middle. Good names often include either the last name of the subject i.e. "Smith Search" or the name of the search location i.e. "Jones Gulch Search".

#### 2. Operational Period

This is where the date goes. But it's more than just a date. An operational period has a beginning and an ending date and time. But the ending time may not be known at the time the forms is being filled out. It may be most useful to use the date followed by a word or two describing the time of day or phase of the search. For example

1/14/96 Initial Response                      1/14/96 Night  
 1/15/96 Day 1                                      1/15/96 Daytime  
 1/14/96 2200 to 1/15/96 0600

#### 3. Assignment Number

Assignments should be numbered sequentially for each incident. The ICS Plans function will number assignments as they are created.

#### 4. Resource Type

What type of resource is this? Example include...  
 Hasty Search Team, Area Search Team, Dog Team, Mounted Team, Road Patrol, Communications Relay

#### 5. Personnel Assigned

Who is on the team? List the name of each team member. To the left of their name there is room for a single letter note. "L" indicates Team Leader, "M" indicates highest medical training. Use additional symbols to fit your needs. There is room for 9 names on the form. That's more than enough for most assignments, but if you need more, check the additional names attached box.

#### 6. Assignment

A written description of the teams assignment. This should describe the area or route to be searched. You should also give information about the search techniques to be used and the thoroughness with which to search.

Whenever possible you should attach a map marked with the area or route to be searched. Mark the map with a transparent highlighter, so as not to obscure the details on the map. Good search maps include scale, contour, and north information.

#### 7. Previous And Present Search Efforts in Area

A team that is looking for sign or tracks in their area needs to know if another search team has been through the area before. A dog handler needs to know if there is also a ground team working in the same area. A

FIG. X2.12 Team Assignment with Instructions (continued)

team researching an area needs to know how the previous team covered the area, what they focused on and areas they missed or glossed over. When you are trying to increase the cumulative POD for an area, attaching the debriefing notes from the previous search effort is a good idea.

**8. Time Allocated**

Search assignments shouldn't be open ended things. Planners should have an idea how long an assignment will take as well as when they want the team to return. This field can either be a length of time or a time to quit searching.

**9. Size of Assignment**

For area assignments this is the size of the area in square miles, square kilometers, or acres. For a route assignment it is the total length of the route in miles or kilometers.

**10. Expected P.O.D.**

This is where the planners give the searchers a clear idea of how thoroughly they should look for various things. The POD for a responsive subject relates to the team calling out for the subject, listening for, and being able to hear a response. The POD for an unresponsive subject relates to how thoroughly the team checks places that could conceal the subject. The POD for clues relates to how closely the entire assignment is examined for tracks, sign, and other small clues. If you need to map High, Medium and Low to POD percentage values, use 80%, 50%, 20% respectively.

**11. Drop Off and Pick Up Instructions**

These are the transportation instructions. They should include the expected method of transport as well as the locations for pickup and drop off.

**12. Communications**

For most small to medium sized operations it is sufficient to assign a single command (search base to teams) radio frequency along with a single tactical (team to team) radio frequency. If your incident requires more than this, refer readers to a more complete communications plan. There is space on the Team Assignment form for team specific communication plans.

It's important to note the frequency of the radio net. Different agencies may use different names and channel assignments.

The Channel Description can be used for the "Name" of the radio net. Sufficient room is provided to also include info about repeater offsets, and tone if required.

Remember the Channel number may be different on radios outside of your own agency, so use the space with caution on a multiple agency operation.

**13. Prepared By**

Knowing who prepared a form allows questions about the information to be asked of the correct person.

**14. Date Prepared**

The date and time a form is completed allows users of the information to know how current it is. In addition it helps establish the chronology of events when the search paperwork is being examined after the fact.

**15. Time Prepared**

See Date Prepared.

Fields 16 to 20 will not be filled in by Plans

**16. Equipment Issued**

By noting equipment that teams have been issued, such as radios and medical kits, both the team and the

**FIG. X2.12 Team Assignment with Instructions (continued)**

debriefed are reminded that they need to be sure the equipment is returned. This field will most likely be completed by logistics personnel.

**17. Briefer**

The name of the person who briefs the team on this assignment. To be completed by the briefer.

**18. Time Briefed**

The time at which the team was briefed. To be completed by the briefer.

**19. Time Out**

The time the team departed for the field. To be completed by the team and/or Operations.

**20. Time Returned**

The time the team returned from the field. To be completed by the team and/or Operations.

**Copies**

In a small search it may be good enough to give the team a copy and keep to keep a copy at the search base. In a larger incident, the distribution of copies of the assignment forms gets more complicated.

**Notes**

An empty space to be used for what ever need to be written there.

**Notes**

Team Number, Segment Number, Assignment Number, Individual Radio Call or SAR Number there seems to be some confusion in between these.

Segment Number -- How the search segment is identified on the overall search map and how it is identified in any POD tracking system. A single segment may have many search assignments in it.

Assignment Number -- How a given assignment is referred to. These are typically assigned sequentially as assignments are written. Sometimes there is a numeric sequence for each type of resource (i.e. Dog-5 and Ground-5) this has proved to be confusing.

Team Identifiers -- This is what you call the team when you want them on the radio. The first issue is should this identifier change when the team does an additional assignment or does it stick with the team? My position is this. The Team identifiers should reflect the assignment they are working on. I think it should be prefixed with a name that is readily picked out by the team on the radio. (i.e. The agency or name of the team CARDA, BAMRU, CoCo, etc. or the type of the team (i.e. Dog) My position differs from the BASARC in that BASARC prefixes with the Agency Number (i.e. BAMRU-5 would be 1305, 13 is BAMRU's number)

Individual Radio Call -- Many teams assign a number to each of their members. Typically they're 3 digit numbers. Sometimes they are also used as radio calls. My experience is that these numbers should not be used as Team Identifiers, and that they should be avoided altogether on a multi agency search.

Expected POD. Will the expected POD for a responsive subject ever be anything but high? Perhaps it's a good thing to leave in to remind the team that they should be calling out and listening for a response.

Some of the most frequent complaints we get from teams are about the delay between their arrival, briefing and deployment into the field. By tracking time of briefing and deployment we can better examine this problem.

**FIG. X2.12 Team Assignment with Instructions (continued)**


Pennsylvania Search and Rescue Council		<b>Incident Communications Plan</b> Incident Form 4 of 5			
Incident Name:		Operational Period (Date/Time):		Date/Time Prepared:	
Telephone	Responsible Agency:	( ) -	State Coordinating Agency:	( ) -	
	Base Camp #1:	( ) -	Base Camp #2:	( ) -	
		( ) -		( ) -	
		( ) -		( ) -	
Remarks					
Relays/Repeaters					
Channel/Frequency					
Net Name:					
Prepared by:			Approved by (IC or Logistics Chief):		
3/2/92		(similar to ICS 205)		Page 1 of 1	

FIG. X2.13 Incident Communications Plan


Pennsylvania Search and Rescue Council		<b>Incident Medical/Evacuation Plan</b> Incident Form 3 of 5			
Incident Name:		Operational Period (Date/Time):		Date/Time Prepared:	
Base Camp	Base Camp Minor Injury/Illness to be Managed:				
	Additional Local Medical Resources (Minor Injury/Illness):				
Evacuation	Resources and Plan for Field Evacuation:				
	Medical Resources and Response Plan for Field Medical Emergency:				
Medical					
EMS Transport	Name: A.S? BLS? Ground? Air? Response Time: Contact Means:				
	Name: Location: Capabilities: Travel Time (Ground/Air): E.D. Phone #:				
Hospitals					
(List should include Level 1 Trauma Center, Burn Unit hospital, and local hospital(s)).					
Prepared by:			Approved by (IC or Safety Officer):		
3/2/92		(similar to ICS 206)		Page 1 of 1	

FIG. X2.14 Incident Medical/Evacuation Plan





**REGISTRATION OF SEARCH AND RESCUE PARTICIPANTS**

AGENCY / GROUP AFFILIATION:	DATE:
-----------------------------	-------

NAME OF INCIDENT: \_\_\_\_\_ REGION: \_\_\_\_\_ REGISTERED BY: \_\_\_\_\_

NAME (Print)		ADDRESS		SPECIAL QUALIFICATIONS	SPECIAL SKILLS/EQUIPMENT	TIME
LAST, FIRST, MI		STREET		<input type="checkbox"/> DEC Certified <input type="checkbox"/> EMT/1st Responder <input type="checkbox"/> Crew Boss		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (    )	CITY / STATE / ZIP				OUT
LAST, FIRST, MI		STREET		<input type="checkbox"/> DEC Certified <input type="checkbox"/> EMT/1st Responder <input type="checkbox"/> Crew Boss		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (    )	CITY / STATE / ZIP				OUT
LAST, FIRST, MI		STREET		<input type="checkbox"/> DEC Certified <input type="checkbox"/> EMT/1st Responder <input type="checkbox"/> Crew Boss		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (    )	CITY / STATE / ZIP				OUT
LAST, FIRST, MI		STREET		<input type="checkbox"/> DEC Certified <input type="checkbox"/> EMT/1st Responder <input type="checkbox"/> Crew Boss		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (    )	CITY / STATE / ZIP				OUT
LAST, FIRST, MI		STREET		<input type="checkbox"/> DEC Certified <input type="checkbox"/> EMT/1st Responder <input type="checkbox"/> Crew Boss		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (    )	CITY / STATE / ZIP				OUT
LAST, FIRST, MI		STREET		<input type="checkbox"/> DEC Certified <input type="checkbox"/> EMT/1st Responder <input type="checkbox"/> Crew Boss		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (    )	CITY / STATE / ZIP				OUT
LAST, FIRST, MI		STREET		<input type="checkbox"/> DEC Certified <input type="checkbox"/> EMT/1st Responder <input type="checkbox"/> Crew Boss		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (    )	CITY / STATE / ZIP				OUT
LAST, FIRST, MI		STREET		<input type="checkbox"/> DEC Certified <input type="checkbox"/> EMT/1st Responder <input type="checkbox"/> Crew Boss		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (    )	CITY / STATE / ZIP				OUT
LAST, FIRST, MI		STREET		<input type="checkbox"/> DEC Certified <input type="checkbox"/> EMT/1st Responder <input type="checkbox"/> Crew Boss		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (    )	CITY / STATE / ZIP				OUT
LAST, FIRST, MI		STREET		<input type="checkbox"/> DEC Certified <input type="checkbox"/> EMT/1st Responder <input type="checkbox"/> Crew Boss		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (    )	CITY / STATE / ZIP				OUT

FIG. X2.18 Registration of Search and Rescue Participants

Pennsylvania Search and Rescue Council	<h2 style="margin: 0;">Daily Unit Log</h2> <p style="margin: 0;">Daily Form 10 of 10</p>	
Incident Name:	Operational Period (Date/Time):	Unit:
ICS Position:	Name:	Period Serving (Date/Time to Date/Time):
24-hour Local Time:	Major Events:	
3/2/92	continue on reverse	Page 1 of 2

FIG. X2.19 Daily Unit Log







LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
**MALIBU MOUNTAIN RESCUE TEAM**

**DEBRIEFING FORM**

THIS ROW FOR L.A.S.D. USE ONLY	REPORT CONTINUATION	URN	page of
Incident Name	Date/Time Prepared	Operational Period	
Crew	Crew Leader	Number in Crew	
Date/Time Start Assignment:		Date/Time End Assignment:	
Assignment:			
What You Actually Did:			
What would you estimate the PODs for your efforts to be? Define the types of subjects the PODs reference, (mobile, immobile, etc.)			
Describe the location of any clues you found. What is the current status of these clues?			
Describe any search difficulties or gaps in coverage			
Describe any hazards observed in your assigned segment			
Describe any problems encountered with communications			
Any suggestions, ideas, or recommendations for future plans?			
<b>MMRT 300</b>	Use reverse side for additional notes and/or drawings.		

By: \_\_\_\_\_

**FIG. X2.22 Debriefing Form**

THIS ROW FOR L.A.S.D. USE ONLY	REPORT CONTINUATION	URN	page of

**FIG. X2.22 Debriefing Form (continued)**

TEAM DEBRIEFING		1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. ASGN NUMBER																									
4. RESOURCE TYPE																													
5. ASSIGNMENT SUMMARY																													
6. DESCRIBE SEARCH EFFORTS IN ASSIGNMENT																													
7. DESCRIBE PORTIONS YOU WERE UNABLE TO SEARCH																													
8. DESCRIBE ANY CLUES, TRACKS, OR SIGN LOCATED, OR ANY PERTINENT TRAIL INTERVIEWS																													
9. DESCRIBE ANY HAZARDS OR PROBLEMS ENCOUNTERED																													
10. SUGGESTIONS FOR FURTHER SEARCH EFFORTS IN OR NEAR YOUR ASSIGNMENT																													
11. TIME ENTERED ASSIGNMENT	12. TIME EXITED ASSIGNMENT	13. TIME SPENT SEARCHING	14. P.O.D. SUMMARY																										
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20%;">H</td> <td style="text-align: center; width: 20%;">M</td> <td style="text-align: center; width: 20%;">L</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">____%</td> <td style="text-align: center;">____%</td> <td style="text-align: center;">____%</td> <td style="font-size: 0.6em;">RESPONSIVE SUBJECT</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">____%</td> <td style="text-align: center;">____%</td> <td style="text-align: center;">____%</td> <td style="font-size: 0.6em;">UNRESPONSIVE SUBJECT</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">____%</td> <td style="text-align: center;">____%</td> <td style="text-align: center;">____%</td> <td style="font-size: 0.6em;">CLUES</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">90%</td> <td style="text-align: center;">80%</td> <td style="text-align: center;">10%</td> <td colspan="2"></td> </tr> </table>			H	M	L			____%	____%	____%	RESPONSIVE SUBJECT	<input type="checkbox"/>	____%	____%	____%	UNRESPONSIVE SUBJECT	<input type="checkbox"/>	____%	____%	____%	CLUES	<input type="checkbox"/>	90%	80%	10%		
H	M	L																											
____%	____%	____%	RESPONSIVE SUBJECT	<input type="checkbox"/>																									
____%	____%	____%	UNRESPONSIVE SUBJECT	<input type="checkbox"/>																									
____%	____%	____%	CLUES	<input type="checkbox"/>																									
90%	80%	10%																											
15. DEBRIEFER		16. DATE & TIME																											
<b>SAR 110</b> BASARC 2/96		ATTACHMENTS <input type="checkbox"/> DEBRIEFING MAP(S) <input type="checkbox"/> ORIGINAL BRIEFING DOCUMENT <input type="checkbox"/> SUPPLEMENTAL DEBRIEFING FORMS <input type="checkbox"/> OTHER _____		SUMMARY <input type="checkbox"/> NOTHING SIGNIFICANT LOCATED <input type="checkbox"/> USEFUL INFORMATION, NEEDS REVIEW <input type="checkbox"/> POTENTIAL CLUES, NEEDS URGENT REVIEW <input type="checkbox"/> ASSIGNMENT COMPLETED <input type="checkbox"/> ASSIGNMENT NOT COMPLETED																									

**FIG. X2.23 Team Debriefing with Supplement and Instructions**

TEAM DEBRIEFING SUPPLEMENT		1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. ASGN NUMBER		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em; vertical-align: bottom;"> <b>SAR 119</b>                      BASARC 1/96                 </td> <td style="border: none;"></td> </tr> </table>					<b>SAR 119</b> BASARC 1/96	
<b>SAR 119</b> BASARC 1/96						

**FIG. X2.23 Team Debriefing with Supplement and Instructions (continued)**

## SAR 110 -- Team Debriefing (1/96)

### Overview

The Team Debriefing Form is intended to provide plans with the results from the teams search effort.

This form will likely be reviewed as plans are being made for the next operational period. It's likely that both the debriefer and the team will not be available to answer questions at that time. (It usually happens in the wee hours of the morning.) Thus is very important that all of the information get written on the form and attached maps. Make sure there are not any bits of information that exist only as an understanding between the debriefer and the team. An example of this would be a shaded area on the map, with no notation as to its meaning. It was obvious what it meant when it was shaded, but at 3am it will be meaningless to the planner.

### Instructions for Completing Form

#### 1. Incident Name

The incident name should be established early in the operation. Be consistent and don't use several names, or change names in the middle. Good names often include either the last name of the subject i.e. "Smith Search" or the name of the search location i.e. "Jones Gulch Search".

#### 2. Operational Period

This is where the date goes. But it's more than just a date. An operational period has a beginning and an ending date and time. But the ending time may not be known at the time the forms is being filled out. It may be most useful to use the date followed by a word or two describing the time of day or phase of the search. For example

1/14/96 Initial Response	1/14/96 Night
1/15/96 Day 1	1/15/96 Daytime
1/14/96 2200 to 1/15/96 0600	

#### 3. Assignment Number

This should be the assignment number from the Team Assignment Form.

#### 4. Resource Type

What type of resource is this? Example include....

Hasty Search Team, Area Search Team, Dog Team, Mounted Team, Road Patrol, Communications Relay

#### 5. Assignment Summary

A short written summary of the assignment. It need not be as detailed as the description on the Team Assignment Form. By doing this summary the debriefer will get a chance to make sure both he and the team understand and agree on what the assignment was.

#### 6. Describe Search Efforts in Assignment

Describe both where the team searched as well as the type of searching they did. Please don't just write see map. But on the other hand it's a great idea to also attach a map.

#### 7. Describe Portions You Were Unable to Search

Describe the location of any areas not searched along with the reason why they were not searched. There may be specific areas not searched. And there may be categories of areas not searched. For example, "Found pockets of dense brush, which we did not penetrate." This is the information that is most needed by a team

**FIG. X2.23 Team Debriefing with Supplement and Instructions (continued)**

that is assigned to research an area. They will use it to determine if additional equipment is needed, where to search, and what techniques to use to get the best overall coverage of the area.

#### 8. Describe any Clues, Tracks, or Sign Located, or any Pertinent Trail Interviews

Note both what the clue is and its location. Note what was done with the clue (left in place, marked, recovered, etc.). In addition you should note how relevant the team thinks this clue is. Note if the clue has already been reported, and if so note any assigned identifier.

#### 9. Describe any Hazards or Problems Encountered

Use your judgement here. There is no need to list hazards that are common to most of the search areas and already well known. For example on a winter operation cold and snow are a hazard that needn't be noted.

#### 10. Suggestions for Further Search Efforts in or Near Your Assignment

The team has just been out to the search area and may have very good ideas for additional searching. Try to focus them on ideas related to what they found in the field rather than their overall theories about the search.

#### 11. Time Entered Assignment

The time the team arrived at their search area.

#### 12. Time Exited Assignment

The time the team left their search area.

#### 13. Time Spent Searching

Time in hours that they actually spent searching. This doesn't include time spent eating lunch, resting, or trying to find themselves on the map.

#### 14. P.O.D. Summary

Here is the final summary of how thoroughly the assignment was searched. Probability Of Detection (POD) is the likelihood that the subject or clues would have been located had they been in the search area.

The POD for a responsive subject relates to the team calling out for the subject, listening for, and being able to hear a response. The more frequently the team stopped, called out for the subject, and then listened for a response the higher a POD would be for a responsive subject. Wind and water noise will significantly reduce this POD.

The POD for an unresponsive subject relates to how thoroughly the team checks places that could conceal the subject.

The POD for clues relates to how closely the entire assignment is examined for tracks, sign, and other small clues.

The PODs you record apply only to the portion of the assignment that was completed. Do not reduce the POD because the assignment was not completed. Rather focus on evaluating the PODs for the completed portion.

The form has space for either a numeric value for POD or a High to Low scale. If you need to map High, Medium and Low to POD percentage values, use: 80%, 70%, 50%, 30%, 10%.

#### 15. Debriefer

The Debriefers name, so we know who to wake up and question if things aren't clear.

#### 16. Date & Time

Date and time the debriefing occurred. This information helps establish the chronology of events when the

**FIG. X2.23 Team Debriefing with Supplement and Instructions (continued)**

search paperwork is being examined after the fact.

**Attachments**

Note what paperwork goes with this form. Then we can tell if it's missing.

**Summary**

This is perhaps the most difficult portion of the form for the debriefer to complete. First of all decide if the team completed their assignment. In most cases this should be a clear cut call. Then prioritize the importance of these results. Debriefings marked for urgent review will get processed first. Forms marked needs review are next in line, followed by nothing significant located forms. Note that nothing significant located forms are stilled reviewed by the plans staff, only it's done last.

**Notes**

**FIG. X2.23 Team Debriefing with Supplement and Instructions (continued)**

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
MALIBU MOUNTAIN RESCUE TEAM  
SEARCH CAPABILITIES ROSTER

THIS ROW FOR LA S O USE ONLY		REPORT CONTINUATION	URN		page of							
Incident Name			Date / Time Prepared			Operational Period						
Unit Name / Designator				Unit Leader								
#	CREW ASSIGN	NAME	RANK	TIME AVAIL	OVER NIGHT	MED QUAL	HELI QUAL	TRACK LEVEL	CLIMB LEVEL	ELT DF	DIVE TEAM	OTHR
1												
2												
3												
4												
5												
6												
7												
8												
9												
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11												
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15												
16												
17												
18												
19												
20												
<b>MMRT 303</b>		Other Info										

SEE REVERSE SIDE FOR CODES

10/21/93

**FIG. X2.24 Search Capabilities Roster**

**INFORMATION CODES  
SEARCH CAPABILITIES ROSTER**

CREW ASSIGNMENT Leave blank, a crew number will be assigned by Operations.

NAME \_\_\_\_\_

RANK Your rank within your organization \_\_\_\_\_

TIME AVAILABLE If this member is not on scene, but will arrive at a later time, enter that time here \_\_\_\_\_

OVER NIGHT Do you have the experience and the equipment to spend the night in the field?  
Answer with the number of nights you are prepared to spend in the field, i.e. 0, 1, 2 etc., \_\_\_\_\_

MEDICAL QUALIFICATION List only the **current** level of certification you possess.

- MM multimedia first aid qualification
- ADV Advanced First Aid and Emergency Care
- FR DOT First Responder Course
- EMT-1 Emergency Medical Technician
- EMT-P Paramedic
- MICN Mobile Intensive Care Nurse
- R N Registered Nurse
- P A Physicians Assistant
- M D Physician

HELITAC QUALIFICATION: Check if you have undergone "in the air" helitactics training within the past year.

TRACKING LEVEL:

- T-1 Can follow a very easy, perfect print.
- T-2 Easy, complete print, imperfect.
- T-3 Moderate, incomplete print.
- T-4 Hard, partial print lacking positive I.D.
- T-5 Severe, sign only. Tracking trained & monthly practice.
- T-6 Very severe, obscure sign. High natural ability, practicing weekly.

CLIMBING ABILITY:

- Class 3 Easy climbing, scrambling w/ use of hands, elementary use of climbing technique
- Class 4 Moderate climbing using natural protection, short pitches.
- Class 5 Roped climbing requiring artificial protection.
  - 5-3- abundant handholds
  - 5-7- obscure handholds
- Direct Aid A1 - A5

ELT - DF Check here if you have been trained in the use of, and can operate an ELT direction finder.

DIVE TEAM Check here if you are a member of an underwater dive rescue/recovery team.

**FIG. X2.24 Search Capabilities Roster (continued)**



**FEMA US&R SPONSE SYSTEM  
INCIDENT SUPPORT TEAM**

<b>RESOURCE ORDER FORM</b>		INCIDENT		OPERATIONAL PERIOD DATE      TIMES		REPORTING UNIT <b>ESF-9</b>		FORM <span style="float: right;">2/95</span> <b>US&amp;R-005</b>			
NAME: _____		POSITION TITLE: _____		MISSION ASSIGNMENT #: _____		TIME: _____					
LOCATION: _____		CALLBACK #: _____		PROCESSED AT DFO BY: _____							
ORDER CODES:											
M — Miscellaneous		O — Overhead		C — Crews		P — Personnel		E — Equipment		FC — Search Team	
A — Aircraft		TF — Task Force		T — Transportation		S — Supplies		F — Food		COM — Communications	
								IST — Inc. Sppt Team		FAsT — Field Assmnt	
QUANTITY	CODE	ITEM ORDERED / COMMENTS (special instructions, names, etc.)						ETA	REQ. #	CONFIRMED	
APPROVED BY _____		DATE _____		DISTRIBUTION: Original: Logistics/Copy: Finance Section/Copy: Planning Section							

**FIG. X2.25 Resource Order Form**



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
MALIBU MOUNTAIN RESCUE TEAM

**SURVIVAL TIME FRAME WORKSHEET**

NOTE: This worksheet only provides guidelines to aid in the evaluation in survivability of an individual where no action is taken to seek protection. Add these quantifiable factors to other known circumstances to approximate time frames for survival.

Fill in the following information:

AIR TEMPERATURE (f) .....	LOW _____	HIGH _____	
WIND SPEED (mph) .....	LOW _____	HIGH _____	See wind speed chart for estimate
PRECIPITATION .....	YES / NO / UNK		Influencing factor?
WATER-BODY TEMPERATURE .....	LOW _____	HIGH _____	If immersion involved
IMMOBILE? .....	YES / NO / UNK		Influencing factor?
HUMIDITY (%) .....	LOW _____	HIGH _____	

Follow these steps:

1. Is the subject immersed in water? If yes go to step # 10.
2. Is the air temperature less than 60 ° F? If no, go to step # 4.
3. Refer to WIND CHILL TEMPERATURE CHART, then go to step # 5.
4. Refer to HUMIDITY CHART, then go to step # 5.
5. Enter RELATIVE AIR TEMPERATURE: LOW \_\_\_\_\_ HIGH \_\_\_\_\_
6. Is the subject in a hot desert climate? If yes, go to step # 11.
7. Is the subject wet? If yes, go to step # 8.
8. Refer to WET CHILL CHART using relative air temperature (step # 5).
9. Refer to HYPOTHERMIA CHART using relative air temperature (step # 5).
10. Refer to IMMERSION CHART using water-body temperature information.
11. Refer to DESERT SURVIVAL CHART using the relative air temperature (step # 5).

Fill in the appropriate box(s):		LOW	HIGH
WET CHILL SURVIVABILITY .....		MIN _____	MIN _____
circle one (HOURS or DAYS)		MAX _____	MAX _____
HYPOTHERMIA SURVIVABILITY .....		MIN _____	MIN _____
circle one (HOURS or DAYS)		MAX _____	MAX _____
IMMERSION SURVIVABILITY .....		AVE _____	
circle one (HOURS or DAYS)		AVE _____	

LIST OTHER INFLUENCING FACTORS BELOW (clothing, shelter, experience etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

<b>MMRT 304</b>	PREPARED BY (NAME & POSITION):
-----------------	--------------------------------

**FIG. X2.26 Survival Time-frame Worksheet**



**FEMA US&R RESPONSE SYSTEM  
INCIDENT SUPPORT TEAM**

<b>PLANNING PROCESS CHECKLIST,</b>	INCIDENT	REPORTING UNIT <b>ESF-9</b>	FORM <b>US&amp;R-XXX</b>
DISASTER #	OPR PERIOD	DATE/TIME PREPARED	UNIT LEADER
<b>PLANNING STEP</b>		<b>RESPONSIBILITY</b>	
■ Give briefing on situation status		IST Planning Section Chief	
■ Give briefing on resource status		IST Planning Section Chief	
■ Review strategic objectives		IST Team Leader	
■ Plot functional and geographic boundaries		IST Operations Section Chief	
■ Recommend tactics for functional and geographic boundaries		IST Operations Section Chief	
■ Determine resources needed		IST Operations Section Chief	
■ Specify operations facilities and reporting locations. Plot on map.		IST Operations Section Chief	
■ Discuss requirements for: <ul style="list-style-type: none"> <li>• communications</li> <li>• medical</li> <li>• traffic</li> <li>• other logistical issues</li> </ul>		IST Logistics Section Chief	
■ Finalize Incident Action Plan		IST Planning Section Chief	
■ Approve Incident Action Plan		IST Team Leader	

**FIG. X2.27 Planning Process Checklist**




 <b>Los Padres</b> Search & Rescue	<b>Missing Aircraft</b> WORKSHEET			Case No.	
				SAR No.	
				GES No.	AFRCC No.
<b>AIRCRAFT DESCRIPTION</b>					
Registration Number	Manufacturer	Model	Color		
Remarks	Cruise Speed	Number of Engines	ELT Equipped	IFR Equipped	
Pilot's Name: Last, First, MI		Age	D. O. B.		
Address: Street, City, State			Phone No.		
License	Rating	Hours	Other Flight Trained Crew Members		
Passengers	HAZARDOUS OR SENSITIVE CARGO				
<b>LAST CONTACT</b>					
Location					
Reporting Party: Last, First, MI		Relation	Phone	Time	
<b>PLANNED ROUTE</b>					
Departure Point	Time	Date	IFR/VFR		
Destination	ETA	Date	Alternate Airport		
Route					
Source of Information		Flight Plan Filed With			
<b>KNOWN ROUTE</b>					
Route					
Weather Enroute					
Source of Information					
<b>OTHER INFORMATION</b>			<b>INFORMATION SOURCES</b>		
Instrument Approach			SBA Flight Service Station Contact	967-2305	
Instrument Departure			SBA Tower Contact	967-9717	
Flight Service Station DF			A/C Rental Agency Contact	Phone	
Pilot/Witness Report			Line Person/Gas Truck Contact	Phone	
			Civil Air Patrol Contact	Phone	
			Other	Phone	
			© Los Padres SAR 1989		
			Form LP-17-0980		

FIG. X2.29 Missing Aircraft Worksheet

<b>Los Padres</b> Search & Rescue	<b>ELT</b> <b>WORKSHEET</b>	Case No. _____
		SAR No. _____
<b>Final Report</b>		
Reporting Party _____	Phone _____	Time _____
Report _____		
Source of Report _____		
Location of Reporting Party _____	Agency of Reporting Party _____	
<b>AIRCC Data</b>		
Office _____	Mission No. _____	1-800-851-3051
Schedule Report: Latitude, longitude _____	Time of Report _____	Time of Next Update _____
Aircraft Report _____	Time _____	Type of A/C _____
		Altitude of A/C _____
<b>Civil Air Patrol Data</b>		
CAP District _____	Phone _____	Unit _____
Report _____	Time _____	
Source of Report _____		
Missed Coordinator _____	Base Location _____	Phone _____
Ground Teams: Call Sign & Location _____		
Aircraft: Call Sign & Location _____		
<b>Shard's Department Data</b>		
Command _____	Phone _____	Location _____
Report _____	Time _____	
Source of Report _____		
<b>FAA Data</b>		
Office _____	Phone _____	Location/Office _____
Report _____	Time _____	
Signal Received _____	Location of Receiver _____	Time Received _____
		Direction _____
Pilot Report _____	Type of A/C _____	Altitude _____
		Time Rec'd used _____
		Location _____
		<b>SBA FSS 967-2305</b>
		<b>SBA Tower 967-9717</b>
<b>Automotive Alert</b>		
Make _____	Airport/CVIC _____	
Weight/Load _____	Call/Local Calls _____	Direction _____
Comments _____		
<b>ELT Report Data</b>		
Owner's Name (Last, First, MI) _____		
Location _____	Aircraft/Vessel Type _____	Registration No. _____
ELT Manufacturer _____	ELT Model No. _____	ELT Serial No. _____
Suspected Cause _____		
Time of _____	Time of _____	Distance from Source to Plot _____

Form LP-14-0990 © Los Padres SAR 1990

**FIG. X2.30 ELT Worksheet**

FEMA US&R RESPONSE SYSTEM  
INCIDENT SUPPORT TEAM



PLANNING CYCLE	INCIDENT	REPORTING UNIT	FORM
		ESF-9	US&R-XXX 255
DISASTER #	OPS PERIOD	DATE/TIME PREPARED	UNIT LEADER
<b>TIME</b>	<b>EVENT</b>		
	■ Shift change		
	■ Prepare for Planning Meeting		
	■ Planning Meetings (Command & General Staff, Agency Admin. Rep., Resource Status Officer, Situation Status Officer, Comm Support Officer, etc.)		
	■ Prepare IAP		
	■ Review and Finalize IAP		
	■ Approve IAP		
	■ Prepare for Operations Briefing		
	■ Operations Briefing		
	■ Finalize Reports		
	■ Shift Change		
PREPARED BY	APPROVED BY	DATE	

FIG. X2.28 Planning Cycle

FEMA US&R RESPONSE SYSTEM  
INCIDENT SUPPORT TEAM



SITUATION REPORT	OPERATIONAL PERIOD		REPORTING	FORM
	INCIDENT	DATE	UNIT	2/95
<p>The following reports on Urban Search &amp; Rescue activities for the period shown:</p>				
<p>■ CURRENT SITUATION</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>■ CRITICAL ISSUES</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>■ CASUALTY REPORT (civilian/Federal)</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>ACCOMPLISHMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>■ RESOURCES ASSIGNED</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>■ PLANNED ACTIVITIES (next 24 - 72 hours)</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>■ ADDITIONAL INFORMATION</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>IST LEADER      DATE      TIME</p>			<p>DISTRIBUTION: DFO: Information &amp; Planning Section IST: -Command &amp; General Staff</p>	

FIG. X2.31 Situation Report





Los Padres Search & Rescue Team <b>ELT-DF</b> FIELD TEAM LOG	Team No.: _____ Team Leader: _____	Call sign: _____ Date: _____
Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____
Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____
Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____
Owner's Name Last-First-AM Model# _____ ELT Manufacturer: _____ FT MAGNETIC No. _____ ELT Serial No. _____	Registration No. _____ Aircraft/Vessel Type _____ Suspended Cause _____ Time On _____ Date Off _____	© Los Padres SAR - 1999 Form LP-19-0000

FIG. X2.34 ELT-DF Field Team Log

<b>ELT-DF FIELD TEAM LOG</b> Page 2	Team No.: _____ Team Leader: _____	Call sign: _____ Date: _____
Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____
Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____
Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____
Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____	Location: _____ Time: _____ How taken: _____ Bearing MAGNETIC Bearing TRUE Base Line Deviation Strength Base Line Comments: _____

FIG. X2.34 ELT-DF Field Team Log (continued)

TRACKING WORKSHEET

Location: \_\_\_\_\_

Remarks: \_\_\_\_\_

Stride: \_\_\_\_\_  
heel to heel  
toe to heel

Assigned ident. \_\_\_\_\_

Location: \_\_\_\_\_

Remarks: \_\_\_\_\_

Stride: \_\_\_\_\_  
heel to heel  
toe to heel

Assigned ident. \_\_\_\_\_

FIG. X2.35 Tracking Worksheet

Los Padres Search & Rescue Team <b>TRACK ID FORM</b>		Team No.: _____	Call sign: _____
		Team Leader: _____	Date: _____

<p>Date _____ Time _____</p> <p>Location _____</p> <p>Heading _____</p> <p>Basic Type _____</p> <p>Pattern _____</p> <p>Overall Length _____ Width _____</p> <p>Heel Length _____ Width _____</p> <p>Stride (heel to heel) _____</p> <p>Ground Description _____</p> <p>Remarks _____</p> <p>Tracker _____</p>	<p>Date _____ Time _____</p> <p>Location _____</p> <p>Heading _____</p> <p>Basic Type _____</p> <p>Pattern _____</p> <p>Overall Length _____ Width _____</p> <p>Heel Length _____ Width _____</p> <p>Stride (heel to heel) _____</p> <p>Ground Description _____</p> <p>Remarks _____</p> <p>Tracker _____</p>
<p>Date _____ Time _____</p> <p>Location _____</p> <p>Heading _____</p> <p>Basic Type _____</p> <p>Pattern _____</p> <p>Overall Length _____ Width _____</p> <p>Heel Length _____ Width _____</p> <p>Stride (heel to heel) _____</p> <p>Ground Description _____</p> <p>Remarks _____</p> <p>Tracker _____</p>	<p>Date _____ Time _____</p> <p>Location _____</p> <p>Heading _____</p> <p>Basic Type _____</p> <p>Pattern _____</p> <p>Overall Length _____ Width _____</p> <p>Heel Length _____ Width _____</p> <p>Stride (heel to heel) _____</p> <p>Ground Description _____</p> <p>Remarks _____</p> <p>Tracker _____</p>

Solid bars 	Broken bars 	Wavy/ripple 	Herringbone 
----------------	-----------------	-----------------	-----------------

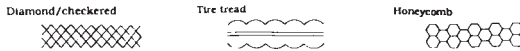
FIG. X2.36 Track ID Form



Right or Left: Are the tracks mirror images? Basic Type: Flat (no heel) or Heel and Toe? Shape: TOE - pointed, rounded, box square? HEEL - leading edge straight or curved? INSTEP - high or low?	Sole Pattern: General: Pattern Type Regular Irregular Heel Pattern: holes, edges	Gait: Toes in or out? Deep toe or heel dig? Limping or running? Left or Right Mark: Circle Any track detailed enough to ID
---	--	---

<div style="text-align: center;"> </div> <p>Date _____ Time _____</p> <p>Location _____</p> <p>Heading _____</p> <p>Basic Type _____</p> <p>Pattern _____</p> <p>Overall Length _____ Width _____</p> <p>Heel Length _____ Width _____</p> <p>Stride (heel to heel) _____</p> <p>Ground Description _____</p> <p>Remarks _____</p> <p>Tracker _____</p>	<div style="text-align: center;"> </div> <p>Date _____ Time _____</p> <p>Location _____</p> <p>Heading _____</p> <p>Basic Type _____</p> <p>Pattern _____</p> <p>Overall Length _____ Width _____</p> <p>Heel Length _____ Width _____</p> <p>Stride (heel to heel) _____</p> <p>Ground Description _____</p> <p>Remarks _____</p> <p>Tracker _____</p>
<div style="text-align: center;"> </div> <p>Date _____ Time _____</p> <p>Location _____</p> <p>Heading _____</p> <p>Basic Type _____</p> <p>Pattern _____</p> <p>Overall Length _____ Width _____</p> <p>Heel Length _____ Width _____</p> <p>Stride (heel to heel) _____</p> <p>Ground Description _____</p> <p>Remarks _____</p> <p>Tracker _____</p>	<div style="text-align: center;"> </div> <p>Date _____ Time _____</p> <p>Location _____</p> <p>Heading _____</p> <p>Basic Type _____</p> <p>Pattern _____</p> <p>Overall Length _____ Width _____</p> <p>Heel Length _____ Width _____</p> <p>Stride (heel to heel) _____</p> <p>Ground Description _____</p> <p>Remarks _____</p> <p>Tracker _____</p>



**FIG. X2.36 Track ID Form (continued)**

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
**MALIBU MOUNTAIN RESCUE TEAM**

Team Name: _____		<b>EQUIPMENT ROSTER</b>		Team Liason: _____
1-5 ROWS FOR LAS 2 USE ONLY	REPORT CONTINUATION	URN	page	of
Incident Name	Date/Time Prepared	Operational Period		
ITEM	QUANTITY		STATUS (FOR C.P. USE)	
	ON SITE	OBTAINABLE		
ELT - DF				
LITTER				
BACKBOARD				
ALTIMETER				
RADIOS <small>Indicate if Handheld or Mobile</small>				
VHF (MRA 155 160)				
VHF (Other Freq.?)				
GENERATOR <small>Watts</small>				
RADIO REPEATER:				
VHF (MRA 155 160)				
VHF (Other Freq.)				
UHF				
TENT <small>Capacity</small>				
PORTABLE LIGHTS <small>Capacity</small>				
SNOW ANCHORS				
MAP OF AREA				
4X4 VEHICLES				
<b>MMRT 301</b>	Notes			

**FIG. X2.37 Equipment Roster**





Report of Injury	Search & Rescue <b>SHERIFF'S DEPARTMENT</b> SANTA BARBARA COUNTY	DR Number
		Operation Number
<input type="checkbox"/> Operation <input type="checkbox"/> Training <input type="checkbox"/> Other _____		Date Occurred
Name	Team	
Assignment at Time of Injury		
Description of the Incident and the Injury		
Treatment at Time of Injury		
Witnesses		
<b>INSTRUCTIONS</b> 1. If injury results in a loss of work, any medical expenses, or hospitalization, contact the team's SAR Coordinator as soon as possible. 2. Copies of the Report of Injury Form should be sent to the Team's SAR Coordinator and included in the team's Operation Report or Training Report. Form SH/LP 08 0590		

FIG. X2.42 Report of Injury



FEMA US&R RESPONSE SYSTEM  
INCIDENT SUPPORT TEAM

PATIENT REFERRAL	INCIDENT	REPORTING UNIT	FORM
		ESF-9	US&R-014 295
DISASTER #	OPS PERIOD	DATE/TIME PREPARED	PREPARED BY
NAME: TASK FORCE:		Patient Log #: Time/Date of referral/admission:	
Facility/Hospital: Phone number:		Referral MD: Phone & Pager numbers:	
Complaint:		Condition:	
Disposition:			
NAME: TASK FORCE:		Patient Log #: Time/Date of referral/admission:	
Facility/Hospital: Phone number:		Referral MD: Phone & Pager numbers:	
Complaint:		Condition:	
Disposition:			
NAME: TASK FORCE:		Patient Log #: Time/Date of referral/admission:	
Facility/Hospital: Phone number:		Referral MD: Phone & Pager numbers:	
Complaint:		Condition:	
Disposition:			
NAME: TASK FORCE:		Patient Log #: Time/Date of referral/admission:	
Facility/Hospital: Phone number:		Referral MD: Phone & Pager numbers:	
Complaint:		Condition:	
Disposition:			
EMPLOYEE USE ONLY -- NOT FOR CIVILIANS			

FIG. X2.43 Patient Referral



FEMA US&R RESPONSE SYSTEM  
INCIDENT SUPPORT TEAM

NOTICE OF DEATH FORM	INCIDENT	REPORTING UNIT	FORM
		ESF-9	US&R-013 396
DISASTER #	OPS PERIOD	DATE/TIME PREPARED	PREPARED BY
TASK FORCE:			
NAME OF DECEASED:		DOB:	
POSITION ON TASK FORCE:		SS#:	
CIRCUMSTANCES OF DEATH:			
APPARENT CAUSE OF DEATH:			
EXACT LOCATION OF DEATH:			
NOTIFICATIONS:		FORMS COMPLETED:	
<input type="checkbox"/> EST Director		<input type="checkbox"/> Local Worker's Comp	
<input type="checkbox"/> ESF-9 Leader		<input type="checkbox"/> Jurisdiction Risk Management	
<input type="checkbox"/> IST Leader		<input type="checkbox"/> Federal Worker's Comp	
<input type="checkbox"/> ESF-8		<input type="checkbox"/> OSHA 200	
<input type="checkbox"/> Local Police (@ incident site)		<input type="checkbox"/> As indicated by local jurisdiction	
<input type="checkbox"/> OSHA			
<input type="checkbox"/> FEMA PIO			
<input type="checkbox"/> Chaplain			
<input type="checkbox"/> Deceased valuables secured by:		<input type="checkbox"/> Location:	
CORONER/MEDICAL EXAMINER:		Pager number:	
TF member assigned as body escort:			
Funeral Home:			
Phone number:			
Location:			
TASK FORCE NOTIFICATION PROTOCOLS COMPLETED:			
TF ability to continue?			

FIG. X2.44 Notice of Death Form





FEMA US&R RESPONSE SYSTEM  
INCIDENT SUPPORT TEAM

TIME RECORD	INCIDENT	MISSION NUMBER	REPORTING UNIT ESF-9	FORM 2/95 US&R-007
■ Employee Name _____ ■ Address _____ ■ Social Security # _____ ■ Position(s) Filled _____ date(s) _____ _____ date(s) ■ Sponsoring organization/TF _____				
HOURS ON DUTY				
Date	Start Time	Breaks	End Time	Daily Totals
IST LEADER			DATE	TOTAL:
FINANCE SECTION CHIEF		DATE	EMPLOYEE SIGNATURE	DATE

FIG. X2.47 Time Record

COUNTY OF LOS ANGELES — SHERIFF'S DEPARTMENT  
SEARCH AND RESCUE EXPENDITURE REPORT

CLASSIFICATION	UPRN						
CLASSIFICATION	(TYPE ONLY)						
DATE, TIME, DAY OCCURRENCE STARTED	DATE, TIME, DAY OCCURRENCE ENDED						
CODE: V — victim, I — informant							
CODE NO. OF	LAST NAME	FIRST	MIDDLE	SEX	RACE	AGE	DOB
RESIDENCE ADDRESS	CITY	ZIP	RES. PHONE (AREA CODE)				
CODE NO. OF	LAST NAME	FIRST	MIDDLE	SEX	RACE	AGE	DOB
RESIDENCE ADDRESS	CITY	ZIP	RES. PHONE (AREA CODE)				
CODE NO. OF	LAST NAME	FIRST	MIDDLE	SEX	RACE	AGE	DOB
RESIDENCE ADDRESS	CITY	ZIP	RES. PHONE (AREA CODE)				
NOTE: FIELD PERSONNEL ARE TO COMPLETE ITEMIZED LIST OF EQUIPMENT AND PERSONNEL ON REVERSE							
FOR BUSINESS OFFICE USE ONLY							
<b>PERSONNEL TOTALS</b>							
TOTAL PERSONNEL COST .....							
(SEE REVERSE FOR ITEMIZED LIST)							
<b>EQUIPMENT TOTALS</b>							
LAND VEHICLE COST .....							
AIRCRAFT COST .....							
MISCELLANEOUS EQUIPMENT COST .....							
TOTAL EQUIPMENT COST .....							
(SEE REVERSE FOR ITEMIZED LIST)							
SUB TOTAL .....							
OVERHEAD @ .....							
TOTAL COST .....							
LESS CREDIT ALLOWED .....							
TOTAL NET COST .....							
PRORATED COST PER VICTIM							
(NET COST — # OF VICTIMS)							
ATTACHMENTS:				BY DEPUTY	WAGE NO.		
				DEPUTY	WAGE NO.		
				SECTION	UNIT/CLAS NO.	SHIFT	
				APPROVED	WAGE NO.	TIME	
				ASSIGNMENT			

FIG. X2.48 Search and Rescue Expenditure Report



**X3. ADDITIONAL FORMS FOR SAR INVESTIGATION**

LARIMER COUNTY SEARCH AND RESCUE

**LOST PERSON QUESTIONNAIRE**

SHORT FORM – OUTLINE FORMAT  
based upon NASAR long form by Butch Farabee

INCIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**A – SOURCES OF INFORMATION (REPORTING PARTY)**

**B – LOST PERSON(S) – name, DOB, address, DOW license, etc.**

**C – PHYSICAL DESCRIPTION**

**D – TRIP PLANS OF SUBJECT**

**E – CLOTHING – (equipment on reverse, section J) – scent article ? \_\_\_ – footprint ? \_\_\_**

**F – LAST SEEN – where, when, direction of travel, weather, etc.**

**G – OUTDOOR EXPERIENCE**

**FIG. X3.1 Lost Person Questionnaire**



H - HABITS / PERSONALITY

I - HEALTH / GENERAL CONDITION

J - EQUIPMENT - (clothing on obverse, section E)

K - CONTACTS SUBJECT WOULD MAKE UPON REACHING CIVILIZATION

L - CHILDREN'S REACTIONS and ATTRACTIONS

M - GROUPS OVERDUE - personality interactions, etc.

N - ACTIONS TAKEN SO FAR - by RPs, other agencies

O - MEDIA / FAMILY RELATIONS

P - OTHER INFORMATION

FIG. X3.1 Lost Person Questionnaire (continued)

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
SEARCH AND RESCUE CIRCUMSTANCE

DATE AND TIME OF CALL \_\_\_\_\_ FILE NO. \_\_\_\_\_

VICTIM \_\_\_\_\_ NICKNAME (S) \_\_\_\_\_  
(MAKE OUT SEPARATE SHEET FOR EACH VICTIM)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

SEX \_\_\_\_\_ RACE \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BUILD \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

MARKS/SCARS \_\_\_\_\_ PHOTO AVAIL ( ) \_\_\_\_\_ SHOES \_\_\_\_\_

CLOTHING WORN \_\_\_\_\_ TYPE \_\_\_\_\_ COLOR \_\_\_\_\_ SIZE \_\_\_\_\_ DIMENSION \_\_\_\_\_ SOLE \_\_\_\_\_ AGE \_\_\_\_\_

MONEY CARRIED \$ \_\_\_\_\_

PERSONALITY	ATTITUDE WHEN	PHYSICAL COND.	SMOKER: YES ( )	FAMILIARITY	ABILITY IN MTS.
CALM ( )	LAST SEEN	VERY GOOD ( )	NO ( )	WITH AREA	NONE ( )
NERVOUS ( )	WORRIED ( )	GOOD ( )	TYPE/FILTER ( )	NONE ( )	AMATEUR ( )
CAUTIOUS ( )	ANGRY ( )	SICK* ( )	CORK ( )	SLIGHT ( )	GOOD ( )
CARELESS ( )	FRIGHTENED ( )	TIRED ( )	PLAIN ( )	GOOD ( )	EXPERT ( )
	HAPPY ( )	WEAK ( )	BRAND _____		

\*MEDICINE \_\_\_\_\_

ITEMS CARRIED:  
FOOD & CANDY \_\_\_\_\_

EQUIPMENT	NO.	PERSONS
NUMBER	LOST	W/VICTIM

LAST SEEN (PLACE/DATE) \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

SITUATION	AREA	DESTINATION
LOST ( )	TRAIL ( )	
FALL ( )	STREAM ( )	ROUTE OF TRAVEL
STRANDED ( )	RIDGE ( )	FROM _____
INJURED ( )	CANYON ( )	TO _____
SICK ( )		TO _____
DEAD ( )		ARR. _____

WAS THERE A CHANGE OF PLANS \_\_\_\_\_ WHAT \_\_\_\_\_

AREA/PLACES VICTIM FAMILIAR WITH \_\_\_\_\_

KNOWN FRIENDS \_\_\_\_\_

INFORMANT \_\_\_\_\_ WAS INFORMANT MEMBER OF PARTY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

NOTE: IF VICTIM IS LOST, SECURE ARTICLE OF CLOTHING FOR TRACKING DOG. CLOTHING MUST HAVE BEEN WORN NEXT TO BODY AND MUST NOT HAVE BEEN LAUNDERED. DO NOT HANDLE, PICK UP WITH FORK OR STICK AND PLACE IN CLEAN PAPER BAG. USE REVERSE SIDE OF FORM FOR REMARKS.

DEPUTY \_\_\_\_\_ BADGE \_\_\_\_\_

MOUNTAINEER \_\_\_\_\_

CAR NUMBER \_\_\_\_\_ DESK \_\_\_\_\_ STATION \_\_\_\_\_

FIG. X3.2 Search and Rescue Circumstance


Pennsylvania Search and Rescue Council		<b>Incident Missing Person Questionnaire</b> Incident Form 1 of 5			
Incident Name:		Name of Interviewer:		Date/Time Prepared:	
Interview	Source(s) of information (names and relationships): (Use back page if needed)				(circle one)
	_____ ( ) _____				phone
_____ ( ) _____				in person	
_____ ( ) _____				phone	
_____ ( ) _____				in person	
Subject I.D.	Name of missing person: _____		Age, Birthday, other: _____		
	Local Address: _____				
	Home Address, if different: _____				
Nicknames / Aliases: _____					
Description	Height: _____ Weight: _____ Build: _____ Hair Color: _____ Hair Length: _____				
	Sideburns? Beard? Moustache? Balding? _____				
	Facial Features/Shape: _____				
	Distinguishing Marks (scars, etc.): _____				
	Race/Skin Color and Complexion: _____				
General Appearance: _____					
Other	Other important information:				
	_____				
	_____				
	_____				
	_____				
	_____				
3/2/92		Page 1 of 6			

FIG. X3.3 Incident Missing Person Questionnaire

Incident Missing Person Questionnaire					
Clothing	Hat? Color/Style? _____				
	Shirt Color/Style: _____				
	Sweater? Jacket? Style/Color? _____				
	Pants/Skirt: _____				
	Rangear? Gloves or Mittens? _____				
	Sunglasses? Prescription Glasses? _____				
	Shoes: Style, Color, Sole Type? _____				
Other Clothing? _____					
Scent Articles Available? Where? _____					
Equipment	Pack? Brand, Style, color? _____				
	Tent? Color, Type, Brand? _____				
	Sleeping Bag? Color, Type, Brand? _____				
	Water Bottle/Canteen? Color/Type? _____				
	Food? Brands, Amount? _____				
	Flashlight? Brand, Color, Battery Type? _____				
	Matches? Wooden? Paper? Describe: _____				
	Knife? Compass? _____				
	Fishing Equipment? _____				
	Money? Camera/Film/Accessories? _____				
Firearms? Gauge? Ammunition? _____					
Ice Axe/Skis/Snowshoes/Poles? _____					
Other Equipment? _____					
Trip Plans	Trip Destination and Purpose: _____				
	Planned Route and Alternate? _____				
	Planned Date/Time for Return: _____				
	Group Affiliation? Transportation? _____				
	Trip Starting Point and Time: _____				
Car Description and Location: _____					
Alternate Car or Alt. Pickup Plans: _____					
3/2/92		Page 2 of 6			

FIG. X3.3 Incident Missing Person Questionnaire (continued)

Incident Missing Person Questionnaire	
Last Seen Details	When? Where? _____
	by Whom? (Name, Location, Phone): _____ ( ) _____
	going Which Way? _____
	Weather? _____
	Special Reason for Leaving? _____
	Any Unusual Comments on Leaving? _____
	_____
Experience	Familiar with the Area? _____
	Outdoor Experience Level? _____
	First Aid/Scout/Military? _____
	Hunting/Backpacking/Climbing? _____
	Ever been lost before? Where? When? _____
	Actions when lost before? _____
	Ever go out alone? _____
Stay on trails or go cross-country? _____	
Contacts	Who would subject contact _____ ( ) _____
	on reaching civilization? _____ ( ) _____
	(Name, Address, Phone) _____ ( ) _____
	Include friends, relatives, _____ ( ) _____
	habitual bars or restaurants _____ ( ) _____
	_____ ( ) _____
	_____ ( ) _____
Health	General condition? _____
	Any physical handicaps or limitations? _____
	Psychological or psychiatric problems? _____
	Any medications? Amount carried? _____
	Consequences of loss? _____
	Eyesight without glasses/contacts? _____
	Carry spares? _____
Physician/psychiatrist/counselor: _____ ( ) _____	
3/2/92	Page 3 of 6

FIG. X3.3 Incident Missing Person Questionnaire (continued)

Incident Missing Person Questionnaire	
Personality	Recreational drugs: _____
	What type/brand? How much? _____
	Consequences of withdrawal? _____
	(include tobacco, alcohol, _____
	marijuana, cocaine, narcotics, _____
	prescription drugs) _____
	Particular outdoor interests? _____
	(e.g., "likes to follow streams _____
	because he's a fisherman") _____
	Job history? _____
	Recent problems at work _____
	or school? (confirm with _____
	co-workers or teachers) _____
	Relationship with spouse, _____
	family, or significant other(s)? _____
	Any recent changes? _____
	Closest relative? _____
	Closest other friend/confidant? _____
	Who had last significant conversation _____
	with subject? What about? When? _____ ( ) _____
	Any recent mail that might be relevant? _____
	Religious preference and beliefs? _____
	Priest, minister, or other religious _____
	leader who might provide information? _____ ( ) _____
	History of problems with law? When? _____
	Locations where born/raised? _____
	History of depression? _____
	Ever run away from home? _____
Leader or follower? Give up easily? _____	
Hole up and wait, or keep going? _____	
Outgoing or quiet? _____	
Like to be alone? _____	
Likely response to searchers? _____	
Hitch-hike often? _____	
3/2/92	Page 4 of 6

FIG. X3.3 Incident Missing Person Questionnaire (continued)



Los Padres Search & Rescue Team  
LOST PERSON WORKSHEET

Subject Number

<b>INITIAL INFORMATION</b>			<b>RECORD TYPE</b>		
Check One	<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile	Officer	Contact	
Category	<input type="checkbox"/> At Risk <input type="checkbox"/> Prior Missing <input type="checkbox"/> Sexual Exploitation Suspected				
Reporting Agency	Date & Time SAR Called	Case No.			
<b>SUBJECT INFORMATION</b>			<b>TIME DONE</b>		
Name (Last, First, Middle)		Nickname/Alias	Phone		
Residence		City	State/Zip		
Time Last Seen	Location				
Last Seen By	Direction of Travel				
Destination					
Return Commitment					
			<input type="checkbox"/> Runaway Juvenile		
			<input type="checkbox"/> Voluntary Missing Adult		
			<input type="checkbox"/> Parental/Family Abduction		
			<input type="checkbox"/> Non-Family Abduction		
			<input type="checkbox"/> Stranger Abduction		
			<input type="checkbox"/> Dependent Adult		
			<input type="checkbox"/> Lost		
			<input type="checkbox"/> Catastrophe		
			<input type="checkbox"/> Unknown Circumstances		
			BOL/SD		
			BOL/PS & CHP		
			Hospitals		
			Jail		

GENDER	RACE	HGT	WGT	EYE COLOR	HAIR COLOR	D.O.B. / AGE
<input type="checkbox"/> Male	<input type="checkbox"/> W <input type="checkbox"/> C			<input type="checkbox"/> BLK <input type="checkbox"/> HAZ	<input type="checkbox"/> BLK <input type="checkbox"/> RED	
<input type="checkbox"/> Female	<input type="checkbox"/> H <input type="checkbox"/> J			<input type="checkbox"/> BLU <input type="checkbox"/> MAR	<input type="checkbox"/> BLN <input type="checkbox"/> SDY	
<input type="checkbox"/> Unknown	<input type="checkbox"/> B <input type="checkbox"/> F			<input type="checkbox"/> BRO <input type="checkbox"/> PNK	<input type="checkbox"/> BRO <input type="checkbox"/> WHT	
	<input type="checkbox"/> I <input type="checkbox"/> O			<input type="checkbox"/> GRY <input type="checkbox"/> MUL	<input type="checkbox"/> GRY <input type="checkbox"/> XXX	
	<input type="checkbox"/> X			<input type="checkbox"/> GRN <input type="checkbox"/> XXX	Style	

Hat	Type	Color	Medical Problem/Illness	Alcohol?
Coat			Physical Condition	Drugs
Shirt			Vision	Medications
Pants			Glasses/Contacts?	Next Dose?
Jewelry			Vision Without Eyewear	How Long Without?
Shoes			Hearing	Effects of Missing Dose
Size	Sole		Hearing Aid?	
			Emotional State	
			Personality	

Type of Identification Carried	Drivers License Number/State	SS#
Did Subject Have Money?	How Much?	Means to Get Money
Vehicle License	State	Year
	Make	Style
	Color	Registered Owner

<b>SOURCE OF INFORMATION</b>			
Name (Last, First, Middle)	Age/D.O.B.	Residence Address	Relation To Subject
Where To Contact	Phone	Interviewed By	Time

FIG. X3.4 Lost Person Worksheet

<b>WILDERNESS TRIPS</b>			
Type of Activity	Purpose of Trip	Number Lost	Number In Party
Location of Point Last Seen or Last Known Point		Time	Date
Starting Point/Tailhead		Time	Date
Destination	Has Subject Been There Before?	Time	Date
Intended Route of Travel			
Alternate Plans		Other Vehicle(s) Involved (List)	
Exit Plan		Time	Date

<b>CONTACT AT END OF TRIP</b>			
Name	Relation	Phone	Back Up Plan
Address		Contacts Current Location	

<b>EQUIPMENT</b>		
Maps	Pack	How Many Days Food?
Compass	Sleeping Bag	Type of Food (freeze dried, food bars)
Guidebook	Tent Or Shelter	Snack Foods
Flashlight	Stove	Gum/Candy
Water (How Much?, Container?)	Raingear	Smoker (Brand)
Knife	Climbing Equipment	Other Equipment
Firearm	Camera	

<b>EXPERIENCE</b>		
Experience At Activity	Related Skills	
Familiarity With Area	Last Time There	
Previous Incident/Lost Before	When/Where?	
Past Destinations		
Scouting Experience	Medical Training	Would Subject Leave Trail?
Military Experience	Outdoor Training Programs	How Far/Fast Does Subject Hike?

<b>GROUPS</b>		
Name of Group/Organization	Type of Group	
Name of Leader	Experience of Leader	Phone Number
Actions if Separated (Planned or Suspected)		
Group Cohesiveness (Splitter Groups, Personality Clashes)		

FIG. X3.4 Lost Person Worksheet (continued)

CHILDREN			
Afraid Of: <input type="checkbox"/> Dark <input type="checkbox"/> Animals <input type="checkbox"/> Other:			
Feeling Toward Adults		Feeling Toward Strangers	
Has Subject Ever Runaway? (When/Where)		Would Subject Get In A Car?	
Reactions When Hurt			
Training When Lost			<input type="checkbox"/> Hug-A-Tree at Age:
Personality (Active, Lethargic, Anti-Social)			
WALKAWAY			
Location Last Scene		Time	Date
Seen By Whom?		Location of Witness	Phone Relation
Direction Going When Last Seen		Suspected Destination	Last Meal
Knowledge Of Area		Previous Residence Or Address?	
Who Last Talked At Length With Subject?		Where/When?	Topic?
Any Reason For Leaving?		Did Subject Have Any Complaints?	
Attitude At Time (confident, confused, normal, afraid)		Tired?	Hot/Cold?
Previous Event		Time	Date
Previous Event		Time	Date
Previous Event		Time	Date
ALZHEIMER / WALKER			
Glasses/Contacts YES / NO		Description Of Glasses	Ability To See Without Eyewear
Right Or Left Handed		Walking Aids	Describe Walking Ability
Hearing Aid YES / NO		Description	Ability To Hear Without Hearing Aid
General Health	Normal Personality	Personality When Stressed or Upset	Current Medications
<input type="checkbox"/> Excellent	<input type="checkbox"/> Stable	<input type="checkbox"/> Stable	Name Dosage Frequency Symptoms If Not Taken
<input type="checkbox"/> Good	<input type="checkbox"/> Changeable	<input type="checkbox"/> Confused	
<input type="checkbox"/> Fair	<input type="checkbox"/> Erratic	<input type="checkbox"/> Disoriented	
<input type="checkbox"/> Poor	<input type="checkbox"/> Violent	<input type="checkbox"/> Agitated	
<input type="checkbox"/> Weak	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Compulsive	
<input type="checkbox"/> Strong	<input type="checkbox"/> Passive	<input type="checkbox"/> Other	
<input type="checkbox"/> Friendly	<input type="checkbox"/> Other		
Familiar Object Subject May Recognize (Describe Photo, Clothing, Object)			
Can Subject Drive?	Describe Any Vehicle To Which Subject Has Access		Would Subject Use Taxi, Bus, Accept a Ride?
Would Subject Relate To A Certain Vehicle (Describe Make/Model/Color)?			
Would Subject Talk To Strangers?		Would Subject Enter A Store?	Languages Spoken

FIG. X3.4 Lost Person Worksheet (continued)

**CONFIDENTIAL INFORMATION**  
NOT FOR RELEASE BY SAR

KNOWN FRIENDS				
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
NEXT OF KIN				
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
SCENT ARTICLE				
Contact Name (Last, First, Middle)	Location			Phone ( )

SCENT ARTICLE: Clothing must have been worn next to the body. Bedding such as pillows if not touched by others must not have been washed or handled by any other person. Pick up with a fork or other utensil and put in a clean bag.

DOJ ABBREVIATIONS					
RACE		EYE COLOR		HAIR COLOR	
W	White	BLK	Black	BLK	Black
H	Hispanic/Mexican/Latin	BLU	Blue	BLN	Blond
B	Black	BRO	Brown	BRO	Brown
I	American Indian/Alaskan Native	GRY	Gray	GRY	Gray
C	Chinese	GRN	Green	RED	Red
J	Japanese	HAZ	Hazel	SDY	Sandy
F	Filipino	MAR	Maroon	WHT	White
O	All Other/Multi-Race	PNK	Pink	XXX	Unknown
X	Unknown	MUL	Multi-Color		
		XXX	Unknown		

FIG. X3.4 Lost Person Worksheet (continued)



ALPINE  
RESCUE  
TEAM, INC.

ML QUICK SHEET

MISSION #: \_\_\_\_\_  
DATE: \_\_\_\_\_

TIMES	CODE	TYPE	SITUATION	ML:
PAGED: _____	<input type="checkbox"/> 2	<input type="checkbox"/> RESCUE	<input type="checkbox"/> LOST/OVERDUE	CG: _____
ON: _____		<input type="checkbox"/> SEARCH	<input type="checkbox"/> STRANDED	COUNTY: _____
LOCATED: _____	<input type="checkbox"/> 3	<input type="checkbox"/> RECOVERY	<input type="checkbox"/> INJURY	MISSION CONTACT: _____
_____		<input type="checkbox"/> STAND-BY	<input type="checkbox"/> ILLNESS	
CLEARED: _____		<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	

TEAM PAGE INFORMATION: (LOCATION, RESPONSE & DIRECTIONS)	MAP INFORMATION
	QUADS REQUIRED: _____
	COUNTY MAP: _____
	FOREST SERVICE MAP: _____

SUBJECT INFORMATION			
NAME: _____	AGE: _____	SEX: _____	D.O.B. _____
ADDRESS: _____	PHONE # (H) _____	(W) _____	
MEDICAL HISTORY: _____	OTHER INFORMATION: _____		
LAST SEEN POINT: _____			

REPORTING PARTY	
NAME: _____	LOCATION: _____
PHONE #: _____	RELATIONSHIP: _____
OTHER INFORMATION: _____	

WEATHER FORECAST			
TIME OBTAINED: _____	FOR TIME PERIOD: _____		
WIND: _____	DIRECTION: _____	PRECIPITATION: _____	
CLOUD COVER: _____	CEILING _____		
PREDICTED LOW: _____	PREDICTED HIGH: _____		
AVALANCHE HAZARD: _____			

FIG. X3.5 ML Quick Sheet

NOTIFICATION OF SEARCH AND/OR RESCUE

CALLER'S NAME _____	DATE _____	
CALLER'S PHONE # _____	TIME _____	
INJURED/MISSING PERSON(S):      AGE:      ADDRESS:      RACE:		
(1) _____		
(2) _____		
(3) _____		
(4) _____		
DATE LAST SEEN _____	TIME LAST SEEN _____	SUBJECT MISSING SINCE _____
LOCATION LAST SEEN _____		
INTENDED DESTINATION _____		
TYPE OF INJURY (IF APPLICABLE)? _____		
SUBJECT'S DESCRIPTION:    Ht    Wt    Hair    Eyes    Distinguishing Features		
_____		
CLOTHING WORN (shirt, pants, jacket, hat, boots/shoes, gloves, etc) ? _____		
EQUIPMENT (pack, canteen, rain gear, light, compass, map) INCLUDE COLOR & TYPE! _____		
HIKING EXPERIENCE? HOW MUCH? _____		
VEHICLE DESCRIPTION: _____	LICENSE PLATE NO. _____	STATE _____
MAKE _____	MODEL _____	COLOR _____
YEAR _____		
LOCATION OF VEHICLE _____		
SUPERVISOR NOTIFIED: (who & time) _____		RANGERS NOTIFIED: (who & time) _____

FIG. X3.6 Notification of Search and/or Rescue

<b>URBAN INTERVIEW LOG</b>			1. INCIDENT NAME			2. OPERATIONAL PERIOD / DATE			3. TEAM NUMBER					
STREET ADDRESS	RESIDENT CONTACTED		RESIDENT'S NAME	OTHERS AT HOME		PHONE #	HOW LONG HOME		RESIDENT TO CHECK HOME/YARD		PLACES TO HIDE IN THE AREA	COMMENTS	SUGGEST FOLLOWUP VISIT	
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
	Y	N		Y	N		Y	N	Y	N			Y	N
ICS ??? BASARC 8/95		4. COMPLETED BY												

FIG. X3.7 Urban Interview Log


Pennsylvania Search and Rescue Council			<h3>Daily Clue Log</h3> Daily Form 7 of 10					
Incident Name:			Date:		For this Date, Page: of:			
Clue #:	Found by Task #:	Map Grid Coordinates:	Clue Description		Action Taken		IC initials	
3/2/92		*Start new set of forms for each 24-hour period, midnight to midnight				(This is a 1-page form)		

FIG. X3.8 Daily Clue Log



Los Padres Search & Rescue		ELT-DF Reports		Case No. SAR No.	
-------------------------------	--	----------------	--	---------------------	--

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Time	Team	Location			
Bearing MAGNETIC	Bearing TRUE	How Taken	Base Line Deviation	Strength	
Comments					

Page No.		Form LP-15-0990 © Los Padres SAR 1990			
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**FIG. X3.9 ELT-DF Reports**

**Clue Card**

Date \_\_\_\_\_ Time \_\_\_\_\_ Recorded by: \_\_\_\_\_

Call-back Name & No.: \_\_\_\_\_

Clue Type: \_\_\_\_\_

Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Article: \_\_\_\_\_  
 \_\_\_\_\_

Action Taken: \_\_\_\_\_  
 \_\_\_\_\_

(Returned to Plans - Date \_\_\_\_\_)

This form is a standard 3x5 card with the lined side left blank and the other side imprinted using a rubber stamp.

**FIG. X3.10 Clue Card**



New York State Department of Environmental Conservation  
New York State Forest Rangers

**Clue Card**

Date: date the card was filled out.

Time: time that the card was filled out.

Recorded by: name of the person filling out this card.

Call back name and number: name and phone number of person giving you information on an article.

Clue type:

Information: Any information that has been given to you pertaining to the search, that you feel may be of some value. This would include sightings (include date and time of the sighting), personal habits of the subject, and/or known places where the subject might go.

Article: An article found during the course of your search.

Action Taken: present location and status of articles, and instructions given to the person providing the information.

Returned to Plans: the date/time the card was given to the Planning Section.

**FIG. X3.10 Clue Card (continued)**

LOS ANGELES COUNTY SHERIFFS DEPARTMENT  
MALIBU MOUNTAIN RESCUE TEAM


RELATIVE SEARCH URGENCY RATING FORM

NOTE: Use this form to aid in the justification of additional manpower and equipment requirements. This is not an absolute nor comprehensive system for estimating search urgency but may be helpful as a guideline.

SUBJECT PROFILE		
Factor		Factor Value
AGE	Very young	1
	Very old	1
	Other	2-3
MEDICAL COND.	Suspected injured/illness	1-2
	Healthy	3
	Known Fatality	3
NUMBER OF SUBJECTS	One alone	1
	Multiple unseparated	2-3
WEATHER	Existing hazardous	1
	Predicted hazardous, with in 8 hrs. or less	1-2
	Predicted hazardous, more than 8 hrs.	2
	No hazardous weather predicted	3
EQUIPMENT	Inadequate for environment	1
	Questionable for environment	1-2
	Adequate for environment	3
SUBJECT EXPERIENCE	Not experienced, does not know area	1
	Not experienced, knows area	1-2
	Experienced, does not know area	2
	Experienced, knows area	3
TERRAIN AND HAZARDS	Known hazardous terrain or other hazards	1
	Few or no hazards	2-3
HISTORY OF INCIDENTS	In this area	1-3
BASTARD SEARCH		2-3
NOTES: The lower the value of each factor and of the sum of all factors, the more urgent the situation. Considerable elapsed time from when the subject was reported missing and the political sensitivity of the circumstances have the effect of increasing the relative urgency.		
RESPONSE RATING		
	Emergency response	08-12
	Measured response	13-16
	Evaluative response	18-24
	Insufficient evidence	25-27
	TOTAL	
MMRT 302	PREPARED BY (NAME & POSITION)	

rev. 10/21/93

**FIG. X3.11 Relative Search Urgency Rating Form**

 <b>Santa Barbara Sheriffs Department Los Padres Search &amp; Rescue Team</b>		<b>Training Plan</b>	
Subject:		Date Submitted:	
General Plan:		Skill Areas:	
Instructor(s):		Planned Date:	
Location:		Day of the Week:	
Fiscal:		Planned Start Time:	
		Estimated Finish Time:	
		Training Leader:	

Form - 01A-0292 © Los Padres SAR 1992

**FIG. X3.12 Training Plan**

SANTA BARBARA COUNTY SHERIFF'S DEPARTMENT  
DOCUMENTED TRAINING FORM

BUREAU/UNIT/TEAM Los Padres Search & Rescue Team

DATE OF TRAINING

HOURS OF TRAINING

LOCATION TRAINED

MEMBERS PRESENT (List K-9 or horse with member if applicable)

**FIG. X3.13 Documented Training Form**

INSTRUCTOR OR PERSON SUPERVISING

ACTIVITIES TRAINED IN

PERSON COMPLETING FORM

DATE

**FIG. X3.13 Documented Training Form** (continued)

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
MALIBU MOUNTAIN RESCUE TEAM**

Training Check-In

Team Name: \_\_\_\_\_

Team Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(to be used for future updates or changes)

Total Number of Team Participants: \_\_\_\_\_

Field Personnel: \_\_\_\_\_

Support Personnel: \_\_\_\_\_

Expected Team Arrival Time \_\_\_\_\_

Will you bring Snowmobiles / Snowcat? Number \_\_\_\_\_

Any Problems or Concerns with the Training Plan? \_\_\_\_\_

\_\_\_\_\_

Any special requests to be added to the training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else:

**FIG. X3.14 Training Check-in**

PMI USAGE & HISTORY

SERIAL NUMBER     ID MARKING     LENGTH     DIAMETER  
 DATE OF MFG.     ISSUE DATE     DATE IN SERVICE  
 FIBER     COLOR     CONSTRUCTION     MFG'S LOT NUMBER

INSPECT ROPE FOR DAMAGE OR EXCESSIVE WEAR EACH TIME IT IS DEPLOYED AND AGAIN AFTER EACH USE.  
IMMEDIATELY RETIRE ALL SUSPECT ROPES.

DATE USED	INCIDENT LOCATION	TYPE OF USE	ROPE EXPOSURE	DATE INSPECTED	INSPECTOR'S INITIALS	ROPE CONDITION & COMMENTS

FIG. X3.15 PMI Usage and History

Mission Debriefing Form  
Larimer County Search and Rescue

ICS 2001A-1G925/Q.E

MISSION: \_\_\_\_\_ DATE: \_\_\_\_\_

IC: \_\_\_\_\_

OPS: \_\_\_\_\_

Time of :

SAR MRG PAGE: \_\_\_\_\_

TEAM PAGE: \_\_\_\_\_

ON SCENE: \_\_\_\_\_

TEAMS IN FIELD: \_\_\_\_\_

SUBJECT FOUND: \_\_\_\_\_

DEBRIEFING: \_\_\_\_\_

Subject Status:

When Found: \_\_\_\_\_

Last Reported: \_\_\_\_\_

Number of :

LCSAR members responding: \_\_\_\_\_

Other resources: \_\_\_\_\_

Total :

Team hours: \_\_\_\_\_

man hours: \_\_\_\_\_

Equipment damaged:

Owner: \_\_\_\_\_

What: \_\_\_\_\_

How: \_\_\_\_\_

Est Cost: \_\_\_\_\_

FIG. X3.16 Mission Debriefing Form

Issues:

Response:

Field Assignments:

Safety:

Other:

For each issue identified

A) Will be discussed at next team meeting (SAR MGR/FIELD Coordinator)

or

B) Will be assigned to an individual team member, results/actions reviewed at team/sar manager/exec meeting.

FIG. X3.16 Mission Debriefing Form (continued)

Colorado Division of Wildlife		MISSION REPORT				Colorado Search & Rescue Board						
County (where mission occurred):		LARIMER		Co. Case #:	AFRCC #:							
Unit Submitting Report:		LARIMER COUNTY SEARCH AND RESCUE TEAM		Unit Msn #:	Other #:							
Primary unit (this mission):		LCSAR		Where incident occurred:	Incident Commander:							
Mission started: Date:		Time:										
SUBJECT INFORMATION												
Name	Sex	DOB	Street address	Town	State	CDOW I# (atc'd)						
A												
B												
C												
INCIDENT DATA												
ACTIVITY		SITUATION		DESCRIPTION OF INCIDENT								
<input type="checkbox"/> Climber	<input type="checkbox"/> OHV	<input type="checkbox"/> Lost/overdue										
<input type="checkbox"/> Hiker	<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Stranded										
<input type="checkbox"/> Hunter	<input type="checkbox"/> Aircraft	<input type="checkbox"/> Injury										
<input type="checkbox"/> Fisherman	<input type="checkbox"/> Walkaway	<input type="checkbox"/> Disease										
<input type="checkbox"/> Skier	<input type="checkbox"/> Evld. search	<input type="checkbox"/> Public service										
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Other										
<input type="checkbox"/> Boat												
RESPONSE												
RESPONSE TYPE		(If lost) SEARCH TECHNIQUES USED						RESCUE/RECOVERY TECHNIQUES USED	DESCRIPTION OF RESPONSE			
<input type="checkbox"/> Standby	<input type="checkbox"/> Responded	<input type="checkbox"/> Confinement						<input type="checkbox"/> Assist/town power				
<input type="checkbox"/> Search	<input type="checkbox"/> Land	<input type="checkbox"/> Attraction	<input type="checkbox"/> Carry-out by foot									
<input type="checkbox"/> Rescue	<input type="checkbox"/> Air	<input type="checkbox"/> Heavy search	<input type="checkbox"/> Rock/scene evac.									
<input type="checkbox"/> Recovery	<input type="checkbox"/> Water	<input type="checkbox"/> Visual tracking	<input type="checkbox"/> Evac. by animal									
<input type="checkbox"/> Other		<input type="checkbox"/> Search dogs	<input type="checkbox"/> Watercraft evac.									
		<input type="checkbox"/> Line search	<input type="checkbox"/> Vehicle evac.									
		<input type="checkbox"/> Air search	<input type="checkbox"/> Aircraft evac.									
		<input type="checkbox"/> Other	<input type="checkbox"/> Other									
RESULTS												
SUBJECT WAS FOUND/RESCUED Date:		Time:		<input type="checkbox"/> By SAR effort	<input type="checkbox"/> By self	<input type="checkbox"/> Not found/rescued						
				<input type="checkbox"/> By public (non-SAR)	<input type="checkbox"/> Never needed help	<input type="checkbox"/> Other						
REASON TERMINATED		(If lost) FOUND IN	CLUES	SUBJECT FOUND BY								
<input type="checkbox"/> Successful	<input type="checkbox"/> Lack manpower	<input type="checkbox"/> Primary search area	<input type="checkbox"/> Interrogation	As a result of this SAR effort, Total number of persons: Found, Rescued, Saved								
<input type="checkbox"/> Lack equipment	<input type="checkbox"/> Secondary search area	<input type="checkbox"/> Confinement										
<input type="checkbox"/> Lack support	<input type="checkbox"/> Area previously searched	<input type="checkbox"/> Attraction	<input type="checkbox"/> Heavy search									
<input type="checkbox"/> Lack clues	<input type="checkbox"/> Hazardous terrain	<input type="checkbox"/> Visual tracking	<input type="checkbox"/> Search dogs									
<input type="checkbox"/> Severe weather	<input type="checkbox"/> Area too large	<input type="checkbox"/> Line search	<input type="checkbox"/> Helicopter									
<input type="checkbox"/> Authority decision	<input type="checkbox"/> Family decision	<input type="checkbox"/> Home, bar, motel, etc	<input type="checkbox"/> Flood Wing									
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Subject's signal	<input type="checkbox"/> Other									
MEDICAL												
EXTENT OF INJURIES		SUBJECT BEHAVIOR						(If lost) REASON(s)		(If injury) REASON(s)		
A	<input type="checkbox"/> Uninjured	<input type="checkbox"/> Unknown	<input type="checkbox"/> Intentional separation					<input type="checkbox"/> Unknown	(If lost)-Travel Data			
B	<input type="checkbox"/> Slight/1st aid	<input type="checkbox"/> Human error (self)	<input type="checkbox"/> Poor supervision	<input type="checkbox"/> Haste								
C	<input type="checkbox"/> Moderate/Dr.	<input type="checkbox"/> Another person	<input type="checkbox"/> Accidental separation	<input type="checkbox"/> Exceeded ability								
	<input type="checkbox"/> Severe/hospital	<input type="checkbox"/> Darkness	<input type="checkbox"/> Took short cut	<input type="checkbox"/> Fatigue								
	<input type="checkbox"/> Fatal	<input type="checkbox"/> Environment/Wx	<input type="checkbox"/> Poor/no map	<input type="checkbox"/> Fall or slip								
		<input type="checkbox"/> Falling object	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Inadeq. equip.								
		<input type="checkbox"/> Equipment failure	<input type="checkbox"/> Miscalc. time/distance	<input type="checkbox"/> Anchor/belay fail'd								
		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other								
				<input type="checkbox"/> Other								
				<input type="checkbox"/> Other								

FIG. X3.17 Mission Report

Do you want to submit this mission report for reimbursement from the Search and Rescue Fund?  
 If so, please be sure to complete the license information on the front, fill in all relevant cost information and attach necessary receipts, etc.

EQUIPMENT INVOLVED AND COSTS			MANHOURS SUMMARY	
No.	M/hrs	Costs		
<input type="checkbox"/> Helicopters			(Attach all receipts (includes fuel, repairs, etc.)	Total no. of your personnel involved _____
<input type="checkbox"/> Fixed Wing				Total manhours expended by your unit _____
<input type="checkbox"/> Ambulances				
<input type="checkbox"/> 2WD Vehicles				Total no. of ALL personnel involved _____
<input type="checkbox"/> 4WD Vehicles				Total manhours expended by ALL personnel _____
<input type="checkbox"/> Power Boats				
<input type="checkbox"/> Snowmobiles				
<input type="checkbox"/> Horses			Equipment Cost _____	
<input type="checkbox"/> Dogs			Cost Subtotal _____	

MISCELLANEOUS COSTS (attach all receipts/documentation)			OTHER SAR UNITS INVOLVED	
Motel(s)			Unit Name	No.
Food/Meals			1)	
Personal Equipment (ropes, 1st aid, batteries, gloves, clothing, etc.)			2)	
Other misc costs: (set on separate sheet)			3)	
Miscellaneous costs subtotal			4)	
			5)	
			6)	
Total cost:				

**AUTHORIZATION**  
 I certify that the above report and listing of expenses is true and correct. I have attached all applicable receipts and understand that I am responsible for disbursement of monies to all agencies or groups that assisted in this search and rescue incident.

**REQUEST MISSION REPORT PREPARED BY:** \_\_\_\_\_

**REQUEST APPROVED BY:** \_\_\_\_\_  
 (Sheriff's signature required for reimbursement)

**MAKE CHECKS PAYABLE TO:** \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City, State, Zip code: \_\_\_\_\_

**SAR FUND RECEIPT/APPROVAL**  
**DO NOT USE**  
**REQUEST RECEIVED:** \_\_\_\_\_ BY: \_\_\_\_\_  
**REQUEST APPROVED:** \_\_\_\_\_ BY: \_\_\_\_\_

FIG. X3.17 Mission Report (continued)

COUNTY OF LOS ANGELES  
 SHERIFF'S DEPARTMENT  
 MAINTENANCE TEAM  
**INCIDENT REPORT**

RECORDS AND STATISTICS BUREAU USE ONLY

ACTION	ACTIVE <input type="checkbox"/>	INDEX <input type="checkbox"/>	INFO <input type="checkbox"/>	MMRT Operation #	URN # (if any)			
CLASSIFICATION	RESCUE: Vehicle Over <input type="checkbox"/>	Missing Person <input type="checkbox"/>	Injured Person <input type="checkbox"/>	Stranded Hiker <input type="checkbox"/>				
CLASSIFICATION	Disaster <input type="checkbox"/>	Recovery <input type="checkbox"/>	Other <input type="checkbox"/>					
DATE TIME DAY-BEGIN	DATE TIME DAY-END	STATION COORDINATOR						
LOCATION OF OCCURRENCE	TYPE OF LOCATION							
CODE	V - victim	W - witness	I - informant	P - patient	List one victim (if named) and the informant on this page			
CODE	No. OF	LAST NAME	FIRST	MIDDLE	SEX	RACE	D.O.B.	CHECK (SEE) PHONE
RESIDENCE ADDRESS		CITY	ZIP	RES. PHONE ( )				
BUSINESS ADDRESS		CITY	ZIP	BUS. PHONE ( )				
CODE	No. OF	LAST NAME	FIRST	MIDDLE	SEX	RACE	D.O.B.	CHECK (SEE) PHONE
RESIDENCE ADDRESS		CITY	ZIP	RES. PHONE ( )				
BUSINESS ADDRESS		CITY	ZIP	BUS. PHONE ( )				
CODE	No. OF	LAST NAME	FIRST	MIDDLE	SEX	RACE	D.O.B.	CHECK (SEE) PHONE
RESIDENCE ADDRESS		CITY	ZIP	RES. PHONE ( )				
BUSINESS ADDRESS		CITY	ZIP	BUS. PHONE ( )				
NAME	EMP #	ASSIGNMENT	TIME IN	TIME OUT	HOURS			
						Total Hours		
PAGER CALL-OUT CODE								
MODE	SEARCH	RESCUE	SYSTEM	ASSISTING UNITS	ASSISTED			
Obs	Missing Person <input type="checkbox"/>	Injured Person <input type="checkbox"/>	Truck and Winch <input type="checkbox"/>	Other LASD Teams <input type="checkbox"/>	Other LASD Teams <input type="checkbox"/>			
Detail	Lost Person <input type="checkbox"/>	Vehicle Over <input type="checkbox"/>	Hike in / Hike out <input type="checkbox"/>	Outside Agencies <input type="checkbox"/>	Outside Agencies <input type="checkbox"/>			
Call	Evidence <input type="checkbox"/>	Climber <input type="checkbox"/>	Helicopter <input type="checkbox"/>	Fire <input type="checkbox"/>	Fire <input type="checkbox"/>			
Parade	Homicide <input type="checkbox"/>	Medical Aid <input type="checkbox"/>	Technical <input type="checkbox"/>	State Parks <input type="checkbox"/>	State Parks <input type="checkbox"/>			
Callout	Aircraft <input type="checkbox"/>	Disaster <input type="checkbox"/>	Litter <input type="checkbox"/>	National Parks <input type="checkbox"/>	National Parks <input type="checkbox"/>			
Cancelled	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>			
VEHICLE (IF STATIONED) YES <input type="checkbox"/> NO <input type="checkbox"/>	MARK	BODY TYPE	COLOR	BY DEPUTY	BAFID No.			
UNKNOWN <input type="checkbox"/> STORED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/>	V. N. / MAKE	DEPUTY	BAFID No.					
REGISTERED OWNER	STATION	UNIT CAR No.	SHE1					
IDENTIFYING CHARACTERISTICS	LOST HILLS/MALIBU	220R	TIME					
ASSIGNMENT	LOST HILLS STATION RESERVE COORDINATOR							
ATTACHMENTS	IC 3201 <input type="checkbox"/>	IC 3202 <input type="checkbox"/>	IC 3203 <input type="checkbox"/>	IC 3204 <input type="checkbox"/>	IC 3205 <input type="checkbox"/>			
IC 3206 <input type="checkbox"/>	IC 3207 <input type="checkbox"/>	IC 3208 <input type="checkbox"/>	IC 3209 <input type="checkbox"/>	IC 3210 <input type="checkbox"/>	IC 3211 <input type="checkbox"/>			
IC 3212 <input type="checkbox"/>	IC 3213 <input type="checkbox"/>	IC 3214 <input type="checkbox"/>	IC 3215 <input type="checkbox"/>	IC 3216 <input type="checkbox"/>	IC 3217 <input type="checkbox"/>			
IC 3218 <input type="checkbox"/>	IC 3219 <input type="checkbox"/>	IC 3220 <input type="checkbox"/>	IC 3221 <input type="checkbox"/>	IC 3222 <input type="checkbox"/>	IC 3223 <input type="checkbox"/>			
IC 3224 <input type="checkbox"/>	IC 3225 <input type="checkbox"/>	IC 3226 <input type="checkbox"/>	IC 3227 <input type="checkbox"/>	IC 3228 <input type="checkbox"/>	IC 3229 <input type="checkbox"/>			
IC 3230 <input type="checkbox"/>	IC 3231 <input type="checkbox"/>	IC 3232 <input type="checkbox"/>	IC 3233 <input type="checkbox"/>	IC 3234 <input type="checkbox"/>	IC 3235 <input type="checkbox"/>			
IC 3236 <input type="checkbox"/>	IC 3237 <input type="checkbox"/>	IC 3238 <input type="checkbox"/>	IC 3239 <input type="checkbox"/>	IC 3240 <input type="checkbox"/>	IC 3241 <input type="checkbox"/>			
IC 3242 <input type="checkbox"/>	IC 3243 <input type="checkbox"/>	IC 3244 <input type="checkbox"/>	IC 3245 <input type="checkbox"/>	IC 3246 <input type="checkbox"/>	IC 3247 <input type="checkbox"/>			
IC 3248 <input type="checkbox"/>	IC 3249 <input type="checkbox"/>	IC 3250 <input type="checkbox"/>	IC 3251 <input type="checkbox"/>	IC 3252 <input type="checkbox"/>	IC 3253 <input type="checkbox"/>			
IC 3254 <input type="checkbox"/>	IC 3255 <input type="checkbox"/>	IC 3256 <input type="checkbox"/>	IC 3257 <input type="checkbox"/>	IC 3258 <input type="checkbox"/>	IC 3259 <input type="checkbox"/>			
IC 3260 <input type="checkbox"/>	IC 3261 <input type="checkbox"/>	IC 3262 <input type="checkbox"/>	IC 3263 <input type="checkbox"/>	IC 3264 <input type="checkbox"/>	IC 3265 <input type="checkbox"/>			
IC 3266 <input type="checkbox"/>	IC 3267 <input type="checkbox"/>	IC 3268 <input type="checkbox"/>	IC 3269 <input type="checkbox"/>	IC 3270 <input type="checkbox"/>	IC 3271 <input type="checkbox"/>			
IC 3272 <input type="checkbox"/>	IC 3273 <input type="checkbox"/>	IC 3274 <input type="checkbox"/>	IC 3275 <input type="checkbox"/>	IC 3276 <input type="checkbox"/>	IC 3277 <input type="checkbox"/>			
IC 3278 <input type="checkbox"/>	IC 3279 <input type="checkbox"/>	IC 3280 <input type="checkbox"/>	IC 3281 <input type="checkbox"/>	IC 3282 <input type="checkbox"/>	IC 3283 <input type="checkbox"/>			
IC 3284 <input type="checkbox"/>	IC 3285 <input type="checkbox"/>	IC 3286 <input type="checkbox"/>	IC 3287 <input type="checkbox"/>	IC 3288 <input type="checkbox"/>	IC 3289 <input type="checkbox"/>			
IC 3290 <input type="checkbox"/>	IC 3291 <input type="checkbox"/>	IC 3292 <input type="checkbox"/>	IC 3293 <input type="checkbox"/>	IC 3294 <input type="checkbox"/>	IC 3295 <input type="checkbox"/>			
IC 3296 <input type="checkbox"/>	IC 3297 <input type="checkbox"/>	IC 3298 <input type="checkbox"/>	IC 3299 <input type="checkbox"/>	IC 3300 <input type="checkbox"/>	IC 3301 <input type="checkbox"/>			
IC 3302 <input type="checkbox"/>	IC 3303 <input type="checkbox"/>	IC 3304 <input type="checkbox"/>	IC 3305 <input type="checkbox"/>	IC 3306 <input type="checkbox"/>	IC 3307 <input type="checkbox"/>			
IC 3308 <input type="checkbox"/>	IC 3309 <input type="checkbox"/>	IC 3310 <input type="checkbox"/>	IC 3311 <input type="checkbox"/>	IC 3312 <input type="checkbox"/>	IC 3313 <input type="checkbox"/>			
IC 3314 <input type="checkbox"/>	IC 3315 <input type="checkbox"/>	IC 3316 <input type="checkbox"/>	IC 3317 <input type="checkbox"/>	IC 3318 <input type="checkbox"/>	IC 3319 <input type="checkbox"/>			
IC 3320 <input type="checkbox"/>	IC 3321 <input type="checkbox"/>	IC 3322 <input type="checkbox"/>	IC 3323 <input type="checkbox"/>	IC 3324 <input type="checkbox"/>	IC 3325 <input type="checkbox"/>			
IC 3326 <input type="checkbox"/>	IC 3327 <input type="checkbox"/>	IC 3328 <input type="checkbox"/>	IC 3329 <input type="checkbox"/>	IC 3330 <input type="checkbox"/>	IC 3331 <input type="checkbox"/>			
IC 3332 <input type="checkbox"/>	IC 3333 <input type="checkbox"/>	IC 3334 <input type="checkbox"/>	IC 3335 <input type="checkbox"/>	IC 3336 <input type="checkbox"/>	IC 3337 <input type="checkbox"/>			
IC 3338 <input type="checkbox"/>	IC 3339 <input type="checkbox"/>	IC 3340 <input type="checkbox"/>	IC 3341 <input type="checkbox"/>	IC 3342 <input type="checkbox"/>	IC 3343 <input type="checkbox"/>			
IC 3344 <input type="checkbox"/>	IC 3345 <input type="checkbox"/>	IC 3346 <input type="checkbox"/>	IC 3347 <input type="checkbox"/>	IC 3348 <input type="checkbox"/>	IC 3349 <input type="checkbox"/>			
IC 3350 <input type="checkbox"/>	IC 3351 <input type="checkbox"/>	IC 3352 <input type="checkbox"/>	IC 3353 <input type="checkbox"/>	IC 3354 <input type="checkbox"/>	IC 3355 <input type="checkbox"/>			
IC 3356 <input type="checkbox"/>	IC 3357 <input type="checkbox"/>	IC 3358 <input type="checkbox"/>	IC 3359 <input type="checkbox"/>	IC 3360 <input type="checkbox"/>	IC 3361 <input type="checkbox"/>			
IC 3362 <input type="checkbox"/>	IC 3363 <input type="checkbox"/>	IC 3364 <input type="checkbox"/>	IC 3365 <input type="checkbox"/>	IC 3366 <input type="checkbox"/>	IC 3367 <input type="checkbox"/>			
IC 3368 <input type="checkbox"/>	IC 3369 <input type="checkbox"/>	IC 3370 <input type="checkbox"/>	IC 3371 <input type="checkbox"/>	IC 3372 <input type="checkbox"/>	IC 3373 <input type="checkbox"/>			
IC 3374 <input type="checkbox"/>	IC 3375 <input type="checkbox"/>	IC 3376 <input type="checkbox"/>	IC 3377 <input type="checkbox"/>	IC 3378 <input type="checkbox"/>	IC 3379 <input type="checkbox"/>			
IC 3380 <input type="checkbox"/>	IC 3381 <input type="checkbox"/>	IC 3382 <input type="checkbox"/>	IC 3383 <input type="checkbox"/>	IC 3384 <input type="checkbox"/>	IC 3385 <input type="checkbox"/>			
IC 3386 <input type="checkbox"/>	IC 3387 <input type="checkbox"/>	IC 3388 <input type="checkbox"/>	IC 3389 <input type="checkbox"/>	IC 3390 <input type="checkbox"/>	IC 3391 <input type="checkbox"/>			
IC 3392 <input type="checkbox"/>	IC 3393 <input type="checkbox"/>	IC 3394 <input type="checkbox"/>	IC 3395 <input type="checkbox"/>	IC 3396 <input type="checkbox"/>	IC 3397 <input type="checkbox"/>			
IC 3398 <input type="checkbox"/>	IC 3399 <input type="checkbox"/>	IC 3400 <input type="checkbox"/>	IC 3401 <input type="checkbox"/>	IC 3402 <input type="checkbox"/>	IC 3403 <input type="checkbox"/>			
IC 3404 <input type="checkbox"/>	IC 3405 <input type="checkbox"/>	IC 3406 <input type="checkbox"/>	IC 3407 <input type="checkbox"/>	IC 3408 <input type="checkbox"/>	IC 3409 <input type="checkbox"/>			
IC 3410 <input type="checkbox"/>	IC 3411 <input type="checkbox"/>	IC 3412 <input type="checkbox"/>	IC 3413 <input type="checkbox"/>	IC 3414 <input type="checkbox"/>	IC 3415 <input type="checkbox"/>			
IC 3416 <input type="checkbox"/>	IC 3417 <input type="checkbox"/>	IC 3418 <input type="checkbox"/>	IC 3419 <input type="checkbox"/>	IC 3420 <input type="checkbox"/>	IC 3421 <input type="checkbox"/>			
IC 3422 <input type="checkbox"/>	IC 3423 <input type="checkbox"/>	IC 3424 <input type="checkbox"/>	IC 3425 <input type="checkbox"/>	IC 3426 <input type="checkbox"/>	IC 3427 <input type="checkbox"/>			
IC 3428 <input type="checkbox"/>	IC 3429 <input type="checkbox"/>	IC 3430 <input type="checkbox"/>	IC 3431 <input type="checkbox"/>	IC 3432 <input type="checkbox"/>	IC 3433 <input type="checkbox"/>			
IC 3434 <input type="checkbox"/>	IC 3435 <input type="checkbox"/>	IC 3436 <input type="checkbox"/>	IC 3437 <input type="checkbox"/>	IC 3438 <input type="checkbox"/>	IC 3439 <input type="checkbox"/>			
IC 3440 <input type="checkbox"/>	IC 3441 <input type="checkbox"/>	IC 3442 <input type="checkbox"/>	IC 3443 <input type="checkbox"/>	IC 3444 <input type="checkbox"/>	IC 3445 <input type="checkbox"/>			
IC 3446 <input type="checkbox"/>	IC 3447 <input type="checkbox"/>	IC 3448 <input type="checkbox"/>	IC 3449 <input type="checkbox"/>	IC 3450 <input type="checkbox"/>	IC 3451 <input type="checkbox"/>			
IC 3452 <input type="checkbox"/>	IC 3453 <input type="checkbox"/>	IC 3454 <input type="checkbox"/>	IC 3455 <input type="checkbox"/>	IC 3456 <input type="checkbox"/>	IC 3457 <input type="checkbox"/>			
IC 3458 <input type="checkbox"/>	IC 3459 <input type="checkbox"/>	IC 3460 <input type="checkbox"/>	IC 3461 <input type="checkbox"/>	IC 3462 <input type="checkbox"/>	IC 3463 <input type="checkbox"/>			
IC 3464 <input type="checkbox"/>	IC 3465 <input type="checkbox"/>	IC 3466 <input type="checkbox"/>	IC 3467 <input type="checkbox"/>	IC 3468 <input type="checkbox"/>	IC 3469 <input type="checkbox"/>			
IC 3470 <input type="checkbox"/>	IC 3471 <input type="checkbox"/>	IC 3472 <input type="checkbox"/>	IC 3473 <input type="checkbox"/>	IC 3474 <input type="checkbox"/>	IC 3475 <input type="checkbox"/>			
IC 3476 <input type="checkbox"/>	IC 3477 <input type="checkbox"/>	IC 3478 <input type="checkbox"/>	IC 3479 <input type="checkbox"/>	IC 3480 <input type="checkbox"/>	IC 3481 <input type="checkbox"/>			
IC 3482 <input type="checkbox"/>	IC 3483 <input type="checkbox"/>	IC 3484 <input type="checkbox"/>	IC 3485 <input type="checkbox"/>	IC 3486 <input type="checkbox"/>	IC 3487 <input type="checkbox"/>			
IC 3488 <input type="checkbox"/>	IC 3489 <input type="checkbox"/>	IC 3490 <input type="checkbox"/>	IC 3491 <input type="checkbox"/>	IC 3492 <input type="checkbox"/>	IC 3493 <input type="checkbox"/>			
IC 3494 <input type="checkbox"/>	IC 3495 <input type="checkbox"/>	IC 3496 <input type="checkbox"/>	IC 3497 <input type="checkbox"/>	IC 3498 <input type="checkbox"/>	IC 3499 <input type="checkbox"/>			
IC 3500 <input type="checkbox"/>	IC 3501 <input type="checkbox"/>	IC 3502 <input type="checkbox"/>	IC 3503 <input type="checkbox"/>	IC 3504 <input type="checkbox"/>	IC 3505 <input type="checkbox"/>			
IC 3506 <input type="checkbox"/>	IC 3507 <input type="checkbox"/>	IC 3508 <input type="checkbox"/>	IC 3509 <input type="checkbox"/>	IC 3510 <input type="checkbox"/>	IC 3511 <input type="checkbox"/>			
IC 3512 <input type="checkbox"/>	IC 3513 <input type="checkbox"/>	IC 3514 <input type="checkbox"/>	IC 3515 <input type="checkbox"/>	IC 3516 <input type="checkbox"/>	IC 3517 <input type="checkbox"/>			
IC 3518 <input type="checkbox"/>	IC 3519 <input type="checkbox"/>	IC 3520 <input type="checkbox"/>	IC 3521 <input type="checkbox"/>	IC 3522 <input type="checkbox"/>	IC 3523 <input type="checkbox"/>			
IC 3524 <input type="checkbox"/>	IC 3525 <input type="checkbox"/>	IC 3526 <input type="checkbox"/>	IC 3527 <input type="checkbox"/>	IC 3528 <input type="checkbox"/>	IC 3529 <input type="checkbox"/>			
IC 3530 <input type="checkbox"/>	IC 3531 <input type="checkbox"/>	IC 3532 <input type="checkbox"/>	IC 3533 <input type="checkbox"/>	IC 3534 <input type="checkbox"/>	IC 3535 <input type="checkbox"/>			
IC 3536 <input type="checkbox"/>	IC 3537 <input type="checkbox"/>	IC 3538 <input type="checkbox"/>	IC 3539 <input type="checkbox"/>	IC 3540 <input type="checkbox"/>	IC 3541 <input type="checkbox"/>			
IC 3542 <input type="checkbox"/>	IC 3543 <input type="checkbox"/>	IC 3544 <input type="checkbox"/>	IC 3545 <input type="checkbox"/>	IC 3546 <input type="checkbox"/>	IC 3547 <input type="checkbox"/>			
IC 3548 <input type="checkbox"/>	IC 3549 <input type="checkbox"/>	IC 3550 <input type="checkbox"/>	IC 3551 <input type="checkbox"/>	IC 3552 <input type="checkbox"/>	IC 3553 <input type="checkbox"/>			
IC 3554 <input type="checkbox"/>	IC 3555 <input type="checkbox"/>	IC 3556 <input type="checkbox"/>	IC 3557 <input type="checkbox"/>	IC 3558 <input type="checkbox"/>	IC 3559 <input type="checkbox"/>			
IC 3560 <input type="checkbox"/>	IC 3561 <input type="checkbox"/>	IC 3562 <input type="checkbox"/>	IC 3563 <input type="checkbox"/>	IC 3564 <input type="checkbox"/>	IC 3565 <input type="checkbox"/>			
IC 3566 <input type="checkbox"/>	IC 3567 <input type="checkbox"/>	IC 3568 <input type="checkbox"/>	IC 3569 <input type="checkbox"/>	IC 3570 <input type="checkbox"/>	IC 3571 <input type="checkbox"/>			
IC 3572 <input type="checkbox"/>	IC 3573 <input type="checkbox"/>	IC 3574 <input type="checkbox"/>	IC 3575 <input type="checkbox"/>	IC 3576 <input type="checkbox"/>	IC 3577 <input type="checkbox"/>			
IC 3578 <input type="checkbox"/>	IC 3579 <input type="checkbox"/>	IC 3580 <input type="checkbox"/>	IC 3581 <input type="checkbox"/>	IC 3582 <input type="checkbox"/>	IC 3583 <input type="checkbox"/>			
IC 3584 <input type="checkbox"/>	IC 3585 <input type="checkbox"/>	IC 3586 <input type="checkbox"/>	IC 3587 <input type="checkbox"/>	IC 3588 <input type="checkbox"/>	IC 3589 <input type="checkbox"/>			
IC 3590 <input type="checkbox"/>	IC 3591 <input type="checkbox"/>	IC 3592 <input type="checkbox"/>	IC 3593 <input type="checkbox"/>	IC 3594 <input type="checkbox"/>	IC 3595 <input type="checkbox"/>			
IC 3596 <input type="checkbox"/>	IC 3597 <input type="checkbox"/>	IC 3598 <input type="checkbox"/>	IC 3599 <input type="checkbox"/>	IC 3600 <input type="checkbox"/>	IC 3601 <input type="checkbox"/>			
IC 3602 <input type="checkbox"/>	IC 3603 <input type="checkbox"/>	IC 3604 <input type="checkbox"/>	IC 3605 <input type="checkbox"/>	IC 3606 <input type="checkbox"/>	IC 3607 <input type="checkbox"/>			
IC 3608 <input type="checkbox"/>	IC 3609 <input type="checkbox"/>	IC 3610 <input type="checkbox"/>	IC 3611 <input type="checkbox"/>	IC 3612 <input type="checkbox"/>	IC 3613 <input type="checkbox"/>			
IC 3614 <input type="checkbox"/>	IC 3615 <input type="checkbox"/>	IC 3616 <input type="checkbox"/>	IC 3617 <input type="checkbox"/>	IC 3618 <input type="checkbox"/>	IC 3619 <input type="checkbox"/>			
IC 3620 <input type="checkbox"/>	IC 3621 <input type="checkbox"/>	IC 3622 <input type="checkbox"/>	IC 3623 <input type="checkbox"/>	IC 3624 <input type="checkbox"/>	IC 3625 <input type="checkbox"/>			
IC 3626 <input type="checkbox"/>	IC 3627 <input type="checkbox"/>	IC 3628 <input type="checkbox"/>	IC 3629 <input type="checkbox"/>	IC 3630 <input type="checkbox"/>	IC 3631 <input type="checkbox"/>			
IC 3632 <input type="checkbox"/>	IC 3633 <input type="checkbox"/>	IC 3634 <input type="checkbox"/>	IC 3635 <input type="checkbox"/>	IC 3636 <input type="checkbox"/>	IC 3637 <input type="checkbox"/>			
IC 3638 <input type="checkbox"/>	IC 3639 <input type="checkbox"/>	IC 3640 <input type="checkbox"/>	IC 3641 <input type="checkbox"/>	IC 3642 <input type="checkbox"/>	IC 3643 <input type="checkbox"/>			
IC 3644 <input type="checkbox"/>	IC 3645 <input type="checkbox"/>	IC 3646 <input type="checkbox"/>	IC 3647 <input type="checkbox"/>	IC 3648 <input type="checkbox"/>	IC 3649 <input type="checkbox"/>			
IC 3650 <input type="checkbox"/>	IC 3651 <input type="checkbox"/>	IC 3652 <input type="checkbox"/>	IC 3653 <input type="checkbox"/>	IC 3654 <input type="checkbox"/>	IC 3655 <input type="checkbox"/>			
IC 3656 <input type="checkbox"/>	IC 3657 <input type="checkbox"/>	IC 3658 <input type="checkbox"/>	IC 3659 <input type="checkbox"/>	IC 3660 <input type="checkbox"/>				

COUNTY OF LOS ANGELES - SHERIFF'S DEPARTMENT INCIDENT REPORT CONTINUATION				URN	PAGE	OF				
STATISTICAL INFORMATION										
CLASSIFICATION	# of Vict	# of Surv	# of FATAL	# of Miss or LMA	RESOURCES USED	MUTUAL AID				
						# of Units or People	# of Hours of Work	# of Units or People	# of Hours of Work	
HUNTERS					PAID DEPUTIES					
FISHERMAN					RESERVE DEPUTIES					
BACKPACKERS/HIKERS					CIVILIAN VOLUNTEERS					
CAMPERS					CO. OWNED HELICOPTERS					
CLIMBERS					FEDERAL HELICOPTER					
MOTORCYCLISTS					FEDERAL FIXED WING					
MINES AND CAVES					STATE HELICOPTER					
SWIMMERS					STATE FIXED WING					
SNOWSPORTS					PRIVATE HELICOPTER					
AIRCRAFT					PRIVATE FIXED WING					
RAFTERS					4X4 VEHICLE					
VEHICLES					SNOW MOBILE					
OTHERS					SEARCH DOGS					
TRAINING					HORSES					
					GROUND VEHICLES					
NARRATIVE										

SAR-49

FIG. X3.18 Incident Report (continued)



Pennsylvania Search and Rescue Council		Incident After Action Report Incident Form 5 of 5			
Incident Name:		Date/Time* Prepared:		State Mission No.:	
Mission No.:		Base Location:		Mission [ ] Closed or [ ] Suspended	
Mission Type/Extent	<input type="checkbox"/> Missing Person		<input type="checkbox"/> Missing/Overdue Vessel		<input type="checkbox"/> Other:
	<input type="checkbox"/> Missing/Overdue Aircraft		<input type="checkbox"/> Drowning		
	<input type="checkbox"/> ELT/EPIRB		<input type="checkbox"/> Cave Rescue		
	Mission Started: Date/Time*		Date/Time*		
Locating and Medical Data	Objective Located by (Name/Organization):		Geographic Location:		
	Date/Time*:		Latitude/Longitude:		
	No. Subjects Involved:	No. Subjects Found Alive:	No. Subjects Found Dead:	No. Subjects Still Missing:	
	Remarks (include specific injury or illness and name of medical facility accepting any subjects):				
Participating Organizations					
Prepared by:		Approved by (Incident Commander):			
3/2/92		*local time, 24 hour format		Page 1 of 2	

FIG. X3.19 Incident After Action Report



Incident After Action Report					
Personnel/ Equipment	Aircraft Personnel*:	Ground Personnel*:	Non-SAR Tr. Volunteers*:	Other Personnel*:	
	Staff Personnel*:	Dogs:	Total Estimated Manhours:		
	Fixed Wing Aircraft:	Helicopters:	Ground Vehicles:	Boats:	
	Other Equipment:				
Operational Summary - Air	No. of Air Sorties:	Hours in Search Area:	Hours Enroute:	Total Flight Hrs.:	No. of Sq. Miles Searched:
	Summary of Grids / Areas Searched:				
	.....				
	.....				
	.....				
	.....				
	.....				
	.....				
	.....				
	.....				
Operational Summary - Ground	No. of Ground Tasks:	Vehicle Miles on Tasks:	Vehicle Miles Enroute:	Total Estimated Vehicle Miles:	
	Summary of Areas Searched:				
	.....				
	.....				
	.....				
	.....				
	.....				
	.....				
	.....				
	.....				
3/2/92 *For Personnel numbers, estimate total number of people involved in this role at any time during operation. Page 2 of 2					

FIG. X3.19 Incident After Action Report (continued)



MOUNTAIN RESCUE SURVEY 5/94

## ALPINE RESCUE TEAM, INC.

Mutual Aid Response Survey  
A.R.T. HQ alpine missions: 526-2432

POST OFFICE BOX 934  
EVERGREEN, COLORADO 80439  
(303) 526-2417

Mission: \_\_\_\_\_  
Location: \_\_\_\_\_  
Mission Leader: \_\_\_\_\_ ART #: \_\_\_\_\_ Date: \_\_\_\_\_

We are very happy we were recently able to provide mountain search and rescue assistance to your agency. How well we do in meeting the needs of the victim(s), and your agency, is important to us. It helps us learn what is needed to constantly improve our operations, and tells us what we are doing right. Please take two minutes right now to complete this survey, and mail back to us in the enclosed envelope. Thanks for your help!

(5 = excellent 4 = good 3 = average 2 = needs improvement 1 = let's talk! n/a = not applicable)

<b>Pre-response</b>						
Ease of contacting Clear Creek S.O.	5	4	3	2	1	n/a
General ease of dispatching team	5	4	3	2	1	n/a
Rapidity of S.O. dispatch	5	4	3	2	1	n/a
Pre-response mission review/briefing w/A.R.T.	5	4	3	2	1	n/a
Standing mutual aid protocols	5	4	3	2	1	n/a
<b>Enroute</b>						
Ease of radio communication with team	5	4	3	2	1	n/a
Updates passed back and forth	5	4	3	2	1	n/a
Rapidity of team response	5	4	3	2	1	n/a
Team and personal vehicle operations	5	4	3	2	1	n/a
<b>Mission Operations</b>						
Unified (or joint) Command operations	5	4	3	2	1	n/a
Turn over of command (if done)	5	4	3	2	1	n/a
Use of ICS	5	4	3	2	1	n/a
Number of A.R.T. personnel on scene	5	4	3	2	1	n/a
A.R.T.'s medical care of patient	5	4	3	2	1	n/a
Our acceptance of your assignments	5	4	3	2	1	n/a
Appropriateness of our overhead assignments of your personnel	5	4	3	2	1	n/a
Appropriateness of our field assignments of your personnel	5	4	3	2	1	n/a
Our direction of your personnel	5	4	3	2	1	n/a
Our overall use of your agency personnel & equipment	5	4	3	2	1	n/a
Overall cooperation of A.R.T. and your agency	5	4	3	2	1	n/a
Overall cooperation of all individuals	5	4	3	2	1	n/a
<b>Post Mission</b>						
Debriefing (on scene)	5	4	3	2	1	n/a
Mission followup (if needed)	5	4	3	2	1	n/a

Please contact me immediately regarding this mission.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency: \_\_\_\_\_ Position/function during this mission: \_\_\_\_\_  
Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_

Please use the back to offer any comments in regard to any portion of this mission.

A volunteer organization dedicated to saving lives through rescue and mountain safety education

FIG. X3.20 Mutual Aid Response Survey

**FEMA US&R RESPONSE SYSTEM**  
**URBAN SEARCH & RESCUE TASK FORCE**

7/92

**TASK FORCE LEADER'S MISSION ASSIGNMENT CHECKLIST**

- [ ] ASSIGNED LOCALITY/JURISDICTION: \_\_\_\_\_
- [ ] TYPE OF ICS STRUCTURE IN PLACE: \_\_\_\_\_
- [ ] TFL's IMMEDIATE SUPERVISOR (title/name): \_\_\_\_\_
- [ ] ICP OR SUPERVISOR'S LOCATION: \_\_\_\_\_
- [ ] PLANNING/BRIFING MEETINGS SCHEDULE/LOCATION: \_\_\_\_\_
- [ ] CURRENT SITUATION: \_\_\_\_\_
- [ ] SEARCH & RESCUE ISSUES: \_\_\_\_\_
  - [ ] TYPE OF AREA INVOLVED: \_\_\_\_\_
  - [ ] PRIORITY BLDGS. (schools/hospitals/etc.): \_\_\_\_\_
  - [ ] NUMBER/LOCATION OF KNOWN VICTIMS: \_\_\_\_\_
- [ ] LOCAL MEDICAL SYSTEM: \_\_\_\_\_
  - [ ] FUNCTIONING EMS/HOSPITALS?: \_\_\_\_\_
  - [ ] MILITARY/DMAT TEAMS?: \_\_\_\_\_
  - [ ] VICTIM HAND-OFF PROCEDURES: \_\_\_\_\_
  - [ ] MEDEVAC OF INJURED TF MEMBER?: \_\_\_\_\_
  - [ ] VETERINARY RESOURCES?: \_\_\_\_\_
- [ ] COMMUNICATIONS PLAN: \_\_\_\_\_
  - [ ] FREQUENCY ASSIGNMENT: \_\_\_\_\_
  - [ ] REPORTING TYPE/SCHEDULE: \_\_\_\_\_
  - [ ] LOCAL JURISDICTION'S RADIO ASSIGNED TO TF?: \_\_\_\_\_
- [ ] TRANSPORTATION: \_\_\_\_\_
  - [ ] TRUCKS/BUSES: \_\_\_\_\_
  - [ ] AIRCRAFT/HELICOPTERS: \_\_\_\_\_
  - [ ] REQUESTING PROCEDURES: \_\_\_\_\_
- [ ] TF SUPPORT: \_\_\_\_\_
  - [ ] BASE OF OPS LOCATION?: \_\_\_\_\_
  - [ ] SUPPLY AVAILABILITY (food/water/equip.): \_\_\_\_\_
  - [ ] HEAVY EQUIPMENT/CRANES: \_\_\_\_\_
  - [ ] LOCAL/MILITARY SECURITY SUPPORT: \_\_\_\_\_
  - [ ] REQUEST PROCEDURES: \_\_\_\_\_
- [ ] MEDIA ISSUES: \_\_\_\_\_
  - [ ] LOCAL JURISDICTION PIO (title/name): \_\_\_\_\_
  - [ ] PROCEDURES (info release/interviews/etc.): \_\_\_\_\_

**FIG. X3.21 Task Force Leader's Mission Assignment Checklist**

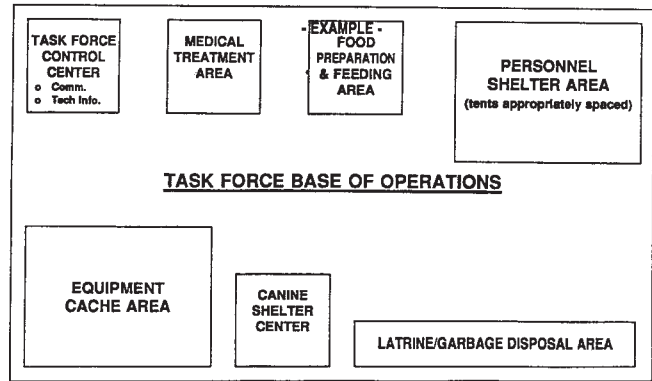
**FEMA US&R RESPONSE SYSTEM**  
**URBAN SEARCH & RESCUE TASK FORCE**

7/92

**TASK FORCE BASE OF OPERATIONS LOCATION CHECKLIST**

- [ ] SITE LOCATION/ADDRESS: \_\_\_\_\_
- [ ] BEST ACCESS ROUTE(S): \_\_\_\_\_
- [ ] DISTANCE TO ANTICIPATED WORK SITES: \_\_\_\_\_
- [ ] ADEQUATE SPACE AVAILABLE? \_\_\_\_\_
- [ ] PERSONNEL SHELTER CONSIDERATIONS: \_\_\_\_\_
  - [ ] USEABLE STRUCTURES? [ ] TENTS REQUIRED?
- [ ] CACHE SHELTER CONSIDERATIONS: \_\_\_\_\_
  - [ ] USEABLE STRUCTURES? [ ] TENTS REQUIRED?
- [ ] RADIO COMMUNICATIONS CONSIDERATIONS: \_\_\_\_\_
 

(high ground is usually more advantageous)
- [ ] SITE SAFETY/SECURITY: \_\_\_\_\_
  - [ ] Any tall adjacent buildings/utilities creating hazard?
  - [ ] Terrain with regard to rain/water runoff?
  - [ ] Site appropriately separated from rescue work sites?
  - [ ] Security assistance request from military/local jurisdiction?
  - [ ] Haz mat/exposure concerns



**FIG. X3.22 Task Force Base of Operations Location Checklist**

FEMA US&R RESPONSE SYSTEM  
URBAN SEARCH & RESCUE TASK FORCE

7/92

**TASK FORCE OPERATIONS REPORT**

TASK FORCE DESIGNATION: \_\_\_\_\_

DATE: \_\_\_\_\_

START TIME: \_\_\_\_\_ COMPLETION TIME: \_\_\_\_\_

TF TEAM: \_\_\_\_\_ TEAM MANAGER: \_\_\_\_\_

TEAM/SQUAD MEMBERS:

- |         |          |
|---------|----------|
| 1 _____ | 2 _____  |
| 3 _____ | 4 _____  |
| 5 _____ | 6 _____  |
| 7 _____ | 8 _____  |
| 9 _____ | 10 _____ |

OPERATIONS SITE: ADDRESS: \_\_\_\_\_  
SECTOR: \_\_\_\_\_

DESCRIPTION OF OPERATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS/EVALUATIONS/RECOMMENDATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

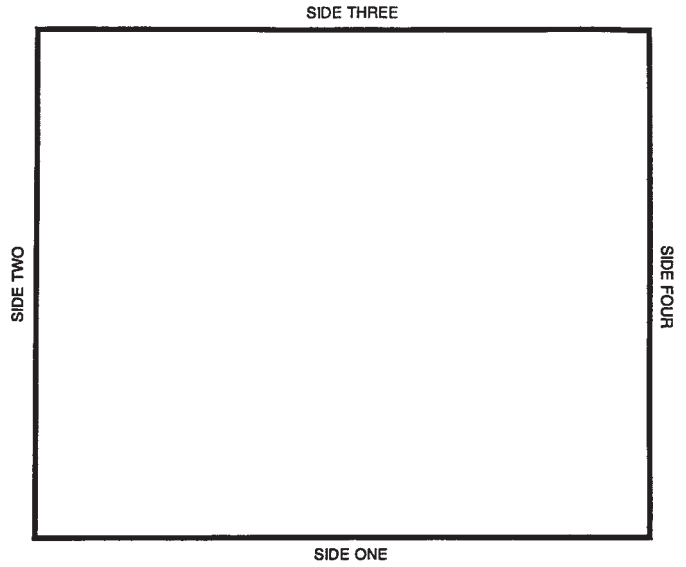
TEAM LEADER/SQUAD OFFICER: \_\_\_\_\_  
Signature

FIG. X3.23 Task Force Operations Report

FEMA US&R RESPONSE SYSTEM  
URBAN SEARCH & RESCUE TASK FORCE

7/92

**TASK FORCE OPERATIONS SITE SKETCH**



TYPE OF OPERATION: \_\_\_\_\_

- DEPICT:
- |                          |  |                          |                                  |
|--------------------------|--|--------------------------|----------------------------------|
| <input type="checkbox"/> | BUILDING/STRUCTURE(S)  | <input type="checkbox"/> | SECTORS (team/squad assignments) |
| <input type="checkbox"/> | OPERATIONS POST  | <input type="checkbox"/> | MEDICAL TREATMENT AREA           |
| <input type="checkbox"/> | EQUIPMENT STAGING AREA   | <input type="checkbox"/> | PERSONNEL STAGING AREA           |
| <input type="checkbox"/> | ACCESS/ENTRY ROUTES  | <input type="checkbox"/> | CRIBBING/SHORING WORK AREA       |
| <input type="checkbox"/> | CONTROL ZONES (Collapse/Hazard Zones, Work Zones, etc.)                |                          |                                  |
| <input type="checkbox"/> | PERSONNEL HAZARDS (Live Utilities, Haz Mat, Collapse Potentials, etc.) |                          |                                  |

**EMERGENCY SIGNALLING**

- |   |                            |                                  |
|---|----------------------------|----------------------------------|
| o | EVACUATE THE AREA          | 3 short blasts (one second each) |
| o | CEASE OPERATIONS/ALL QUIET | 1 long blast (three seconds)     |
| o | RESUME OPERATIONS          | 1 long and 1 short blast         |

FIG. X3.24 Task Force Operations Site Sketch



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
MALIBU MOUNTAIN RESCUE TEAM

Public Information Summary - Incident Status

This ROW FOR A.S.D. USE ONLY		REPORT CONTINUATION	URN	page	of
Incident Name		Date/Time Prepared		Operational Period	
An Information Summary should be completed for Incident updates and Public Information.					
1	Incident Name				
2	Type				
3	Cause				
4	Location				
5	Incident Manager				
6	Start Time				
7	Close Time				
8	Areas Involved				
9	Resources Committed				
10	Calculates Personnel Budget				
11	Damage Estimates				
12	Warnings Estimated Hazards Location Type Period				
13	Weather Current Forecast				
14	Areas Excluded				
15	State/County				
16	Hospital Contact				
17	Road Status				
18	Map				
19	PIC Phone Numbers Location				
ICS 209		Prepared by			

FIG. X4.1 Public Information Summary—Incident Status

Los Angeles County Sheriff's Department  
MALIBU MOUNTAIN RESCUE TEAM

INTRA AGENCY REGISTRATION FORM

Rescue Member Name \_\_\_\_\_  
 Agency / Rank \_\_\_\_\_  
 Call Sign (if applicable) \_\_\_\_\_  
 Time frame that you are available \_\_\_\_\_

QUALIFICATIONS

Technical Rescue \_\_\_\_\_ Heavy, Medium, Light, No Exposure  
 Medical 1<sup>st</sup> Aid \_\_\_\_\_ MD, EMT-P, II, I, ARC, etc.  
 Climbing Skills \_\_\_\_\_ Yosemite Rating, 5,4, 5.12d, etc.  
 Tracking Skills \_\_\_\_\_ T1 - T7, or use words  
 Winter Training \_\_\_\_\_ Heavy, Medium, Light, No Exposure  
 Operation Leader \_\_\_\_\_ Heavy, Medium, Light, No Exposure  
 Snow Travel Ability \_\_\_\_\_ Sno-Shoes, Skis, Crampons  
 Desert Operations \_\_\_\_\_ Heavy, Medium, Light, No Exposure  
 Do you have gear for 48 hour stay in field \_\_\_\_\_ Yes, or No  
 Do you have gear for 24 hour stay in field \_\_\_\_\_ Yes, or No  
 Do you have a Personal Radio \_\_\_\_\_ Type and Frequencies  
 Are you Light Gear Ready (<20 lbs Search Only) \_\_\_\_\_ Yes or No  
 Are you familiar with search area (if applicable) \_\_\_\_\_ Yes or No  
 Point of contact for Emergency or Message \_\_\_\_\_  
 Do you have any Limitations or Restrictions \_\_\_\_\_  
 Size of your Shoe \_\_\_\_\_ Do you Smoke \_\_\_\_\_

FIG. X4.2 Intra-Agency Registration Form

SAR Call Out List: CURRENT DATE:

AGENCY EMERGENCY COMMUNICATION TELEPHONE NUMBERS  
 PAGING TERMINAL TELEPHONE NUMBER/ SPECIAL RESCUE RESPONSE CALLBACK NUMBER  
 SEARCH DOG DISPATCH PAGER NUMBER

VEHICLE and EQUIPMENT CACHE Combination Lock/Access Numbers  
 EMERGENCY MANAGERS RADIO CALL SIGN

Time/ Date: _____	Directions: _____	_____
Incident Name: _____	_____	_____
Case #: _____	_____	_____
IC: _____	_____	_____
OPS: _____	Subject Info: _____	_____
PLANS/LOGS: _____	_____	_____
Vehicle Drivers: _____	_____	_____
Response Type: _____	Scent Articles: _____	_____
Resources: _____	Track Age: _____	_____
_____	Weather: _____	_____

Yes	No	NA	Nst	Rating	Expt	Name	Home	Work	Page	Call	Medical	Special

OTHER COMMONLY USED EMERGENCY NUMBERS:  
 Air Force Rescue Coordination Center (AFRCC, Langley AFB): 1-800-XXX-XXXX

**FIG. X4.3 Call-out List**

**X5. FORM PACKET**

Figure	Forms	Figure	Forms
Fig. 1	SAR Incident Report	Fig. 13	Medical Plan
Fig. 2	Non-segmented Areas	Fig. 14	Incident Organization Chart
Fig. 3	Search Clue Log	Fig. 15	Incident Status Summary
Fig. 4	Relevance of Clue	Fig. 16	Check-in List
Fig. 5	"POD" End of Shift Report	Fig. 17	Unit Log
Fig. 6	SAR Questionnaire A & B	Fig. 18	Operational Planning Work-sheet
Fig. 7	Search Initiation Log	Fig. 19	SAR Injury Report
Fig. 8	Incident Briefing	Fig. 20	Liability Release
Fig. 9	Incident Objectives	Fig. 21	Emergency Helicopter Request Information Sheet
Fig. 10	Organization Assignment List	Fig. 22	ICS Planning Guide
Fig. 11	Task Assignment		
Fig. 12	Radio Communications Plan		

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