



Designation: F1767 – 14 (Reapproved 2020)

Standard Guide for Forms Used for Search and Rescue¹

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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, health, and environmental practices and determine the applicability of regulatory limitations prior to use.*

1.5 *This international standard was developed in accordance with internationally recognized principles on standardization established in the Decision on Principles for the Development of International Standards, Guides and Recommendations issued by the World Trade Organization Technical Barriers to Trade (TBT) Committee.*

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*²

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.

¹ This guide is under the jurisdiction of ASTM Committee F32 on Search and Rescue and is the direct responsibility of Subcommittee F32.02 on Management and Operations.

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² Available from the National Interagency Fire Center, 3833 S. Development Ave., Boise, ID 83705-5354, www.nifc.gov.



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)
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 and 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		AFRCC Number	

Field Coordinators		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:

Additional Comments:

Reviewed By (Mission Initiator):

Name

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

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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
Roster, Search Capabilities	2-24

TABLE 1 Continued

Title	Reference Number
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 Uninjured	1 No	1 Closed
2 Hiker	2 Lost	2 Callout	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 Skier	4 Injury	4 Water Search	4 Out of Area	4 Wilderness			
5 Snowmobile	5 Illness	5 Air Search	5 Bestard 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 Motorbike							
13 Wood Cutter							
14 Gatherer-Forager							
15 Unknown							

General Instructions for Preparing SAR Incident Report

Instructions for Using Field Codes 1. 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. 2. 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 FC) or if mission was terminated prior to mobilization of resources. 1. 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. 2. 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. 3. AFRCC Number: Enter the Air Force Rescue mission number. Required for missions using Air Force resources. 4. Field Coordinators: Enter the last names of all certified FCs used on this mission in a Command or General Staff role. Up to 8 FCs can be listed. Use Additional Comments space for more. 5. Mission Opened: Enter the date and time that the mission was opened. Should agree with the opening teletype. 6. Mission Closed: Enter the date and time that the mission was closed. Should agree with the closing teletype. 7. Mission Initiators: Enter the last names of the MI who began the mission and the MI on duty when the mission was closed. 8. 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. 9. 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. 10. City: Enter the town of residence for each subject. 11. ST: Enter the state of residence for each subject. 12. Activity Code: Enter the subject's activity from the key.		13. Incident Code: Enter the Incident type from the key. 14. Response Code: Enter the response codes for the incident. Multiple entries from the key are permitted. 15. Area Code: Enter the search area in which each subject was found using the key. 16. 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. 17. Subject Code: Enter the status of each subject found from the key. 18. CAP Used Code: Enter whether CAP resources were used on this incident from the key. 19. Suspense Code: Enter the status of the incident at the time report was submitted. Select suspense code from key. 20. Where Subject was Found: Enter the common name of the area where the subject was located. Latitude and Longitude are acceptable. 21. Date Located: Enter the date that the subject was located. 22. Time Located: Enter the time that the subject was located. 23. Incident Summary: Give a brief description of the results of the SAR effort and rescue. i.e. "The subject was airlifted to BOHC by Lifeguard". 24. 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. 25. Data Prepared: Enter the date that this report was submitted. 26. Total Personnel: Enter the total number of volunteers assisting on this incident (totals from ICS Form 211A). 27. Total Man-hours: Enter the total number of volunteer man-hours expended on this incident (totals from ICS Form 211A). 28. Additional Comments: Enter any additional information that you feel is important. Use this space for additional names, etc. as mentioned above. 29. Reviewed By: Enter the name of the Mission Initiator who will review this report. 30. Required Attachment Checklist: Be sure to attach the required forms for the type of incident. 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

MISSION # _____ PAGE _____ OF _____

(T)ype of (R)esource

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 = _____

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

FIG. 2 Non-segmented Areas

SEARCH CLUE LOG

MISSION # _____ PAGE _____ OF _____

ROC = RELEVANCE OF CLUE TO MISSION AT TIME CLUE WAS FOUND
0 - 100%

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

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)

$$\text{NEW POA} = \text{ROC} \times (1 - \text{Old POA}) + \text{Old POA}$$

Old POA %	New POA %	POA % Change
100	100	0
90	90	0
80	80	0
70	70	0
60	60	0
50	50	0
40	40	0
30	30	0
20	20	0
10	10	0
0	0	0

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

(T)ype 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

[illegible]

* = If 1st search of area include Type of Resource.

(X) = 90% POD or more

FIG. 5 “POD” End of Shift Report



(T)ype 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

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

FIG. 5 “POD” End of Shift Report (continued)



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

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

Subject ____ of ____ Subjects

Subject Information

Physical Description

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

OVER

Page 1 of 3 - SAR Questionnaire (PART "A")

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:	
Start Date:		Veh Location:	
Start Time:		Make / Model / Color:	
Destination:		License:	

Additional Comments

#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")

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

SAR Priority Evaluation Chart

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

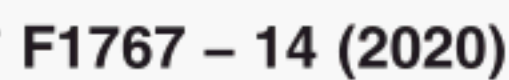


FIG. 6 SAR Questionnaire A & B (continued)

OVER

FIG. 6 SAR Questionnaire A & B (continued)

FIG. 9 Incident Objectives

FIG. 10 Organization Assignment List



TASK ASSIGNMENT	Team Name	Callsign	
		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"/> Hasty Team	2			<input type="checkbox"/> Weather
<input type="checkbox"/> Foot Team	3			<input type="checkbox"/> Clues
<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"/> Orig. 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	Briefed By	Reviewed By	
Resource Assignment & Map			

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

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

Current Status of These Clues

Describe Difficulties or Gaps in Coverage

Describe Any Hazards in Search Area

Suggestions, Ideas, Recommendations

FIG. 11 Task Assignment (continued)



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RADIO COMMUNICATIONS PLAN				Date Prepared	Time Prepared	Mission Number	Operational Period
Radio Channel Utilization							
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	
Incident Medical Stations						
Medical Aid Stations	Location	Paramedics Yes No				
Transportation Ambulance Services						
Name	Address	Phone	Paramedics Yes No			
Incident Ambulances						
Name	Location	Paramedics Yes No				
Hospitals						
Name	Address	Travel Time Air Gnd		Phone	Helipad Yes No	Burn Center Yes No
Medical Emergency Procedures						
ICS 206 NMSAR Rev. 5-25-92	Prepared By (Medical Unit Leader)		Reviewed By (Safety Officer)			

FIG. 13 Medical Plan

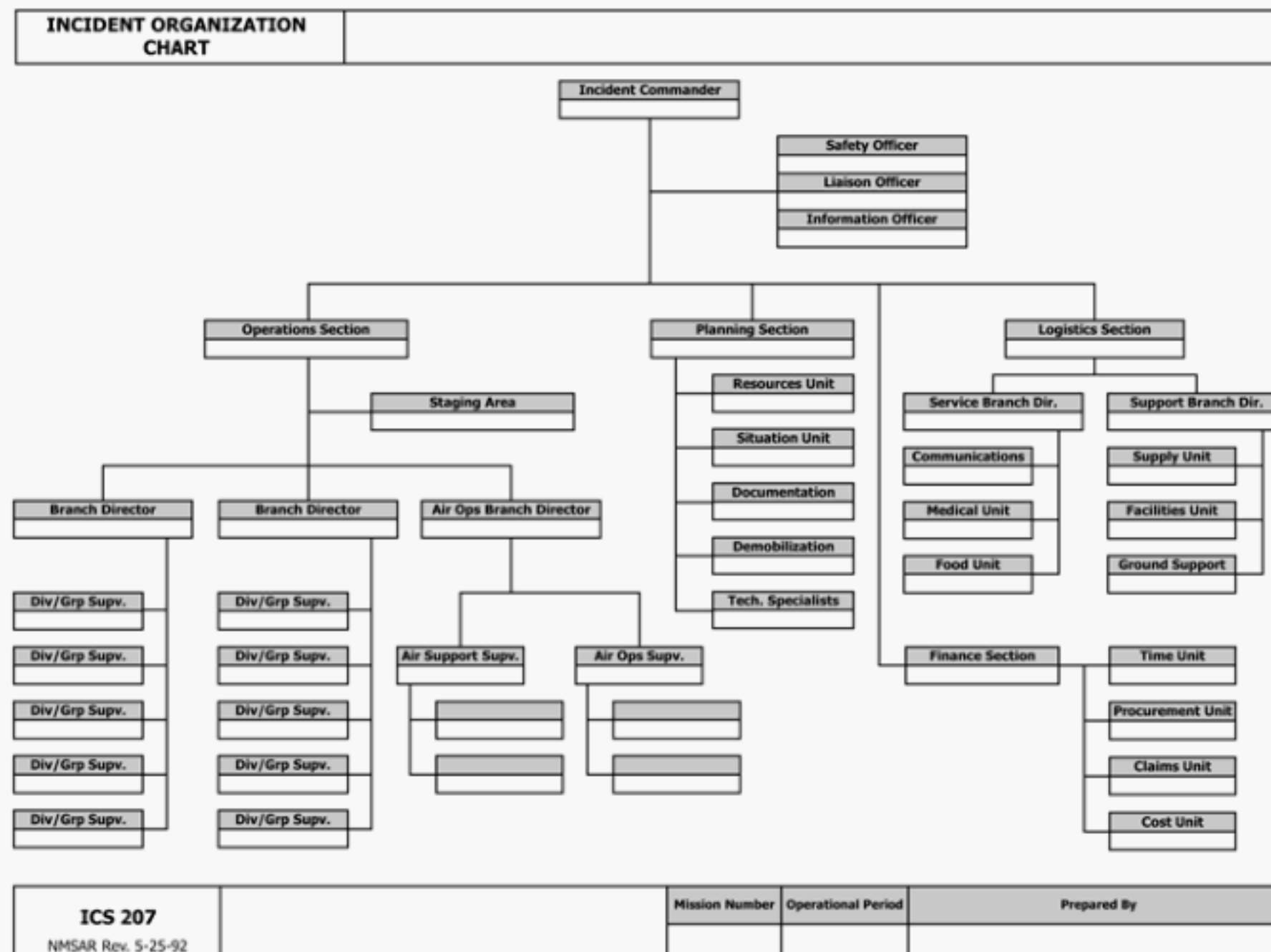


FIG. 14 Incident Organization Chart

[illegible]

FIG. 15 Incident Status Summary

Resources Alerted for Use at a Later Time

[illegible]**Resources Used This Operational Period**[illegible]**Totals for Other Types of Resources Used**[illegible]

ICS 209
Rev. 7-12-92

Page 2

FIG. 15 Incident Status Summary *(continued)*

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

ICS 211A

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 211~~) 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*)

[illegible]

FIG. 17 Unit Log

[illegible]

FIG. 17 Unit Log (continued)



OPERATIONAL PLANNING WORK SHEET				Mission Number		Operational Period		
Division Group or Other Location	Work Assignments	Resources by Type				Other	Reporting Location	Req. Arr. Time
		Req						
		Have						
		Need						
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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. _____ AFRCC 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: _____

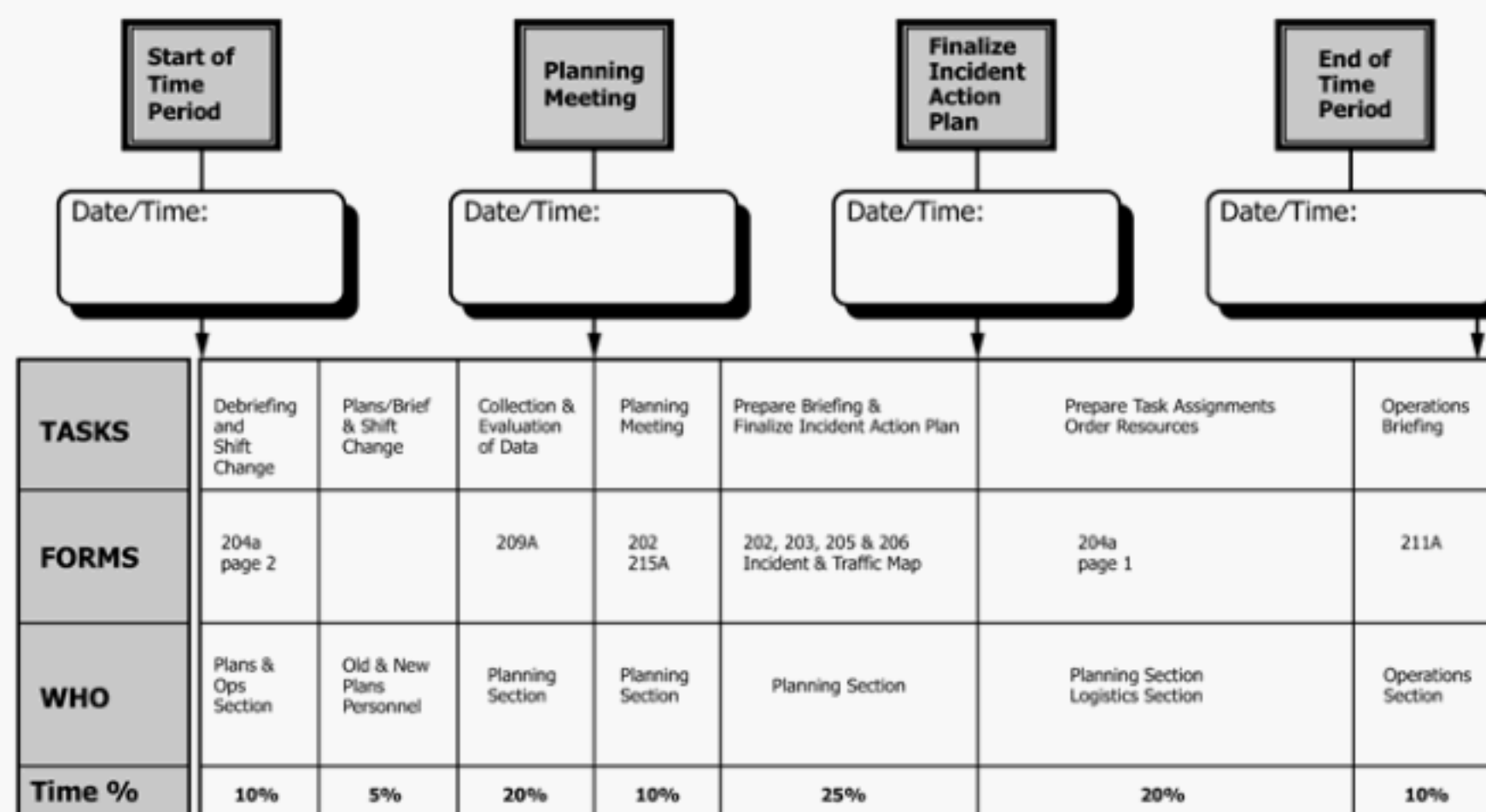
REQUESTED ETA AT INCIDENT SITE/LZ: _____

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.

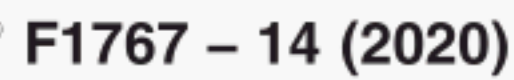
X2. ICS FORMS MODIFIED FOR SAR

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
MALIBU MOUNTAIN RESCUE TEAM

INCIDENT BRIEFING

THIS ROW FOR L A S D USE ONLY	REPORT CONTINUATION	URN	page <u> </u> of <u> </u>
Incident Name	Date/Time Prepared	Operational Period	
<p style="text-align: center;">MAP SKETCH</p>			
ICS 201	PAGE 1 OF 4	PREPARED BY (NAME & POSITION)	

FIG. X2.1 Incident Briefing

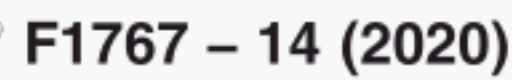


INCIDENT BRIEFING

FIG. X2.1 Incident Briefing (continued)

INCIDENT BRIEFING

FIG. X2.1 Incident Briefing (continued)



INCIDENT BRIEFING

[illegible]

FIG. X2.1 Incident Briefing (continued)

GENERAL BRIEFING		1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. INCIDENT NUMBER
4. INCIDENT SUMMARY				
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>				
5. COMMUNICATIONS PLAN				
FUNCTION		FREQUENCY	CHANNEL DESCRIPTION	CHANNEL
COMMAND (TEAM -- BASE)				
TACTICAL (TEAM -- TEAM)				
6. ACTION PLAN SUMMARY				
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>				
SAR 100 BASARC 1/96		7. PREPARED BY		8. DATE PREPARED
				9. TIME PREPARED

FIG. X2.2 General Briefing



GENERAL BRIEFING MISSING PERSON		1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. INCIDENT NUMBER
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				
SAR 100A BASARC 1/96		16. PREPARED BY		17. DATE PREPARED
				18. TIME PREPARED

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 form 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 alzhiemiers. 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 separate 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 separate 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 face.

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)*



F1767 – 14 (2020)



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

DAILY BRIEFING	INCIDENT	OPERATIONAL PERIOD		REPORTING UNIT ESF-9	FORM US&R-003	2/95
		DATE	TIMES			
<ul style="list-style-type: none">■ MANAGEMENT COORDINATION<ul style="list-style-type: none">• General Incident Objectives _____• Strategic Planning _____■ OPERATIONS/PLANNING<ul style="list-style-type: none">• Accomplishments/Current Assessment _____• Personnel Status _____• Tactical Assignments _____• Safety/Health/Medical _____• Weather _____• Debriefing _____■ LOGISTICS<ul style="list-style-type: none">• Comm Assignments/Freq. _____• Ordering Supplies/Support Facilities _____• Transportation _____■ MEDIA<ul style="list-style-type: none">• Coverage/Field Involvement _____■ LIAISON<ul style="list-style-type: none">• Assisting/Cooperating Agencies _____■ ADMIN/FINANCE<ul style="list-style-type: none">• Accountability/Cost Issues _____■ DEMOBILIZATION■ ADDITIONAL COMMENTS						
IST LEADER		DATE		TIME		DISTRIBUTION:

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 2/95
DISASTER #:	OPS PERIOD:	DATE/TIME PREPARED:		UNIT LEADER:
ACTION			RESPONSIBILITY	
■ 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		Incident Objectives Incident Form 2 of 5		
Incident Name:		Operational Period (Date/Time):		Date/Time Prepared:
Objectives	General Objectives for Incident:			
Weather	Weather Forecast for Operational Period:			
Safety	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																		
INCIDENT COMMANDER AND STAFF Incident Commander Deputy Safety Officer Information Officer Liaison Officer		Incident Name Date Prepared Time Prepared																
AGENCY REPRESENTATIVES <table border="1"> <tr> <th>AGENCY</th> <th>NAME</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		AGENCY	NAME															Operational Period (date/time)
AGENCY	NAME																	
PLANNING SECTION Chief Deputy Restat Unit Sitstat Unit Documentation Unit Demobilization Unit Investigation TECHNICAL SPECIALISTS		OPERATIONS SECTION 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 #																
LOGISTICS SECTION Chief Deputy Support Branch Director Supply Unit Facilities Unit Ground Support Unit Service Branch Director Communications Unit Medical/Evac Unit Food Unit		Air Operations Branch Air Ops Director Staging Area Manager																
Prepared by: (Resources Unit)		FINANCE/ADMINISTRATION SECTION Chief Deputy Time Unit Procurement Unit Compensation/Claims Unit Cost Unit																
NYSAR 203 4/96																		

FIG. X2.7 Organizational Assignment List


		Task Assignment Form			
Task No.:	Team ID:	Team Type:	Date / Time Out:	Task Assigned Base <input type="checkbox"/> Radio <input type="checkbox"/>	Dispatcher:
Task Map:			(Division):		
Assignment	Task Instructions:				
				
				
				
				
				
				
				
				
				
Transportation Instructions:			Special Equipment:		
.....					
.....					
.....					
.....					
.....					
.....					
.....					
Field Team Leader:			FTM:		
Asst. FTL:			FTM:		
Field Team Member:			FTM:		
FTM:			Medic:		
FTM:			Radio Op:		
FTM:			Rescue Spec:		
Team Callsign:		Channel/ Freq:	Base Callsign:		Channel/ Freq:
Phone Numbers:					
Instructions:					
.....					
.....					
3/2/92		Debrief Information on Back		Page 1 of 2	

FIG. X2.8 Task Assignment

Task Assignment Form			
Date/ Time In:	Debriefing Officer:	(Vehicle Miles):	
Debriefing	Debriefing:		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
	3/2/92		Page 2 of 2

FIG. X2.8 Task Assignment (continued)



Search & Rescue SHERIFF'S DEPARTMENT SANTA BARBARA COUNTY		Field Team Assignments		DR Number	Page Number
				Operation Number	Date
Assign. #	Field Team #	Call sign	Assignment		
Members		Time			
Leader		Time Out			
2		Mileage Out			
3		Take-Off Time	Debriefing		
4					
5		Time In			
6		Mileage In			
7		Time On Ground			
8		Total Miles/Air Time			

Assign. #	Field Team #	Call sign	Assignment		
Members		Time			
Leader		Time Out			
2		Mileage Out			
3		Take-Off Time	Debriefing		
4					
5		Time In			
6		Mileage In			
7		Time On Ground			
8		Total Miles/Air Time			

Assign. #	Field Team #	Call sign	Assignment		
Members		Time			
Leader		Time Out			
2		Mileage Out			
3		Take-Off Time	Debriefing		
4					
5		Time In			
6		Mileage In			
7		Time On Ground			
8		Total Miles/Air Time			

Form SR-LP-044-0801

FIG. X2.9 Field Team Assignments

Search & Rescue SHERIFF'S DEPARTMENT SANTA BARBARA COUNTY		Field Team Assignments		DR Number	Page Number
				Operation Number	Date
Assign. #	Field Team #	Call sign	<div style="display: flex; justify-content: space-between;"> Segment POB </div>		
Members		Time	Type	<div style="display: flex; justify-content: space-between;"> Transportation Agency </div>	
Leader		Time 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	<div style="display: flex; justify-content: space-between;"> Medical Capability Briefing By </div>	
2		Mileage Out			
3		Take-Off Time			
4					
5		Time In			
6		Mileage In			
7		Time On Ground			
8		Total Miles/Air Time			
Assignment					
Debriefing					
Notes					

Form SR-LP-048-0590

FIG. X2.9 Field Team Assignments (continued)



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LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
MALIBU MOUNTAIN RESCUE TEAM

Call Sign: _____ **CREW ASSIGNMENT**

THIS ROW FOR L.A.S.D. 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)			CREW RADIO ID
INCIDENT COMMANDER	OPERATIONS		ICP PHONE
PLANS	STAGING AREA MANAGER		ICP TO FIELD FREQUENCY
LOGISTICS	DIVISION SUPERVISOR		FIELD TO FIELD FREQUENCY
INFORMATION OFFICER	STRIKE TEAM LEADER		REPEATER NAME / CHANNEL
CREW ASSIGNMENT		SPECIAL INSTRUCTIONS / EQUIPMENT / DROP POINT	
		TRANSPORTATION	
SUBJECT INFORMATION			
NAME		NICKNAME	
SEX	RACE	AGE	HEIGHT
			WEIGHT
			HAIR
			EYES
CLOTHING WORN		ITEMS CARRIED	
TYPE OF EMPLOYMENT		FOOTWEAR	
PERSONAL HABITS			
EXPECTED WEATHER			
SPECIAL INFORMATION			
CREW BRIEFING CHECKLIST			
<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"/> Attitude	

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)



TEAM ASSIGNMENT		1. INCIDENT NAME		2. OPERATIONAL PERIOD		3. ASGN. NUMBER							
4. RESOURCE TYPE													
5. PERSONNEL ASSIGNED *L -- TEAM LEADER M -- MEDICAL													
*	NAME	AGENCY	*	NAME	AGENCY								
1			6										
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.									
				<table border="1"> <tr> <td>H</td> <td>M</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		H	M					RESPONSIVE SUBJECT UNRESPONSIVE SUBJECT CLUES	
H	M												
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 <input type="checkbox"/> PLANS <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TEAM		NOTES									

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 ie. "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 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)*



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Pennsylvania Search and Rescue Council		Incident Communications Plan 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		Incident Medical/Evacuation Plan 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	Medical Resources and Response Plan for Field Medical Emergency:						
EMS Transport	Name: ALS? BLS? Ground? Air? Response Time: Contact Means:						
Hospitals	Name: Location: Capabilities: Travel Time (Ground/Air): E.D. Phone #:						
	() -						
	() -						
	() -						
(List should include Level I 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

FIG. X2.15 Daily Local Volunteer Personnel Register

FIG. X2.16 Daily SAR Unit/Government Personnel Register



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LOS ANGELES COUNTY SHERIFF'S DEPARTMENT MALIBU MOUNTAIN RESCUE TEAM

Agency Name: _____ Personnel Check In/Out

THIS ROW FOR L.A.S.D. USE ONLY		REPORT CONTINUATION		URN		page _____ of _____	
Incident Name		Date/Time Prepared		Operational Period			
Name (Last, First)	Agency	Call Sign	Check-in Date	Check-in Time	Check-out Date	Check-out Time	Total Hours for Oper. Per.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
Totals for this Page:							
ICS 211-P Notes:							

page ____ of ____

FIG. X2.17 Personnel Check In/Out

42-14-20 (3/95)—10g



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION FOREST RANGERS

REGISTRATION OF SEARCH AND RESCUE PARTICIPANTS

AGENCY / GROUP AFFILIATION:				DATE:	
NAME OF INCIDENT: _____		REGION: _____		REGISTERED BY: _____	
NAME (Print)		ADDRESS		SPECIAL QUALIFICATIONS	
LAST, FIRST, MI		STREET		IN	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	CITY / STATE / ZIP		OUT	
LAST, FIRST, MI		STREET		IN	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	CITY / STATE / ZIP		OUT	
LAST, FIRST, MI		STREET		IN	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	CITY / STATE / ZIP		OUT	
LAST, FIRST, MI		STREET		IN	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	CITY / STATE / ZIP		OUT	
LAST, FIRST, MI		STREET		IN	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	CITY / STATE / ZIP		OUT	
LAST, FIRST, MI		STREET		IN	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	CITY / STATE / ZIP		OUT	
LAST, FIRST, MI		STREET		IN	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	CITY / STATE / ZIP		OUT	
LAST, FIRST, MI		STREET		IN	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	CITY / STATE / ZIP		OUT	

FIG. X2.18 Registration of Search and Rescue Participants

[illegible]

FIG. X2.20 Daily SAR Resources Worksheet

Daily SAR Resources Worksheet					
Incoming Resources	Type of Resource	Number:	Coming from:	ETA at Base:	Remarks:
			on-scene resources on front		Page 2 of 2

FIG. X2.20 Daily SAR Resources Worksheet (continued)



FIG. X2.21 Daily Vehicle Register

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
MALIBU MOUNTAIN RESCUE TEAM
DEBRIEFING FORM

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	
			H M L	
			____% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RESPONSIVE SUBJECT	
			____% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNRESPONSIVE SUBJECT	
			____% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CLUES	
			90% 50% 10%	
15. DEBRIEFER		16. DATE & TIME		
SAR 110 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		
		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 <input type="checkbox"/>		

FIG. X2.23 Team Debriefing with Supplement and Instructions

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

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.

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 form 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

3. Assignment Number

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

4. Resource Type

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

45



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 of 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. Debriefing

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 still reviewed by the plans staff, only it's done last.

Notes

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



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

THIS ROW FOR L.A.S.D. 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												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
MMRT 303			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, ie. 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.

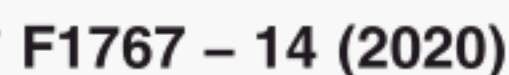
CLIMBING ABILITY:

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)

FIG. X2.25 Resource Order Form

SURVIVAL TIME FRAME WORKSHEET

Fill in the following information:

FIG. X2.26 Survival Time-Frame Worksheet


FEMA US&R RESPONSE SYSTEM
INCIDENT SUPPORT TEAM

PLANNING PROCESS CHECKLIST		INCIDENT	REPORTING UNIT ESF-9	FORM US&R—XXX 2/95
DISASTER #:	OPS PERIOD:	DATE/TIME PREPARED:		UNIT LEADER:
PLANNING STEP			RESPONSIBILITY	
■ 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:			IST Logistics Section Chief	
• communications				
• medical				
• traffic				
• other logistical issues				
■ Finalize Incident Action Plan			IST Planning Section Chief	
Approve Incident Action Plan			IST Team Leader	
PREPARED BY:	APPROVED BY:		DATE:	

FIG. X2.27 Planning Process Checklist




FEMA US&R RESPONSE SYSTEM
INCIDENT SUPPORT TEAM

PLANNING CYCLE	INCIDENT	REPORTING UNIT ESF-9	FORM US&R—XXX 2/95
DISASTER #:	OPS PERIOD:	DATE/TIME PREPARED:	UNIT LEADER:
TIME	EVENT		
	▪ 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



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 Los Padres Search & Rescue		Missing Aircraft WORKSHEET		Case No.	
				SAR No.	
				OES No.	AFRCC No.

AIRCRAFT DESCRIPTION					
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			

LAST CONTACT			
Location			
Reporting Party: Last, First, MI		Relation	Phone
		Time	

PLANNED ROUTE			
Departure Point		Time	Date
Destination		ETA	IFR/VFR
Route		Date	Alternate Airport
Source of Information		Flight Plan Filed With	

KNOWN ROUTE			
Route			
Weather Enroute			
Source of Information			

OTHER INFORMATION		INFORMATION SOURCES	
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-17-0990

FIG. X2.29 Missing Aircraft Worksheet

Los Padres Search & Rescue		ELT WORKSHEET		Case No.	
				SAR No.	

First Report					
Reporting Party				Phone	Time
Report					
Source of Report					
Location of Reporting Party				Agency of Reporting Party	

AFRCC Data					
Contact		Mission No.		1-800-851-3051	
Satellite Report: Latitude/Longitude		Time of Report		Time of Next Update	
Aircraft Report		Time	Type of A/C	Altitude of A/C	

Civil Air Patrol Data					
CAP Contact		Phone	Unit	Time	
Report					
Source of Report					
Mission Coordinator		Base Location		Phone	
Ground Teams: Call Sign & Location					
Aircraft: Call Sign & Location					

Sheriff's Department Data					
Contact		Phone	Location	Time	
Report					
Source of Report				Time of Report	

FAA Data					
Contact		Phone	Location/Office	Time	
Report					
Signal Received	Location of Receiver	Time Received	Direction	SBA FSS 967-2305	
Pilot Report	Type of A/C	Altitude	Time Received	Location	SBA Tower 967-9717

Automatic Alert					
Hissa		Airport/CRIC			
Walnut Road		Cathedral Oaks	Direction		
Comments					

ELT Report Data					
Owner's Name: Last, First MI					
Location		Aircraft/Vessel Type		Registration No.	
ELT Manufacturer		ELT Model No.	ELT Serial No.		
Suspected Cause					
Time Off	Date Off	Distance From Satellite Plot			

Form LP-14-0990 © Los Padres SAR 1990

FIG. X2.30 ELT Worksheet



FEMA US&R RESPONSE SYSTEM
INCIDENT SUPPORT TEAM

SITUATION REPORT	INCIDENT	OPERATIONAL PERIOD		REPORTING UNIT	FORM US&R—004
		DATE	TIMES		
The following reports on Urban Search & Rescue activities for the period shown:					
▪ CURRENT SITUATION					
<hr/> <hr/> <hr/> <hr/>					
▪ CRITICAL ISSUES					
<hr/> <hr/> <hr/> <hr/>					
▪ CASUALTY REPORT (civilian/Federal)					
<hr/> <hr/> <hr/> <hr/>					
ACCOMPLISHMENTS					
<hr/> <hr/> <hr/> <hr/>					
▪ RESOURCES ASSIGNED					
<hr/> <hr/> <hr/> <hr/>					
▪ PLANNED ACTIVITIES (next 24 - 72 hours)					
<hr/> <hr/> <hr/> <hr/>					
▪ ADDITIONAL INFORMATION					
<hr/> <hr/> <hr/> <hr/>					
IST LEADER		DATE	TIME	DISTRIBUTION: DFO: Information & Planning Section IST: *Command & General Staff	

FIG. X2.31 Situation Report

Daily Task Log

Daily Form 6 of 10

FIG. X2.32 Daily Task Log

NEW YORK STATE
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
CREW CARD

FRONT SIDE

FIG. X2.33 Crew Card with Instructions

BACK SIDE

FIG. X2.33 Crew Card with Instructions (continued)

Multi-copy form used to track resources/document crew activities

Information found on Crew Card

Using the Unit Log

Major events to note:

- time crew begins assignment
- time and place any clue found
- disposition of clues and/or instructions given by the ICP
- documentation of injuries
- time any crew member leaves the crew

FIG. X2.33 Crew Card with Instructions (continued)



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Los Padres Search & Rescue Team ELT-DF 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	

Owner's Name: Last, First MI		Registration No.	Aircraft/Vessel Type
Location		Suspected Cause	
ELT Manufacturer	ELT Model No.	ELT Serial No.	
Time Off	Date Off	© Los Padres SAR 1990 Form LP-14-0999	

FIG. X2.34 ELT-DF Field Team Log

ELT-DF FIELD TEAM LOG 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	

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

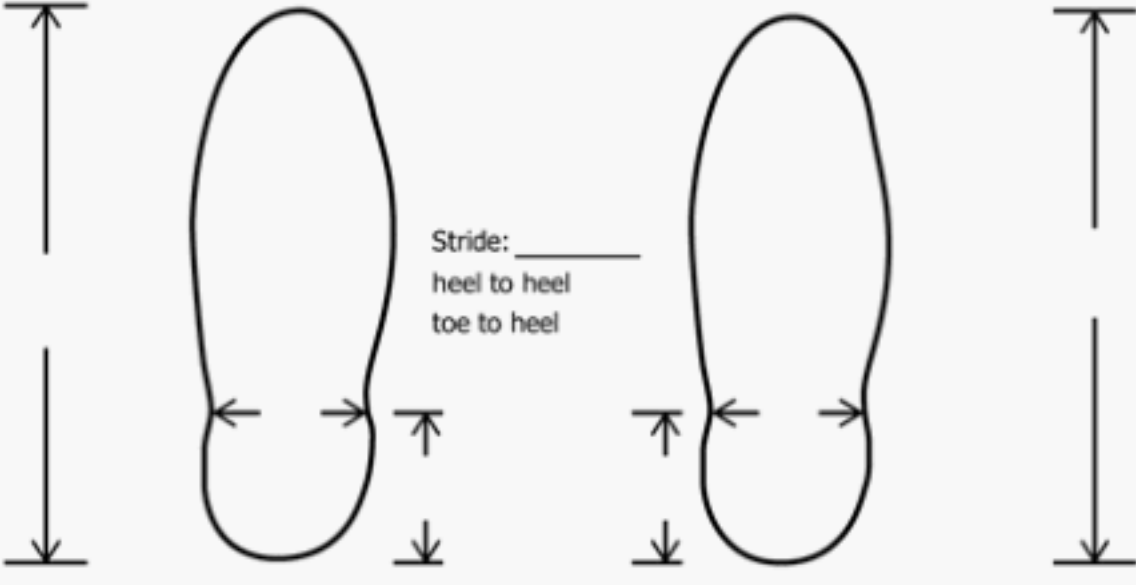


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TRACKING - WORKSHEET

Location: _____

Remarks: _____

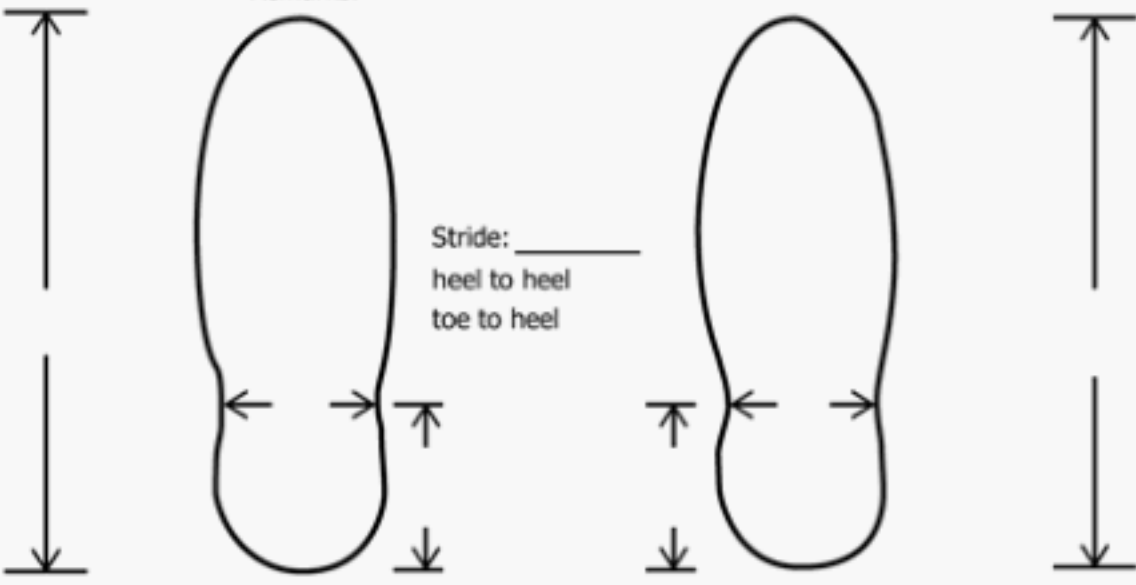


Stride: _____
heel to heel
toe to heel

Assigned ident. _____

Location: _____

Remarks: _____




Stride: _____
heel to heel
toe to heel


Assigned ident. _____

FIG. X2.35 Tracking Worksheet


Los Padres Search & Rescue Team TRACK ID FORM		Team No.: _____ Team Leader: _____	Call sign: _____ Date: _____
---	--	---------------------------------------	---------------------------------




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




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





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



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

Solid bars


Broken bars


Wavy/ripple




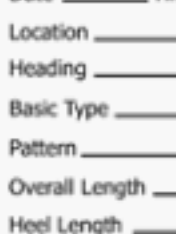



Herringbone



FIG. X2.36 Track ID Form

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

Diamond/checkered



Tire tread



Honeycomb


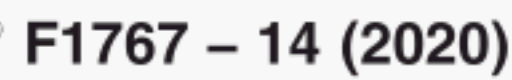


FIG. X2.36 Track ID Form (continued)

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
MALIBU MOUNTAIN RESCUE TEAM

[illegible]

FIG. X2.37 Equipment Roster

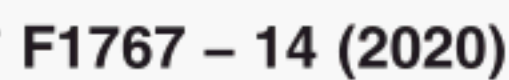


Equipment Check In/Out

page _____ of _____

FIG. X2.38 Equipment Check

FIG. X2.39 Daily Communications Log



MISSION: _____
M.L. _____ CQ: _____
DATE: _____ PAGE _____ OF _____

[illegible]

FIG. X2.40 Communications Log

Search & Rescue SHERIFF'S DEPARTMENT SANTA BARBARA COUNTY		MEDICAL REPORT		DR Number SAR Number	Date Location
---	--	-----------------------	--	-------------------------	------------------



Name (Last, First, Middle)	Age	D.O.B.	Dispatch Time
Address	Sex	Weight	Arrived At Scene
City, State Zip	Phone		Release Time

Complaint/Injuries/Cause

Past History	Allergies
Medications	Private MD

Treatment

Mental Status <input type="checkbox"/> Alert <input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Hysterical <input type="checkbox"/> Combative <input type="checkbox"/> Confused <input type="checkbox"/> Oriented <input type="checkbox"/> Name <input type="checkbox"/> Place <input type="checkbox"/> Incident <input type="checkbox"/> Time	Pupils <input type="checkbox"/> PERL <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unequal <input type="checkbox"/> Sluggish <input type="checkbox"/> Eyes Fixed Pulse <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> None	Speech <input type="checkbox"/> Normal <input type="checkbox"/> Silent <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Slurred Breathing <input type="checkbox"/> Normal <input type="checkbox"/> Shallow <input type="checkbox"/> Absent <input type="checkbox"/> Wheezes <input type="checkbox"/> Rales <input type="checkbox"/> Rhonchi	Skin <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> Dry <input type="checkbox"/> Moist Skin Color <input type="checkbox"/> Normal <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Jaundiced
--	--	--	---

FRONT
BACK

Time							
Pulse							
B.P.							
R.R.							
L.O.C.							

☐ Possible Contagious Disease
 ☐ CPR by ☐ Citizen
 ☐ EMS
 ☐ Other

REFUSAL OF SERVICE

I HEREBY RELEASE THE LOS PADRES SEARCH & RESCUE TEAM AND SANTA BARBARA SHERIFF'S DEPARTMENT
 OF ANY LIABILITY WHICH MAY BE INCURRED DUE TO ANY REFUSAL OF THEIR SERVICES. I HAVE BEEN ADVISED
 TO SEE A PHYSICIAN OF MY CHOICE.

VICTIM _____ DATE _____ WITNESS _____

TRANSPORTED BY
 ☐ Ambulance
 ☐ Helicopter
 ☐ Private Vehicle
 ☐ Patient Refused Transport
 ☐ Cancelled Enroute

FIG. X2.41 Medical Report



F1767 – 14 (2020)

Report of Injury	Search & Rescue SHERIFF'S DEPARTMENT SANTA BARBARA COUNTY	DR Number
		Operation Number

<input type="checkbox"/> Operation <input type="checkbox"/> Training <input type="checkbox"/> Other _____	Date Occured
---	--------------

Name	Team
------	------

Assignment at Time of Injury

Description of the Incident and the Injury

Treatment at Time of Injury

Witnesses

INSTRUCTIONS

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 ESF-9	FORM US&R-014 2/95
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:			
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 ESF-9	FORM US&R-013 3/96
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:				
Phone number:		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



FIG. X2.45 Operating Facilities

FIG. X2.46 Monthly Time Report



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

TIME RECORD	INCIDENT	MISSION NUMBER	REPORTING UNIT ESF-9	FORM ^{2/95} US&R-007
<ul style="list-style-type: none">■ Employee Name _____■ Address _____■ Social Security # _____■ Position(s) Filled _____ 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



DATE		PAGE		OF	
CLASSIFICATION			URN (FILE NO.)		
CLASSIFICATION					
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					
<u>PERSONNEL TOTALS</u>					
TOTAL PERSONNEL COST					
(SEE REVERSE FOR ITEMIZED LIST)					
<u>EQUIPMENT TOTALS</u>					
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 SAGE NO.		
			DEPUTY SAGE NO.		
			STATION UNIT/CAR NO SHIFT		
			APPROVED SAGE NO. TIME		
			ASSIGNMENT		

FIG. X2.48 Search and Rescue Expenditure Report

[illegible]

FIG. X2.48 Search and Rescue Expenditure Report (continued)



SAR COST REPORT NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION FOREST PROTECTION AND FIRE MANAGEMENT						
Supervisor	Date	Regional Ranger	Date	Superintendent	Date	
Region	Incident Number	Incident Name			Date	
			NUMBER	HOURS	COST/HOUR	TOTAL COST
P E R S O N N E L	01	Incident Commander			\$	\$
	02	Volunteer Firemen			\$	\$
	03	Certified Members-SAR Team			\$	\$
	04	Uncertified Members-SAR Team			\$	\$
	05	DEC Certified Volunteers			\$	\$
	06	N.Y.S. Police Officers			\$	\$
	07	DEC Employees			\$	\$
		.1 Forest Rangers (not I.C.)			\$	\$
		.2 Other Lands and Forests			\$	\$
		.3 Operations			\$	\$
		.4 Encon Police Officers			\$	\$
		.5 Fish and Game			\$	\$
		.6 DEC Dispatchers			\$	\$
		.9 Other			\$	\$
	08	Other Government Employees			\$	\$
		.1 Village/City/Town			\$	\$
		.2 County			\$	\$
		.3 State			\$	\$
		.4 Federal			\$	\$
09	Civil Air Patrol			\$	\$	
10	Military			\$	\$	
11	Volunteer Medical			\$	\$	
19	Other			\$	\$	
A N I M A L	21	Search Dogs			\$	\$
	22	Riding Horses			\$	\$
	23	Draft Animals			\$	\$
	29	Other			\$	\$
V E H I C L E S	31	.1 Two-wheel Drive Pick-ups			\$	\$
		.2 Four-wheel Drive Pick-ups			\$	\$
	32	Automobiles			\$	\$
	33	ATV/Trail Bikes			\$	\$
	34	Snowmobiles			\$	\$
	35	.1 Motor driven boats			\$	\$
		.2 Non-motor driven boats			\$	\$
36	Lrg Van/Small Bus (≤16 pass.)			\$	\$	
37	Large Bus (>16 pass.)			\$	\$	
39	Other			\$	\$	
A I R C R A F T	41	.1 DEC Helicopters			\$	\$
		.2 Contract			\$	\$
		.3 N.Y.S. Police			\$	\$
		.4 Military			\$	\$
		.5 Civil Air Patrol			\$	\$
		.6 Private			\$	\$
	42	.1 DEC Fixed-wing Aircraft			\$	\$
		.2 Contract			\$	\$
		.3 N.Y.S. Police			\$	\$
		.4 Military			\$	\$
		.5 Civil Air Patrol			\$	\$
		.6 Private			\$	\$
O T H E R	51	Food Costs (attach copy of bills)			\$	\$
	52	Equipment Costs (attach copy of bills)			\$	\$
	53	Phone Service (attach copy of bills)			\$	\$

ITS DEC IPSIM 02/90

FIG. X2.49 Cost Sheet

X3. ADDITIONAL FORMS FOR SAR INVESTIGATION



F1767 – 14 (2020)

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 – CHILDRENs REACTIONS and ATTRACTIONS

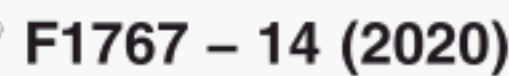
M – GROUPs OVERDUE – personality interactions, etc.

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

O – MEDIA / FAMILY RELATIONS

P – OTHER INFORMATION

FIG. X3.1 Lost Person Questionnaire *(continued)*



DATE AND TIME OF CALL _____ FILE NO. _____

VICTIM _____ NICKNAME(S) _____

ADDRESS _____ (MAKE OUT SEPARATE SHEET FOR EACH VICTIM) CITY _____ PHONE _____

SEX _____ RACE _____ AGE _____ HEIGHT _____ WEIGHT _____ BUILD _____ HAIR _____ EYES _____

MARKS/SCARS _____ PHOTO AVAILABLE () SHOES _____ TYPE _____ COLOR _____ SIZE _____ DIMENSION _____ SOLE _____ AGE _____

CLOTHING WORN _____ MONEY CARRIED \$ _____

PERSONALITY _____ ATTITUDE WHEN _____ PHYSICAL COND. _____ SMOKER: YES () NO () FAMILIARITY WITH AREA _____ ABILITY IN MTS. _____

CALM () LAST SEEN _____ VERY GOOD () NONE ()

NERVOUS () WORRIED () GOOD () TYPE FILTER () NONE ()

CAUTIOUS () ANGRY () SICK* () CORK () SLIGHT ()

CARELESS () FRIGHTENED () TIRED () PLAIN () GOOD ()

HAPPY () WEAK () BRAND _____ EXPERT ()

*MEDICINE _____

ITEMS CARRIED: _____

FOOD & CANDY _____

EQUIPMENT _____

NUMBER _____ NO. _____ PERSONS _____

IN PARTY _____ LOST _____ W/VICTIM _____

LAST SEEN (PLACE/DATE) _____ TIME _____ AM _____ PM _____

SITUATION _____ AREA _____ DESTINATION _____

LOST () TRAIL ()

FALL () STREAM ()

STRANDED () RIDGE ()

INJURED () CANYON ()

SICK ()

DEAD ()

ROUTE OF TRAVEL _____

FROM _____ TIME _____ AM _____ PM _____

TO _____ ARR. _____ AM _____ PM _____

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 _____

765346
SH-R-220 2-82

FIG. X3.2 Search and Rescue Circumstance

[illegible]

FIG. X3.3 Incident Missing Person Questionnaire



Incident Missing Person Questionnaire	
Clothing	Hat? Color/Style? _____
	Shirt Color/Style: _____
	Sweater? Jacket? Style/Color? _____
	Pants/Skirt: _____
	Raingear? 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: _____

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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? _____
Contacts	Stay on trails or go cross-country? _____
	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: _____ () - _____	

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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? _____

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

Incident Missing Person Questionnaire		
For Children	Fears: _____	
	Dogs? Horses? Farm animals? _____	
	Wild animals? Darkness? Being alone? _____	
	Training for what to do if lost? _____	
	Actions when hurt: Cry? _____	
	Quiet and withdrawn? _____	
	Temper tantrums? _____	
	Talk to strangers? _____	
	Accept rides? _____	
	Active or passive? _____	
	For Groups	Personality clashes? _____
		Any leader-types other _____
than designated leader? _____		
How strong were group _____		
goals (making summit, _____		
getting to next shelter, _____		
etc.)? _____		
What actions would members _____		
take if separated? _____		
Names, contact info., _____		
and experience of _____		
other members _____		
(Indicate if need for _____		
separate MPQ for _____		
any other members) _____		

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

[illegible]

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

Los Padres Search & Rescue Team										Subject Number																																					
LOST PERSON WORKSHEET																																															
INITIAL INFORMATION																																															
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.																																							
SUBJECT INFORMATION																																															
Name (Last, First, Middle)				Nickname/Alias				Phone																																							
Residence				City				State/Zip																																							
Time Last Seen				Location																																											
Last Seen By				Direction of Travel																																											
Destination																																															
Return Commitment																																															
RECORD TYPE																																															
<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																																															
TIME DONE																																															
BOL/SO																																															
BOL/PD & CHP																																															
Hospitals																																															
Jail																																															
PHYSICAL DESCRIPTION																																															
GENDER		RACE		HGT		WGT		EYE COLOR		HAIR COLOR		D.O.B./ AGE																																			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<input type="checkbox"/> W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> J <input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> X						<input type="checkbox"/> BLK <input type="checkbox"/> HAZ <input type="checkbox"/> BLU <input type="checkbox"/> MAR <input type="checkbox"/> BRO <input type="checkbox"/> PNK <input type="checkbox"/> GRY <input type="checkbox"/> MUL <input type="checkbox"/> GRN <input type="checkbox"/> XXX		<input type="checkbox"/> BLK <input type="checkbox"/> RED <input type="checkbox"/> BLN <input type="checkbox"/> SDY <input type="checkbox"/> BRO <input type="checkbox"/> WHT <input type="checkbox"/> GRY <input type="checkbox"/> XXX																																					
								Style																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Hat</td> <td>Type</td> <td>Color</td> </tr> <tr> <td>Coat</td> <td></td> <td></td> </tr> <tr> <td>Shirt</td> <td></td> <td></td> </tr> <tr> <td>Pants</td> <td></td> <td></td> </tr> <tr> <td>Jewelry</td> <td></td> <td></td> </tr> <tr> <td>Shoes</td> <td></td> <td></td> </tr> <tr> <td>Size</td> <td>Sole</td> <td></td> </tr> </table>				Hat	Type	Color	Coat			Shirt			Pants			Jewelry			Shoes			Size	Sole		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Medical Problem/Illness</td> </tr> <tr> <td>Physical Condition</td> </tr> <tr> <td>Vision</td> </tr> <tr> <td>Glasses/Contacts?</td> </tr> <tr> <td>Vision Without Eyewear</td> </tr> <tr> <td>Hearing</td> </tr> <tr> <td>Hearing Aid?</td> </tr> <tr> <td>Emotional State</td> </tr> <tr> <td>Personality</td> </tr> </table>				Medical Problem/Illness	Physical Condition	Vision	Glasses/Contacts?	Vision Without Eyewear	Hearing	Hearing Aid?	Emotional State	Personality	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Alcoholol</td> </tr> <tr> <td>Drugs</td> </tr> <tr> <td>Medications</td> </tr> <tr> <td>Next Dose?</td> </tr> <tr> <td>How Long Without?</td> </tr> <tr> <td>Effects of Missing Dose</td> </tr> </table>				Alcoholol	Drugs	Medications	Next Dose?	How Long Without?	Effects of Missing Dose
Hat	Type	Color																																													
Coat																																															
Shirt																																															
Pants																																															
Jewelry																																															
Shoes																																															
Size	Sole																																														
Medical Problem/Illness																																															
Physical Condition																																															
Vision																																															
Glasses/Contacts?																																															
Vision Without Eyewear																																															
Hearing																																															
Hearing Aid?																																															
Emotional State																																															
Personality																																															
Alcoholol																																															
Drugs																																															
Medications																																															
Next Dose?																																															
How Long Without?																																															
Effects of Missing Dose																																															
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																																			
SOURCE OF INFORMATION																																															
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



F1767 – 14 (2020)

WILDERNESS TRIPS			
Type of Activity	Purpose of Trip	Number Lost	Number In Party
Location of Point Last Seen or Last Known Point		Time	Date
Starting Point/Trailhead		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

CONTACT AT END OF TRIP			
Name	Relation	Phone	Back Up Plan
Address			Contacts Current Location

EQUIPMENT		
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	

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

GROUPS		
Name of Group/Organization	Type of Group	
Name of Leader	Experience of Leader	Phone Number
Actions if Separated (Planned or Suspected)		
Group Cohesiveness (Splinter 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)



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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. It 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: CQ: COUNTY: MISSION CONTACT:
PAGED: _____ ON: _____ LOCATED: _____ CLEARED: _____	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> RESCUE <input type="checkbox"/> SEARCH <input type="checkbox"/> RECOVERY <input type="checkbox"/> STAND-BY <input type="checkbox"/> OTHER	<input type="checkbox"/> LOST/OVERDUE <input type="checkbox"/> STRANDED <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> OTHER	

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

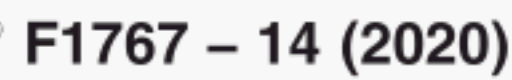
SUBJECT INFORMATION	
NAME: _____	AGE: _____ SEX: _____ D.O.B. _____
ADDRESS: _____	PHONE #: (H) _____ (W) _____
MEDICAL HISTORY: _____	
LAST SEEN POINT: _____	OTHER INFORMATION: _____

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: _____	

QUICK SHEET REVISION 1/17/17

FIG. X3.5 ML Quick Sheet



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

URBAN INTERVIEW LOG				1. INCIDENT NAME				2. OPERATIONAL PERIOD/DATE				3. TEAM NUMBER									
STREET ADDRESS		RESIDENT CONTACTED		RESIDENT'S NAME		OTHER'S AT HOME		PHONE #		HOW LONG HOME		RESIDENT TO CHECK HOME/YARD		SAR CHECKED 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	
		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

[illegible]

FIG. X3.8 Daily Clue Log

<h1 style="margin: 0;">Los Padres</h1> <h2 style="margin: 0;">Search & Rescue</h2>		<h1 style="margin: 0;">ELT-DF Reports</h1>		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					

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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 3×5 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 or 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)



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LOS ANGELES COUNTY SHERIFF'S 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 Very old Other	1 1 2-3
MEDICAL COND.	Suspected injured/illness Healthy Known Fatality	1-2 3 3
NUMBER OF SUBJECTS	One alone Multiple unseparated	1 2-3
WEATHER	Existing hazardous Predicted hazardous, with in 8 hrs. of less Predicted hazardous, more than 8 hrs. No hazardous weather predicted	1 1-2 2 3
EQUIPMENT	Inadequate for environment Questionable for environment Adequate for environment	1 1-2 3
SUBJECT EXPERIENCE	Not experienced, does not know area Not experienced, knows area Experienced, does not know area Experienced, knows area	1 1-2 2 3
TERRAIN AND HAZARDS	Known hazardous terrain or other hazards Few or no hazards	1 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 Measured response Evaluative response Insufficient evidence	08-12 13-18 19-24 25-27
		TOTAL
MMRT 302	PREPARED BY (NAME & POSITION)	

rev. 10/21/93

FIG. X3.11 Relative Search Urgency Rating Form

 Santa Barbara Sheriff's Department Los Padres Search & Rescue Team		Training Plan	
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 LP-31A-0292 © Los Padres SAR 1992

FIG. X3.12 Training Plan



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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)*



F1767 – 14 (2020)

**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	I.D. 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



F1767 – 14 (2020)

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)



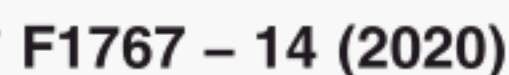
F1767 – 14 (2020)

MISSION REPORT	
Colorado Division of Wildlife	Colorado Search & Rescue Board
County(Where mission occur'd): <u>LARIMER</u> Co. Case #: _____ AFRCC #: _____	
Unit Submitting Report: <u>LARIMER COUNTY SEARCH AND RESCUE TEAM</u> Unit Msn #: _____ Other #: _____	
Primary unit (this mission): <u>LCSAR</u> Where incident occurred: _____ Incident Commander: _____	
Mission started: _____ Date: _____ Time: _____	
SUBJECT INFORMATION	
Name	Sex DOB Street address Town State CDOW lic.(atch'd)
A	
B	
C	
INCIDENT DATA	
ACTIVITY	SITUATION
<input type="radio"/> Climber <input type="radio"/> OHV <input type="radio"/> Lost/overdue	<input type="radio"/> Stranded
<input type="radio"/> Hiker <input type="radio"/> Snowmobile <input type="radio"/> Injury	<input type="radio"/> Illness
<input type="radio"/> Hunter <input type="radio"/> Aircraft <input type="radio"/> Public service	<input type="radio"/> Other
<input type="radio"/> Fisherman <input type="radio"/> Walkaway	
<input type="radio"/> Skier <input type="radio"/> Evid. search	
<input type="radio"/> Bicycle <input type="radio"/> Other	
<input type="radio"/> Boat	
DESCRIPTION OF INCIDENT	
RESPONSE	
RESPONSE TYPE	(if lost) SEARCH TECHNIQUES USED
<input type="checkbox"/> Standby <input type="checkbox"/> Land <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Confinement <input type="checkbox"/> Attraction <input type="checkbox"/> Hasty search <input type="checkbox"/> Visual tracking <input type="checkbox"/> Search dogs <input type="checkbox"/> Line search <input type="checkbox"/> Air search <input type="checkbox"/> Other
<input type="checkbox"/> Responded <input type="checkbox"/> Search <input type="checkbox"/> Rescue <input type="checkbox"/> Recovery <input type="checkbox"/> Other	RESCUE/RECOVERY TECHNIQUES USED
	<input type="checkbox"/> Assist/own power <input type="checkbox"/> Carry-out by foot <input type="checkbox"/> Rock/scree evac. <input type="checkbox"/> Evac. by animal <input type="checkbox"/> Watercraft evac. <input type="checkbox"/> Vehicle evac. <input type="checkbox"/> Aircraft evac. <input type="checkbox"/> Other
DESCRIPTION OF RESPONSE	
RESULTS	
SUBJECT WAS FOUND/RESCUED Date: _____ Time: _____ <input type="radio"/> By SAR effort <input type="radio"/> By public (non-SAR) <input type="radio"/> By self <input type="radio"/> Never needed help <input type="radio"/> Not found/rescued <input type="radio"/> Other	
REASON TERMINATED (if lost) FOUND IN CLUES	
<input type="checkbox"/> Successful <input type="checkbox"/> Primary search area <input type="checkbox"/> Secondary search area <input type="checkbox"/> Area previously searched <input type="checkbox"/> Out of area <input type="checkbox"/> Home, bar, motel, etc <input type="checkbox"/> Other	FOUND BY <input type="checkbox"/> Interrogation <input type="checkbox"/> Confinement <input type="checkbox"/> Attraction <input type="checkbox"/> Hasty search <input type="checkbox"/> Visual tracking <input type="checkbox"/> Search dogs <input type="checkbox"/> Line search <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Subject's signal <input type="checkbox"/> Other
DESCRIPTION OF FIND/RESCUE:	
MEDICAL	
EXTENT OF INJURIES	SUBJECT BEHAVIOR
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> Uninjured <input type="radio"/> Slight/1st aid <input type="radio"/> Moderate/Dr. <input type="radio"/> Severe/Hospital <input type="radio"/> Fatal	CAUSE OF INCIDENT <input type="checkbox"/> Unknown <input type="checkbox"/> Human error (self) <input type="checkbox"/> Another person <input type="checkbox"/> Darkness <input type="checkbox"/> Environment/wx <input type="checkbox"/> Falling object <input type="checkbox"/> Equipment failure <input type="checkbox"/> Other
	(if lost) REASON(s) <input type="checkbox"/> Unknown <input type="checkbox"/> Poor supervision <input type="checkbox"/> Accidental separation <input type="checkbox"/> Intentional separation <input type="checkbox"/> Took short cut <input type="checkbox"/> Poor/no map <input type="checkbox"/> Disoriented <input type="checkbox"/> Misjudge time/distance
	(if injury) REASON(s) <input type="checkbox"/> Unknown <input type="checkbox"/> Haste <input type="checkbox"/> Exceeded ability <input type="checkbox"/> Fatigue <input type="checkbox"/> Fall or slip <input type="checkbox"/> Inadeq. equip. <input type="checkbox"/> Anchor/belay fail'd <input type="checkbox"/> Other
	(if lost)-Travel Data
	As a result of the SAR effort, Total number of persons: <input type="text"/> Found, <input type="text"/> Rescued, <input type="text"/> Saved
	As distance from last seen pt. (miles) <input type="text"/>
	Elevation change from last seen pt to where found (feet) <input type="text"/>
	<input type="radio"/> Up <input type="radio"/> Down <input type="radio"/> Same elev
	Time Moving (hrs): <input type="text"/>
	<input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Both

FIG. X3.17 Mission Report

Do you want to submit this mission/report for reimbursement from the Search and Rescue Fund? <input type="radio"/> Yes <input type="radio"/> No	
If so, please be sure to complete the license information on the front, fill in all relevant cost information and attach necessary receipts, etc.	
RESOURCES	
EQUIPMENT INVOLVED AND COSTS	MANHOURS SUMMARY
No. Mi/Hrs Costs	Total no. of your personnel involved _____
Helicopters _____	Total manhours expended by your unit _____
Fixed Wing _____	Total no. of ALL personnel involved _____
Ambulances _____	Total manhours expended by ALL personnel _____
2WD Vehicles _____	
4WD Vehicles _____	
Power Boats _____	
Snowmobiles _____	
Horses _____	
Dogs _____	
Equipment _____	
Cost _____	
Subtotal _____	
MISCELLANEOUS COSTS (attach all receipts/documentation)	
Motel(s) _____	OTHER SAR UNITS INVOLVED
Food/Meals _____	Unit Name No.
Personal Equipment (ropes, 1st aid, batteries, gloves, clothing, etc.) _____	1) _____
Other misc costs: _____	2) _____
(list on separate sheet)	3) _____
Miscellaneous costs subtotal _____	4) _____
Total cost: _____	5) _____
	6) _____
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: _____	
Date Name	

FIG. X3.17 Mission Report (continued)

menet 320 disc

SAR-49

11/26/93

FIG. X3.18 Incident Report

minut320a.doc

SAR-49

(10/21/93)

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:			
AFRCC Mission No.:		State Mission No.:		Base Location:			
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: Mission <input type="checkbox"/> Closed or <input type="checkbox"/> Suspended						
Locating and Medical Data	Date/Time*:			Date/Time*:			
	Objective Located by (Name/ Organization):						
	Date/Time*:			Geographic Location:			
	Latitude/Longitude:						
Participating Organizations	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):						
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	Aircrew Personnel*:		Ground Personnel*:		Non-SAR Tr. Volunteers*:
	Staff Personnel*:		Dogs:		Total Estimated Manhours:
	Fixed-Wing Aircraft:		Helicopters:		Ground Vehicles:
	Other Equipment:				Boats:
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)



F1767 – 14 (2020)



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)

Pre-response						
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
Rapidness 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 and protocols	5	4	3	2	1	n/a

Enroute						
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
Rapidness of team response	5	4	3	2	1	n/a
Team and personal vehicle operations	5	4	3	2	1	n/a

Mission Operations						
United (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

Post Mission						
Debriefing (on scene)	5	4	3	2	1	n/a
Mission follow-up (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: _____
- [] PLNNG/BRFING 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

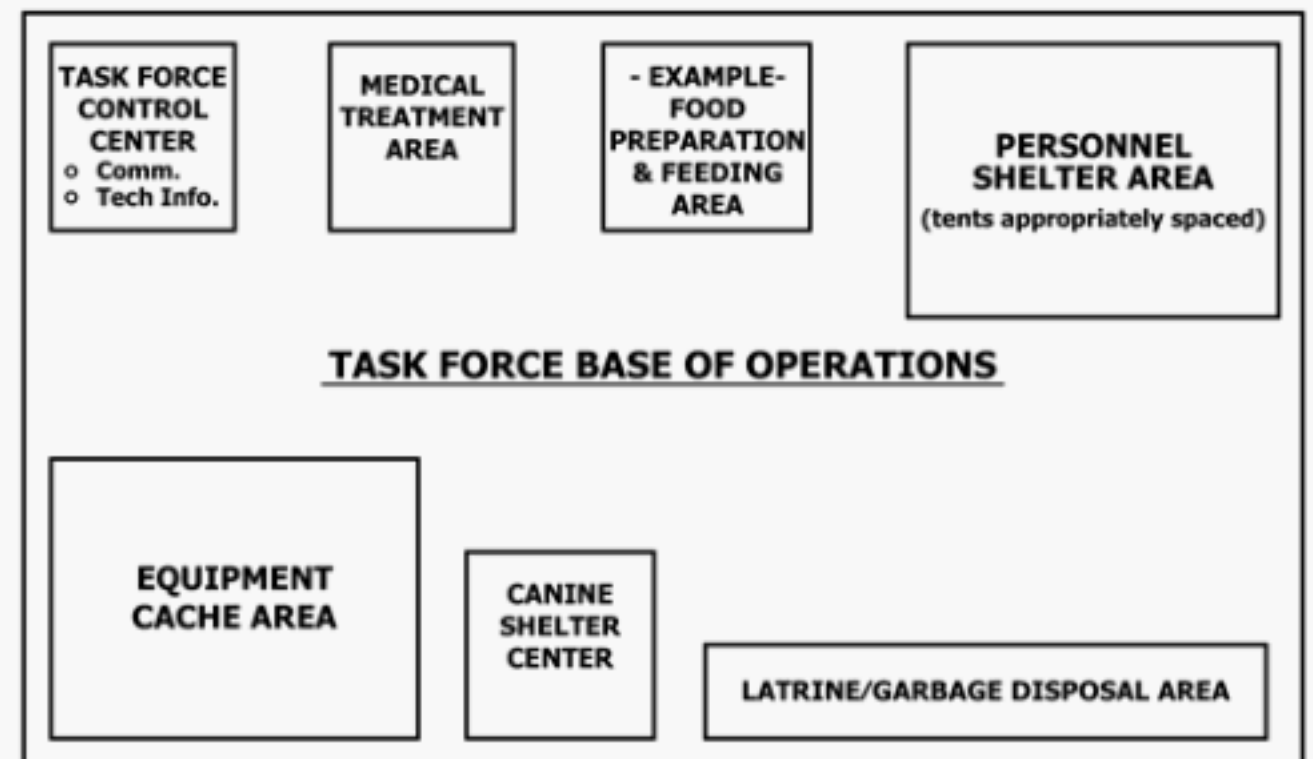


FIG. X3.22 Task Force Base of Operations Location Checklist



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

SIDE THREE

SIDE TWO

SIDE FOUR

SIDE ONE

TYPE OF OPERATION: _____

DEPICT:

[] BUILDING/STRUCTURE(s)	[] SECTORS (team/squad assignments)
[] OPERATIONS POST	[] MEDICAL TREATMENT AREA
[] EQUIPMENT STAGING AREA	[] PERSONNEL STAGING AREA
[] ACCESS/ENTRY ROUTES	[] CRIBBING/SHORING WORK AREA
[] CONTROL ZONES (Collapse/Hazard Zones, Work Zones, etc.)	
[] PERSONNEL HAZARDS (Live Utilities, Haz Mat, Collapse Potentials, etc.)	

EMERGENCY SIGNALLING

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

FIG. X3.24 Task Force Operations Site Sketch

FEMA US&R RESPONSE SYSTEM

Appendix D

STRUCTURE TRIAGE, ASSESSMENT & MARKING SYSTEM

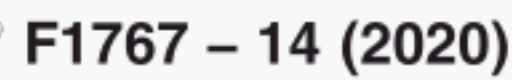
STRUCTURE TRIAGE

STRUCTURE TRIAGE EVALUATION • DATE/TIME		PG of _____
MAP OF AREA (PAGE 1 ONLY)	TEAM & S. SP. _____	
BLDG LD. _____ FLOOR AREA _____ STORIES _____ OCCUPANCY _____ MATERIAL (CIRCLE ONE) W C S URM PC _____	TRIAGE CRITERIA 1. POTENTIAL NO. OF TRAPPED ÷ 5 (MIN=1 MAX=50) 2. CONDITION OF VOIDS 1 $\xrightarrow{\text{VERY SEPARATE PART}}$ 20 COMPACT LAYERS COLLAPSE ONE DAY 2 HRS 3. TIME GET TO VICTIM 1 $\xrightarrow{\hspace{1cm}}$ 20 4. CHANCE OF COLLAPSE -1 $\xrightarrow{\text{LOW CHANCE HI CHANCE}}$ -20 5. SPECIAL INFO: SCHOOL / HOSPITAL = +25 KNOWN LIVE VICTIM = +5 EA	SCORE
CACULATE AREA & NO. TRAPPED		
BLDG LD. _____ FLOOR AREA _____ STORIES _____ OCCUPANCY _____ MATERIAL (CIRCLE ONE) W C S URM PC _____	TRIAGE CRITERIA 1. POTENTIAL NO. OF TRAPPED ÷ 5 (MIN=1 MAX=50) 2. CONDITION OF VOIDS 1 $\xrightarrow{\text{VERY SEPARATE PART}}$ 20 COMPACT LAYERS COLLAPSE ONE DAY 2 HRS 3. TIME GET TO VICTIM 1 $\xrightarrow{\hspace{1cm}}$ 20 4. CHANCE OF COLLAPSE -1 $\xrightarrow{\text{LOW CHANCE HI CHANCE}}$ -20 5. SPECIAL INFO: SCHOOL / HOSPITAL = +25 KNOWN LIVE VICTIM = +5 EA	BLDG TOTAL
CACULATE AREA & NO. TRAPPED		
BLDG LD. _____ FLOOR AREA _____ STORIES _____ OCCUPANCY _____ MATERIAL (CIRCLE ONE) W C S URM PC _____	TRIAGE CRITERIA 1. POTENTIAL NO. OF TRAPPED ÷ 5 (MIN=1 MAX=50) 2. CONDITION OF VOIDS 1 $\xrightarrow{\text{VERY SEPARATE PART}}$ 20 COMPACT LAYERS COLLAPSE ONE DAY 2 HRS 3. TIME GET TO VICTIM 1 $\xrightarrow{\hspace{1cm}}$ 20 4. CHANCE OF COLLAPSE -1 $\xrightarrow{\text{LOW CHANCE HI CHANCE}}$ -20 5. SPECIAL INFO: SCHOOL / HOSPITAL = +25 KNOWN LIVE VICTIM = +5 EA	BLDG TOTAL
CACULATE AREA & NO. TRAPPED		

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FIG. X3.25 Structure Triage

X4. MISCELLANEOUS SAR FORMS



Public Information Summary - Incident Status

<https://doi.org/10.1111/j.1365-3113.2019.00600.x>

REV. 10/07/93

FIG. X4.1 Public Information Summary—Incident Status

INTRA AGENCY REGISTRATION FORM

QUALIFICATIONS

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:	_____

[illegible]

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 Worksheet
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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