



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

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

### 2. Referenced Documents

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

<sup>1</sup> 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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2.2 ICS National Training Curriculum—*ICS Forms Catalog*<sup>2</sup>

### 3. Significance and Use

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

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

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

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

### 4. Summary of Guide

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

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

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

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

## 5. Existing ICS Forms

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

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

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

## 6. ICS Forms Modified for SAR

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

6.2 Forms included in SAR/ICS sections:

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

6.2.1.1 Examples found in **Appendix X2**:

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

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

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

6.2.2.1 Examples found in **Appendix X2**:

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

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

6.2.3.1 Examples found in **Appendix X2**:

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

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

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

6.2.4.2 Form instructions are included where available.

6.2.4.3 Examples found in **Appendix X2**:

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

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

6.2.5.1 Examples found in **Appendix X2**:

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

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

6.2.6.1 Examples found in **Appendix X2**:

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

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

6.2.7.1 Examples found in **Appendix X2**:

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

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

6.2.8.1 Examples found in **Appendix X2**:

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

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

6.2.9.1 Examples found in **Appendix X2**:

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

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

6.2.10.1 Example found in [Appendix X2](#):

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

## 7. Additional Forms for SAR Management

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

7.2 *Forms Used Within the Plans Sections:*

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

7.2.1.1 Examples found in [Appendix X2](#):

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

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

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

7.2.2.1 Examples found in [Appendix X2](#):

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

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

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

7.2.3.1 Examples found in [Appendix X2](#):

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

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

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

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

7.2.4.1 Examples found in [Appendix X2](#):

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

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

7.2.5 *Situation Unit Forms:*

7.2.5.1 Examples found in [Appendix X2](#):

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

7.3 *Forms Used Within the Operations Section:*

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

7.3.1.1 Examples found in [Appendix X2](#):

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

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

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

7.3.2.1 Examples found in [Appendix X2](#):

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

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

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

7.4 *Forms Used Within the Logistics Section:*

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

7.4.1.1 Examples found in [Appendix X2](#):

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

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

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

7.4.2.1 Examples found in [Appendix X2](#):

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

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

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

7.4.3.1 Examples found in [Appendix X2](#):

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

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

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

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

7.4.4 *Facilities Unit Forms:*

7.4.4.1 Examples found in [Appendix X2](#):

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

7.5 *Forms Used Within the Finance Section:*

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

7.5.1.1 Examples found in [Appendix X2](#):

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

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

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

7.5.2.1 Examples found in [Appendix X2](#):

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

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

## 8. Additional Forms for SAR Investigation

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

8.2 *Forms Used to Aid in the Investigation:*

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

8.2.1.1 Examples found in [Appendix X3](#):

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

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

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

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

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

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

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

8.2.2.1 Examples found in [Appendix X3](#):

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

- (2) Daily Clue Log (Fig. X3.8).
- (3) ELT-DF Reports (Fig. X3.9).
- (4) Clue Card (Fig. X3.10).
- 8.2.3 Miscellaneous Investigation Forms:
  - 8.2.3.1 Examples found in Appendix X3:
    - (1) Relative Search Urgency Rating Form (Fig. X3.11).

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).

**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).

**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.

**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).

**15. Alphabetical Index to Forms**

15.1 Table 1 lists the forms in alphabetical order.

**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

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

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

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

Required Attachments Checklist		
<b>Notification or Callout Only</b> <input type="checkbox"/> No Attachments Required	<b>Search and Rescue</b> <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)	<b>Additional Operational Periods</b> <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)
<b>Rescue Only</b> <input type="checkbox"/> ICS 201 Incident Briefing <input type="checkbox"/> ICS 201A Search Initiation Log <input type="checkbox"/> ICS 211A Check-in List <input type="checkbox"/> ICS 214 Unit Log(s)		

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

**FIG. 1 SAR Incident Report**



TABLE 1 Alphabetical Index to Forms

Title	Reference Number
Aircraft, Missing-Worksheet	2-29
Assignment list, Crew	2-10
Assignment list, Crew	2-11
Assignment list, Field Team	2-9
Assignment list, Organizational	2-7
Assignment list, task	2-8
Assignment list, team	2-12
Briefing General	2-2
Briefing, General-Missing Person	2-3
Briefing, Incident	2-1
Call Out List	4-3
Check-in List	X-X
Check List, Task Force Base of Operation Location	3-22
Check List, Task Force Leader Mission Assignment	3-21
Clue Card	3-10
Communications, Daily-log	2-39
Communications, log	2-40
Cost Sheet	2-49
Crew Card	2-33
Daily Briefing	2-4
Debriefing, Form	2-22
Debriefing Form, Mission	3-16
Debriefing Team	2-23
ELT-DF Reports	3-9
ELT Worksheet	2-30
ELT-DF field team log	2-34
Emergency Helicopter Request Information Sheet	X-XX
Equipment Check In/Out	2-38
Equipment Roster	2-37
Expenditure Report, SAR	2-48
ICS Planning Guide	X-XX
Incident Briefing	X-XX
Incident Communications Plan	2-131
Incident Medical/Evacuation Plan	2-14
Incident Objectives	2-6
Incident Objectives	X-XX
Incident Organization Chart	X-XX
Incident Status Summary	X-XX
Injury, Report of	2-42
Liability Release	X-XX
Log, Daily Clues	3-8
Log, Daily Tasks	2-32
Log, Urban Interview	3-7
Lost Person Worksheet	3-4
Medical Report	2-41
Medical Plan	X-XX
ML Quicksheet	3-5
Non-segmented Areas	X-XX
Notification of Search and/or Rescue	3-6
Notice of Death Form	2-44
Operating Facilities	2-45
Operational Planning Worksheet	X-XX
Organization Assignment List	X-XX
Patient Referral	2-43
Planning Cycle	2-28
Planning Process Checklist	2-27
PMI Usage & History	3-15
“POD” End of Shift Report	X-XX
Public Information Summary-Incident Status	4-1
Questionnaire, Incident Missing Person	3-3
Questionnaire, Lost Persons	3-1
Radio Communications Plan	X-XX
Register-Personnel, Check In/Out	2-17
Register-Personnel, Daily SAR Unit/Gov’t	2-16
Register-Personnel, Daily Local Volunteer	2-15
Registration Form, Intra-Agency	4-2
Registration of Search & Rescue Participants	2-18
Relevance of Clue	X-XX
Report, Incident	3-18
Report, Incident after Action	3-19
Report, Mission	3-17
Resource Order Form	2-25
Resources Worksheet, Daily SAR	2-20
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	Instructions for completing Incident Report:
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.	13. Incident Code: Enter the Incident type from the key.
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.	14. Response Code: Enter the response codes for the incident. Multiple entries from the key are permitted.
<b>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.</b>	15. Area Code: Enter the search area in which each subject was found using the key.
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.	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.
2. Mission Number: Enter the state mission number using the form yy-00-nn, where yy is the current year, 00 is the state police district, and nn is the sequence number assigned to this incident.	17. Subject Code: Enter the status of each subject found from the key.
3. AFRCC Number: Enter the Air Force Rescue mission number. Required for missions using Air Force resources.	18. CAP Used Code: Enter whether CAP resources were used on this incident from the key.
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.	19. Suspense Code: Enter the status of the incident at the time report was submitted. Select suspense code from key.
5. Mission Opened: Enter the date and time that the mission was opened. Should agree with the opening teletype.	20. Where Subject was Found: Enter the common name of the area where the subject was located. Latitude and Longitude are acceptable.
6. Mission Closed: Enter the date and time that the mission was closed. Should agree with the closing teletype.	21. Date Located: Enter the date that the subject was located.
7. Mission Initiators: Enter the last names of the MI who began the mission and the MI on duty when the mission was closed.	22. Time Located: Enter the time that the subject was located.
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.	23. Incident Summary: Give a brief description of the results of the SAR effort and rescue. i.e. "The subject was airlifted to RCHC by Lifeguard".
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.	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.
10. City: Enter the town of residence for each subject.	25. Data Prepared: Enter the date that this report was submitted.
11. ST: Enter the state of residence for each subject.	26. Total Personnel: Enter the total number of volunteers assisting on this incident (totals from ICS Form 211A).
12. Activity Code: Enter the subject's activity from the key.	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?

**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?	

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

**FIG. 3 Search Clue Log**

**RELEVANCE OF CLUE (ROC)**

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

**Old POA %**

**ROC %**

	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

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

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

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

FIG. 5 "POD" End of Shift Report

**UN-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

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

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

FIG. 5 "POD" End of Shift Report (continued)



New Mexico Department of Public Safety  
 Search and Rescue Office

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



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

**Investigator MI/FC Assigned Call**

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

**Source of Information**

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

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

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

**Subject Information**

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

**Physical Description**

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

FIG. 6 SAR Questionnaire A & B



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

**Place Last Seen**

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

**Subject's Trip Plans**

Itinerary		Transportation	
Starting Location:		Transported By:	
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)

Tracking Number	<b>SAR Priority Evaluation Chart</b>		
	<b>3 - Low Urgency</b>	<b>2 - Medium Urgency</b>	<b>1 - High Urgency</b>
<b>Subject Profile</b>	<input type="checkbox"/> Healthy <input type="checkbox"/> Known fatality		<input type="checkbox"/> Other <input type="checkbox"/> Very Young <input type="checkbox"/> Very Old <input type="checkbox"/> Known/suspected injured, ill, Mental Problem
<b>Age</b>	<input type="checkbox"/> More than one (unless separated)		<input type="checkbox"/> One alone
<b>Medical Condition</b>	<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
<b>Number of Subjects</b>	<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 <input type="checkbox"/> Inadequate for environment and weather
<b>Subject Experience Profile</b>	<input type="checkbox"/> Adequate for environment and weather	<input type="checkbox"/> Questionable for environment and weather	<input type="checkbox"/> Inadequate for environment and weather
<b>Weather Profile</b>	<input type="checkbox"/> Few or no hazards		<input type="checkbox"/> Known terrain or other hazards
<b>Equipment Profile</b>	<input type="checkbox"/> Few or no hazards		
<b>Terrain/Hazards Profile</b>	<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"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/> BIA <input type="checkbox"/> Other				
Mission Terminated before Assigning Mission to Field Coordinator - Explain:				
Sign by (Mission initiator)		Date		

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

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

FIG. 6 SAR Questionnaire A & B (continued)



New Mexico Department of Public Safety  
Search and Rescue Office

**SAR Questionnaire**  
(PART "B")



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

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

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

SAR Questionnaire (PART "B")

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

**Subject's Outdoor Experience**

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

**Overdue Groups**

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

**Photos, Notes, Etc.:**

Recording Official	Phone	Recording Official	Phone
--------------------	-------	--------------------	-------

IC "B" 2/6/95

FIG. 6 SAR Questionnaire A & B (continued)

**Incident Information**

Subject Name	Address	City	ST	ZIP	Phone

**Physical Description**

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

**Place Last Seen**

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

**Subject's Trip Plans**

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

OVER

FIG. 6 SAR Questionnaire A & B (continued)

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

FIG. 7 Search Initiation Log

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

FIG. 7 Search Initiation Log (continued)



INCIDENT OBJECTIVES		Date Prepared	Time Prepared	Mission Number
From: (Date)	From: (Time)	To: (Date)	To: (Time)	Operational Period
<b>Objectives for incident (Include Alternatives)</b>				
<b>Weather Forecast for Operational Period</b>				
<b>General Safety Message</b>				
<b>Attachments (to Complete Incident Action Plan)</b>				
<input type="checkbox"/> Organization Assignment List (ICS 203) <input type="checkbox"/> Radio Communications Plan (ICS 205) <input type="checkbox"/> _____ <input type="checkbox"/> Incident Map <input type="checkbox"/> Traffic Plan (Internal & External) <input type="checkbox"/> _____ <input type="checkbox"/> Task Assignment Forms (ICS SAR 204A) <input type="checkbox"/> Medical Plan (ICS 206) <input type="checkbox"/> _____				
<b>ICS 202</b>	Prepared By (Planning Section Chief)		Approved By (Incident Commander)	
NMSAR Rev. 5-25-92				

**FIG. 9 Incident Objectives**

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

**FIG. 10 Organization Assignment List**



<b>TASK ASSIGNMENT</b>	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"/> Org. Chart
<input type="checkbox"/> Horse Team	7			<input type="checkbox"/> Family
<input type="checkbox"/> Mixed	8			<input type="checkbox"/> Media
<input type="checkbox"/> Fixed Wing A/C	9			<input type="checkbox"/> Subject Info.
<input type="checkbox"/> Helicopter	10			<input type="checkbox"/>
<input type="checkbox"/> Boat / Amphib.	11			
<input type="checkbox"/> Technical Rock	12			
<input type="checkbox"/> Communications	13			

**Operations Section**

Assignment Date	Estimated Departure Time	Actual Departure Time	Estimated Time in Segment
Radio Frequency		Briefed By	Reviewed By
Resource Assignment & Map			
<b>Briefing Summary</b> <input type="checkbox"/> Tactics <input type="checkbox"/> Terrain <input type="checkbox"/> Maps <input type="checkbox"/> Communications <input type="checkbox"/> Rescue Plan <input type="checkbox"/> Death Code <input type="checkbox"/> Desired PGO _____ % <input type="checkbox"/> Pickup Time <input type="checkbox"/> Safety			

FIG. 11 Task Assignment

<b>DEBRIEFING</b>	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)

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

**FIG. 12 Radio Communications Plan**

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

**FIG. 13 Medical Plan**

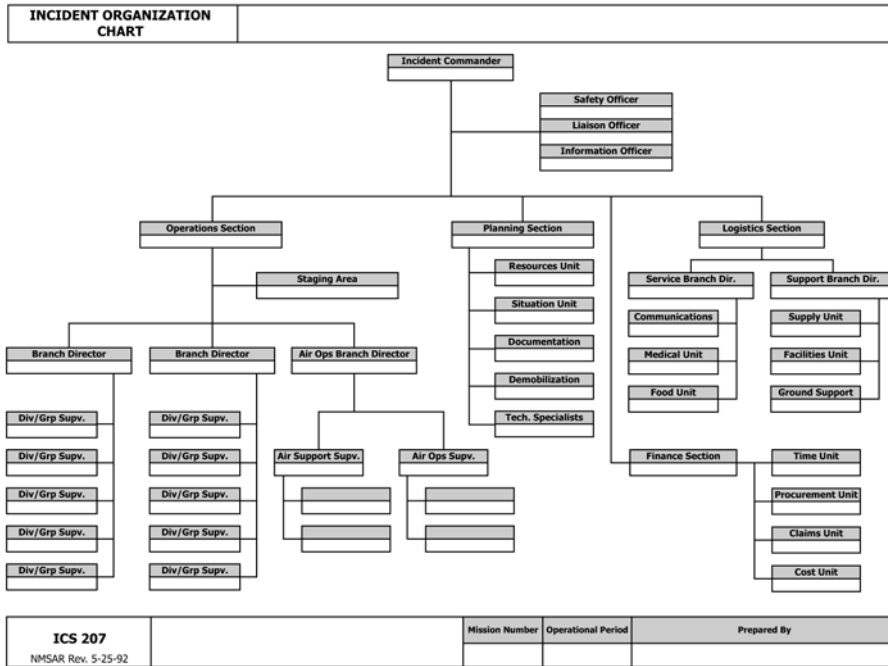


FIG. 14 Incident Organization Chart

INCIDENT STATUS SUMMARY	Period Covered by this Report																																													
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Future Considerations</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Probable Leads That Require Checking</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Proposed Overall Course Of Action</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Weather Forecast For Next 24 Hours</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Additional Comments</div>	From (Date/Time)	To (Date/Time)																																												
	Incident Name/Number																																													
	Incident Commander																																													
	Print:																																													
	Signature:																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Team Name</th> <th style="width: 20%;">Type of Resource</th> <th style="width: 20%;"># of Personnel</th> <th style="width: 30%;">Remarks</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Team Name	Type of Resource	# of Personnel	Remarks																																								
Team Name	Type of Resource	# of Personnel	Remarks																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;"><b>ICS 209</b> <small>Rev. 7-12-92</small></td> <td style="width: 40%;"></td> <td style="width: 30%; padding: 2px; text-align: right;">Page 1</td> </tr> </table>			<b>ICS 209</b> <small>Rev. 7-12-92</small>		Page 1																																									
<b>ICS 209</b> <small>Rev. 7-12-92</small>		Page 1																																												

FIG. 15 Incident Status Summary



**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*)



UNIT LOG		Mission Number	Operational Period	Sheet
Unit Name / Designator		Unit Leader		of
		Prepared by		
Time	Activity / Event			

**FIG. 17 Unit Log**

Time	Activity / Event

**FIG. 17 Unit Log (continued)**



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. \_\_\_\_\_ AFRCR 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: \_\_\_\_\_

---

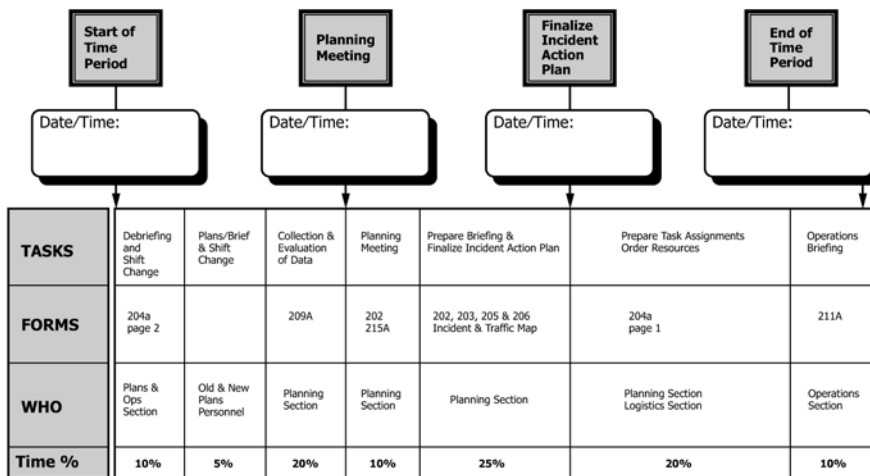
OTHER INFORMATION: \_\_\_\_\_

---

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 _____ of _____
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**



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 ____ of ____
Incident Name	Date/Time Prepared	Operational Period	
SUMMARY OF CURRENT ACTIONS			
<b>ICS 201</b>	PAGE 2 OF 4		

**FIG. X2.1 Incident Briefing** (continued)

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 ____ of ____
Incident Name	Date/Time Prepared	Operational Period	
CURRENT ORGANIZATION			
<pre> graph TD   AR1[AGENCY REP.] --- IM[INCIDENT MANAGER]   AR2[AGENCY REP.] --- IM   AR3[AGENCY REP.] --- IM   AR4[AGENCY REP.] --- IM   IM --- PIO[P.I.O.]   IM --- PLAN[PLANNING]   IM --- OPS[OPERATIONS]   IM --- LOG[LOGISTICS]   OPS --- DIV1[DIV: ]   OPS --- DIV2[DIV: ]   OPS --- DIV3[DIV: ]                     </pre>			
<b>ICS 201</b>	PAGE 3 OF 4		

**FIG. X2.1 Incident Briefing** (continued)



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

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

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

**Overview**

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

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

**Instructions for Completing Form**

**1. Incident Name**

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

**2. Operational Period**

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

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

**3. Incident Number**

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

**4. Incident Summary**

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

**5. Communications Plan**

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

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

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

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

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

with caution on a multiple agency operation.

**6. Name**

Name of the missing subject.

**7. Sex**

Sex of the missing subject.

**8. Age**

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

**9. Name to Call**

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

**10. Expected Response**

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

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

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

**12. Physical Description**

This field contains the normal set of physical description information. Remember the level of detail required by searchers is typically less than that of a police officer. A searcher is trying to identify a missing person in an area where 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 heel, 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 fact.

**18. Time Prepared**

See Date Prepared.

**Notes**

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

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

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

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



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

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

**FIG. X2.4 Daily Briefing**






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

<b>SHIFT BRIEFING FORMAT</b>	INCIDENT	REPORTING UNIT <b>ESF-9</b>	FORM <b>US&amp;R-XXX</b> 2/95
DISASTER #:	OPS PERIOD:	DATE/TIME PREPARED:	UNIT LEADER:
<b>ACTION</b>		<b>RESPONSIBILITY</b>	
▪ State strategic objectives			IST Leader
▪ Update present incident situation			IST Operations Section Chief
▪ Incident projection for the operational period			IST Planning Section Manager
▪ Specific assignments			IST Operations Section Chief
▪ Safety message			IST Safety Officer
▪ Communications plan and other logistical issues			IST Logistics Section Chief
▪ Questions and concerns			IST Leader
PREPARED BY	APPROVED BY	DATE	

**FIG. X2.5 Shift Briefing Format**

Pennsylvania Search and Rescue Council	<h2 style="margin: 0;">Incident Objectives</h2> <p style="margin: 0;">Incident Form 2 of 5</p>																	
Incident Name:	Operational Period (Date/Time):	Date/Time Prepared:																
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">Objectives</div> <div style="flex-grow: 1;">           General Objectives for Incident:           <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> </div> </div>																		
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">Weather</div> <div style="flex-grow: 1;">           Weather Forecast for Operational Period:           <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> </div> </div>																		
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">Safety</div> <div style="flex-grow: 1;">           General or Safety Messages:           <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> </div> </div>																		
List any Attachments:																		
Prepared by (Plans Section Chief):	Approved by (Incident Commander):																	
3/2/92	<b>(similar to ICS 202)</b>	Page 1 of 1																

**FIG. X2.6 Incident Objectives**

New York State Department of Environmental Conservation  
Forest Rangers

ORGANIZATION ASSIGNMENT LIST

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center; font-weight: bold;">INCIDENT COMMANDER AND STAFF</th></tr> <tr><td>Incident Commander</td><td> </td></tr> <tr><td>Deputy</td><td> </td></tr> <tr><td>Safety Officer</td><td> </td></tr> <tr><td>Information Officer</td><td> </td></tr> <tr><td>Liasion Officer</td><td> </td></tr> <tr><th colspan="2" style="text-align: center; font-weight: bold;">AGENCY REPRESENTATIVES</th></tr> <tr> <td style="font-size: x-small;">AGENCY</td> <td style="font-size: x-small;">NAME</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> <tr><th colspan="2" style="text-align: center; font-weight: bold;">PLANNING SECTION</th></tr> <tr><td>Chief</td><td> </td></tr> <tr><td>Deputy</td><td> </td></tr> <tr><td>Restat Unit</td><td> </td></tr> <tr><td>Sitstat Unit</td><td> </td></tr> <tr><td>Documentation Unit</td><td> </td></tr> <tr><td>Demobilization Unit</td><td> </td></tr> <tr><td>Investigation</td><td> </td></tr> <tr><td>TECHNICAL SPECIALISTS</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><th colspan="2" style="text-align: center; font-weight: bold;">LOGISTICS SECTION</th></tr> <tr><td>Chief</td><td> </td></tr> <tr><td>Deputy</td><td> </td></tr> <tr><th colspan="2" style="text-align: center; font-weight: bold;">Support Branch</th></tr> <tr><td>Director</td><td> </td></tr> <tr><td>Supply Unit</td><td> </td></tr> <tr><td>Facilities Unit</td><td> </td></tr> <tr><td>Ground Support Unit</td><td> </td></tr> <tr><th colspan="2" style="text-align: center; font-weight: bold;">Service Branch</th></tr> <tr><td>Director</td><td> </td></tr> <tr><td>Communications Unit</td><td> </td></tr> <tr><td>Medical/Evac Unit</td><td> </td></tr> <tr><td>Food Unit</td><td> </td></tr> <tr><td>Prepared by: (Resources Unit)</td><td> </td></tr> <tr><td>NYSAR 203 4/96</td><td> </td></tr> </table>	INCIDENT COMMANDER AND STAFF		Incident Commander		Deputy		Safety Officer		Information Officer		Liasion Officer		AGENCY REPRESENTATIVES		AGENCY	NAME													PLANNING SECTION		Chief		Deputy		Restat Unit		Sitstat Unit		Documentation Unit		Demobilization Unit		Investigation		TECHNICAL SPECIALISTS						LOGISTICS SECTION		Chief		Deputy		Support Branch		Director		Supply Unit		Facilities Unit		Ground Support Unit		Service Branch		Director		Communications Unit		Medical/Evac Unit		Food Unit		Prepared by: (Resources Unit)		NYSAR 203 4/96		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Incident Name</td> <td style="width: 25%;">Date Prepared</td> <td style="width: 25%;">Time Prepared</td> </tr> <tr><td colspan="3">Operational Period (date/time)</td></tr> <tr><th colspan="3" style="text-align: center; font-weight: bold;">OPERATIONS SECTION</th></tr> <tr><td>Chief</td><td> </td><td> </td></tr> <tr><td>Deputy</td><td> </td><td> </td></tr> <tr><td>Div. 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**FIG. X2.7 Organizational Assignment List**



Search & Rescue SHERIFF'S DEPARTMENT SANTA BARBARA COUNTY		Field Team Assignments		DR Number	Page Number
				Operation Number	Date

Assign. #	Field Team #	Call sign	Assignment
<b>Members</b>		<b>Time</b>	
1		Time Out	
2		Message Out	
3		Take-Off Time	Debriefing
4			
<b>Time In</b>			
5		Message In	
6		Time On Ground	
7			
8		Total Missions/Air Time	

Assign. #	Field Team #	Call sign	Assignment
<b>Members</b>		<b>Time</b>	
1		Time Out	
2		Message Out	
3		Take-Off Time	Debriefing
4			
<b>Time In</b>			
5		Message In	
6		Time On Ground	
7			
8		Total Missions/Air Time	

Assign. #	Field Team #	Call sign	Assignment
<b>Members</b>		<b>Time</b>	
1		Time Out	
2		Message Out	
3		Take-Off Time	Debriefing
4			
<b>Time In</b>			
5		Message In	
6		Time On Ground	
7			
8		Total Missions/Air Time	

Form SH-UP-044-0893

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	Assignment	Segment	POC
<b>Members</b>		<b>Time</b>	<b>Type</b>		
1		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	Transportation	
2		Message Out		Agency	
3		Take-Off Time		Medical Capability	
4				Briefing By	
5		Time In		Notes	
6		Message In			
7		Time On Ground			
8		Total Missions/Air Time			

Assignment
Debriefing
Notes

Form SH-UP-044-0590

FIG. X2.9 Field Team Assignments (continued)

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: _____		
<b>ICS 204</b> 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							
<b>SUBJECT INFORMATION</b>							
NAME				NICKNAME			
SEX	RACE	AGE	HEIGHT	WEIGHT	HAIR	EYES	
CLOTHING WORN				ITEMS CARRIED			
TYPE OF EMPLOYMENT				FOOTWEAR			
PERSONAL HABITS							
EXPECTED WEATHER							
SPECIAL INFORMATION							
<b>CREW BRIEFING CHECKLIST</b>							
<input type="checkbox"/> Summary to Date	<input type="checkbox"/> Subject Information	<input type="checkbox"/> Clues	<input type="checkbox"/> Time Frame (in field)	<input type="checkbox"/> Tactics	<input type="checkbox"/> Terrain		
<input type="checkbox"/> Safety	<input type="checkbox"/> Family	<input type="checkbox"/> Media	<input type="checkbox"/> Weather	<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)**

<b>TEAM ASSIGNMENT</b>		1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. ASGN. NUMBER
4. RESOURCE TYPE				
5. PERSONNEL ASSIGNED *L -- TEAM LEADER M -- MEDICAL				
*	NAME	AGENCY	*	NAME
1			6	
2			7	
3			8	
4			9	
<input type="checkbox"/> ADDITIONAL NAMES ATTACHED				
6. ASSIGNMENT				
<input type="checkbox"/> MAP(S) ATTACHED				
7. PREVIOUS AND PRESENT SEARCH EFFORTS IN AREA				
<input type="checkbox"/> (DE) BRIEFING INFO ATTACHED				
8. TIME ALLOCATED	9. SIZE OF ASSIGNMENT	10. EXPECTED P.O.D.	H M C	RESPONSIVE SUBJECT UNRESPONSIVE SUBJECT CLUES
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
<b>SAR 104</b> 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 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 its may be good enough to give the team a copy and keep to keep a copy at the search base. In a larger incident, the distribution of copies of the assignment forms gets more complicated.

**Notes**

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

**Notes**

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

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

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

Team Identifiers – This is what you call the team when you want them on he 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 id readily picked out by the team on the radio. (i.e. The agency or name of the team CARDA, BAMRU, CoCo, etc. or the type of the team (i.e. Dog) My position differs from the BASARC in that BASARC prefixes with the Agency Number (i.e. BAMRU-5 would be 1305, 13 is BAMRU's number)

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

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

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

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


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

FIG. X2.13 Incident Communications Plan


Pennsylvania Search and Rescue Council		<b>Incident Medical/Evacuation Plan</b> Incident Form 3 of 5			
Incident Name:		Operational Period (Date/Time):		Date/Time Prepared:	
<b>Base Camp</b>	Base Camp Minor Injury/Illness to be Managed:				
	Additional Local Medical Resources (Minor Injury/Illness):				
	Resources and Plan for Field Evacuation:				
	Medical Resources and Response Plan for Field Medical Emergency:				
<b>Evacuation</b>	Name: ALS? BLS? Ground? Air? Response Time: Contact Means:				
	Name: Location: Capabilities: Travel Time (Ground/Air): E.D. Phone #:				
<b>Medical</b>	( ) -				
	( ) -				
<b>EMS Transport</b>	( ) -				
	( ) -				
<b>Hospitals</b>	(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			<b>(similar to ICS 206)</b>		Page 1 of 1

FIG. X2.14 Incident Medical/Evacuation Plan





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		Check-out		Total Hours for Oper. Per.
			Date	Time	Date	Time	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
<b>Totals for this Page:</b>							

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

**FIG. X2.18 Registration of Search and Rescue Participants**









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

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

<b>TEAM DEBRIEFING</b>				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	RESPONSIVE SUBJECT
			_____ %	_____ %	_____ %	UNRESPONSIVE SUBJECT
			_____ %	_____ %	_____ %	CLUES
			_____ %	_____ %	_____ %	90% 50% 10%
15. DEBRIEFER		16. DATE & TIME		SUMMARY		
SAR 110 BASARC 2/96		ATTACHMENTS		NOTHING SIGNIFICANT LOCATED <input type="checkbox"/>		
		<input type="checkbox"/> DEBRIEFING MAP(S)		USEFUL INFORMATION, NEEDS REVIEW <input type="checkbox"/>		
		<input type="checkbox"/> ORIGINAL BRIEFING DOCUMENT		POTENTIAL CLUES, NEEDS URGENT REVIEW <input type="checkbox"/>		
		<input type="checkbox"/> SUPPLEMENTAL DEBRIEFING FORMS		ASSIGNMENT COMPLETED <input type="checkbox"/>		
		<input type="checkbox"/> OTHER _____		ASSIGNMENT NOT COMPLETED <input type="checkbox"/>		

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



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. Debriefer**

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

**16. Date & Time**

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

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

search paperwork is being examined after the fact.

**Attachments**

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

**Summary**

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

**Notes**

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

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

THIS ROW FOR 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												
<b>MMRT 303</b>			Other info:									

SEE REVERSE SIDE FOR CODES

10/21/93

FIG. X2.24 Search Capabilities Roster

**INFORMATION CODES**  
**SEARCH CAPABILITIES ROSTER**

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

NAME:

RANK: Your rank within your organization

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

OVER NIGHT: Do you have the experience and the equipment to spend the night in the field?  
 Answer with the number of nights you are prepared to spend in the field, 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)





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

<b>PLANNING PROCESS CHECKLIST</b>		INCIDENT	REPORTING UNIT <b>ESF-9</b>	FORM <b>US&amp;R-XXX</b> 2/95
DISASTER #:	OPS PERIOD:	DATE/TIME PREPARED:		UNIT LEADER:
<b>PLANNING STEP</b>			<b>RESPONSIBILITY</b>	
■ Give briefing on situation status			IST Planning Section Chief	
■ Give briefing on resource status			IST Planning Section Chief	
■ Review strategic objectives			IST Team Leader	
■ Plot functional and geographic boundaries			IST Operations Section Chief	
■ Recommend tactics for functional and geographic boundaries			IST Operations Section Chief	
■ Determine resources needed			IST Operations Section Chief	
■ Specify operations facilities and reporting locations. Plot on map.			IST Operations Section Chief	
■ Discuss requirements for:			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 <b>ESF-9</b>	FORM <b>US&amp;R-XXX</b> 2/95
DISASTER #:	OPS PERIOD:	DATE/TIME PREPARED:	UNIT LEADER:
<b>TIME</b>	<b>EVENT</b>		
	▪ Shift change		
	▪ Prepare for Planning Meeting		
	▪ Planning Meetings (Command & General Staff, Agency Admin. Rep., Resource Status Officer, Situation Status Officer, Comm Support Officer, etc.)		
	▪ Prepare IAP		
	▪ Review and Finalize IAP		
	▪ Approve IAP		
	▪ Prepare for Operations Briefing		
	▪ Operations Briefing		
	▪ Finalize Reports		
	▪ Shift Change		
PREPARED BY:	APPROVED BY:	DATE:	

FIG. X2.28 Planning Cycle


 <b>Los Padres Search &amp; Rescue</b>		<b>Missing Aircraft WORKSHEET</b>		Case No.	
				SAR No.	
				OES No.	AFRCC No.
<b>AIRCRAFT DESCRIPTION</b>					
Registration Number		Manufacturer	Model	Color	
Remarks		Cruise Speed	Number of Engines	ELT Equipped	IFR Equipped
Pilot's Name: Last, First, MI			Age	D. O. B.	
Address: Street, City, State				Phone No.	
License	Rating	Hours	Other Flight Trained Crew Members		
Passengers		<b>HAZARDOUS OR SENSITIVE CARGO</b>			
<b>LAST CONTACT</b>					
Location					
Reporting Party: Last, First, MI		Relation	Phone	Time	
<b>PLANNED ROUTE</b>					
Departure Point		Time	Date	IFR/VFR	
Destination		ETA	Date	Alternate Airport	
Route					
Source of Information			Flight Plan Filed With		
<b>KNOWN ROUTE</b>					
Route					
Weather Enroute					
Source of Information					
<b>OTHER INFORMATION</b>			<b>INFORMATION SOURCES</b>		
Instrument Approach			SBA Flight Service Station Contact	967-2305	
Instrument Departure			SBA Tower Contact	967-9717	
Flight Service Station DF			A/C Rental Agency Contact	Phone	
Pilot/Witness Report			Line Person/Gas Truck Contact	Phone	
			Civil Air Patrol Contact	Phone	
			Other	Phone	
			© Los Padres SAR 1989 Form LP-17-0990		

FIG. X2.29 Missing Aircraft Worksheet


 <b>Los Padres Search &amp; Rescue</b>		<b>ELT WORKSHEET</b>		Case No.	
				SAR No.	
<b>First Report</b>					
Reporting Party			Phone	Time	
Report					
Source of Report					
Location of Reporting Party			Agency of Reporting Party		
<b>AFRCC Data</b>					
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
<b>Civil Air Patrol Data</b>					
CAP Contact		Phone	Unit	Time	
Report					
Source of Report					
Mission Coordinator		Base Location	Phone		
Ground Teams: Call Sign & Location					
Aircraft: Call Sign & Location					
<b>Sheriff's Department Data</b>					
Contact		Phone	Location	Time	
Report					
Source of Report					
Time of Report					
<b>FAA Data</b>					
Contact		Phone	Location/Office	Time	
Report					
<b>Signal Received</b>		Location of Receiver	Time Received	Direction	SBA FSS 967-2305
<b>Pilot Report</b>		Type of A/C	Altitude	Time Received	Location SBA Tower 967-9717
<b>Automatic Alert</b>					
Mesa		Airport/CMC			
Walnut Road		Cathedral Oaks	Direction		
Comments					
<b>ELT Report Data</b>					
Owner's Name: Last, First MI					
Location		Aircraft/Vessel Type	Registration No.		
ELT Manufacturer		ELT Model No.	ELT Serial No.		
Suspected Cause					
Time 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
	DATE	TIMES	DATE	TIMES	ESF-9	2/95 US&R-004
<p>The following reports on Urban Search &amp; Rescue activities for the period shown:</p> <ul style="list-style-type: none"> <li>▪ <b>CURRENT SITUATION</b> _____ _____ _____</li> <li>▪ <b>CRITICAL ISSUES</b> _____ _____ _____</li> <li>▪ <b>CASUALTY REPORT (civilian/Federal)</b> _____ _____ _____</li> <li><b>ACCOMPLISHMENTS</b> _____ _____ _____</li> <li>▪ <b>RESOURCES ASSIGNED</b> _____ _____ _____</li> <li>▪ <b>PLANNED ACTIVITIES (next 24 - 72 hours)</b> _____ _____ _____</li> <li>▪ <b>ADDITIONAL INFORMATION</b> _____ _____ _____</li> </ul>						
IST LEADER      DATE      TIME			<b>DISTRIBUTION:</b> DFO: Information & Planning Section IST: *Command & General Staff			

FIG. X2.31 Situation Report



UNIT LOG	
TIME	MAJOR EVENTS

**BACK SIDE**

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

**Crew Card/Unit Log**

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

- Original - Operations Section Chief
- 2<sup>nd</sup> Copy - Plans Section Chief &/or Communications Section Chief
- 3<sup>rd</sup> Copy - Crew Boss

Information found on Crew Card

- Crew number: found on the Crew Assignment Sheet
- Crew Boss: full name, first name first
- Date: month/day/year
- Crew Affiliation: (ie M.F. Whitney Fire Co., 3500 Club, etc.)
- Bib Color: color of the assigned bibs
- Crew type: check the search technique to be used (found on the Crew Assignment Sheet or obtained at briefing)
- Area Assigned: found on the Crew Assignment Sheet
- Time Out: time the assignment is started
- Time In: time the assignment is completed or crew returns to the ICP
- Crew Members/Bib number: print the names of all crew members; record their assigned bib numbers
- Remarks: use as needed

Using the Unit Log

- Found on the reverse side of the Crew Card
- Crew boss maintains the Unit Log
- Becomes permanent and integral part of the incident's records
- 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)*

Los Padres Search & Rescue Team <b>ELT-DF</b> FIELD TEAM LOG			Team No.:	Call sign:
			Team Leader:	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		
Location		
ELT Manufacturer	ELT Model No.	ELT Serial No.

Registration No.		Aircraft/Vessel Type
Suspected Cause		
Time Off	Date Off	© Los Padres SAR 1990 Form LP-16-0999

**FIG. X2.34 ELT-DF Field Team Log**

<b>ELT-DF FIELD TEAM LOG</b> <b>Page 2</b>			Team No.:	Call sign:
			Team Leader:	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)**

TRACKING - WORKSHEET

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

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

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

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

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

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

FIG. X2.35 Tracking Worksheet

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





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

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

FIG. X2.36 Track ID Form

Right or Left: Are the tracks mirror images?	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 _____          Location _____          Heading _____          Basic Type _____          Pattern _____          Overall Length ___ Width ___          Heel Length ___ Width ___          Stride (heel to heel) _____          Ground Description _____          Remarks _____          Tracker _____</p>	 <p>Date _____ Time _____          Location _____          Heading _____          Basic Type _____          Pattern _____          Overall Length ___ Width ___          Heel Length ___ Width ___          Stride (heel to heel) _____          Ground Description _____          Remarks _____          Tracker _____</p>
 <p>Date _____ Time _____          Location _____          Heading _____          Basic Type _____          Pattern _____          Overall Length ___ Width ___          Heel Length ___ Width ___          Stride (heel to heel) _____          Ground Description _____          Remarks _____          Tracker _____</p>	 <p>Date _____ Time _____          Location _____          Heading _____          Basic Type _____          Pattern _____          Overall Length ___ Width ___          Heel Length ___ Width ___          Stride (heel to heel) _____          Ground Description _____          Remarks _____          Tracker _____</p>

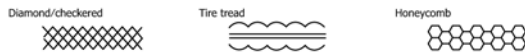


FIG. X2.36 Track ID Form (continued)

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

Team Name: _____		EQUIPMENT ROSTER		Team Liason: _____	
<small>THIS ROW FOR L.A.S.D. USE ONLY</small>			REPORT CONTINUATION	URN	page _____ of _____
Incident Name		Date/Time Prepared		Operational Period	
ITEM	QUANTITY		STATUS		
	ON SITE	OBTAINABLE	(FOR C.P. USE)		
ELT - DF					
LITTER					
BACKBOARD					
ALTIMETER					
RADIOS: Indicate if Handheld or Mobile					
VHF (MRA 155.160)					
VHF (Other Freq.?)					
GENERATOR					
Watts					
RADIO REPEATER:					
VHF (MRA 155.160)					
VHF (Other Freq.)					
UHF					
TENT					
Capacity					
Capacity					
PORTABLE LIGHTS					
SNOW ANCHORS					
MAP OF AREA					
4 x 4 VEHICLES					
<b>MMRT 301</b>	Notes:				

FIG. X2.37 Equipment Roster





**ALPINE RESCUE TEAM, INC.**

**COMMUNICATIONS LOG**

MISSION: \_\_\_\_\_  
 M.L. \_\_\_\_\_ CQ: \_\_\_\_\_  
 DATE: \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

TIME	TO	FROM	TRANSMISSION

COMM LOG REVISED 1/96/HTM

**FIG. X2.40 Communications Log**

<b>Search &amp; Rescue SHERIFF'S DEPARTMENT SANTA BARBARA COUNTY</b>		<b>MEDICAL REPORT</b>		DR Number	Date
				SAR Number	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					
-----					
<b>Mental Status</b>	<b>Pupils</b>	<b>Speech</b>	<b>Skin</b>		
<input type="checkbox"/> Alert	<input type="checkbox"/> PERL	<input type="checkbox"/> Normal	<input type="checkbox"/> Warm		
<input type="checkbox"/> Conscious	<input type="checkbox"/> Dilated	<input type="checkbox"/> Silent	<input type="checkbox"/> Hot		
<input type="checkbox"/> Unconscious	<input type="checkbox"/> Constricted	<input type="checkbox"/> Coherent	<input type="checkbox"/> Cool		
<input type="checkbox"/> Hysterical	<input type="checkbox"/> Unequal	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Cold		
<input type="checkbox"/> Combative	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Slurred	<input type="checkbox"/> Dry		
<input type="checkbox"/> Confused	<input type="checkbox"/> Eyes Fixed	<input type="checkbox"/> Breathing	<input type="checkbox"/> Moist		
<input type="checkbox"/> Oriented	<input type="checkbox"/> Pulse	<input type="checkbox"/> Normal	<input type="checkbox"/> Skin, Collar		
<input type="checkbox"/> Name	<input type="checkbox"/> Regular	<input type="checkbox"/> Shallow	<input type="checkbox"/> Normal		
<input type="checkbox"/> Place	<input type="checkbox"/> Irregular	<input type="checkbox"/> Absent	<input type="checkbox"/> Cyanotic		
<input type="checkbox"/> Incident	<input type="checkbox"/> Bounding	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Flushed		
<input type="checkbox"/> Time	<input type="checkbox"/> Weak	<input type="checkbox"/> Rales	<input type="checkbox"/> Pale		
	<input type="checkbox"/> None	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Jaundiced		
Time					
Pulse					
B.P.					
R.R.					
L.O.C.					
<input type="checkbox"/> Possible Contagious Disease <input type="checkbox"/> CPR by <input type="checkbox"/> Citizen <input type="checkbox"/> EMS <input type="checkbox"/> Other					
<b>REFUSAL OF SERVICE</b>					
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 <input type="checkbox"/> Ambulance <input type="checkbox"/> Helicopter <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Patient Refused Transport <input type="checkbox"/> Cancelled Enroute					

**FIG. X2.41 Medical Report**



<b>Report of Injury</b>	Search & Rescue <b>SHERIFF'S DEPARTMENT</b> SANTA BARBARA COUNTY	DR Number _____ Operation Number _____
<input type="checkbox"/> Operation <input type="checkbox"/> Training <input type="checkbox"/> Other _____		Date Occurred _____
Name _____		Team _____
Assignment at Time of Injury		
Description of the Incident and the Injury		
Treatment at Time of Injury		
Witnesses		
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**

<b>PATIENT REFERRAL</b>	INCIDENT	REPORTING UNIT <b>ESF-9</b>	FORM <b>US&amp;R-014</b> 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:			
<b>EMPLOYEE USE ONLY—NOT FOR CIVILIANS</b>			

**FIG. X2.43 Patient Referral**



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

<b>NOTICE OF DEATH FORM</b>	INCIDENT	REPORTING UNIT <b>ESF-9</b>	FORM <b>US&amp;R-013</b> 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**





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

<b>TIME RECORD</b>	INCIDENT	MISSION NUMBER	REPORTING UNIT <b>ESF-9</b>	FORM <sup>2/95</sup> <b>US&amp;R-007</b>
<ul style="list-style-type: none"> <li>▪ Employee Name _____</li> <li>▪ Address _____</li> <li>▪ Social Security # _____</li> <li>▪ Position(s) Filled _____ date(s) _____</li> <li>▪ Sponsoring organization/TF _____</li> </ul>				
HOURS ON DUTY				
Date	Start Time	Breaks	End Time	Daily Totals
IST LEADER _____ DATE _____			<b>TOTAL:</b>	
FINANCE SECTION CHIEF _____ DATE _____		EMPLOYEE SIGNATURE _____		DATE _____

**FIG. X2.47 Time Record**

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

DATE \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

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

FIG. X2.48 Search and Rescue Expenditure Report

PAGE \_\_\_\_\_ OF \_\_\_\_\_

REPORT CONTINUATION				URN		
ACTIVATED PERSONNEL ROSTER				BUSINESS OFFICE USE ONLY		
NAME	RANK	EMPLOYEE #	HRS.	UNIT CHARGE	COST	TOTAL
EQUIPMENT USAGE ROSTER				BUSINESS OFFICE USE ONLY		
GROUND EQUIPMENT	TYPE	CO. SER. #	HRS./MILES	UNIT CHARGE	COST	TOTAL
AIRCRAFT TYPE	REG. #	CO. SER. #	HRS.	UNIT CHARGE	COST	TOTAL
MISCELLANEOUS EQUIPMENT	TYPE	CO. SER. #	HRS.	UNIT CHARGE	COST	TOTAL

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
	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			\$	\$
P						
E						
R						
S						
O						
N						
N						
E						
L						
	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	21	Search Dogs			\$	\$
I	22	Riding Horses			\$	\$
M	23	Draft Animals			\$	\$
A	29	Other			\$	\$
L						
	31	-1 Two-wheel Drive Pick-ups			\$	\$
V		-2 Four-wheel Drive Pick-ups			\$	\$
E	32	Automobiles			\$	\$
H	33	ATV/Trail Bikes			\$	\$
I	34	Snowmobiles			\$	\$
C	35	-1 Motor driven boats			\$	\$
L		-2 Non-motor driven boats			\$	\$
E	36	Lrg Van/Small Bus (≤16 pass.)			\$	\$
S	37	Large Bus (>16 pass.)			\$	\$
	39	Other			\$	\$
	41	-1 DEC Helicopters			\$	\$
		-2 Contract			\$	\$
A		-3 N. Y. S. Police			\$	\$
I		-4 Military			\$	\$
R		-5 Civil Air Patrol			\$	\$
C		-6 Private			\$	\$
	42	-1 DEC Fixed-wing Aircraft			\$	\$
		-2 Contract			\$	\$
A		-3 N. Y. S. Police			\$	\$
F		-4 Military			\$	\$
T		-5 Civil Air Patrol			\$	\$
		-6 Private			\$	\$
O						
T	51	Food Costs (attach copy of bills)			\$	\$
H	52	Equipment Costs (attach copy of bills)			\$	\$
E	53	Phone Service (attach copy of bills)			\$	\$
R						

ITS DEC IPSIM 02/90

FIG. X2.49 Cost Sheet

X3. ADDITIONAL FORMS FOR SAR INVESTIGATION



LARIMER COUNTY SEARCH AND RESCUE

**LOST PERSON QUESTIONNAIRE**

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

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

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

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

**C – PHYSICAL DESCRIPTION**

**D – TRIP PLANS OF SUBJECT**

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

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

**G – OUTDOOR EXPERIENCE**

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

**H – HABITS / PERSONALITY**

**I – HEALTH / GENERAL CONDITION**

**J – EQUIPMENT – (clothing on obverse, section E)**

**K – CONTACTS SUBJECT WOULD MAKE UPON REACHING CIVILIZATION**

**L – 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)**

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
SEARCH AND RESCUE CIRCUMSTANCE

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

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

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

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

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

CLOTHING WORN	TYPE	COLOR	SIZE	DIMENSION	SOLE	AGE
MONEY CARRIED \$ _____						

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

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

EQUIPMENT \_\_\_\_\_

NUMBER IN PARTY	NO. LOST	PERSONS W/VICTIM
_____	_____	_____

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

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

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 \_\_\_\_\_

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

MOUNTAINEER \_\_\_\_\_

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

765346  
SH-R-220 2/92

FIG. X3.2 Search and Rescue Circumstance


Pennsylvania Search and Rescue Council <b>Incident Missing Person Questionnaire</b> Incident Form 1 of 5		
Incident Name:	Name of Interviewer:	Date/Time Prepared:
Source(s) of information (names and relationships): (Use back page if needed)		(circle one)
Interview	_____ ( ) - _____	phone in person
	_____ ( ) - _____	phone in person
Subject I.D.	Name of missing person: _____	Age, Birthday, other: _____
	Local Address: _____	
	Home Address, if different: _____	
	Nicknames/Aliases: _____	
Description	Height: _____ Weight: _____ Build: _____ Hair Color: _____ Hair Length: _____	
	Sideburns? Beard? Moustache? Balding? _____	
	Facial Features/Shape: _____	
	Distinguishing Marks (scars, etc.): _____	
	Race/Skin Color and Complexion: _____	
Other	General Appearance: _____	
	Other important information:	
	_____	
	_____	
	_____	
	_____	
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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? _____
Experience	Any Unusual Comments on Leaving? _____
	_____
	_____
	Familiar with the Area? _____
	Outdoor Experience Level? _____
	First Aid/Scout/Military? _____
	Hunting/Backpacking/Climbing? _____
	Ever been lost before? Where? When? _____
	Actions when lost before? _____
	Ever go out alone? _____
Stay on trails or go cross-country? _____	
Contacts	Who would subject contact _____ ( ) -
	on reaching civilization? _____ ( ) -
	(Name, Address, Phone) _____ ( ) -
	Include friends, relatives, _____ ( ) -
	habitual bars or restaurants _____ ( ) -
	_____ ( ) -
Health	_____ ( ) -
	General condition? _____
	Any physical handicaps or limitations? _____
	Psychological or psychiatric problems? _____
	Any medications? Amount carried? _____
	Consequences of loss? _____
	Eyesight without glasses/contacts? _____
Carry spares? _____	
Physician/psychiatrist/counselor: _____ ( ) -	

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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) _____		
_____		
_____		
_____		
_____		
3/2/92	Page 5 of 6	

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



<b>WILDERNESS TRIPS</b>			
Type of Activity	Purpose of Trip	Number Lost	Number In Party
Location of Point Last Seen or Last Known Point		Time	Date
Starting Point/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
<b>CONTACT AT END OF TRIP</b>			
Name	Relation	Phone	Back Up Plan
Address		Contacts Current Location	
<b>EQUIPMENT</b>			
Maps	Pack	How Many Days Food?	
Compass	Sleeping Bag	Type of Food (freeze dried, food bars)	
Guidebook	Tent Or Shelter	Snack Foods	
Flashlight	Stove	Gum/Candy	
Water (How Much?, Container?)	Raingear	Smoker (Brand)	
Knife	Climbing Equipment	Other Equipment	
Firearm	Camera		
<b>EXPERIENCE</b>			
Experience At Activity		Related Skills	
Familiarity With Area		Last Time There	
Previous Incident/Lost Before		When/Where?	
Past Destinations			
Scouting Experience	Medical Training	Would Subject Leave Trail?	
Military Experience	Outdoor Training Programs	How Far/Fast Does Subject Hike?	
<b>GROUPS</b>			
Name of Group/Organization		Type of Group	
Name of Leader	Experience of Leader	Phone Number	
Actions if Separated (Planned or Suspected)			
Group Cohesiveness (Splinter Groups, Personality Clashes)			

**FIG. X3.4 Lost Person Worksheet (continued)**

<b>CHILDREN</b>			
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)			
<b>WALKAWAY</b>			
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
<b>ALZHEIMER/WALKER</b>			
Glasses/Contacts		Description of Glasses	Ability To See Without Eyewear
Right Or Left Handed		Walking Aids	Describe Walking Ability
Hearing Aid		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
<input type="checkbox"/> Good	<input type="checkbox"/> Changeable	<input type="checkbox"/> Confused	Dosage
<input type="checkbox"/> Fair	<input type="checkbox"/> Erratic	<input type="checkbox"/> Disoriented	Frequency
<input type="checkbox"/> Poor	<input type="checkbox"/> Violent	<input type="checkbox"/> Agitated	Symptoms If Not Taken
<input type="checkbox"/> Weak	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Compulsive	
<input type="checkbox"/> Strong	<input type="checkbox"/> Passive	<input type="checkbox"/> Other	
	<input type="checkbox"/> Friendly		
	<input type="checkbox"/> Other		
Familiar Object Subject May Recognize (Describe Photo, Clothing, Object)			
Can Subject Drive?	Describe Any Vehicle To Which Subject Has Access		Would Subject Use Taxi, Bus, Accept a Ride?
Would Subject Relate To A Certain Vehicle (Describe Make/Model/Color)?			
Would Subject Talk To Strangers?		Would Subject Enter A Store?	Languages Spoken

**FIG. X3.4 Lost Person Worksheet (continued)**

**CONFIDENTIAL INFORMATION  
NOT FOR RELEASE BY SAR**

**KNOWN FRIENDS**

Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )

**NEXT OF KIN**

Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )
Name (Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone ( )

**SCENT ARTICLE**

Contact Name (Last, First, Middle)	Location	Phone ( )
------------------------------------	----------	-----------

SCENT ARTICLE: Clothing must have been worn next to the body. Bedding such as pillows if not touched by others. 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 REVISED 1/15/11M

FIG. X3.5 ML Quick Sheet

# ASTM F1767 - 14

## NOTIFICATION OF SEARCH AND/OR RESCUE

CALLER'S NAME _____		DATE _____	
CALLER'S PHONE # _____		TIME _____	
INJURED/MISSING PERSON (S):	AGE:	ADDRESS:	RACE:
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
DATE LAST SEEN _____		TIME LAST SEEN _____	
SUBJECT MISSING SINCE _____			
LOCATION LAST SEEN _____			
INTENDED DESTINATION _____			
TYPE OF INJURY (IF APPLICABLE)? _____			
SUBJECT'S DESCRIPTION:	Ht	Wt	Hair
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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	OTHERS AT HOME	PHONE #	HOW LONG HOME	RESIDENT CHECK TO HOME/YARD	SNR 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
<b>ICS ???</b> BASARC 8/95	4. COMPLETED BY _____									

**FIG. X3.7 Urban Interview Log**

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

FIG. X3.8 Daily Clue Log

<b>Los Padres Search &amp; Rescue</b>		<b>ELT-DF Reports</b>		Case No. _____
				SAR No. _____

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

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

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

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

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

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

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

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

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

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

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

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

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Form LP-15-0990 © Los Padres SAR 1990

FIG. X3.9 ELT-DF Reports

Clue Card

Date \_\_\_\_\_ Time \_\_\_\_\_ Recorded by: \_\_\_\_\_  
Call-back Name & No.: \_\_\_\_\_

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

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

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

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

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

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

FIG. X3.10 Clue Card



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

**Clue Card**

**Date:** date the card was filled out.

**Time:** time that the card was filled out.

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

**Call back name and number:** name and phone number of person giving you information 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)



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.

<b>SUBJECT PROFILE</b>		
<b>Factor</b>		<b>Factor Value</b>
<b>AGE</b>	Very young	1
	Very old	1
	Other	2-3
<b>MEDICAL COND.</b>	Suspected injured/illness	1-2
	Healthy	3
	Known Fatality	3
<b>NUMBER OF SUBJECTS</b>	One alone	1
	Multiple unseparated	2-3
<b>WEATHER</b>	Existing hazardous	1
	Predicted hazardous, with in 8 hrs. of less	1-2
	Predicted hazardous, more than 8 hrs.	2
	No hazardous weather predicted	3
<b>EQUIPMENT</b>	Inadequate for environment	1
	Questionable for environment	1-2
	Adequate for environment	3
<b>SUBJECT EXPERIENCE</b>	Not experienced, does not know area	1
	Not experienced, knows area	1-2
	Experienced, does not know area	2
	Experienced, knows area	3
<b>TERRAIN AND HAZARDS</b>	Known hazardous terrain or other hazards	1
	Few or no hazards	2-3
<b>HISTORY OF INCIDENTS</b>	In this area	1-3
<b>BASTARD SEARCH</b>		2-3
<p>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.</p>		
<b>RESPONSE RATING</b>		
	Emergency response	08-12
	Measured response	13-18
	Evaluative response	19-24
	Insufficient evidence	25-27
		<b>TOTAL</b> _____
<b>MMRT 302</b>	PREPARED BY (NAME & POSITION)	

rev. 10/21/93

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

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

Form LP-31A-0292 © Los Padres SAR 1992

**FIG. X3.12 Training Plan**



**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	INSPECTORS INITIALS	ROPE CONDITION & COMMENTS

**FIG. X3.15 PMI Usage and History**

**Mission Debriefing Form**  
*Larimer County Search and Rescue*

ICS 2001A-1G925/Q.E

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

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

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

Time of:

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

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

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

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

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

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

Subject Status:

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

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

Number of:

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

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

Total:

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

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

Equipment damaged:

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

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

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

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

**FIG. X3.16 Mission Debriefing Form**

Issues:

Response:

Field Assignments:

Safety:

Other:

For each issue identified

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

or

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

**FIG. X3.16 Mission Debriefing Form (continued)**

Colorado  
Division of  
Wildlife

**MISSION REPORT**

Colorado  
Search & Rescue  
Board

County (where mission occur'd) LARIMER Co. Case #: \_\_\_\_\_ AFRC # : \_\_\_\_\_  
 Unit Submitting Report: LARIMER COUNTY SEARCH AND RESCUE TEAM Unit Msn #: \_\_\_\_\_ Other #: \_\_\_\_\_  
 Primary unit (this mission): LCSAR Where incident occurred: \_\_\_\_\_ Incident Commander: \_\_\_\_\_  
 Mission started: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SUBJECT INFORMATION**

Name	Sex	DOB	Street address	Town	State	CDOW lic. (atch'g)
A						
B						
C						

**INCIDENT DATA**

ACTIVITY	SITUATION	DESCRIPTION OF INCIDENT
<input type="radio"/> Climber <input type="radio"/> Hiker <input type="radio"/> Hunter <input type="radio"/> Fisherman <input type="radio"/> Skier <input type="radio"/> Bicycle <input type="radio"/> Boat	<input type="radio"/> OHV <input type="radio"/> Snowmobile <input type="radio"/> Aircraft <input type="radio"/> Walkaway <input type="radio"/> Evid. search <input type="radio"/> Other	<input type="radio"/> Lost/overdue <input type="radio"/> Stranded <input type="radio"/> Injury <input type="radio"/> Illness <input type="radio"/> Public service <input type="radio"/> Other

**RESPONSE**

RESPONSE TYPE	(If lost) SEARCH TECHNIQUES USED	RESCUE/RECOVERY TECHNIQUES USED	DESCRIPTION OF RESPONSE
<input type="checkbox"/> Standby <input type="checkbox"/> Responded <input type="checkbox"/> Search <input type="checkbox"/> Rescue <input type="checkbox"/> Recovery <input type="checkbox"/> Other	<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"/> 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

**RESULTS**

Subject was found/rescued Date: \_\_\_\_\_ Time: \_\_\_\_\_  By SAR effort  By public (non-SAR)  By self  Never needed help  Not found/rescued  Other

**REASON TERMINATED (if lost) FOUND IN CLUES**

REASON TERMINATED (if lost)	FOUND IN CLUES	SUBJECT FOUND BY
<input type="checkbox"/> Successful <input type="checkbox"/> Lack manpower <input type="checkbox"/> Lack equipment <input type="checkbox"/> Lack support <input type="checkbox"/> Lack clues <input type="checkbox"/> Hazardous terrain <input type="checkbox"/> Severe weather <input type="checkbox"/> Area too large <input type="checkbox"/> Authority decision <input type="checkbox"/> Family decision <input type="checkbox"/> Other	<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	<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

As a result of the SAR effort, Total number of persons: Found, Rescued, Saved

**DESCRIPTION OF FIND/RESCUE:**

---

**MEDICAL EXTENT OF INJURIES**

EXTENT OF INJURIES	CAUSE OF INCIDENT	(if lost) REASON(s)	(if injury) REASON(s)	(if lost)-Travel Data
<input type="radio"/> A Uninjured <input type="radio"/> B Slight/1st aid <input type="radio"/> C Moderate/Dr. <input type="radio"/> Severe/Hospital <input type="radio"/> Fatal	<input type="checkbox"/> Unknown <input type="checkbox"/> Human error (self) <input type="checkbox"/> Another person <input type="checkbox"/> Darkness <input type="checkbox"/> Environment/vx <input type="checkbox"/> Falling object <input type="checkbox"/> Equipment failure <input type="checkbox"/> Other	<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	<input type="checkbox"/> Unknown <input type="checkbox"/> Hastle <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	Air distance from last seen pt. (miles) _____ Elevation change from last seen pt to where found (feet) <input type="radio"/> Up <input type="radio"/> Down <input type="radio"/> Same elev Time Moving (hrs): _____ <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?  Yes  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	
_____	_____	_____	(Attach all receipts)	_____	_____
_____	_____	_____	(Includes fuel, repairs, etc.)	_____	_____
_____	_____	_____		_____	_____
_____	_____	_____		_____	_____
_____	_____	_____		_____	_____
_____	_____	_____	Equipment _____	_____	_____
_____	_____	_____	Cost _____	_____	_____
_____	_____	_____	Subtotal _____	_____	_____

**MISCELLANEOUS COSTS (attach all receipts/documentation)**

Motel(s) _____	
Food/Meals _____	
Personal Equipment _____	
(Ropes, 1st aid, batteries, gloves, clothing, etc.) _____	
Other misc costs: _____	Miscellaneous costs subtotal _____
(list on separate sheet)	Total cost: _____

**OTHER SAR UNITS INVOLVED**

Unit Name	No.
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
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: \_\_\_\_\_ Name Rank Telephone Date  
 REQUEST APPROVED BY: \_\_\_\_\_ (Sheriff's signature required for reimbursement) Date  
 MAKE CHECKS PAYABLE TO: \_\_\_\_\_ Name  
 \_\_\_\_\_ Street address  
 \_\_\_\_\_ City, State, Zip code

**SAR FUND RECEIPT/APPROVAL**

DO NOT USE  
 REQUEST RECEIVED: \_\_\_\_\_ Date BY: \_\_\_\_\_ Name  
 REQUEST APPROVED: \_\_\_\_\_ Date BY: \_\_\_\_\_ Name

FIG. X3.17 Mission Report (continued)

# ASTM F1767 - 14

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

RECORDS AND STATISTICS BUREAU USE ONLY

ACTION ACTIVE <input type="checkbox"/> INDEX YES <input type="checkbox"/>		INDEX INFO NO <input type="checkbox"/>		MMRST Operation # _____		URN _____	
CLASSIFICATION RESCUE: Vehicle Over <input type="checkbox"/> Missing Person <input type="checkbox"/> Injured Person <input type="checkbox"/> Stranded Hiker <input type="checkbox"/>							
CLASSIFICATION Disaster <input type="checkbox"/> Recovery <input type="checkbox"/> Other <input type="checkbox"/>							
DATE, TIME, DAY BEGIN _____				DATE, TIME, DAY END _____			
LOCATION OF OCCURRENCE _____						STATION COORDINATOR _____	TAG # _____
<small>CODE: V - victim, W - witness, I - informant, P - patient list one victim (if named) and the informant on this page</small>							
CODE _____	No. OF _____	LAST NAME _____		FIRST _____	MIDDLE _____	SEX _____	RACE _____
RESIDENCE ADDRESS _____		CITY _____		ZIP _____		RES PHONE (____) _____	
BUSINESS ADDRESS _____		CITY _____		ZIP _____		BUS PHONE (____) _____	
CODE _____	No. OF _____	LAST NAME _____		FIRST _____	MIDDLE _____	SEX _____	RACE _____
RESIDENCE ADDRESS _____		CITY _____		ZIP _____		RES PHONE (____) _____	
BUSINESS ADDRESS _____		CITY _____		ZIP _____		BUS PHONE (____) _____	
CODE _____	No. OF _____	LAST NAME _____		FIRST _____	MIDDLE _____	SEX _____	RACE _____
RESIDENCE ADDRESS _____		CITY _____		ZIP _____		RES PHONE (____) _____	
BUSINESS ADDRESS _____		CITY _____		ZIP _____		BUS PHONE (____) _____	

NAME	EMP #	ASSIGNMENT	TIME IN	TIME OUT	HOURS
PAGER CALL-OUT CODE: _____					Total Hours: _____

MODE	SEARCH	RESCUE	SYSTEM	ASSISTING UNITS	ASSISTED
Obs <input type="checkbox"/>	Missing person <input type="checkbox"/>	Injured Person <input type="checkbox"/>	Truck and Winch <input type="checkbox"/>	Other LASD teams <input type="checkbox"/>	Other LASD teams <input type="checkbox"/>
Detail <input type="checkbox"/>	Lost Person <input type="checkbox"/>	Vehicle Over <input type="checkbox"/>	Hike in/Hike out <input type="checkbox"/>	Outside Agencies <input type="checkbox"/>	Outside Agencies <input type="checkbox"/>
Call <input type="checkbox"/>	Evidence <input type="checkbox"/>	Cliffhanger <input type="checkbox"/>	Helicopter <input type="checkbox"/>	Fire <input type="checkbox"/>	Fire <input type="checkbox"/>
Petrol <input type="checkbox"/>	Homicide <input type="checkbox"/>	Medical Aid <input type="checkbox"/>	Technical <input type="checkbox"/>	State Parks <input type="checkbox"/>	State Parks <input type="checkbox"/>
Callout <input type="checkbox"/>	Aircraft <input type="checkbox"/>	Disaster <input type="checkbox"/>	Litter <input type="checkbox"/>	National Parks <input type="checkbox"/>	National Parks <input type="checkbox"/>
Cancelled <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>

VEHICLE USED IN CRIM? YES <input type="checkbox"/> NO <input type="checkbox"/>		YR _____		MAKE _____		BODY TYPE _____		COLOR _____		BY DEPUTY _____		BADGE No. _____	
UNKNOWN <input type="checkbox"/> STORED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/>		V I N. #/NAME No. _____		DEPUTY _____		STATION _____		UNIT/CAR No. _____		SHIFT _____		BADGE No. _____	
LICENSE (STATE & No) _____		REGISTERED OWNER _____		STATION _____		UNIT/CAR No. _____		SHIFT _____		BADGE No. _____		TIME _____	
IDENTIFYING CHARACTERISTICS _____		GARAGE NAME & PHONE _____		ASSIGNMENT _____		LOST HILLS STATION RESERVE COORDINATOR _____		SPECIAL REQUEST DISTRIBUTION _____		ESD _____		RFB _____	
CHP 180 YES <input type="checkbox"/> NO <input type="checkbox"/>		SUBMITTED _____		ATTACHMENTS <input type="checkbox"/> ICS 201 <input type="checkbox"/> ICS 202 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 211E <input type="checkbox"/> ICS 211P <input type="checkbox"/> ICS 211M <input type="checkbox"/> ICS 214L <input type="checkbox"/> ICS 209 <input type="checkbox"/>		TT BY/C BY _____		DATE _____		TIME _____		SECITY _____	

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**FIG. X3.18 Incident Report**

COUNTY OF LOS ANGELES - SHERIFF'S DEPARTMENT  
**INCIDENT REPORT CONTINUATION**

URN: \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

CLASSIFICATION	# of Vict	# of Surv	# of Fatal	# of Misc. or Unk.	RESOURCES USED	STATISTICAL INFORMATION					
						# of Units or People	# of Hours or People	# of Units or People	# of Hours or People	# of Units or People	# of Hours or People
HUNTERS					PAID DEPUTIES						
FISHERMAN					RESERVE DEPUTIES						
BACKPACKERS/HIKERS					CIVILIAN VOLUNTEERS						
CAMPERS					Co. OWNED HELICOPTERS						
CLIMBERS					Co. OWNED FIXED WING						
MOTORCYCLISTS					FEDERAL HELICOPTER						
MINES AND CAVES					FEDERAL FIXED WING						
SWIMMERS					STATE HELICOPTER						
SNOWSPORTS					STATE FIXED WING						
AIRCRAFT					PRIVATE HELICOPTER						
RAFTERS					PRIVATE FIXED WING						
VEHICLES					4X4 VEHICLE						
OTHERS					SNOW MOBILE						
TRAINING					SEARCH DOGS						
					HORSES						
					GROUND VEHICLES						

**NARRATIVE**

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**FIG. X3.18 Incident Report (continued)**


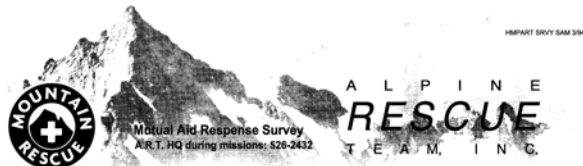
Pennsylvania Search and Rescue Council		<b>Incident After Action Report</b> Incident Form 5 of 5			
Incident Name:			Date/Time* Prepared:		
AFRCC Mission No.:		State Mission No.:	Base Location:		
<b>Mission Type/Extent</b>	<input type="checkbox"/> Missing Person		<input type="checkbox"/> Missing / Overdue Vessel		<input type="checkbox"/> Other:
	<input type="checkbox"/> Missing / Overdue Aircraft		<input type="checkbox"/> Drowning		
	<input type="checkbox"/> ELT / EPIRB		<input type="checkbox"/> Cave Rescue		
	Mission Started: Date/Time*:			Mission <input type="checkbox"/> Closed or <input type="checkbox"/> Suspended Date/Time*:	
<b>Locating and Medical Data</b>	Objective Located by (Name / Organization):				
	Date/Time*:		Geographic Location:		
	Latitude/Longitude:				
	No. Subjects Involved:	No. Subjects Found Alive:	No. Subjects Found Dead:	No. Subjects Still Missing:	
<b>Participating Organizations</b>	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

<b>Incident After Action Report</b>					
<b>Personnel/ Equipment</b>	Aircraft Personnel*:	Ground Personnel*:	Non-SAR Trn. Volunteers*:	Other Personnel*:	
	Staff Personnel*:	Dogs:	Total Estimated Manhours:		
	Fixed-Wing Aircraft:	Helicopters:	Ground Vehicles:	Boats:	
	Other Equipment:				
<b>Operational Summary - Air</b>	No. of Air Sorties:	Hours in Search Area:	Hours Enroute:	Total Flight Hrs.:	No. of Sq. Miles Searched:
	Summary of Grids/Areas Searched:				
<b>Operational Summary - Ground</b>	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)



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

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

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

We are very happy you were recently able to provide mountain search and rescue assistance to your agency. How well we do in meeting the needs of the victim(s), and your agency, is important to us. It helps us learn what is needed to constantly improve our operations, and tells us what we are doing right. Please take two minutes right now to complete this survey, and mail back to us in the enclosed envelope. Thanks for your help.  
(5 = excellent 4 = good 3 = average 2 = needs improvement 1 = let's talk! n/a = not applicable)

<b>Pre-response</b>						
Ease of contacting Clear Creek S.O.	5	4	3	2	1	n/a
General ease of dispatching team	5	4	3	2	1	n/a
Rapidity of S.O. dispatch	5	4	3	2	1	n/a
Pre-response mission review/briefing w/A.R.T.	5	4	3	2	1	n/a
Standing mutual and protocols	5	4	3	2	1	n/a
<b>Enroute</b>						
Ease of radio communication with team	5	4	3	2	1	n/a
Updates passed back and forth	5	4	3	2	1	n/a
Rapidity of team response	5	4	3	2	1	n/a
Team and personal vehicle operations	5	4	3	2	1	n/a
<b>Mission Operations</b>						
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
<b>Post Mission</b>						
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.): \_\_\_\_\_

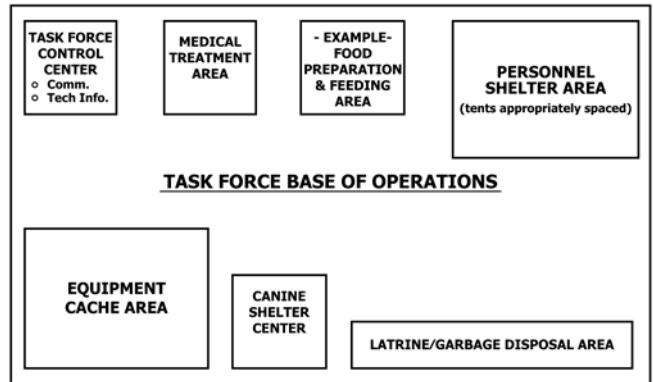
**FIG. X3.21 Task Force Leader's Mission Assignment Checklist**

**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**  
**TASK FORCE OPERATIONS REPORT**

7/92

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**  
**TASK FORCE OPERATIONS SITE SKETCH**

7/92



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**

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

**FIG. X3.24 Task Force Operations Site Sketch**

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. _____		UHR-2a
BLDG LD. _____ FLOOR AREA _____ STORIES _____ OCCUPANCY _____ MATERIAL (CIRCLE ONE) W C S URM PC _____ CALCULATE AREA & NO. TRAPPED _____	<b>TRIAGE CRITERIA</b> 1. POTENTIAL NO. OF TRAPPED ÷ 5 (MIN=1 MAX=50) 2. CONDITION OF VOIDS 1 VERY SEPARATE PART → 20 ↓ COMPACT LAYERS COLLAPSE 3. TIME GET TO VICTIM 1 ONE DAY → 20 ↓ 2 HRS 4. CHANCE OF COLLAPSE -1 LOW CHANCE HI CHANCE → -20 5. SPECIAL INFO: SCHOOL / HOSPITAL = +25 KNOWN LIVE VICTIM = +5 EA 6. NO-GO: (CIRCLE ONE) FIRE HM ZERO VICTIMS OTHER _____ (IF NO-GO PROBLEM IS FOUND, ENTER ZERO FOR BLDG TOTAL)	<b>SCORE</b>
		<b>BLDG TOTAL</b>
BLDG LD. _____ FLOOR AREA _____ STORIES _____ OCCUPANCY _____ MATERIAL (CIRCLE ONE) W C S URM PC _____ CALCULATE AREA & NO. TRAPPED _____	<b>TRIAGE CRITERIA</b> 1. POTENTIAL NO. OF TRAPPED ÷ 5 (MIN=1 MAX=50) 2. CONDITION OF VOIDS 1 VERY SEPARATE PART → 20 ↓ COMPACT LAYERS COLLAPSE 3. TIME GET TO VICTIM 1 ONE DAY → 20 ↓ 2 HRS 4. CHANCE OF COLLAPSE -1 LOW CHANCE HI CHANCE → -20 5. SPECIAL INFO: SCHOOL / HOSPITAL = +25 KNOWN LIVE VICTIM = +5 EA 6. NO-GO: (CIRCLE ONE) FIRE HM ZERO VICTIMS OTHER _____ (IF NO-GO PROBLEM IS FOUND, ENTER ZERO FOR BLDG TOTAL)	<b>BLDG TOTAL</b>
		<b>BLDG TOTAL</b>
BLDG LD. _____ FLOOR AREA _____ STORIES _____ OCCUPANCY _____ MATERIAL (CIRCLE ONE) W C S URM PC _____ CALCULATE AREA & NO. TRAPPED _____	<b>TRIAGE CRITERIA</b> 1. POTENTIAL NO. OF TRAPPED ÷ 5 (MIN=1 MAX=50) 2. CONDITION OF VOIDS 1 VERY SEPARATE PART → 20 ↓ COMPACT LAYERS COLLAPSE 3. TIME GET TO VICTIM 1 ONE DAY → 20 ↓ 2 HRS 4. CHANCE OF COLLAPSE -1 LOW CHANCE HI CHANCE → -20 5. SPECIAL INFO: SCHOOL / HOSPITAL = +25 KNOWN LIVE VICTIM = +5 EA 6. NO-GO: (CIRCLE ONE) FIRE HM ZERO VICTIMS OTHER _____ (IF NO-GO PROBLEM IS FOUND, ENTER ZERO FOR BLDG TOTAL)	<b>BLDG TOTAL</b>
		<b>BLDG TOTAL</b>

7/92

FIG. X3.25 Structure Triage

X4. MISCELLANEOUS SAR FORMS

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

Public Information Summary - Incident Status

THIS FORM FOR L A S D USE ONLY		REPORT CONTINUATION	UBN	Page _____ of _____
Incident Name		Date/Time Prepared	Operational Period	
<i>An Information Summary should be completed for incident updates and Public Information.</i>				
1	Incident Name			
2	Type			
3	Cause			
4	Location			
5	Incident Manager			
6	Start Time			
7	Close Time			
8	Areas Involved			
9	Resources Committed			
10	Casualties			
	Personnel			
	Public			
11	Damage Estimates			
12	Warnings			
	Expected Hazards			
	Location			
	Type			
	Wind			
13	Weather			
	Current			
	Forecast			
14	Areas Evacuated			
15	Shelter Centers			
16	Hospital Contact			
17	Road Status			
18	MOB			
19	POD			
	Phone Numbers			
	Location			
<b>ICS 209</b> Prepared by: _____				

tpm\mmt\forms\ics209.doc rev. 10/07/93

FIG. X4.1 Public Information Summary—Incident Status

Los Angeles County Sheriff's Department  
**MALIBU MOUNTAIN RESCUE TEAM**

**INTRA AGENCY REGISTRATION FORM**

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

QUALIFICATIONS

Technical Rescue \_\_\_\_\_ Heavy, Medium, Light, No Exposure  
 Medical 1<sup>st</sup> Aid \_\_\_\_\_ MD, EMT-P, II, I, ARC, etc.  
 Climbing Skills \_\_\_\_\_ Yosemite Rating, 5.4, 5.12d, etc.  
 Tracking Skills \_\_\_\_\_ T1 - T7, or use words  
 Winter Training \_\_\_\_\_ Heavy, Medium, Light, No Exposure  
 Operation Leader \_\_\_\_\_ Heavy, Medium, Light, No Exposure  
 Snow Travel Ability \_\_\_\_\_ Sno-Shoes, Skis, Crampons  
 Desert Operations \_\_\_\_\_ Heavy, Medium, Light, No Exposure  
 Do you have gear for 48 hour stay in field \_\_\_\_\_ Yes, or No  
 Do you have gear for 24 hour stay in field \_\_\_\_\_ Yes, or No  
 Do you have a Personal Radio \_\_\_\_\_ Type and Frequencies  
 Are you Light Gear Ready (<20 lbs Search Only) \_\_\_\_\_ Yes or No  
 Are you familiar with search area (if applicable) \_\_\_\_\_ Yes or No  
 Point of contact for Emergency or Message \_\_\_\_\_  
 \_\_\_\_\_  
 Do you have any Limitations or Restrictions \_\_\_\_\_  
 \_\_\_\_\_  
 Size of your Shoe \_\_\_\_\_ Do you Smoke \_\_\_\_\_

FIG. X4.2 Intra-Agency Registration Form

SAR Call Out List: CURRENT DATE

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

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

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

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

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

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

**X5. FORM PACKET**

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

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