

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

This standard is issued under the fixed designation F 1767; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon ( $\epsilon$ ) indicates an editorial change since the last revision or reapproval.

 $\epsilon^1$  Note—Editorial changes were made to Sections 4.1 and Table 1 in October 1999.

#### **INTRODUCTION**

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

#### 1. Scope

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

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

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

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

#### 2. Referenced Documents

2.1 The forms in this guide have been submitted by members of various organizations who are presently using them. In some cases the organization logo will identify the source of the submitted form. Use of logos on forms in this guide does not constitute an endorsement by either ASTM or the contributing SAR organization. Use of these displays are for the convenience and information of the user. 2.2 ICS National Training Curriculum— ICS Forms Catalog<sup>2</sup>

#### 3. Significance and Use

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

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

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

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

#### 4. Summary of Guide

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

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

<sup>&</sup>lt;sup>2</sup> Available from the National Interagency Fire Center, 3833 S. Development Ave., Boise, ID 83705.

<sup>&</sup>lt;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.

Current edition approved October 10, 1998. Published March 1999. Originally published as F 1767 – 97. Last previous edition F 1767 – 97.

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

## 5. Existing ICS Forms

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

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

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

#### 6. ICS Forms Modified for SAR

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

6.2 Forms included in SAR/ICS sections:

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

6.2.1.1 Examples found in Appendix X2:

(1) Incident Briefing (Fig. X2.1).

(2) General Briefing (Fig. X2.2).

(3) General Briefing—Missing Person with Instruction Sheets (Fig. X2.3).

(4) Daily Briefing (Fig. X2.4).

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

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

6.2.2.1 Examples found in Appendix X2:

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

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

6.2.3.1 Examples found in Appendix X2:

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

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

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

6.2.4.2 Form instructions are included where available.

6.2.4.3 Examples found in Appendix X2:

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

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

6.2.5.1 Examples found in Appendix X2:

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

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

6.2.6.1 Examples found in Appendix X2:

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

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

6.2.7.1 Examples found in Appendix X2:

(1) Daily Local Volunteer Personnel Register (Fig. X2.15).

(2) Daily SAR Unit/Government Personnel Register (Fig. X2.16).

(3) Personnel Check In/Out (Fig. X2.17).

(4) Registration of Search and Rescue Participants (Fig. X2.18).

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

6.2.8.1 Examples found in Appendix X2:

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

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

6.2.9.1 Examples found in Appendix X2:

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

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

6.2.10.1 Example found in Appendix X2:

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

#### 7. Additional Forms for SAR Management

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

7.2 Forms Used Within the Plans Sections:

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

7.2.1.1 Examples found in Appendix X2:

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

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

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

7.2.2.1 Examples found in Appendix X2:

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

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

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

7.2.3.1 Examples found in Appendix X2:

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

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

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

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

7.2.4.1 Examples found in Appendix X2:

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

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

7.2.5 Situation Unit Forms:

7.2.5.1 Examples found in Appendix X2.

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

7.3 Forms Used Within the Operations Section:

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

7.3.1.1 Examples found in Appendix X2:

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

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

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

7.3.2.1 Examples found in Appendix X2:

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

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

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

7.4 Forms Used Within the Logistics Section:

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

7.4.1.1 Examples found in Appendix X2:

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

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

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

7.4.2.1 Examples found in Appendix X2:

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

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

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

7.4.3.1 Examples found in Appendix X2:

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

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

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

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

7.4.4 Facilities Unit Forms:

7.4.4.1 Examples found in Appendix X2.

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

7.5 Forms Used Within the Finance Section:

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

7.5.1.1 Examples found in Appendix X2:

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

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

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

7.5.2.1 Examples found in Appendix X2:

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

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

#### 8. Additional Forms for SAR Investigation

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

8.2 Forms Used to Aid in the Investigation:

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

8.2.1.1 Examples found in Appendix X3:

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

- (2) Search and Rescue Circumstance (Fig. X3.2).
- (3) Incident Missing Person Questionnaire (Fig. X3.3).
- (4) Lost Person Worksheet (Fig. X3.4).
- (5) ML Quick Sheet (Fig. X3.5).
- (6) Notification of Search and/or Rescue (Fig. X3.6).

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

8.2.2.1 Examples found in Appendix X3:

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

- (2) Daily Clue Log (Fig. X3.8).
- (3) ELT-DF Reports (Fig. X3.9).
- (4) Clue Card (Fig. X3.10).

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8.2.3 Miscellaneous Investigation Forms:

8.2.3.1 Examples found in Appendix X3:

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

#### 9. Additional Forms for SAR Training

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

9.1.1 Examples found in Appendix X3:

9.1.1.1 Training Plan (Fig. X3.12).

9.1.1.2 Documented Training Form (Fig. X3.13).

9.1.1.3 Training Check-In (Fig. X3.14).

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

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

10.1.1 Examples found in Appendix X3.

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

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

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

11.1.1 Examples found in Appendix X3:

- (1) Mission Debriefing Form (Fig. X3.16).
- (2) Mission Report (Fig. X3.17).
- (3) Incident Report (Fig. X3.18).
- (4) Incident After Action Report (Fig. X3.19).

(5) Mutual Aid Response Survey (Fig. X3.20).

#### 12. Additional Forms for Urban SAR

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

12.1.1 Examples found in Appendix X3.

12.1.1.1 Task Force Leader's Mission Assignment Checklist (Fig. X3.21).

12.1.1.2 Task Force Base Of Operations Location Checklist (Fig. X3.22).

12.1.1.3 Task Force Operations Report (Fig. X3.23).

12.1.1.4 Task Force Operations Site Sketch (Fig. X3.24).

12.1.1.5 Structure Triage (Fig. X3.25).

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

#### 13. Miscellaneous SAR Forms

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

13.2 Examples found in Appendix X4:

(1) Public Information Summary—Incident Status (Fig. X4.1).

- (2) Intra-Agency Registration Firm (Fig. X4.2).
- (3) Call-out List (Fig. X4.3).

#### 14. Form Packets

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

#### 15. Alphabetical Index to Forms

15.1 Table 1 lists the forms in alphabetical order.

torn .	Mission Opened Date: Time:	Date: Time:	d Mission I Opening: Closing:	initiator(e)
	Time:	Time:		
			Closing	
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e Name			City	St.
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Location where	aubject was roun			Subject Locale
				Date:
	incident Summa	Dr.		Time
	(A)	(A) (B) (C)	(A) (B) (C) (A) Location Where Subject Was Found	(A) (B) (C) (A) (B) (C)

	Name	
Required Attachments Checklist		
Notification or Callout Only	Search and Rescue	Additional Operational Periods
No Attachments Required	ICS 201 Incident Briefing	ICS 202 Incident Objectives
	ICS 201A Search Initiation Log	ICS 203 Incident Organization Chart
Rescue Only	ICS 201B Lost Person Questionnaire	ICS 204A Task Assignments
ICS 201 Incident Briefing	ICS 204A Task Assignments	ICS 211A Check-in List
ICS 201A Search initiation Log	ICS 211A Check-in List	ICS 214 Unit Log(s)
CS 211A Check-in List	CS 214 Unit Log(s)	
CS 214 Unit Log(s)		

FIG. 1 SAR Incident Report

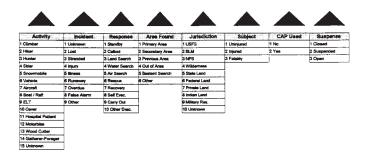
## TABLE 1 Alphabetical Index to Forms

Title	Reference Number
Aircraft, Missing-Worksheet	2.29
Assignment list, Crew	2.10
Assignment list, Crew	2·11 2·9
Assignment list, Field Team Assignment list, Organizational	2·9 2·7
Assignment list, task	2.8
Assignment list, team	2.12
Briefing General Briefing Concred Missing Bergen	2·2 2·3
Briefing, General-Missing Person Briefing, Incident	2.3
Call Out List	4.3
Check-in List	X•X
Check List, Task Force Base of Operation Location Check List, Task Force Leader Mission Assignment	3·22 3·21
Check List, Task Force Leader Mission Assignment	3·10
Communications, Daily-log	2.39
Communications, log	2.40
Cost Sheet	2.49
Crew Card Daily Briefing	2·33 2·4
Debriefing, Form	2.22
Debriefing Form, Mission	3.16
Debriefing Team	2.23
ELT-DF Reports ELT Worksheet	3.9 2.30
ELT-DF field team log	2.30
Emergency Helicoptor Request Information Sheet	X·XX
Equipment Check In/Out	2.38
Equipment Roster	2·37 2·48
Expenditure Report, SAR ICS Planning Guide	2.40 X.XX
Incident Briefing	X·XX
Incident Communications Plan	2.131
Incident Medical/Evacuation Plan	2.14
Incident Objectives Incident Objectives	2-6 X-XX
Incident Organization Chart	X·XX
Incident Status Summary	X•XX
Injury, Report of	2.42
Liability Release Log, Daily Clues	X-XX 3-8
Log, Daily Tasks	2.32
Log, Urban Interview	3.7
Lost Person Worksheet	3.4
Medical Report Medical Plan	2-41 X-XX
ML Quicksheet	3.5
Non-segmented Areas	X•XX
Notification of Search and/or Rescue	3.6
Notice of Death Form Operating Facilities	2·44 2·45
Operational Planning Worksheet	2:43 X-XX
Organization Assignment List	X•XX
Patient Referral	2.43
Planning Cycle Planning Process Checklist	2·28 2·27
PMI Usage & History	3.15
"POD" End of Shift Report	X-XX
Public Information Summary-Incident Status	4.1
Questionaire, Incident Missing Person	3.3
Questionaire, Lost Persons Radio Communications Plan	3-1 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 Registration of Search & Rescue Participants	4∙2 2∙18
Relevance of Clue	2·18 X·XX
Report, Incident	3.18
Report, Incident after Action	3.19
Report, Mission Resource Order Form	3·17
Resource Order Form Resources Worksheet, Daily SAR	2·25 2·20
	2.2.0

Title	Reference Number
Roster, Search Capabilities	2.24
SAR Incident Report	X•XX
SAR Injury Report	X•XX
SAR Questionnaire A & B	X•XX
Search & Rescue Circumstance	3.2
Search Clue Log	X•XX
Search Initiation Log	X•XX
Shift Briefing Format	2.5
Situation Report	2.31
Structure Triage	3.25
Survey, Mutual Aid Response	3.20
Survival Time Frame Worksheet	2.26
Task Assignment	X•XX
Task Force Operations Report	3.23
Task Force Operations Site Sketch	3-24
Time Record	2.47
Time Report, Monthly	2.46
Tracking ID Form	2.36
Tracking Worksheet	2.35
Training Check-In	3.14
Training Form, Documented	3.13
Training Plan	3.12
Unit Log	X•XX
Unit Log, Daily	2.19
Urgency Rating Form, Relative Search	3.11
Vehicle Register, Daily	2.21

Continued

TABLE



Instructions for Using Field Codes	13. Incident Code: Enter the Incident type from the key.
<ol> <li>The Field ondes 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 crease the form. The field codes will align with the code fields.</li> </ol>	<ol> <li>Income Code: Enter the response codes for the incident. Multiple entries for the key are permitted.</li> </ol>
<ol><li>When typing the form, the flaid codes are visible above the top edge of the form when the form is positioned in the typewriter.</li></ol>	15. Area Cods: Enter the search area in which each subject was found using the ke
Instructions for campleting Incident Report:	16. Jurisdiction Code: Enter each jurisdiction whose property was searched during the insident. If Widerness was searched, indicate the jurisdiction of the wilderne Multiple entries from the law are permitted.
NOTE: Attachments are not required if resources were not used (other than MI and PC) or if mission was terminated prior to multifation of menuron.	17. Subject Code: Enter the status of each subject found from the key.
<ol> <li>This form satisfies the minimum information required by DPS. Incomplete forms</li> </ol>	$18.\ {\rm CAP}$ Used Code: Enter whether CAP resources were used on this incident from the kay.
r missing attachments will be returned to sender. Report will be electronically scanned, therefore it is mandatory to type or mechanically print all form entries.	<ol> <li>Suspense Code: Enter the status of the incident at the time report was submitted. Select suspense code from key.</li> </ol>
<ol> <li>Mission Number: Enter the state mission number using the form sy-dd-int, where yy is the current year, dd is the state police distinct, and nn is the sequence number assigned to this incident.</li> </ol>	20. Where Subject was Found: Enter the common name of the area where the subj was incated. Latitude and Longitude are acceptable.
<ol> <li>AFRCC Number: Enter the Air Force Rescue mussion number. Required for massions using Air Force resources.</li> </ol>	21. Data Located: Enter the date that the subject was located.
-	22. Time Located: Enter the time that the subject was located.
4. Pield Coordinators: Enter the last names of all cartified PCs used on this mission in a Command or General Staff role. Up to 8 PCs can be listed. Use Additional Comments space for more.	<ol> <li>Incident Summary: Give a brief description of the results of the SAR effort and rescue, i.e. "The subject was airlifted to BCMC by Lifeguard".</li> </ol>
<ol> <li>Mission Opened: Enter the date and time that the mission was opened. Should agree with the opening teletype.</li> </ol>	24. Report Prepared By: Enter the name of the person preparing this report. This information is needed in case a question gapes at a later time.
<ol> <li>Mission Closed: Enter the date and time that the mission was closed. Should agree with the closing telesype.</li> </ol>	25. Date Prepared: Enter the date that this report was submitted.
	<ol> <li>Total Personnal: Enter the total number of volunteers assusting on this incider (totals from ICS Form 211A).</li> </ol>
al or only when use manifors was closed. 5. Area Commander: Enter the name on the On-call Area Commander during this noticent. Area Commander must be notified on missions lasting jonger than 4 hours.	27. Total Man-hours: Enter the total number of volunteer man-hours expended on this incident (totals from iCS Form 211A).
b. Subject's Name: Enter the first and last names of each subject. Up to 3 subjects an be listed. Use Additional Comments space to list more.	<ol> <li>Additional Comments: Enter any additional information that you feel is important. Use this space for additional names, etc. as mentioned above.</li> </ol>
10. City: Enter the town of residence for each subject.	29. Reviewed By: Enter the name of the Mission Initiator who will review this rep
11. ST: Enter the state of residence for each subject.	30. Required Attachment Checklist: Be sure to attach the required forms for the ty of incident. Make a note in Additional Comments field if no resources were used or mission was terminated uring to mobilization.
2. Activity Code: Enter the subject's activity from the kay.	

## FIG. 1 SAR Incident Report (continued)

MISSION #\_

#### NON-SEGMENTED AREAS

## SEARCH CLUE LOG

		NO	N-SEGMENTE	DA	REAS		
(T)ype H =	ION # e of (R)esource Helicopter HA = Hasty Fixed Wing FT = Foot				Dog V = Vehic	le F	
SEG	ROAD, TRAIL, HOME	TR	DATE/TIME	TR	DATE/TIME	TR	DATE/TIME
A-Z	CAMP, CAR, Etc.		CHECKED?		C'IECKED?		CHECKED?
		-					
SEG A-Z	ROAD, TRAIL, HOME CAMP, CAR, Etc.	TR	DATE/TIME CHECKED?	TŔ	DATE/TIME CHECKED?	TR	DATE/TIME CHECKED?
A-2	CAMP, CAR, Etc.		CHECKED?		CHECKED		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?		DATE/TIME CHECKED?	TR	DATE/TIME CHECKED?
SEG A-Z	ROAD, TRAIL, 'HOME CAMP, CAR, Dtc.	TR	DATE/TIME CHECKED?	TR	DATE/TIME CHECKED	TR	DATE/TIME CHECKED?
-							
			· · · · · · · · · · · · · · · · · · ·				

PAGE

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

\_OF\_

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

FIG. 2 Non-segmented Areas

∰ F 1767 – 98<sup>€1</sup>

MISSION #

Co-Ordinator \_\_\_\_\_ Date/Time Started

#### RELEVANCE OF CLUE (ROC)

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

#### Old POA % ROC %

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

FIG. 4 Relevance of Clue

 (T)ype of (R)esource

 (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

 A = Fixed Wing
 CLIMI New
 TR
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 TR
 CLIMI New

"POD" END OF SHIFT REPORT

PAGE \_\_\_\_OF \_\_\_\_

/

Date/Time Ended \_\_\_\_

AREA #	1st old	TR *	New POD	CUM	New POD	TR	CUM	New POD	TR	CUM	New POD	TR	СОМ	(X) 90+	REMARKS
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\* = If 1st search of area include Type of Resource. (X) = 90% POD or more

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

## [UN-RESPONSIVE]

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10. 1012 . O.A.

# New Mexico Department of Public Safety Search and Rescue Office SAR Questionaire



[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 #	l st old	TR •	New POD	CUM	New POD	TR	CUM	New POD	TR	CUM	New POD	TR	CUM	(X) 90+	REMARKS
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(PART "A") This is a Mandatory Form and MUST be filled out by a Mission initiator (or FC if no MI Available)

Sat Date Ausigned Time Ass	igned Assigne	rd Mission Initiator	Number of Subjects	Tracking Numbe
	#Name?			
ource of Information				
Name of Reporting Party Nu	mber One	Address:		St ZIP
Relationship to Subject	Phone Number	Call Back Nomber NOW	Call Back Num	ber LATER
Name of Reporting Party Na	mber Two	Address:		Si ZIP
Relationship to Subject	Phone Number	Call Back Number NOVI	Call Back Norn	ber LATER
4.4.1	What is Be	elieved to Have Happaned		fananaf systems fits om

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

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

Name	. Souge	. kt: " 8	¥8, 2	Age	54x	Niciman	se(\$)	<u>6</u>	Home	Phone	Lo	cal Phone
Address	-1.800.1100	- S- 2845				City		5335	111124	Si		2p
Local Addres	<b>15</b>					 ocal City		201168	io.ittera	SI		Zip

#### Physical Description

dentificatio	n Clathing/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:	Fosswear:	Eyesight w/o Glasses:
Giasses	Extra Cic	thing What Might Subject do if Lost
Mustache		
Beard	· · · · · · · · · · · · · · · · · · ·	
Sideburns:		

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

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

OVER

Page 1 or 3 - SAR Questionaire (P4RT 4

FIG. 6 SAR Questionnaire A & B

Subject of Subject Place Last Seen	ts		Search a	rtment of Public Safety nd Rescue Office	Continued - Page 3
		Tene	4) 7	uestionaire Part "A")	(
	Subject Last Seen By Data	There The The		<sup>57</sup> be filled out by a Mission initiator Y Evaluation Char	00000
			3 - Low Urgency	2 - Medium Urgeno	cy t-High Urgency
		Subject Profile Age		Other	Very Young Very Old
Subject's Trip Plans		Medical Condition	Healthy Healthy Known fatailty		Known/suspected injured, ill, Mental Problem
Starting Location	Transported By:	Number of Subjects		lore then one (unless separated)	C One alone
Starting Location. Start Date: Start Time:	Ven Location: Make/ Model / Color	Subject Experience Profile	Experienced, knows area	Experienced, not familiar with area	Inexperienced does not know area
Destination:	License Additional Comments.	Weather Profile	No hazardous weather predicted	Predicted hazardous weather, (>8 hrs.)	Not experienced, knows area Past and/or existing hazardous weather
#Name?					Predicted Hazardous WX , (<8 hrs.)
		Equipment Profile	Adequate for environment and weather		Inadequate for environmen and weather Questionable for environment and weather
		Terrain/Hazards Profile	E F	ew or no hazards	Known terrain or other hazards
			Assigned	By Mission Initiat to Field Coordinator	
Contacts Upon Reaching	Civilization	FC Assigned Missi	on (Name)	Phone Number Mission	n Number Date Time
Name of Person Subject Wou		* FC on Standby	(Name) Ph	one Number (now) Phone Nu	mber (later) Bate Time
		* Area Commander Conta	ctud and Briefed Ph	one Number (now) Phone Nu	mber (lafer) Date. Time
		CHECKED?	Time	Discription of Other A	Action Taken
	Notes	Local Landowner(s) Local Sheriff / Police NM State Parks and Recreat NM Game and Fish Nat Game Sand Fish USFS    BLM    BIA Other Mission Terminated before Assig		tor - Explain;	
		Sign by (Mission init	lator)	-	<u>.</u>
<u> </u>	Page 2 of 3 - SAR Questionaire (PAR7 "A") MI "A		ander if no Field Coordinator	ANDBY - (Dispatch has On-Call F Assigned - (Dispatch has On-Cal i <b>ge 3 of 3</b>	

FIG. 6 SAR Questionnaire A & B (continued)

FIG. 6 SAR Questionnaire A & B (continued)



Minister Number



#### New Mexico Department of Public Safety Search and Rescue Office SAR Questionaire

(Part "B")



Subject \_\_\_\_\_ of \_\_\_\_ Subjects (Fill Out One (1) Form For Each Subject) This Form is Mandetory and MUST be filled out by the IC or General Staff

Address City ST ZIP Phone

Incident Information

identification		Clathing/style	Color		He	aith
Şkin:	Rain Wear	1	1	Health:		
Marks:	Snow Wear:		1	127.00	Ch	les
Eyes:	Pack:		-	Sole S	ample Availa	able 🗌 Candy
Style:	Hunting Vest:				Articles Ava	
Youth / Child	a second	Equipment			Articles Sec	
Afraid of Dark	П Раск	- Fuel	Snowshoes		ng Visible fro	_
Afraid of Animals	Tent Tent	Stove	Skis		Subjec	t Traite
Afraid of Strangers	Sieeping Bag	Compass	Maney	Aicc	hci	Hitchiker
Cries when hurt	Ground Cloth	🗌 Мар 🗌	Credit Cards	Dru		Religous
Cries when scared	Fishing Gear	Food	Other Docs		sader	Educated
Hides when afraid	Climbing Gear		Rope		urvivor	Local Hero
HUG-A-TREE trained	Liquid Contain		Camp Tools		al Problems	Extravert
Has a safe word	Fire Starter	Lens	Gun		sonal Probs	Introvert
Note		Other Equipment			ressed	Loner
					Other Trail	te or Habite
	Description					
N. M	Description			Additional		
Subject Last Seen By:	Description.	1				
Subject Last Seen By: Talked to Subject About:	Description.					
Subject Last Seen By: Talked to Subject About: Weather at that Time;	Description.					
Subject Last Seen By. Taiked to Subject About: Weather at that Time: Weather Since:	Description.					
Subject Last Seen By. Taiked to Subject About: Weather at that Time; Weather Since: Direction of Travei.	Description					
Place Last Seen Place Last Seen Place Last Seen Place Subject About Weather stoat Time: Weather stoat Direction of Travel Subject Antidae Subjects Condition	Description					
Subject Last Seen By: Taiked to Subject About: Weather at that Time; Weather Since: Direction of Travel. Subject's Attitude.	Description					
Subject Last Seen By: Talked to Subject About: Weather at that I'me: Weather stink: Direction of Travel: Subject's Attlude: Subjects Condition:						
Subject Last Seen By: Takes to Subject About: Neather at that Time: Veather Since: Direction of Travel: Subject's Antitude: Subject's Trip Plans					Comments.	
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Subject Last Seen By: Takets to Subject About: Weather at that Time; Weather Since: Direction of Travel: Subject's Antitude: Subject's Trip Plans Niharery: Purpose:	· · · · · · · · · · · · · · · · · · ·	Transportation m By:			Comments.	
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Subject's Outdo	Experience		Addition	al Comments	and the second second
Familiar with Area In Area Recently Utricors Training Socuting Medical Training Socuting Military Overnight Other Training	Travels Alone Travels Alone Travels X-C Lost Before Will Stay Put Keps on Move Climber Athletic				
Overdue Groups	5				
Kind of Group:			Personality Clashes:	1	
Group Leader			Actions if Separated:		
Experience of Leader:			Competitive Spirit:		
Local Point of Contact:			Intragroup Dynamics:		
			. <u> </u>		
Recording	2 Official	Phone	Recordin	g Official	Phone

SAR Questionaire (PART "B")

OVER

FIG. 6 SAR Questionnaire A & B (continued)

10

SEARCH INITIATION LOG	FIRST RESPONDER INFORMATION
Next Fring Agency         Muning Taitister Notified (Dete / Tamb)         Plaid Coordinator Notified (Dete / Tamb)           Be Base to Gat	Items to Consider     Base Comp       Accessibility to the Area
Place to Contact	Isems to Consider           Propagation over Terrain         Commissionshops           Commo Resources Available
Moral Report of Control Indust Insertion     What Report of Control Insertion	Isens to Cossider  Isens to Cossider  See al Equipment Needed  Subject Description  Deat (Coss  Coss  Coss  Support Needed  Support Needed  Support Needed
Bo Serve to Gert     Bo Serve to Gert     Bo Serve to Gert     Bodyment Latermation     Bodyment Latermation     Bodyment Latermation     Addres     Phone Number     Phaneed Destination	Agración Sir Notify       Agración Sir Notify       Agración Sir Notification       National Guard       USFS (Wildernere)       III.4       Data       State Parts & Becreation       Local Shariff / Police       Local Landowner(e)
ICS SAR 201A Page 1 NMSAR Rev. 2-15-92 FIG. 7 Search Initiation Log	ICS SAR 201A Page 2 NMSAR Rev. 2-15-92 FIG. 7 Search Initiation Log (continued)



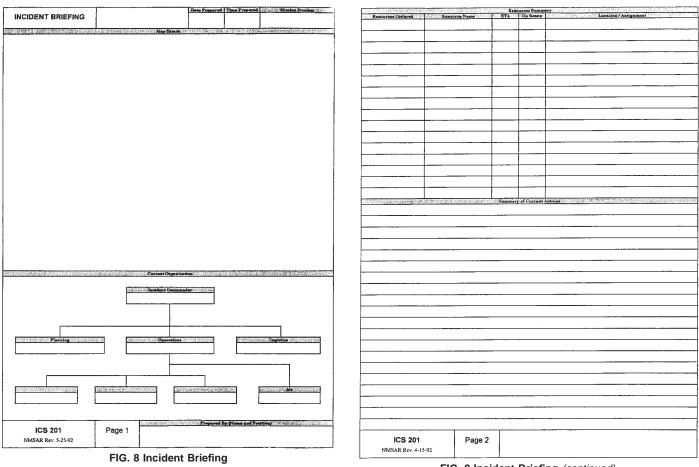


FIG. 8 Incident Briefing (continued)

Data Prepared 25.5.2 [21] *Time Prepared 25.5.2 [21] *Time Prepared 25.5.2		Data Prepared Time Prepared Mission Number Operational Peri
INCIDENT OBJECTIVES	ORGANIZATION ASSIGNMENT LIST	
Prom (Date) From (Time) Tm (Date) Tot (Time) Operational Period	Incident Commander and Staff	Operations Section
	Incident Commander:	Chief:
	Deputy:	Deputy
Objectives for Incident (Include Altianatives)	Safety Officer:	Branch   Division / Groups
and shaped in the second se	Information Officer:	Brench Director:
	Linkson Officer:	Deputy:
	Agency Representatives	Division / Group:
	Agency Name	Division / Group:
		Division / Group:
		Division / Group:
		Davasion / Group:
		Breach II Division / Groups
		Deputy:
	Planning Section	TION TO A CONTRACT OF THE TOP OF TOP OF THE TOP OF
	Chuef:	Division / Group:
	Deputy:	Division / Group:
	Resources Unit:	Division / Group:
	Situation Unit:	Division / Group:
	Dorumentation Unit:	Branch III Division / Groups
	Demobilization Unit:	Deputy:
Weather Forecast for Operational Period	Technical Specialists:	Division / Group:
		Division / Group:
	Logistics Section	Division / Group:
	Chaef	Division / Group:
	Deputy	Division / Group: Air Operations Branch
Ginoral Suldy Menupe	Eupport Brench	Air Operations Director:
	Supply Unit:	Air Ops. Supervisor:
	Paclities Unit:	Air Support Supervisor:
	Ground Support Unit:	Kinanee Section
	Ground Support Unit. Service Branch	Chuef:
	Director:	Deputy:
	Communications Unit:	Time Unit:
Attechments (to Complete Tacident Astics Plan)	Medical Unit:	Procurement Unit:
Orgenization Assignment List (ICS 203)     Radio Communications Plan (ICS 205)     Incident Map     Traffic Plan (Internal & External)	Food Unit:	Compensation / Claims:
Task Assignment Forms (ICS SAR 204A)		Cost Umi:
		Prepared By (Resources Unit)
ICS 202 Prepared By (Thanning Section Clier) Approved By (Indicat Commander)	ICS 203 NMSAR Rev. 5-25-92	
NMSAR Rev. 5-25-92	LLL	
FIC. 0 Incident Objectives	FIG. 10 Organiza	tion Assignment List

FIG. 9 Incident Objectives

(C)	F	1767 – 98	3 <sup>€1</sup>
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TASK ASSIGNMENT	and Californ		Dete Rejussed	Br Time Esturned	Mission Number Operational Period
Operations Section     Assignmit Date     The diagram is Date     The dia	Actual Departure Tipos	Estimate of PODe ResponsiveN Not ResponsiveN		er of Tasse Ches Line 111 (1999)	
ICS SAR 204A Page 1 NMSAR Rev. 5-25-92	Granssy Graces Graves G	ICS SAR 204A NMSAR Rev. 5-25-92		ande (a Beerch, Area	

FIG. 11 Task Assignment

FIG. 11 Task Assignment (continued)

RADIO COMMUNICATIONS	PLAN			Date Propared	Time Propared	Mission Number	Operational Perio
	I	Radio C	hannel Utilization	I			<u>I</u>
Bystem	Channel	Punction	Proquency	Annig	(ument	R.	aurke,
ICS 205				19-19-18-18-18-18-18-18-18-18-18-18-18-18-18-	Prepared By (Con	munications Unit)	
NMSAR Rev. 5-25-92							

FIG. 12 Radio Communications Plan

			Incid	ent Medica	l Station	8						
Modinal	Aid Beatlone		1		- Maria	Loonti	9R				Para Yes	No
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··· .		WINDOW.	7	Tansporat Ambulance Se	rvices	4.4.1.1.1			Pha	ae .	Para	medice
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			1	ncident Ambu								
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	##h#			(maximo/2000-00.00)		Lotati	og .				Paras Yes	No.
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N				(maximo/2000-00.00)		Loneth					Yes	No
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						Travel	Tune		Holy	pad	Yes	No
						Travel	Tune		Holy	pad	Yes	Senter
						Travel	Tune		Holy	pad	Yes	Senter
News						Travel	Tune		Holy	pad	Yes	Senter
Name			dataa			Travel	Turne		Tes	No	Yes	No
Name			dataa	Hospital		Travel	Turne	Phone	Tes	No	Yes	No
			dataa	Hospital		Travel	Turne	Phone	Tes	No	Yes	Senter
Name			dataa	Hospital		Travel	Turne	Phone	Tes	No	Yes	Senter
Name			dataa	Hospital		Travel	Turne	Phone	Tes	No	Yes	Senter
Name			ddress	Hospital I Devesor 1		Travel	I Turre	Phone	Haliji	ned No	A Surre -	Senter No

FIG. 13 Medical Plan

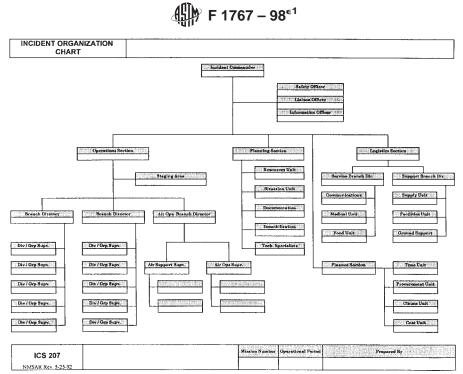


FIG. 14 Incident Organization Chart

INCIDENT STATUS SUMMARY	Pariad Counsed by this Report
INCIDENT STATUS SUMMART	From (Date / Time) To (Date / Time)
	Invident Name / Number
	And the second s
	Lacidest Committee
	Prints
_	
uture Considerations	Signature
Differences of the Londs The	at Require Checking
	······································
Proposed Overall	Course Of Action
Proposed Overall	Course Of Action
Proposed Overall	Caurue Of Action
Record Accession in the Record Accession in the Proposed Overall	Course Of Action
Resident and the second state of the second state of the Proposed Overall	Course Of Artice
na an a	Ceares Of Action blocks of a start work of a first work of platinities and another
Name and a strategy of the Source of the Source of the source of the Proposed Overall	Course Of Action
Na Salah Mana ang sa Bagana Salah	Cerre Of Jolen
annan de marte de la contra de la	Course Of Antion (Surface) in the course of the Markov Classification of the Course of
an bis an an in the Proposed Overell	Come Of Antine and a standard of the State of St
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Name of the second s	Fee Next 16 Bours
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Name of the second s	Fee Next 16 Bours
Name of the second s	Fee Next 16 Bours
Name of the second s	
Name of the second s	Fee Next 16 Bourge
Name of the second s	Fee Next 16 Bourge

# Resources Available Now

FIG. 15 Incident Status Summary

#### Resources Alerted for Use at a Later Time

Taken Name	Type of Resource	4 of Personnel	Barnafké -
		1 1	

Resources Used This Operational Period

Tenra Nerrae	Type of Resource		# of Hours
			1
		1	
		1	
		1	
	1		
		1	
		1	
	1	1 1	
		Totale This Ope	

Totals for Other Types of Resources Used


## FIG. 15 Incident Status Summary (continued)

	-	OK IN LIGT	Incident	Name/Number:	CHECK-IN LOCATION				DATE:	
		CK-IN LIST			E) BASE EI CAMP	STAGING	AREA	CI HELIBASE		
	Single or Teem (S/T)	Name (Print) (Check Box # NOT a SAR V	/olunteer)	Date/Time Check-in	Team Name Leader's Name	Home Base	Method of Travel	Availability & Other Qualifications	Date/Time Check-out	Hrs. (Nearest 30 mins.
			N.V. E					Will Staryhrs. 🛛 EMT 🗋 I	rc	
			N.V. [					Will Stay fune. 🔲 EMT 🗍 I	c	
			N.V. C					Will Slayhrs. 🛛 EMT 🗍 I		
			N.V. E					Will Stay tra. [] EMT [] :	=c	
5			N.V. E					Wilk Stayhns. ∐i£MT⊡i		
5			N.V. C					Will Stayfm. (1) EMT (2)		
7			N.V. E					Will Slay_hrs. 🗆 EMT 🗖	FC	
в			N.V. E					Will Stay_hrs. 🛛 EMT 🗖	FC	
9			N.V. L					Will Stayhrs. 🖾 EMT 🗖	FC	
0			N.V. E					Will Stayhni. 🗍 EMT 💭	FC	
1			N.V. L					Will Stay hrs. 🗍 EMTF 🗔	FC	
2			N.V. L	1	Andrea Maria and Angela and Angela and Angela Angela angela			Will Slayhrs. 🛛 EMT 🗍	FC	
		ICS 211A		Resources Unit				Page of	Total Hours (Volusieers only	

#### FIG. 16 Check-in List



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

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

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

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

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

#### **ITEM TITLE - INSTRUCTIONS**

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

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

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

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

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

Name. Please print name. Everyone who is associated with this incident <u>MUST CHECK IN</u>! 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 <u>not</u> 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 by 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)

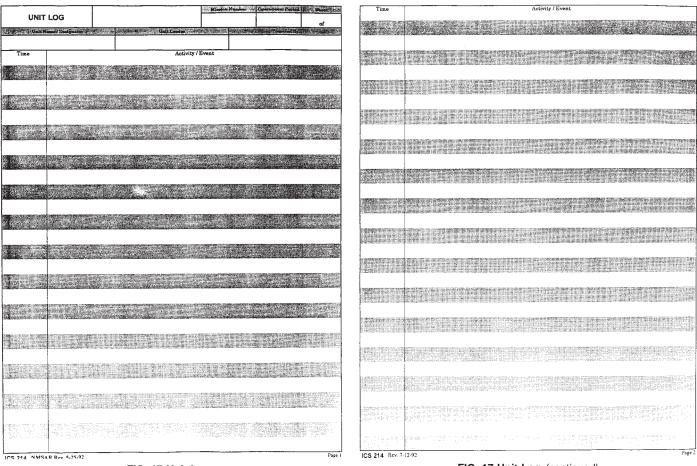


FIG. 17 Unit Log

FIG. 17 Unit Log (continued)

(	F	1767	– 98 <sup>∈1</sup>
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Nvision Group											
values croup			 (						<u> </u>		_
or Other Location	Work Assignments		 	Resource	ns by Type	r	1	Other	Reporting	g Location	R A T
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FIG. 18 Operational Planning Worksheet

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

FIG. 19 SAR Injury Report

SAR EMS 2/10/95



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

#### Liability Release

Date Location

## SAR Incident Number Incident Commander\_

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 aliness, injury, disability or death. In the event that I later choose to accept treatment or transportation, I will call for emergency response. 1. INITIAL HERE

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 deteroration. If I develop and additional signs or symptoms, or have any concerns about my health or safety, I will call for emergency response. 2.

INITIAL HERE

## 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. З.

INITIAL HERE

I have read and understand section \_\_\_\_\_\_ above. My condition has been explained to me and I have no questions. I knowingly and voluntarity 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 iability for my decision regarding my medical care.

Patient Name and	Signature		Date
Address		City	State ZIP
Date of Birth	Phone	Translator/Parent/Gua	Irdian

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

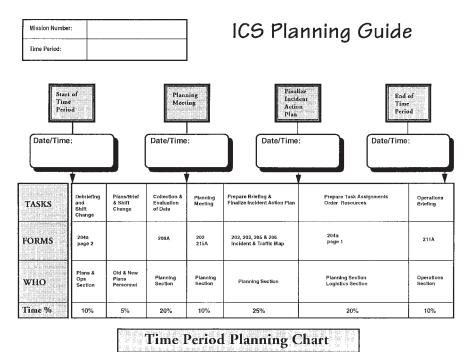
DATE: T	IME:	MISSION NO.	AFRCC NO.
			TTLE:
			PHONE:
FIELD COORDINATOR:		BASE CAMP	SITE:
EMERGENCY & REASON	FOR REQUEST (serious	threat to life, to	ansport searchers, etc)
TYPE OF ASSISTANCE	NEEDED IN ADDITION TO	) HELICOPTER (medic	al personnel, rescue, gear, etc.)
NUMBER & NAMES OF	PERSONS IN INCIDENT:		
EXTENT OF INJURIES	& CONDITION, IF KNOW	۹: <u></u>	
MEMBER BORADING: _	11PE OF 1	QUIPMENT BOARDING:	
OTHER PERSONS AT I	NCIDENT SITE:		
WILL THEY NEED AIR	LIFT OUT:	OTHER INFORM	(ATION:
LOCATION OF INCIDE	NT SITE. COORDINATES	AND/OR ANY OTHER 1	MEANS OF LOCATING THE AREA:
ARE PYROTECHNICS A	VAILABLE AT SITE OR B.	ASE:	· · · · · · · · · · · · · · · · · · ·
ELEVATION OF SITE/	LANDING ZONE (LZ) ABO	VE SEA LEVEL:	
IS SUITABLE LZ NEA TYPE OF SURFACT (s	R INCIDENT SITE? IF : now, dirt, etc.) SIZE	SO, HOW FAR AWAY, I OF AREA:	DESCRIBE TERRAIN, DEGREE OF SLOPE

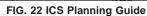
#### FIG. 21 Emergency Helicopter Landing Request Information Sheet



IF NO LZ NEARBY,	CAN SUBJECTS BE HOISTED OUT SAFELY:	HAVE PEOPLE AT SITE W
WITH PENETRATORS	HAVE PEOPLE AT SITE WORKER	D WITH HELICOPTERS:
DESCRIBE HAZARDS	IN INCIDENT/LZ AREA (trees, power lines,	, cliffs, etc.):
WEATHER AT LZ:	WIND DIRECTION & VELOCITY:	
CLOUD COVER:	HEIGHT OF CLOUDS	S ABOVE GROUND AND/OR PEAKS:
VISIBILITY:	CURRENT PRECIPITATION:	
APPROXIMATE TEMP	ERATURE <sup>O</sup> F SNOW	DEPTH:
WEATHER CONDITION	NS IN DELIVERY AREA:	
	FORECAST:	
WHERE ARE SUBJEC	TS 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 ME	DICAL PERSONNEL AT THE INCIDENT SITE:	; IF NOT, WILL THEY :
THERE BY THE TIM	E HELICOPTER ARRIVES: WILL	EMERGENCY CARE PERSONNEL BE AT
DELIVERY SITE TO	RECEIVE PATIENTS:	
DETAILS OF ALTER	NATE LZ (location and similar information	n as above):
RADIO COMMUNICAT	IONS ON THE GROUND (frequencies and call	
EN ROUTE RENDEZVO	OUS POINT WITH OTHER SAR PERSONNEL:	
REQUESTED ETA AT	INCIDENT SITE/LZ:	
	······	









## 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**

	1	NCIDENT BRIEFIN	<b>I</b> G		
SROWFOR ASDIUSEONLY	REPORT CONTINUATION	URN		page	_of
icident Name		Date/Time Prepared	Operationa		
		MAP SKETCH			

FIG. X2.1 Incident Briefing

∰ F 1767 – 98<sup>€1</sup>

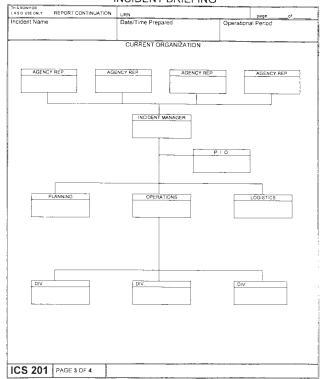
#### LOS ANGELES COUNTY SHERIFF'S DEPARTMENT MALIBU MOUNTAIN RESCUE TEAM

INCIDENT BRIEFING

THIS ROW FOR LAS D. USE ONLY	REPORT CONTINUATION	URN	pageof
Incident Name		Date/Time Prepared	Operational Period
1			
	SUI	MMARY OF CURRENT ACTION	10
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			···· • •
ICS 201	PAGE 2 OF 4		

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

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



#### INCIDENT BRIEFING

FIG. X2.1 Incident Briefing (continued)

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

## INCIDENT BRIEFING

ncident Name		Date/Time Prepared Opera			pagecf rational Period		
ordern marrie					unai Pengg		
			JRCES SUMMA				
RESOURCES	RESOURCE IDENTIFICATION	E T.A.	TIME ON SCENE	LOCATION	LOCATION / ASSIGNMENT		
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## FIG. X2.1 Incident Briefing (continued)

GENERAL BRIEFING		I
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S. COMMUNICATIONS PLAN FUNCTION FREQUENCY CHANNEL COMMAND (TEAM - BASE) TACTICAL (TEAM - TEAM) 6 ACTION PLAN SUMMARY		
S. COMMUNICATIONS PLAN FUNCTION FREQUENCY CHANNEL COMMAND (TEAM - BASE) TACTICAL (TEAM - TEAM) 6 ACTION PLAN SUMMARY		
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S. COMMUNICATIONS PLAN         FUNCTION         FREQUENCY         CHANNEL           COMMAND (TEAM - BASE)		
S. COMMUNICATIONS PLAN         FUNCTION         FREQUENCY         CHANNEL           COMMAND (TEAM - BASE)		
S. COMMUNICATIONS PLAN         FUNCTION         FREQUENCY         CHANNEL           COMMAND (TEAM - BASE)		
S. COMMUNICATIONS PLAN         FUNCTION         FREQUENCY         CHANNEL           COMMAND (TEAM - BASE)		
FUNCTION         FREQUENCY         CHANNEL           COMMAND (TEAM - BASE)		
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6 ACTION PLAN SUMMARY		
	-	
7. PREPARED BY	ATE PREPARED	9. TIME PREPARED
SAR 100 BASARC 1/96	ALC PREPARED	B. THE FREPARED

FIG. X2.2 General Briefing

∰ F 1767 – 98<sup>€1</sup>

		1. INCIDENT NA		2. OPERATIONAL PERIOD	3. INCIDENT NUMBER
	L BRIEFING	1. INCIDENT NA	ME	2. OPERATIONAL PERIOD	3. INCIDENT NUMBER
4. INCIDENT SUM	MARY				
••••••					
5. COMMUNICATI			T		
	CTION	FREQUENCY	СНИ	WNEL DESCRIPTION	CHANNEL
COMMAND (TEAM					
TACTICAL (TEAM					
SUBJECT INFOR	MATION			7.	SEX 8 AGE
9. NAME TO CALL		10. EXPECT	ED RESPONSE		
11. SUBJECT'S PL	ANS OR INTENT	1		· · · ·	
				•••••••••••••••••••••••••••••••••••••••	
12. PHYSICAL DE	ECDIDTION		15. PHOTO		
HEIGHT	WEIGHT BUILT		13.711010		
RACE	COMPLEXION	-			
	HAIR				
EYES	nain				
13. CLOTHING DE	SCRIPTION		1		
• • • • • • • • • • • • • • • • • • • •		•••••••••••			
14. FOOTWARE/T	RACK DESCRIPTION				
SIZE					
	••••••				
0.4.0.400.4	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

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 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)

∰ F 1767 – 98<sup>€1</sup>

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 athlemiters. When a subject has been missing for an extended period of time, the likelihood of their being responsive decreases.

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

#### 12. Physical Description

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

#### 13. Clothing Description

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

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

#### 15. Photo

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

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

#### FIG. X2.3 General Briefing-Missing Person with Instruction Sheets (continued)

#### 17. Date Prepared

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

## 18. Time Prepared See Date Prepared

#### Notes

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

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

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

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

FEMA US&R RESPONSE SYSTEM INCIDENT SUPPORT TEAM

۲	FEMA US&R RESPONSE SYSTEM INCIDENT SUPPORT TEAM							
	DAILY RIEFING	INCIDENT	OPERATIONAL PERIOD DATE TIMES	REPORTING	FORM 2/95			
ŀ		COORDINATION						
	Strateg	ic Planning	·····		· · · · · · · · · · · · · · · · · · ·			
ŀ	OPERATIONS/I     Accomp	PLANNING plishments/Current Assessr	nent					
	• Person	nel Status						
	Tactica	Assignments		-				
	Safety/	Health/Medical						
	• Weathe	ir						
	Debrief	ing	·····		· • · ·			
l.	LOGISTICS • Comm	Assignments/Freq.						
	Orderin	g Supplies/Support Facilitie						
	Transpe	ortation						
ŀ	MEDIA • Covera	ge/Field Involvement						
ŀ	LIAISON + Assistin	g/Cooperating Agencies						
ŀ	ADMIN/FINANC Account	E tability/Cost Issues						
ŀ	DEMOBILIZATI	N						
1.	ADDITIONAL C	OMMENTS						
<u> </u>			DISTRIBUTION:					
	IST LEADER	DATET/ME			1			

FIG. X2.4 Daily Briefing



FEMA US&R RESPONSE SYSTEM INCIDENT SUPPORT TEAM

SHIFT BRIEFING FORMAT	INCIDENT		-9 FORM US&R—XXX
SASTER #:	OPS PERIOD	DATE/TIME PREPACED	RESPONSIBILITY
State strategic objectives			IST Leader
State shategit bojourvo.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	10, 10,000
	4 12		
Update present incident	situation		IST Operations Section Chief
		· · · · · · · · · · · · · · · · · · ·	
	-		
Incident projection for the	e operational period		IST Planning Section Manager
		·····	
		······································	
Specific assignments	· · · · · · · · · · · · · · · · · · ·		IST Operations Section Chief
Safety message			IST Safety Officer
Communications plan an	id other logistical issues		IST Logistics Section Chief
Questions and concerns			IST Leader
	······	·······	
PAGED BY	1000-011 B1		2470

FIG. X2.5 Shift Briefing Format

Pennsylvania Search ana Rescue Council	Incid	lent Object Incident Form 2 o		PSARC CONVICE
ncident Jame:		perational Period Date/Time):	Date/Tr Prepare	
	t for Operational F	Period:		
Weather Forecast	Messages:		······	
General or Safety	Messages:	Approved t	y (Incident Comm	nander):

#### New York State Department of Environmental Conservation Forest Rangers ORGANIZATION ASSIGNMENT LIST AND STAFF Irestent Name Dat HANCER Date Prepared INCIDENT COMMANDER AND STAFF Time Prepared neident Commander Operational Period (data/time) Deputy OPERATIONS SECTION Safety Officer Chief Information Officer Deputy Div. Supervisor A Lasson Officer AGENCY REPRESENTATIVES Crew Boas # Crew Boas # Crew Boas # AGENCY NAME Crew Boss # Div. Supervisor B Deputy Crew Boss # PLANNING SECTION Crew Boss # Crew Boss # Deputy Restat Unit Crew Boss # Div. Supervisor C Deputy Sitstat Unit Documentation Unit Crew Boss 4 Demobilization Unit Crew Boss # Investigation TECHNICAL SPECIALISTS Crew Boss # Crew Boss # Air Operationa Branch Air Ope Director Staging Area Manager LOGISTICS SECTION Chief Deputy FINANCE/ADMINISTRATION SECTION Support Branch Chief Director Supply Unit Pacilities Unit Deputy Time Unit Procurement Unit Ground Support Unit Compensation/Claims Unit Service Branch Director Cast Unit Communications Unit Medica//Evac Unit Food Unit Prepared hy. (Resources Unit) NYSAR 203 4/96

FIG. X2.7 Organizational Assignment List

**∯** F 1767 – 98<sup>€1</sup>

Pennsylva Search and Rescue Counc	3	Task Assignment Form					
Task	Team	Team	Date/		Task Assigned		
No.: Task N	ID:	Type:	Time	Out: (Division):	Base Radio	i	
Assignment	nstructions:			I			
	portation Ins	tructions:		Special Equi	pment:		
Field T	eam Leader:			FTM:			
Asst. F	TL:			FTM:			
õ	'eam Membe	r:		FTM:			
FTM:				Medic:			
FTM:				Radio Op:			
FTM:				Rescue Spec	:		
Callsig Phone Instruct	n: Numbers: ctions:	Channel/ Freq:		Base Callsign:	Channe Freg:	17	
3/2/92		Debrie	ef Inform	ation on Bo	ack	Page 1 of 2	

FIG. X2.8 Task Assignment

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

FIG. X2.8 Task Assignment (continued)

	Ą		F 176	67 – 9	98 <sup>∈1</sup>		
Search & SHERIFF'S DE	PARTMENT		Field Te Assignm	am	DR Number Operation Num	nber	Page Number Date
SANTA BARBAR	RA COUNTY		hasiyinin				
Assign. # Field Team # Members	Callagn Time	Assignment	_				
Laader	Time Out						
3	Taka-Off Time	Debreting				ć	
4							
5	Missign In						
8	Time On Ground	L					
8							
		1					
Assign.# Field Team # Members	Time	Allalgivitient					
Leader	Time Oul						
3	Milliage Cuf	Debrieting	<u>.</u>			846	itin i n' L
4							
5	Mileage In						
8	Time Of Ground						
8	TOTAL MERINALS TIME						
L		<u>.</u>					
Assign # Field Team # Members	Call sign Time	Assignment					
Loader	Time Out						
3	Mileage Cuf	Catroning		-	10,000		
a							
5	Time In Miloage In						
8	Time On Ground						
8	Total Miles/Air Time						
			_				Form \$144.P-04A-089

FIG. X2.9 Field Team Assignments

Search & Rescue SHERIFF'S DEPARTMENT SANTA BARBARA COUNTY	Field Assigr	Team Iments	Operator		Page Number
Aubion, B         [Files Teens B]         Ualf Bight           Aborn Dects         Altern Dects         1           2         3	Take-Off Take	E GBID	۳ ۳۲ ۳۷	มหมดงาชองก เสาะดูงาชองก เสาะดูง เสาะ เสาะดูง เสาะ เสาะ เสาะ เสาะ เสาะ เสาะ เสาะ เสาะ	
10000000					
		-			
Poles					
					Form \$11/LP-0418-0590

FIG. X2.9 Field Team Assignments (continued)

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

## CREW ASSIGNMENT

Call Sign:	N URN		
Incident Name	Date/Time Prepared	Operational Period	of
Call Sign: Free	T-Card Color:	By:	
Assignment:			
Crew Leader:			
Members:			
Date/Time of Assignment:	Date/Time in F	Field	
Date/Time Assign, Complete	Date/Time in C	CP:	
Call Sign: Free	T-Card Color:	By:	
Assignment:			
Crew Leader:			
Members:			
Date/Time of Assignment:	Date/Time in F	Field:	
Date/Time Assign. Complete	Date/Time in 0	CP:	
	T-Card Color:	By:	-
Assignment:			
Crew Leader:	· · ·		
Members:			
Date/Time of Assignment:	Date/Time in F	Field:	-
Date/Time Assign. Complete	Date/Time in 0	CP:	

## FIG. X2.10 Crew Assignment

		CREW ASSI			
CREW NUMBER	AFFILIATION	IN	CIDENT NAME	CREW	BOSS
PERATIONAL PERIOD. (Dat	te and Times	i .		1	
From			Το		
17	VCIDENT PERSONN	EL (Name and Number)		CREW RADIO ID	
NGIDENT COMMANDER		OPERATIONS ICP PHONE			
LANS		STAGING AREA MA	NAGER	ICP TO FIELD FI	REQUENCY
OGISTICS		DIVISION SUPERVISOR FIELD TO FIELD			FREQUENCY
FORMATION OFFICER		STRIKE TEAM LEAD	ER	REPEATER NAM	E/ CHANNEL
REW ASSIGNMENT			PRECIAL INSTRUCT	TIONS / EQUIPMENT / D	POP POINT
		SUBJECT	INFORMATION		
AME		SUBJECT	NICKNAME		
AME			NICKNAME		
EX PACE	AGE	HEIGHT	WEIGHT	HAIR	EYES
LOTHING WORN			ITEMS CARRIED		! .
			FOOTWEAR		
YPE OF EMPLOYMENT		· · · · · · · · · · · · · · · · · · ·	FOOTWEAR		
ERSONAL HABITS		· · · · · · · · · · · · · · · · · · ·	FOOTWEAR		

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.

- <u>Terrain</u>: -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.
- <u>Clues:</u> -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.
- <u>Summary to date</u>: 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 trive weakest link.

   Seek assistance from Operations section if not satisfied with an individual's equipment, clothing or conditioning.
- Eamily: -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)

∰ F 1767 – 98<sup>€1</sup>

TEAM ASS	IGNMENT	1. INCIDENT NAME			2. OPERATIONAL PERIOD		3. ASGN. NUMBER
4. RESOURCE TYPE							-
	5 PERSONNEL ASSIGNED * L - TEAM LEADER M - MEDICAL						
	ME	AGENCY	*	·	NAME		AGENCY
1			6				
2			7				
1 2 3			8				
4			9	1			
5			1	1		NAMES ATT	ACHED -
6. ASSIGNMENT							
						M	AP(S) ATTACHED
8. TIME ALLOCATED	B. SIZE OF ASSIC	SNMENT 10.	EXPECTEI	0 P.O.D.	<u> </u>		IG INFO ATTACHED
						SPONSIVE S IRESPONSIV	
11. DROP OFF AND F	NCKUP INSTRUCTH	ONS					
12. COMMUNICATIO	NS RADIO	) CALL					
FUNCTI	ON L	FREQUENCY		CHAP	CHANNEL DESCRIPTION		CHANNEL
COMMAND (TEAM I	BASE)						
TACTICAL (TEAM T	EAM)						
13. PREPARED BY			_ !	14. DATE	PREPARED	15. TIME PF	REPARED
16. EQUIPMENT ISSU	IED						
17. BRIEFER	18.	TIME BRIEFED	19. TIME	OUT	20. TIME RETU	IRNED	
SAR 104 BASARC 2/96	DPIES PLANS	UNICATIONS	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 rame 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 Guich Search".

#### 2. Operational Period

a. operation are not 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

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

 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 writen 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

earch 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 were 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 responsive. 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 to 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 briefer 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.

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 this bening charge mission besides an account acting mission bases in a more team. In your other 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 racio. (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 Cali -- 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)

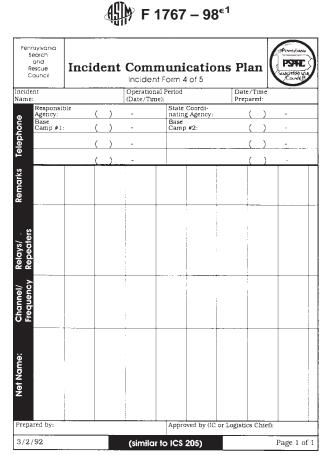


FIG. X2.13 Incident Communications Plan

Pennsylvania Search and Rescue	Incident N	ledical/Eva	acuation	Plan	PSARE
Council		Incident Form 3	of 5		Concil
Incident Name:		Operational Period		Date/Time	
	Minor Injury/lliness t	(Date/Time): o be Managed:		Prepared:	
۵					
Additional L					
	ocal Medical Resource	es (Minor Injury/Illn	ess):		
Base					
×					
_	nd Plan for Field Eva	cuation:			
2					
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2					
Medical Res	ources and Response	Plan for Field Medica	al Emergency:	-	
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Name:	ALS	BLS? Ground? Air	? Response Tin	ie: Contact	Means:
69					
0					
	Location:	Capabilities:	Travel Tune (	Ground/Air)	E.D. Phone
	Location:	Capabilities:	Travel Tune (	Ground/Air) (	E.D. Phone
Name:	Location:	CapabiEties:	Travel Tune (	Ground/Air)	E.D. Phone
Name:	Location:	Capabilities:	Travel Tune (	Ground/Air) ((	E.D. Phone ) -
Name:				(	) <u>-</u> )
Name:	Location:	vel l Trauma Center.	. Burn Unit ho	((	) <u>-</u> )
Name:		vel l Trauma Center.		((	) )

FIG. X2.14 Incident Medical/Evacuation Plan

Pennsylvania Search and Rescue Council	Daily SA	R Unit	t/ <b>Govern</b>	ment		nel Reg	ister
ncident		Location:		Date*:		For this Date, F	
Name:							
Name (Last, First,	MI) Org	anization	Qualifications, GSAR Level	/ Arrival Time	Estimated Departure Date/Time	Actual Departure Date/Time	Emergency Contact: Name and Phone
							•••••
	•					-	
3/2/92 *\$	Start new set of	forms for a	arch 24-bour	period n	aidnight to	midnight	(This is a 1-page for

Pennsylvania Search and Rescue Council	Dai	ily Local Vo	Daily Forr			el Regi	ster
Incident Name:		Location:	D	ate*:		For this Date,	Page: of:
Name (Last, First, I	MI)	Address	Phone Numbe	r Arrival Time	Estimated Departure Date/Time	Actual Departure Date/Time	Emergency Contact: Name and Phone
							F
3/2/92 *\$	tart new	set of forms for ea	ch 24-hour p	eriod, n	nidnight to	midnight	(This is a 1-page form)

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

### LOS ANGELES COUNTY SHERIFFS DEPARTMENT MALIBU MOUNTAIN RESCUE TEAM

ASD USEON REPORT CONTINUATION	URN					page_	1
Incident Name		Date/Time Prepared				onal Peri	
		Call	Che	ck-in	Chei	ck-out	Total Hours
Name (Last, First)	Agency	Sign	Date	Time	Date	Time	for Oper Pe
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3							
4.							
5.							
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20						•	,
21				· · · -			,
22							· ·
		l		Totals	for this	Page:	
	_					- ugu.	
ICS 211-P Notes							





AGENCY / GROUP AFFILIATION:

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION FOREST HANGERS

### REGISTRATION OF SEARCH AND RESCUE PARTICIPANTS

DATE:

		ADDRESS	SPECIAL QUALIFICATIONS	SPECIAL SKILLS/EQUIPMENT	TIME
AME (Print)		STREET			TIN
LAST, FIRST, MI		STREET	DEC Certified		
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	CITY / STATE / ZIP	Responder		OUT
LAST, FIRST, MI	1 <u> </u>	STREET	DEC Certified		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	CITY / STATE / ZIP	Responder Crew Boss		OUT
LAST, FIRST, MI	1	STREET	DEC Certified		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	CITY / STATE / ZIP	Responder Crew Boss		OUT
LAST, FIRST, MI		STREET	DEC Certified		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	CITY / STATE / ZIP	Responder		олт
LAST, FIRST, MI		STREET	DEC Certified	· · · · ·	IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	CITY / STATE / ZIP	Responder		OUT
LAST, FIRST, MI		STREET	DEC Certified		1N
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	CITY / STATE / ZIP	Responder Crew Boss		OUT
LAST, FIRST, MI	<u></u>	STREET	DEC Certified		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	CITY / STATE / ZIP	Responder		OUT
LAST, FIRST, MI	the trace of	STREET	DEC Certified		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	CITY / STATE / ZIP	Responder		OUT
LAST, FIRST, MI		STREET	DEC Certified		IN
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	CITY / STATE / ZIP	Responder		OUT

FIG. X2.18 Registration of Search and Rescue Participants

Pennsylvania Search and Rescue Council		Daily Unit Log	S SAFTER SAFTER
Incident Name:		Operational Period (Date/Time):	Unit:
ICS P	osition:	Name:	Period Serving (Date/Time to Date/Time)
24-hour Local Time:		Major Events:	
3/2/92		continue on reverse	Page 1 of 1

FIG. X2.19 Daily Unit Log

	Daily Unit Log
24-hour Local Time:	Major Events:
••••••	
••••••	
•••••	
••••••	
·····	
3/2/92	Check here if more pages for this log:

FIG. X2.19 Daily Unit Log (continued)

Pennsy vania Search and Rescue	Daily	SAR Resour	ces Wor	ksheet	PSALE
Counci.		Daily Form 9	9 of 10		Card Card
Incident Name:		Operational Peri   (Date/Time):	od	RESTAT Name(s):	
Name (Person or Team):	Type of Resource	Status A R T X	(Team Identifier):	(Present Location):	(Time to be Available):
		ARTX			
		ARTX			
		ARTX	:		
		ARTX			
		ARTIX			
		ARTX			
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		ARIX			
		ARTX			
	-	ARTX			
3/2/92		incoming resource	es on revers	e	Page 1 of 2

FIG. X2.20 Daily SAR Resources Worksheet

Daily SAR Resources Worksheet								
Type of Resource	Number:	Coming from:	ETA at Base	Remarks:				
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			····					
3/2/92		ne resources		Page 2 of				

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

Pennsylvania Search and Rescue Council		Daily	<b>y Vehicl</b> Daily Form		ster		Ç	PSPHE Schothoristie
Incident Name:		Location:	Date	•:	For	his Date, Pag	e: ol	f:
Driver's Name (Last, First, MI		ike/Type Vehicle	License Number and State	Point of Origin	Arrival Time	Estimated Departure Date/Time	Actual Departure Date/Time	(Estimated Round-Trip Mileage)
		· · · · · · · · · · · · · · · · · · ·						
					· · · · · · · · · · · · · · · · · · ·			
3/2/92 *\$tc	irt new set <u>of t</u>	forms for <u>ea</u>	ch 24-hour pei	iod, mid <u>ni</u>	ght to <u>m</u> i	dnight	(This is a 1-	page form)

FIG. X2.21 Daily Vehicle Register

**∯** F 1767 – 98<sup>€1</sup>

### LOS ANGELES COUNTY SHERIFFS DEPARTMENT MALIBU MOUNTAIN RESCUE TEAM DEBRIEFING FORM

LAST USE CNLY REPORT CONTINUATION	URN		pageof	
Incident Name	Date/Time Prep	ared	Operational Period	
Crew	Crew Leader:		Number in Crew:	
Date/Time Start Assignment:		Date/Time End Assign	ment;	
Assignment.				
What You Actually Did:				
what You Actually Did.				
What would you estimate the PODs for y mmobile, etc.)	your efforts to be?	Define the types of sub	jects the PODs reference, (r	mob
Describe the location of any clues you fo	ound. What is the	current status of these of	lues?	
Describe any search difficulties or gaps	in coverage.			
Describe any hazards observed in your	accienced accommon			
Describe any nazaros observed in your	assigned segmen	L.		
Describe any problems encountered wit	h communications			
Any suggestions, ideas, or recommenda	ations for future pla	ans?		
MMRT 300 Use reverse side	e for additional not	les and/or drawings.		
		Bv:		

FIG. X2.22 Debriefing Form

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FIG. X2.22 Debriefing Form (continued)

∯ F 1767 – 98<sup>€1</sup>

TEAM DEBRIEFIN	G	2. OPERA	TIONAL PERIOD	3. ASGN.NUMBER
4. RESOURCE TYPE				L
5. ASSIGNMENT SUMMARY				
6. DESCRIBE SEARCH EFFORTS IN J	ASSIGNMENT			
7. DESCRIBE PORTIONS YOU WERE	UNABLE TO SEARCH			
B. DESCRIBE ANY CLUES, TRACKS	OR SIGN LOCATED, OR	ANY PERTINENT TRAIL I	NTERVIEWS	
9. DESCRIBE ANY HAZARDS OR PRO	DBLEMS ENCOUNTERED			
10. SUGGESTIONS FOR FURTHER S			-	
10. SUGGESTIONS FOR FURTHER'S	EARCH EFFORTS IN OR N	EAH YOUH ASSIGNMEN	•	
11. TIME ENTERED 12. TIME EXIT	ED 13. TIME SPENT	14. P.O.D. SUMMARY		
ASSIGNMENT ASSIGNMENT		Н М	L	
				ISIVE SUBJECT
15. DEBRIEFER	16. DATE & TIME	]% []님님		ONSIVE SUBJECT
1		90% 5	] CLUES	
ATTACHMENTS		1	NOTHING SIGNIFIC	
DEBRIEFING			LINFORMATION, N	
J SAR ITU I	IEFING DOCUMENT	POTENTIAL	CLUES, NEEDS URG	
BASARC 2/96 U SUPPLEMEN		-	ASSIGNMENT ASSIGNMENT NOT	
		1	NOOIG MENT NOT	

FIG. X2.23 Team Debriefing with Supplement and Instructions

TEAM DEBRIEFING	1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. ASGN.NUMBER
		•	
SAR 119 BASARC 1/96			

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



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

#### Overview

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

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

#### Instructions for Completing Form

#### 1. Incident Name

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

### 2. Operational Period

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

1/14/96 Initial Response	1/14/96 Night
1/15/96 Day 1	1/15/96 Daytime

1/14/96 2200 to 1/15/96 0600

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

### Resource Type What type of resource is this? Example include..

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

### 5. Assignment Summary

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

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

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

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

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

that is assigned to research an area. They will use it to determine if additional equipment is needed, where to search, and what techniques to use to get the pest 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 be reported, and if so note any assigned Identifier.

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

10. Suggestions for Further Search Efforts In or Near Your Assignment The team has just been out to the search area and may have very good ideas for additional searching. Try to focus them on ideas related to what they found in the field rather that their overall theories about the search.

11. Time Entered Assignment The time the team arrived at their search area.

12. Time Exited Assignment

#### The time the team left their search area

### 13. Time Spent Searching

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

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

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

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

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

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

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

#### 15. Debriefer

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

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

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



search paperwork is being examined after the fact.

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

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

Notes

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

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

gnator NAME	RANK	e / Time		Init Lead	er	Ope	rational	Period		
	RANK	TIME AVAIL	OVER		er					
NAME	RANK	TIME AVAIL	OVER							
	<u> </u>		NIGHT	MED QUAL	HELI QUAL	TRACK LEVEL	CLIMB LEVEL	ELT. DF	DIVE TEAM	OTH
				-						
				1				-		
			<b>F</b>	1						
		<u> </u>	t		1			<u> </u>		
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3 Other info:					•					
	)3 Other into:			<b>I</b>		3 Other Info				

SEE REVERSE SIDE FOR CODES 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 Paramedic
- EMT-P
- MICN Mobile Intensive Care Nurse
- R.N. P.A. Registered Nurse
- Physicians Assistant Physician M.D.

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

TRACKING LEVEL:

- Can follow a very easy, perfect print. T-1
  - Easy, complete print, imperfect Moderate, incomplete print.
- T-2 T-3 T-4 T-5

- Hard, partial print lacking positive I.D. Severe, sign only. Tracking trained & monthly practice. Very severe, obscure sign. High natural ability, practicing weekly. T-6

CLIMBING ABILITY:

Easy climbing, scrambling w/ use of hands, elementary use of climbing technique Moderate climbing using natural protection, short pitches. Roped climbing requiring artificial protection. 5.3 - abundant handholds Class 3

- Class 4
- Class 5
- 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)

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## FEMA US&R SPONSE SYSTEM INCIDENT SUPPORT TEAM

RESOURC		INCIDENT	OPERATIONAL PERIOD DATE TIMES	REPO UNIT	BRTING ESF-9	FORM US&R	2/9 	
NAME:		POSITION TITLE:	MISSION ASSIGNMENT #:		TIME:			
LOCATION:	TION: CALLBACK #: PROCESSED AT DEO BY:							
ORDER CODES: M Miscel A Aircraft		verhead C — Crews ask Force T — Transportation	P — Personnel E — Equ S — Supplies F — Foc IST — Ir	uipment od nc. Sppt Te	COM -	Search Team - Communicat - Field Assmnt	ions	
QUANTITY	CODE	ITEM ORDERED / COMMER	NTS (special instructions, names, etc.)		ETA	REQ. #	CONFIRMED	
			Maria Antonia and Antonia and Antonia and Antonia and Antonia and Antonia and Antonia and Antonia and Antonia a					
	- <u></u>							
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APPROVED BY	DATI		DISTRIBUTION: Originial: Logist	ics/Copy: I	Finance Section	/Copy: Plannin	g Section	

FIG. X2.25 Resource Order Form



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

### SURVIVAL TIME FRAME WORKSHEET

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

	Fili in the follow	ing information:	
AIR TEMPERATURE (f)	LOW	HIGH	
WIND SPEED (mph)	LOW	HIGH	See wind speed chart for estimate
PRECIPITATION	YES/NO/UNK		Influencing factor?
WATER-BODY TEMPERATURE	LOW	нідн	If immersion involved
IMMOBILE?	YES / NO / UNK		Influencing factor?
HUMIDITY (%)	LOW	HIGH	
Follow these steps:			
5 Enter RELATIVE AIR TEMPERAT 6 Is the subject in a hot desert clima 1 is the subject wer? If yes, go to st 8 Refer to WET CHILL CHART using 9 Refer to HYPOTHERMIA CHART 10 Refer to IMMERSION CHART usin 11. Refer to DESERT SURVIVAL CHA	te? If yes, go to step ep # 8. g relative air temperat using relative air Tem ng water-body temper	# 11. ure (step # 5). erature (step # 5). ature information.	i)
	Fill in the appro-	priate box(s): LC	
WET CHILL SURVIVABILITY.		MIN	MIN
circle one (HOURS or DAYS)	1767.4		MAX
HYPOTHERMIA SURVIVABIL circle one (HOURS or DAYS)	JI Y	MIN .MAX.	MIN MAX.
IMMERSION SURVIVABILITY		.MAX.	MAX.
circle one (HOURS of DAYS)		۵)	/E.
DEHYDRATION SURVIVABIL	ITY		<u></u>
circle one (HOURS or DAYS)		A	/E
LIST OTHER INFLUENCING FACTORS E 1 2 3 4 5			
MMRT 304 PREPARED	BY (NAME & POSITION)		

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

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

PLANNING PROCESS CHECKLIST,	INCIDENT	REPORTING	ESF-9	FORM US&R—XXX 20
DIŞASTER #	DPS PERIOD PLANNING STEP	DATE/TINE PREPAR	:D:	UNIT LEADER: RESPONSIBILITY
<ul> <li>Give briefing on situation s</li> </ul>	talus			IST Planning Section Chief
Give briefing on resource s	tatus			IST Planning Section Chief
Review strategic objectives				IST Team Leader
<ul> <li>Plot functional and geograp</li> </ul>	ihic boundaries			IST Operations Section Chief
Recommend factics for function	ctional and geographic boundaries	3		IST Operations Section Chief
Determine resources neede	ac			IST Operations Section Chief
Specify operations facilities	and reporting locations. Plot on I	map.		IST Operations Section Chief
Discuss requirements for.     communications				IST Logistics Section Chief
medical     traffic     other logistical is	sues			
Finalize Incident Action Pla	n			IST Planning Section Chief
Approve Incident Action Pla	in			IST Team Leader

FIG. X2.27 Planning Process Checklist

Registration Number	1	Manufacturer		Model		Calor			
Remarks		C	Cruise Spe	ød	Number o	of Engines	ELT Équi	pped	IFR Equipped
ilot's Name: Last, First	, MI				Age		±	D. O. B	
Address: Street, City, S	tate							Phone	No.
license	Rating		Hours		Other	Flight Trai	ned Crew N	/embe	rs
Passengers			HAZAR	DOUS OR S	ENSITIVE C	ARGO			
LAST CONTACT									
Reporting Party: Last, F	irst MI			Relation		Pho			Time
reporting r any. East, r				Tierabati		FIIO	ne		LIMA
PLANNED ROUTE				Time		Date		FR/VF	2
·				-		_			
Destination				ETA		Date	ľ	Alteran	te Airport
Route									
Source of Information				Flight Plan	Filed With				
KNOWN ROUTE									
Route Weather Enroute									
Source of Information									
OTHER INFORMATION					NFORMATI				
nstrument Approach					SBA Flight S	ervice Stati	on Contact		967-2305
nstrument Departure	-	_			SBA Tower (	Contact			967-9717
Flight Service Station DI					VC Rental A	gency Con	lact		Phone
Silot/Witness Report				h	ine Person/	Gas Truck I	Contact		Phone
					Civial Air Pat	ro Contact			Phone
					Cher				Phone

Missing Aircraft WORKSHEET

Los Padres Search & Rescue Case No

SAR No. OES No.

AFRCC No

FIG. X2.29 Missing Aircraft Worksheet

Form LP-14-0990 © Los Padres SAR 1990

	s Padres		E WOR	LT (SHI	ET		Case No.			
Inst Report										
Recting Party							Phone			
Report										
Source of Report										
Jostion of Reporting Part							Agency of Rep	oning Party		
AFRCC Data					Mission No.			1		
Sateline Report: Latitude/				_	Time of Repo			1-80	0-851-	3051
	. ung iude						Line effect			e of A/C
A reralt Report					~ me		'ype of A/C		Altitud	iaio, w/C
Civil Air Patrol Data										
GAP Contact			Decre		-	h:		Tima		
Report										
Source of Heport										
Mission Coordinator			Base Locator					Phone		
Ground Teams CallSign	& _ocation									
Aircraff: Call Sign & Local	0-									
Sheuff's Department	Data									
Contact	ouu		Prone			ocation		Tma		
Report					1					
Source at Report								Time c	/ Report	
		_								
FAA Data Contact			Phone .		۰.	ocatory	ОЧка	Time		
Beport			1		· ·					
	Location of Beceiver		I Time Receive	et		Dre	:907	SBA	500	967-23
Signal Received	Type of A/C	Allabor		me Heco	und	00				
Pilot Report	100000	100000		····E ·584.G	VIA		i cui	SBA	Tower	967-97
Automatic Alert				1.						
Vesa					an:GMC			,		
Walnut Hoad				Cat	redral Oaks				Direction	
Comments										
ELT Report Data										
Owner's Name Last, First	M									
					Arcraft/Vess	ol Type		-Jog s	iration No	
Location						1.	1 Sena No	1		
Exation FLT Manufacturer		Ε.	* Moder No.			- 12	i Sena No			
		E.	.* Moder No.			[''	. i Sena No 			

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

		REPORTING	FORM							
PLANNING		UNIT ESF-9	US&R-XXX							
CYCLE	INCIDENT		US&H							
DISASTER #	OPS PERIOD:	DATE/TIME PREPARED	UNIT LEADER:							
TIME		EVENT								
	<ul> <li>Shift change</li> </ul>									
	<ul> <li>Prepare for F</li> </ul>	lanning Meeting								
L										
L										
		Planning Meetings								
		General Staff, Agency Admin. Rep., Resource S	tatus Officer, Situation Status Officer,							
	Comm Suppo	nt Officer, etc.)								
	<ul> <li>Prepare IAP</li> </ul>									
	<ul> <li>Review and F</li> </ul>	inalize IAP								
	1									
	<ul> <li>Approve IAP</li> </ul>									
	<ul> <li>Prepare for C</li> </ul>	perations Briefing								
	1									
	Operations Bi	iefing								
		-	and the							
	1									
	<ul> <li>Finalize Repo</li> </ul>	rts								
l	1									
	Shift Change									
	1									
PREPARED BY:	APPROVED BY	0	ATE							

FIG. X2.28 Planning Cycle

∰ F 1767 – 98<sup>€1</sup> FEMA US&R RESPONSE SYSTEM

	FEMA US&R RESPONSE SYSTEM INCIDENT SUPPORT TEAM									
	ATION PORT	INCIDENT	OPERATIONAL P	ERIOD	REPOR UNIT	TING ESF-9	FORM 2/95 US&R-004			
	NE FOLLOWING	g reports on Urban S ATION	Search & Resc	ue activ	vities for t	he period s	hown:			
- CF	ATTICAL ISSU	ES								
• c/	SUALTY REF	PORT (civilian/Federal)								
AC	COMPLISHM	ENTS								
- RE	SOURCES A	SSIGNED								
• PL	ANNED ACTI	VITIES (next 24 - 72 hours	s) 							
r\$T	LEADER	DATE TIME	DISTRIBUTION:	Section	lormation & F					

FIG. X2.31 Situation Report



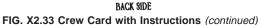
Pennsylvar Search and Rescue Council			Daily For	ask Log		(PS	String Section
Incident Name:		Locatio	on:	Date*:	For this D	ate, of:	
Task Number:	Team Identifier:	Team Type:	Number on Team:	Task:	Time Out:	Time In:	(Tota Hours
							; 
			·······				
••••							
							1
3/2/92				-hour period, midn			ge forn

FIG. X2.32 Daily Task Log

81 14-69 (11/93) - 10g	YORK STATE	
DEPARTMENT OF ENV	IRONMENTAL CONS	ERVATION
CRE	W CARD	
CREW BOSS		DATE
CREW AFFILIATION		COLOR
CREW TYPE:		
	м [] з	
AREA ASSIGNED		
TIME OUT	TIME IN	
TIME OUT	TIME IN	
CREW MEMB	ERS	BIB NO.
RE	MARKS	

FRONT SIDE FIG. X2.33 Crew Card with Instructions

(	∰ F 1767 – 98 <sup>€1</sup>
	UNIT LOG
TIME	MAJOR EVENTS
	L
· ···	
I	



### 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

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

Call sign

Los Padres FIE	Team No.: Team Leader:	
Location		Local on
Time	How Taken	
Bearing MACINE TIC	Bearing TRUE	
Base Line Deviation	Strength	Base Line Devalion
Base Line		Base Line Comments
Locator		[ scabon
Time	How Taken	T me
Bearing KOAGNE 13C	Bearing THUE	Bearing MAGNE TIC
Base Line Deviation	Strengtri	Base Line Deviation
Base Tine		Base Line
Location		[Liscation
1769	How Taken	Time
Bearing WAGNETTC	Bearing THUE	Bearing MACINE ITC
Base Line Denabon	Sirength	Base Line Deviation

er's Name: Last, First M

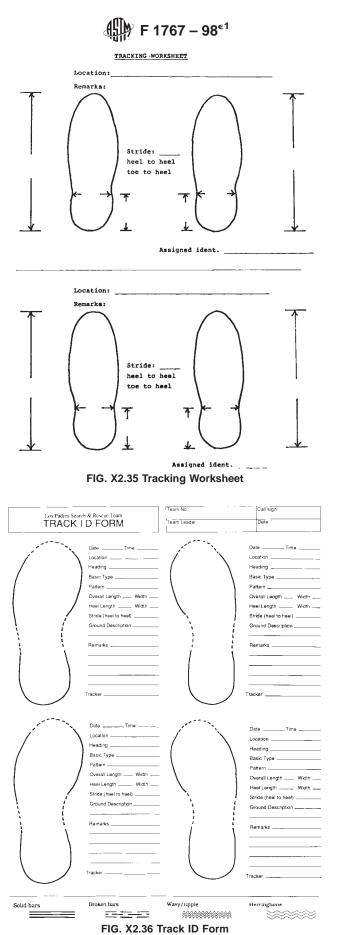
T T Model No

g THUE	Bearing MAGNE ITC	Bearing THUE
an	Base Line Deviation	Strength
	Baseline	
	Comments	
	Tocaton	
	Time How Take	1
g THUE	Bearing MAGNE TIC	Bearing TRUE
an	Base Line Deviation	Strength
	Base Line	
	(Hegistration No	A rcratt/Vessel Type
	Suspecied Cause	
ELT Sera No.	Time Off	© Los Padres SAR 1990 Form LP 16 0990

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

ELT-DF FIELD T		Team No		Call sign
Page	2	Team Leader		Date
Localion		ločalor		
Time How Taken		Time	How Taken	
Bearing MAGNETIC	Bearing TRUI	BRAING MAGNETIC		Bearing Thrus
Base Line Deviation	Strength	Base Ling TRivialion		Strength
Base Tine		Baseline		
Comments		Comments		
Сосабол		Location		
Tithe How Taken		Irre .	How Taken	
Bearing MAGNE IIC	Bearing TRUE	Bearing MAGNETIC	·	Bearing TRUE
Base Line Deviation	Shength	Base Tine Deviation		Strengt
Base Line		Baseline		
Comments		Comments		
Location		Locabon		
Time How Laken		Time	Fkw Taken	
Bearing MAGNI TIC	Isearing THUE	Bearing MAGNE TIC		Bearing THUE
Base Tine Devialion	Strength	Base Une Devision		Strength
Base Line		Baseline		
Comments		Comments		
Liseation		Localion		
Time How Taker	· · · · · · · · · · · · · · · · · · ·	Twe	13ow Taker	
Bearing MAGNI, TIC	Bearing THUE	Bearing MACINE THE		Bearing THU:
Bâse Tiné Déviation	Strength	Hasé ( 're') Jevol on		Skength
Base Line	L	Basel	··	
Comments		Comments		⊥ ⊥⊥⊥ . I

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



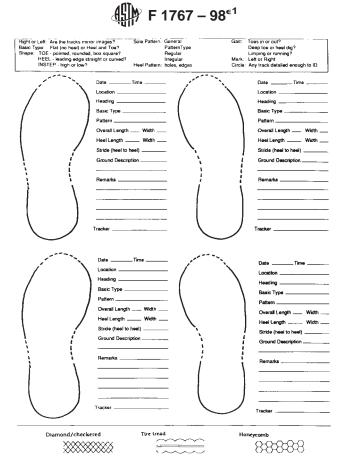


FIG. X2.36 Track ID Form (continued)

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

		TROOTE	T C Learn Lear	son
THIS ROW FOR LASD USE ONLY REPORT CONTINUATION	URN			page of
Incident Name	Date/Time Prepare	Date/Time Prepared		al Period
ITEM	QUAN			STATUS
ELT - DF	ON SITE	OBTAINABLE		(FOR C P USE)
LITTER				
BACKBOARD				
ALTIMETER				
RADIOS. Indicate if Bandheld or Mobile				
VHF (MRA 155 160)				
VHF (Other Freq.?)	1		1	
GENERATOR	+		+ • • • • • • • • • • • • • • • • • • •	
RADIO REPEATER:	+			
VHF (MRA 155 160)				
VHF (Other Freq.)				
UHF				
TENT Capacity				
Capacity				
PORTABLE LIGHTS				
SNOW ANCHORS			1	
MAP OF AREA	+			
4X4 VÉHICLES			-	
		· ··· ··		
			1	
	1			
BARADT 201 Notes				
MMRT 301 Notes				

### EQUIPMENT ROSTER Team Liason

Team Name:

FIG. X2.37 Equipment Roster



### LOS ANGELES COUNTY SHERIFFN DEPARTMENT MALIBU MOUNTAIN RESCUE TEAM

Equipment Check In/Out

IASD USEDNY REPORT CONTINUATIO		Date/Time Prepared	000	page rational Period	0 <sup>4</sup>
The second second second second second second second second second second second second second second second s		outer mile Prepareo	Ope	allonal Pellou	
Name (Last, First)	Agency	Equipment	SN / Unit #	Check Out Time	Check Ir Time
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	+ +			† —	
	-		•		
			1	+	
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			L		
			]		
CS 211-E Notes					

page\_\_\_\_of\_\_\_\_

FIG. X2.38 Equipment Check

Search and Rescue	Dai	lv Com	municatio	ons L	og	PSAL
Council Daily Form 8 of 10				Conceller		
Incident		Location	Date*:	For	this Date.	
Name:		Docuron	Dute .	Pag		of:
Local 24 Hr. Time:	Team or Station:		Message:		Location Grid Coord	
						1
					•••••	
						····
						••••
			•••••			

FIG. X2.39 Daily Communications Log

	€∰ F	1767 – 98 <sup>∈1</sup>
E	alpine <i>RESCUE</i>	COMMUNICATIONS LOG
E.	TEAM, INC.	MISSION:CQ: M.LCQ: DATE:PAGEOF

TIME	то	FROM	TRANSMISSION
•			
			· · · · · · · · · · · · · · · · · · ·
	ļ		

### FIG. X2.40 Communications Log

Search & Rescue		DR Number	Date
SHERIFF'S DEPARTMENT	MEDICAL REPORT	SAR Number	Location
Name (Last, First, Middle)	Age	D.O.8.	Dispact Time
Address	Sex	Weigfht	Arrived At Scene
City, State Zip	Phone		Release Time
Complaint/Inuries/Cause			
Past History	All	lergies	
Medications	Pr	ivate MD	·
Treatment			
[			
	eech <u>Skin</u> Normal J Warm	0	0
	Silent L Hot Coherent L Cool	1 2	32
	Incoherent L Cool	1 (1 1)	fi A
	Slurred J Dry	1 $(1 $ $N$	// , N
	eathing 'J Moist Normal Skin Color	E(Y)	5110
🗆 Name 🗳 Regular 🗳	Shallow U Normal	1 10/	187
	Absent L Cyanotic Wheezes L Flushed	1 1/	18/
	Rales I Pale		415
J None Q	Rhonchi 🖵 Jaundiced	FRONT	BACK
Time			
Pulse			
B.P.			
R.R.			
L.O.C.			
Possible Contagious Disease C	PR by Citizen C EMS C	Other	
	REFUSAL OF SERVICE		
I HEREBY RELEASE THE LOS PADRES OF ANY LIABILITY WHICH MAY BE INCU TO SEE A PHYSICIAN OF MY CHOICE.	SEARCH & RESCUE TEAM AND S IRRED DUE TO ANY REFUSAL OF	SANTA BARBARA S F THEIR SERVICES	SHERIFF'S DEPARTMENT
	DATE	WITNESS	

TRANSPORTED BY D Ambulance D Helicopter D Private Vehicle D Patient Refused Transport D Cancelled Encoute

FIG. X2.41 Medical Report

Report of	Search & Rescue	DR Number
Injury	SHERIFF'S DEPARTMENT SANTA BARBARA COUNTY	Operation Number
		_
□ Operation □	Training C Other	Date Occured
		Team
ignment in Time of Injury		
	· · · · · · · · · · · · · · · · · · ·	
emption of the Incident and the Injury		
v		
atment at Time of Injury		
DESES		

-

Form SH/LP 08 0590

### FIG. X2.42 Report of Injury

# ۲

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

۲

NOTICE OF DEATH FORM

POSITION ON TASK FORCE

CIRCUMSTANCES OF DEATH:

TASK FORCE: NAME OF DECEASED

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

UNIT

INCIDENT

REPORTING

ATE/TIME PREPABI

ORM

PARED B

US&R---013

3/9

ESF-9

DOB:

SS#:

PATIENT		REPORTING	FORM
REFERRAL		UNIT ESF-9	1169.0 014
REFERRAL	INCIDENT		03an-014 295
DISASTER #:	OPS PERIOD	DATE/TIME PREPARED:	PREPARED BY:
NAME:	TASK FORC		
Patient Log #:		f referral/admission:	
Facility/Hospital:	Phone numb		
Referral MD:	Phone & Pa	ger numbers:	
Complaint:			
Condition			
Disposition:			
NAME:	TASK FORC	E:	
Patient Log #:	Time/Date of	f referral/admission:	
Facility/Hospital:	Phone numb	ier:	
Referral MD:	Phone & Pa	ger numbers:	
Complaint:			
Condition:			
Disposition:			
NAME:	TASK FORC	F.	
Patient Log #:		referral/admission:	
Facility/Hospital:	Phone numb	er:	
Referral MD:	Phone & Pa	ger numbers:	
Complaint:			
Condition:			
Disposition:			
NAME:	TASK FORC	E:	
Patient Log #:		referral/admission:	
Facility/Hospital:	Phone numb	er:	
Referral MD:	Phone & Pa	ger numbers:	
Complaint:			
Condition:			
Disposition:			
NAME:	TASK FORC	F.	
Patient Log #:		referral/admission:	
Facility/Hospital:	Phone numb		
Referral MD:	Phone & Pa		
Complaint:			
Condition:			
Disposition:	·		
a apactica a	EMPLOYEE USE ONLY	- NOT FOR CIVILIANS	
	LINE COLLE COLLONET		

APPARENT CAUSE OF DEATH:

EXACT LOCATION OF DEATH:

NOTIFICATIONS: FORMS COMPLETED:

[] EST Director
[] Local Worker's Comp
[] EST-9 Leader
[] Federal Worker's Comp
[] IsT-Leader
[] Federal Worker's Comp
[] EST-9 Leader
[] Federal Worker's Comp
[] Local Konker's Comp
[] Local Vorker's Comp
[] Loca

FIG. X2.43 Patient Referral

FIG. X2.44 Notice of Death Form

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

۲

	1	DEBORTUNO.	
OPERATING FACILITIES	INCIDENT	RÉPORTING UNIT ESF-9	FORM US&R-011 2795
			200
DISASTER #	OPS PERIOD	DATE/TIME PREPARED:	UNIT LEADER:
FACILITY NAME	LOCATION	PHONE #	COMMENTS
	1		
		1	
• • • •			
PREPARED BY:	APPROVED BY.	DATE:	

FIG. X2.45 Operating Facilities

Date	Start Time	End Time	Hours	Duty Type	Description	of Activity
					-	
			· · ·			
	1					
					_	
	Special Duty	Summany			Duty Types	Hours
Date	opeoial Duty	Description			Dory Types	nours
				0-	- Operations	
					- Training	
					- Committee	
	-				_	
		·		P-	- Public Relations	
· · ·				J A-	<ul> <li>Administrative</li> </ul>	
nthly Time	Reports Are Du	a At The Mont The Following N	hiy Busines:	s S-	- Special Duty	

FIG. X2.46 Monthly Time Report

TIME RECORD	INCIDENT	MISSION NUMBER	REPORTING UNIT <b>ESF-9</b>	FORM US&R(
<ul> <li>Empl</li> </ul>	oyee Name			
<ul> <li>Addr</li> </ul>	955			
<ul> <li>Social</li> </ul>	al Security #			
<ul> <li>Posit</li> </ul>	ion(s) Filled		date(s	)
			date(s	)
Spon	soring organization/TI			
		HOURS ON DUTY		
Date	Start Time	Breaks	End Time	Daily Tota
			· · ·	
				-
				-
				TOTAL:

## FEMA US&R RESPONSE SYSTEM INCIDENT SUPPORT TEAM

FIG. X2.47 Time Record

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

LASSIFICATION								07
			URN PICE NO. I					
LAUSIFICATION								
ATE. TIME. DAT OCI	CURRENCE STARTED		DATE. TIME	DAY OCCURRENCE ENDER				
	CODE: V - victim,	t - inform	ant					
oos	LAST NAME		FIRST	NIDDLE	163	RACE	A62	605
No OF	· · · · · · · · · · · · · · · · · · ·		CITY		۱ <u> </u> ۱		EA COD	
OPE								
he of			PIRAT	MIDDLE		RACE	AGE	DOM
ENTORNEE ADDRESS	• • • • • • • • • • • • • • • • • • • •		CITY		-	HONE (A	REA COD	,
001	LART NAME		7185T	HIDOLE	Nex	RACE	AGE	008
NG DP								
ENIDENCE ADDRESS	•		cim	LIP		HONE	NEA COD	
1078	FIELD PERSONNEL AR		EMIZED LIST OF EQUIP	MENT AND PERSONNEL	ON REVEN	136		
			INESS OFFICE US					
							_	
		PER	SONNEL TOTAL	.5				
	ONNEL COST							
INTRE I ENGL					• • • • • • • •			
		(SEE REVE	RSE FOR ITEMIZE	10 [151]				
		EQU	JIPMENT TOTAL	<u>s</u>				
	LAND VEHICLE CO	OST						
	AIRCRAFT COST .							
	MISCELLANEOUS I	EQUIPMENT CO	OST					
TOTAL EQUIP	MENT COST							
			RSE FOR ITEMIZ					
		(occ neve	Hot for freme	20 21317				
				5	UB TOT	AL		
OVERHEAD @	a				ыв тот	AL		
DVERHEAD @	2 <u> </u>							
DVERHEAD @	<u>م</u>		TOTAL COST	·····		· · · <del>· · ·</del>		
OVERHEAD @	<u>م</u>		TOTAL COST			· · · <del>· · ·</del>		
OVERHEAD @	D		TOTAL COST LESS CREDIT A	·····		· · · <del>· · ·</del>		
OVERHEAD @	<u>م</u>		TOTAL COST LESS CREDIT A TOTAL NET COS	LLOWED		· · · · · · · · · · · · · · · · · · ·		
DVERHEAD @	D		TOTAL COST LESS CREDIT A TOTAL NET COS	LLOWED ST		· · · · · · · · · · · · · · · · · · ·		
OVERHEAD @	D		TOTAL COST LESS CREDIT A TOTAL NET COS PRORATED COS	LLOWED ST		· · · · · · · · · · · · · · · · · · ·		
OVERHEAD @			TOTAL COST LESS CREDIT A TOTAL NET COS PRORATED COS	LLOWED ST T PER VICTIM OF VICTIMS)		· · · · · · · · · · · · · · · · · · ·		10 <b>55</b> Me.
			TOTAL COST LESS CREDIT A TOTAL NET COS PRORATED COS (NET COST - #	LLOWED ST ST OF VICTIM OF VICTIMS)		· · · · · · · · · · · · · · · · · · ·		
			TOTAL COST LESS CREDIT A TOTAL NET COS PRORATED COS (NET COST - #	LLOWED ST T PER VICTIM OF VICTIMS)		· · · · · · · · · · · · · · · · · · ·		10 <b>6</b> E ##.
			TOTAL COST LESS CREDIT A TOTAL NET COS PRORATED COS (NET COST - #	LLOWED ST T PER VICTIM OF VICTIMS)	••••••			1085 N#.

FIG. X2.48 Search and Rescue Expenditure Report

					PAGE	07
REPORT CONTINUATION		URN				
ACTIVATED PERSON	NEL ROSTER				S OFFICE U	SE ONI
NAME	RANK	EMPLOYEE #	няя.	CHARGE	C087	70
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<u> </u>						
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EQUIPMENT USAG	SE ROSTER		<u>'</u> †	BUSINES	S OFFICE U	SE ONI
GROUND EQUIPMENT	TYPE	CO. 8ER. #	HRS./ MILZS	CHARGE	COST	TC
			+			_
AIRCRAFT TYPE	REG. #	CO. SER. S	HR.	CHARGE	CONT	70
· · · · ·	_		┤╴┨			-
ak				UNIT		+
MIRCELLANEOUS EQUIPMENT	TYPE	CO. SER. 8	HR8.	CHARGE	соет	70

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

uper	v i #	or Date Regional Ra	19 <b>.</b> r	Date Su	perintendent	Dat
Regio	0	Incident Number Incident Na			Date	
			NUMBER	HOURS	COST/HOUR TO	TAL COS
	01	Incident Commander			é é	
	02	Volunteer Firemen Certified Members-SAR Team			š	
	ñā.				\$\$	
	05 06 07	N Y S Police Officers			\$\$-	
Р	ŏ7	DEC Certified Volunteers N.Y.S. Police Officers DEC Employees				
a,ERU		.1 Forest Rangers (not I.C.) .2 Other Lands and Forests .3 Operations			ss	
ŝ		.3 Operations			\$ \$	
0					š š-	
NNE		.6 DEC Dispatchers			6 6	
E	~ ~				6 6	
5	08	Other Government Employees			<b>\$</b> 6	
		.2 County			6	
		.3 State .4 Federal			6 6-	
	09	Civil Air Patrol			6 6	
	10	Military Volunteer Medical			6	
	19	Other			\$\$	
A						
Ň	21	Search Dogs Riding Horses Draft Animals Other			6 6 -	
Ĭ	22	Riding Horses			\$ \$-	
Ä	29	Other			8 6	-
L						
	- 1	1 mar about pains pick and			s s	
v	21	.2 Four-wheel Drive Pick-ups			s s -	
Ė	32	.1 Two-wheel Drive Pick-ups .2 Four-wheel Drive Pick-ups Automobiles ATV/Trail Bikes			\$	
H I	33	ATV/Trail Bikes			šš.	
С	35	Snowmobiles .1 Motor driven boats			6	· · ·
L E	20	.2 Non-motor driven boats	,		6 6	
ŝ	37	Large Bus (>16 pass.)	/		6 8	
	39	Showmobiles 1 Motor driven boats .2 Non-motor driven boats Lrg Van/Small Bus (≤16 pass.) Large Bus (>16 pass.)			6 6	
	4.1	1 ppg Halianataan			6 8	
	41	.1 DEC Helicopters .2 Contract .3 N.Y.S. Police .4 Military 5 Civil Bir Patrol	<u> </u>		6 6	
A		.3 N.Y.S. Police			6 6	
R					6 6	
ĉ		6 Private			6	
LRCRA	42	.1 DEC Fixed-wing Aircraft .2 Contract .3 N.Y.S. Police			6	
F		.2 Contract .3 N.Y.S. Police .4 Military 5 Civil Bir Patrol			6	
т					6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		.5 Civil Air Patrol .6 Private			6 <u> </u>	
0						
THER	51	Food Costs (attach copy of b Equipment Costs (attach copy Phone Service (attach copy of	ills)	e )	6 6	
- 14	55	Phone Service (attach conv c	f billei			

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 iong 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 O	F CALL				FILE NO			_
VICTIM				IM)	NICKNAME (S	)		_
ADDRESS	(MAKE DUT SE	PARATE SHEET I	FOR EACH VICT	(M)		PHONE _		
SEXRACE MARKS/ SCARS CLOTHING WORN	AGE	HEIGHT PHOTO		BUALD	HAIR	EYES	5 5	
CLOTHING WORN _			TYPE	COLOR	SIZE DI/	MENSION	SOLE	AGE
PERSONALITY CALM () NERVOUS () CAUTIOUS () CARELESS () ITEMS CARRIED: FOOD & CANDY	ATTITUDE WHE LAST SEEN WORRIED ( ANGRY ( FRIGHTENED ( HAPPY (	VERY ( ) GOOD ) SICK* ) TIRED ) WEAK *MEDICIN	AL COND. 5000 ( ) ( ) ( ) ( ) ( ) VE	SMOKER: YES () NO () TYPEFILTER () CORK () PLAIN () BRAND	FAMILIA WITH AI NONE SLIGHT GOOD	()	ABILITY IN NONE AMATEUR GOOD EXPERT	R
EQUIPMENT NUMBER NO. IN PARTY LO								
LAST SEEN (PLACE								204 PM
LOST () T FALL () S STRANDED () F	NGE OF PLANS.	ROUTE OF TRA FROM	VEL		TIME TO ARR			AM PM AM PM
KNOWN FRIENDS					WAS INF	FORMANT		
ADDRESS								
NEXT OF KIN								_
ADDRESS NOTE: IF VICTIM II BODY AND MUST NI BAG, USE REVERSI	S LOST, SECURE . DT HAVE BEEN L	ARTICLE OF CLC AUNDERED. DO	CITY		PHONE	VE BEEN W	ORN NEXT T	10
DEPUTY					BADGE			
MDUNTAINEER								
CAR NUMBER					STATION			
765346								

FIG. X3.2 Search and Rescue Circumstance

Pennsylvania Search and Rescue Council		<b>rson Gi</b> Form 1 c	of 5		PSPEL Sent Total
ndent me:	Name of Interviewer:			Date/Time Prepared:	
	information (names and relations)	nips):		rieparea.	(circle or
(Use back p	bage if needed)				phone
		(	)	-	in per
		(	)	-	phone in pers
			, ,		
Name of r	nissing person:	Age	e, Birt	hday, other:	
	Local Address:				
Home Addr	ess, if different:				
Nick	names/Aliases:				
Sideburns?	Beard? Moustache? Balding?			_ Hair Length:	
Disti	<u> </u>				
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.): /Skin Color and Complexion:				
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				·····
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				·····
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				11
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				
Disti Race	Facial Features/Shape: nguishing Marks (scars, etc.); /Skin Color and Complexion: General Appearance:				Page 1 o



Shirt Color/Style:	
Sweater? Jacket? Style/Color?	
Pants/Skirt:	
Ramgear? Gloves or Mittens?	
Sunglasses? Prescription Glasses?	
Shoes: Style, Color, Sole Type?	
Other Clothing?	
Scent Articles Available? Where?	
Pack? Brand, Style, color?	
Tent? Color, Type, Brand?	
Sleeping Bag? Color, Type, Brand?	
Water Bottle/Canteen? Color/Type?	
Flashlight? Brand, Color, Battery Type?	
Matches? Wooden? Paper? Describe:	
Knife? Compass?	
Fishing Equipment?	
Firearins? Gauge? Ammunition?	·····
lce Axc/Skis/Snowshoes/Poles?	
Other Equipment?	
-	
_	
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:	

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

(	F	1767	_	98 <sup>∈1</sup>
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When? Where?			
by Whom? (Name, Location, Phone):		)	
going Which Way?			
Weather?			
Special Reason for Leaving?			
Any Unusual Comments on Leaving?			
** P		· vas	
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?			
Who would subject contact	(	)	-
on reaching civilization?	(	)	-
(Name, Address, Phone)			-
Include friends, relatives,	(	)	-
habitual bars or restaurants	(	)	-
	(	<u> </u>	
	(	}	
General condition?			
Any physical handicaps or limitations?			
Psychological or psychiatric problems?			
Any medications? Amount carried?			-
Consequences of loss?			
Eyesight without glasses/contacts?			
Carry spares?			
Physician/psychiatrist/counselor:		3	



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? Use up easily?	
Hole up and wait, or keep going?	
Outgoing or quiet?	
Like to be alone?	
Likely response to searchers?	
Hitch-hike often?	

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

	Incident	t Missing Person Questionnaire
Γ		Fears:
	Dogs? Horses? Farm	animals?
	Wild animals? Darkness? Bei	ing alone?
	Training for what to	do if lost?
	Actions when i	nurt: Cry?
	Quiet and wi	thdrawn?
	Temper t	antrums?
		strangers?
		ept rides?
	Active of	r passive?
	Personality clashes?	
	-	
	goals (making summit,	
	getting to next shelter,	
	etc.)?	
	What actions would members	
	take if separated?	
	-	
	• -	
	any other members)	

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

Incident Missing Person Questionnaire
·
Attach picture(s), boot/shoe prints, and scent articles as appropriate
3/2/92 Page 6 of 6

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

		LO			Rescue Te		Γ			Subject Number
INITIAL INFORMATION	i	1							REC	ORD TYPE
0.10	Juve.	nile <sup>()</sup>	fficer		Contact					y Juvenile
Category D At Risk		ior Miss			ploitation Si			93	Volunta	ry Missing Adult /Family Abduction
			ate de Time SA		ICase No				Non-Fa	mily Abduction
Reporting Agency		"	ate exit unit a A	A C MIEG	Case Inc	,		19	Strange	r Abduction lent Adult
									Lost	
SUBJECT INFORMATIO	N		Nickname/Alia	15	Phone				Catastr	ophe wn Circumstances
Residence			City	_	State/Zip		-	-	Unitato	wit Circumstances
					Statest			TIM	E DO	NE
Time Last Seen	Ľ	ocation						BOL	/SO	
Last Seen By	-10	Direction o	f Travel				-	BOL	/PD & C	CHP
Destination							_	Host	etals	
								1.		
Return Commitment								Jail		
GENDER RAC		HG	r wgt		E COLOR			COL		D.O.B. / AGE
				D BLK	I HAZ	Зв			RED SDY	
Unknown B	ΠF			BLU BRO	PNK	⊐ B	RO	ā	WHT	
	00					G Style		а:	xxx	
						,				-
Hat Type Co	lor	Medi	cal Problem/Ill:	ness				Alchob	ol	
Coat		Physi	cal Condition					Drugs		
Shirt		Visio	n	Glasses/C	ontacts?			Medica	tions	
Pants		Visio	n Without Eye	wear				Next D	lose?	
Jewelry		Heari	лg	Hearing A	ud?		_	How L	ong Wit	hout?
Shoes		- Emot	ional State				_	Effects	of Miss	ing Dose
									0. 404	
Size Sole		Perso	nality							
Type of Indentification Carried					Drivers Lice	ense Numbe	r/Stat	e	SS#	
Did Subject Have Money? H	ow Mu	ch?	Means to Get	Money						
Vehicle License S	alc	Year	Make	Style	Col	or		Registe	red Ow	ner
			l							
SOURCE OF INFORMAT	ION		Age/D.O.B.	Res	idence Address					Relation To
			, i							Subject
Where To Contact			Phone	Unte	rviewed By					Time

FIG. X3.4 Lost Person Worksheet

Type of Activity			Purpose of	Trip			Number Lost	Number In Part	
location of Point Last Seen or Last Kn	own Point						Time	Date	
Starting Point/Trailhead							Tune	Date	
Destination			Has Subjec	t Been There Befo	ore?		Time	Date	
ntended Route of Travel								1	
liemate Plans							Other Vehicle	(s) Involved (List)	
ixit Plan							Time	Date	
ONTACT AT END OF TRIP									
ame.	Rel	tion		Phone	E	ack Up	Plan		
Address					C	ontacts	Current Location		
QUIPMENT									
daps		Pack				How Many Days Food?			
Compass		Sizeping Bag				Type of Food (freeze dried, food bars)			
luidebook		Tent Or Shelter				Snac	k Foods		
lashlight		Stove				Gum	/Candy		
Water (How Much?, Container?)		Raingear				Smoker (Brand)			
Knife		Climbing	Equipment			Other	Equipment		
Firearm		Camera							
EXPERIENCE									
Experience At Activity							ed Skills		
amiliarity With Area						Last	Time There		
Previous Incident/Lost Before						When	Where?		
Past Destinations									
Scouting Experience		Medica	ll Training			Wou	ld Subject Leave I	'rail?	
Military Experience		Outdoo	er Training F	rograms		How	Far/Fast Does Sub	oject Hike?	
GROUPS		•	-						
Name of Group/Organization			Type of Gr	oup					
ame of Leader			Experience	of Leader			P	hone Number	
Actions if Separated (Planned or Suspe	a feed \		i						

FIG. X3.4 Lost Person Worksheet (continued)



CHILDREN	
Afraid Of: 🗋 Dark 🗖 Animals 📮 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	Hug-A-Tree at Age:
Personality (Active, Lethargic, Anti-Social)	<u> </u>

### WALKAWAY

Location Last Scene			Time	Date
Seen By Whom?	Location of Witness		Phone	Relation
Direction Going When Last Seen	Suspected Destination		Last Meal	
Knowledge Of Area		Previous R	esidence Or Address?	
Who Last Talked At Length With Subject?	Where/When?	[	Topic?	
Any Reason For Leaving?		Did Subjec	t Have Any Complaints?	
Attitude At Time (confident, confused, normal, afrai	id)		Tired?	Hot/Cold?
Previous Event			Time	Date
Previous Event			Тите	Date
Previous Event			Time	Date
			1	

Glasses/Contact	s YES/NO	Description Of Glass	es	Ability To See Wit	wout Eyewear			
Right Or Left Handed Walking Aids		Walking Aids		Describe Walking Ability				
Hearing Aid YES / NO		Description		Ability To Hear Wi	thout Hearing Aid			
General Health	Normal Personality	Personality When	Current Mee	lications				
Excellent	<ul> <li>⇒ Stable</li> </ul>	Stressed or Upset	Name	Dosage	Frequency	Symptons If Not Taken		
□ Good	□ Changeable	C Stable						
⊐ Fair	C Erratic	Confused						
Poor	Q Violent	C Disoriented	1					
	❑ Aggressive	C Agitated						
⊐ Weak	C Passive	Compulsive						
□ Strong	C Friendly	C Other						
	G Other							
Familiar Object	Subject May Recognize	(Describe Photo, Clou	hing, Object)					
Can Subject Dri	ve? Describe Any V	thicle To Which Subje	ct Has Access	Would Sub	ect Use Taxi, Bus,	Accept a Ride?		
Would Subject H	Relate To A Certain Veh	icle (Describe Make/N	fodel/ Color)?	1				
Would Subject 7	alk To Strangers?		Would Subject	Enter A Store?	l aneu	ages 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
Anne(Last, Pust, Milable)	Acta doin 10 Subject	1000	in the reconden	( )
			· · ·	. , ,
lame(Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone
				( )
			1	Phone
lame(Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone
ame(Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone
		1.0		
lame(Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone
				( )
Name(Last, First, Middle)	Relation To Subject	Age	Where To Contact	Phone
				<u> </u>

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 othersIt 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.

	RACE		EYE COLOR	HAIR COLOR		
W	White	BLK	Black	BLK	Black	
н	Hispanic/Mexican/Latin	BLU	Blue	BLN	Blond	
В	Black	BRO	Brown	BRO	Brown	
Ι	American Indian/Alaskan Native	GRY	Gray	GRY	Gray	
С	Chinese	GRN	Green	RED	Red	
J	Japanese	HAZ	Hazel	SDY	Sandy	
F	Filipino	MAR	Maroon	WHT	White	
0	All Other/Multi-Race	PNK	Pink	XXX	Unknown	
х	Unknown	MUL,	Multi-Color			
		XXX	Unknown	ļ		

E

FIG. X3.4 Lost Person Worksheet (continued)



### FIG. X3.5 ML Quick Sheet

NOTIFICATION OF SEARCH AND/OR RESCUE

CALLER'S NAME		DATE	
CALLER'S PHONE #		TIME	
		ADDRESS:	RACE:
(1)			
(2)			
(3)			
(4)			
DATE LAST SEEN TIME LAST SE	EN SUBJ	ECT MISSING	SINCE
LOCATION LAST SEEN			
INTENDED DESTINATION			
TYPE OF INJURY (IF APPLICABLE)?	~		
CLOTHING WORN (shirt,pants,jacket,ha	at,boots/shoes,	gloves,etc)?	
EQUIPMENT (pack,canteen,rain gear,1)	ight.compass.ma	D) INCLUDE (	OLOR & TYPE!
HIKING EXPERIENCE? HOW MUCH?			
		1 m 1/2	
VEHICLE DESCRIPTION: LICENSE PLAT	E NO.		STATE
VEHICLE DESCRIPTION: LICENSE PLATM			
MAKE MODEL	COLOR		
MAKE MODEL	COLOR		YEAR
MAKE MODEL	COLOR		YEAR

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

URBAN INTERVIEW LOG			1. INCIDENT NAME					2. OPERATIONAL PERIOD / DATE 3.TEA	3.TEAM NUMBER			
STREET ADDRESS	/		RESIDENTS	6	PHONE #	HOW CONE	AFESIO H	AND AND		PLACES TO HIDE IN THE AREA COMMENTS	est est	SCH AND
	Y	Ν	Y	N		Y	N	Y	N		Y	N
	Y	Ν	Y	N		Y	N	Y	Ν		Y	N
	Y	Ν	Y	N		Y	N	Y	N		Y	N
	Y	Ν	Y	N		Y	Ν	Y	Ν	· · · · · · · · · · · · · · · · · · ·	Y	N
	Y	Ν	Y	N		Y	N	Y	Ν		Y	Ν
	Y	Ν	Y	Ν		Y	Ν	Y	Ν		Y	N
	Y	Ν	Y	N		Y	Ν	Y	N		Y	N
	Y	Ν	Y	N		Y	Ν	Y	Ν		Y	N
	Υ	Ν	Y	Ν		Y	Ν	Y	Ν		Y	N
	Y	Ν	Y	N		Y	Ν	Y	Ν		Y	Ν
	Y	Ν	Y	N		Y	Ν	Y	Ν		Y	Ν
	Y	Ν	Y	Ν		Y	Ν	Y	Ν		Y	Ν
	Y	Ν	Y	Ν		Y	Ν	Y	Ν		Y	N
	Y	Ν	Y	Ν		Y	Ν	Y	Ν		Y	N
	Y	Ν	Y	N		Y	Ν	Y	N		Y	Ν
	Y	Ν	Y	N		Y	N	Y	Ν		Y	Ν
	Υ	Ν	Y	N		Y	Ν	Y	N		Y	Ν
	Υ	Ν	Y	N		Y	Ν	Y	N		Y	Ν
	Y	Ν	Y	N		Y	Ν	Ŷ	N		Y	N
	Y	Ν	Y	N		Y	Ν	Y	Ν		Y	Ν
	Y	Ν	Y	N		Y	N	Y	N		Y	N
ICS ??? BASARC 8/95		4. C(	OMPLETED BY									

### FIG. X3.7 Urban Interview Log

Pennsylvania Search and Rescue Council			<b>Dail</b>	g	PSANE Staketräft sole	
Incid Nam				Date*:	For this Date, Page:	of:
Clue #:	Found by Task #:	Map Grid Coordinates:	Clue Description		Action Taken	IC initial
3/2	/92	*Start new set	of forms for each 24-	hour period, mid	night to midnight (This	is a 1-page form

FIG. X3.8 Daily Clue Log

Los Padres Search & Rescue		E	ELT-DF Reports			Case No. SAR No.		
Time	Team		Location					
Bearing MAGNETIC	-	Bearing "RUE		How Taken	Base U	ne Deviator	Strength	
Comments							3	
Time	Teern		Location				lot	
Bearing WAGNETIC		Beaning TRUE		How Taken	Bese Li	ne Deviation	Stength	
Comments								
Time	Team		Location					
Bearing MAGNETIC	-	Bearing THUE		How Takan	Base L	ne Deviation	Strength	
Commants								
Time	Team		Location					
Bearing MAGNET C		Bearing TRUE		How Taxen	Raseli	ns Deviation	Strength	
Commenta		Column grinde						
Time	Team		Location					
Bearing MAGNETIC	_ <b>.</b> .	Bearing TRUE	- 1	How Taken	Barn L	ne Deviation	Strength	
Commants				1				
Time	Teer		Locator					
Bearing WAGNETIC		Bearing TRUE		How Taxen	Base L	ne Deviation	Strength	
Commenta								
Time	Teem		Location					
Searing MAGNETIC		Bearing TRUE		How Taken	Basel	ne Deviation	Stranger	
Commente				•			•	
Тта	Teem		Location					
Bearing MAGNETIC		Bearing TRUS	1	How Taken	Base	ne Deviation	Strength	
Comments				1			-	
Time	Teem		L ocation					
Bearing MAGNETIC		Bearing TRUE		How Taken	Base L	ne Deviation	Strength	
Comments							•	
Time	- Tear		ocation					
Bearing MAGNETIC		Bearing "RUE		How Taken	Base L	ne Deviation	Strength	
Comments								

## FIG. X3.9 ELT-DF Reports

## Clue Card

Date	Time	Recorded by:	
Call-back Name	& No.:		
Clue Type:			
Information:			
Article:			
Action Taken:			
	ns - 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

∲ F 1767 – 98<sup>∈1</sup>



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:

<u>Information</u>: 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.

	SUBJECT PROFILE	
Factor		Factor Value
AGE	Very young	1
	Very old	1
	Other	2-3
MEDICAL COND.	Suspected injured/illness	1-2
	Healthy	3
	Known Fatality	3
NUMBER OF SUBECTS	One alone	1
	Multiple unseparated	2-3
WEATHER	Existing hazardous	1
	Predicted hazardous, with in 8 hrs. of less	1-2
	Predicted hazardous, more that 8 hrs	2
	No hazardous weather predicted	3
EQUIPMENT	Inadequate for environment	1
	Questionable for environment	1-2
	Adequate for environment	3
SUBJECT EXPERIENCE	Not experienced, does not know area	1
	Not experienced, knows area	1-2
	Experienced, does not know area	2
	Experienced, knows area	3
TERRAIN AND HAZARDS	Known hazardous terrain or other hazards	1
	Few or no hazards	2-3
HISTORY OF INCIDENTS	In this area	1-3
BASTARD SEARCH		2-3
Considerable elasped time fro	e value of each factor and of the sum of all factors, the i om when the subject was reported missing and the politi t of increasing the relative urgency.	
	RESPONSE RATING	
	Emergency response	08-12
	Measured response	13-18
	Evaluative response	19-24
	Insufficient evidence	25-27 TOTAL
	ARED BY (NAME & POSITION)	

FIG. X3.11 Relative Search Urgency Rating Form

rev: 10/21/93

Santa Barbara Sheriffs Department Los Padres Search & Rescue Team	Training Plan
ub <del>je</del> ct:	Date Submitted:
leneral Plan:	Skill Areas:
structor(s):	Planned Date:
	Day of the Week:
	· · · · · · · · · · · · · · · · · · ·
ocation:	Planned Start Time:
	Estimated Finish Time:
scal:	Training Leader:

FIG. X3.12 Training Plan

SANTA BARBARA COUNTY SHERIFF'S DEPARTMENT

#### DOCUMENTED TRAINING FORM

BUREAU/UNIT/TEAM Los Padres Search & Rescue Team

DATE OF TRAINING

HOURS OF TRAINING

LOCATION TRAINED

MEMBERS PRESENT (List K-9 or horse with member if applicable) FIG. X3.13 Documented Training Form



INSTRUCTOR OR PERSON SUPERVISING

ACTIVITIES TRAINED IN

### PERSON COMPLETING FORM DATE FIG. X3.13 Documented Training Form (continued)

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

Training Check-In

Team Name:
Team Contact:
Phone:
Address:
(to be used for future updates or changes)
Total Number of Team Participants:
Field Personnel:
Support Personnel:
Expected Team Arrival Time
Will you bring Snowmobiles / Snowcat? Number
Any Problems or Concerns with the Training Plan?
Any special requests to be added to the training?
Anything else:

FIG. X3.14 Training Check-in



			PMI USAGE & HIS	TORY		
ĺ						
	SERIAL NUMBER	I.D. MAR	KING	LENĜ	тн	D AMETER
	DA	TE OF MFG.	ISSUE DATE			DATEINSERVICE
						[]
L	FIBER			CONSTRU	ICTION	MFGSLOT NUMBER
		AMAGE OR EXCESSIVE V ALL SUSPECT ROPES.	VEAR EACH TIME IT IS	DEPLOYED	AND AGAIN	AFTER EACH USE.
DATE USED	INCIDENT LOCATION	TYPE OF USE	ROPE EXPOSURE	DATE INSPEC - TED	INSPEC - TORS 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: DAT	ГЕ:
IC:	
OPS:	
Time of :	
SAR MRG PAGE:	
ON SCENE:	
SUBJECT FOUND:	
DEBRIEFING:	
Subject Status:	
When Found:	
Number of :	
LCSAR members responding: Other resources:	
Total : Team hours: man hours:	
Equipment damaged:	
Owner:	
What:	
How:	
Est Cost:	
FIG. X3.16 Mission Debriefing F	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/sau manager/exec meeting.

FIG. X3.16 Mission Debriefing Form (continued)

Colocardo División of Wildlife	MISSION	REPORT	Colorado Bearch & Rescue Board
County(where mission of		Co. Case #:	AFRCC #:
Unit Submitting Report:	LARIMER COUNTY SEARC	H Unit Msn #:	Other #:
Primary unit (this missio	n): LCSAR	- Where incident o	
Mission started:	Date: Time:	- avvere incident d	Courried.
SUBJECT INFORMA			
Name	Sex DOB Street addre	<b>19</b> T	own State CDOW #c.(atch'd)
A B			
<u>с</u>			
ACTIVITY	SITUATION	SCRIPTION OF INCIDE	NT
Cimber OHV	C Lost/overdue		······································
ŬHiker ŬSnow	mobile 💍 Stranded —		
Othumber OAkors			
OFisherman OWalki Skler Evid.:	eway Ences		
∐Bicycle ∐Other	Other -		
OBoat			
RESPONSE RESPONSE TYPE	(If lost) BEARCH RESCU	E/RECOVERY DE	SCRIPTION OF RESPONSE
Responded Search Lar Rescue Air Recovery Wa Other RESULTS	nd Hasty search Rock Visual tracking Evac.	ftevac.	
SUBJECT WAS		AR effort (	By self (Not found/rescued
FOUND/RESCUED Date: REASON TERMINATED		ublic (non-SAR)	Never needed help Other
Successful     Successful     Lack manpower     Lack equipment     Kuck support	Primary search area Secondary search area Confinement Attraction	To	a result of the SAR effort, tal number of persons: _Found,Rescued,Saved DN OF FINDIRESCUE:
Lack clues	Area Hasty search previously Mouse tracking		
Hazardous terrain	searched Search doos		
Severe weather Area too large	Out of area Line search		
Authority decision	Home, bar, 📰 Helicopter	· · · · · · · · · · · · · · · · · · ·	
Family decision	motel, etc Fixed Wing		
Other	Other Subject's sign	······································	
MEDICAL	SUBJECT BEHAVIOR		
EXTENT OF INJURIES	CAUSE OF INCIDENT (If lost) RE		REABON(s) (If lost)-Travel Data
			NOWN Air distance from
ABC	Unknown     Unknown     Unknown     Unknown     Unknown		te last seen pl. (miles)
COOUninjured	Human error(self) Poor supe Another person Accidental	rvision 😹 Has	te lest seen pl. (miles)
	Human error(aelf) Poor supe Another person Accidental Derkness Intentional	rvision 📷 Has separation 🗱 Exc separation 🗱 Fat	te lest seen pl. (miss) eeded ability Elevation change gue thom last seen pt to
COUninjured Slight/1st aid OModerate/Dr. Severe/Hospital	Human error(self)     Poor supe     Another person     Darkness     Environment/wx     Took shor	rvision 🔛 Has separation 📰 Exc separation 🛃 Fat cut 📰 Fat	te liest seen pt. (miles) L
Uninjured OSight/1st aid OModerate/Dr.	Human error(aelf) Poor supe Another person Accidental Derkness Intentional	rvision Heat separation Exc separation Exc cut Exc ap Fall	te last seen pL (miles) seeded ability Eiswaton change gue monitation seen pt to ver round (feet) teq. equip by burround (feet) seq. equip Tame Moving(hes)

FIG. X3.17 Mission Report

Ę	🖗 F 176	67 – 98'	£1	
Do you want to submit this mission/re If so, please be sure to complete the information and attach necessary rec	license information o	nt from the Search n the front, fill in all	and Rescue Fund?YesYes	1
RESOURCES				
No. Mi/Hrs Cos	ts.		MANHOURS SUMMARY	
Helicopters     Fixed Wing	(Attach all rec		Total no. of your personnel involved	
Ambulances 2WD Vehicles	<ul> <li>(includes fuel</li> <li>repairs, etc.)</li> </ul>	•	Total manhours	
4WD Vehicles			expended by your unit	
Power Boats Snowmobiles			Total no. of ALL personnel involved	_
Horses	Equipment Cost		Total manhouns	
	Subtotai		expended by ALL personnel	
ISCELLANEOUS COSTS (attach all receip Motel(s)	sts/documentation)		OTHER SAR UNITS INVOLVE	
Food/Meals			Unit Name No. 1)	
Personal Equipment			2)	_
gloves, clothing, etc. ) Other misc costs:	Miscellaneous		3)	_
(list on separate sheet)	costs subtotal		5)	_
	Total cost :		-,	-
UTHORIZATION				
I certify that the above report and list receipts and understand that I am re-	sponsible for disbur	true and correct. sement of monie	I have attached all applicab s to all agencies or groups th	le hat
Assisted in this search and rescue in REQUESTMISSION REPORT	cident.			
PREPARED BY:	Name	Kank	Telephone	Carlos
REQUEST APPROVED BY:	(Sherff's signature required fo	x mimburgement)		Deta
MAKE CHECKS PAYABLE TO:				
Street addr	784			
Chy, Basic	Zip code	-		
DO NOT USE REQUEST RECEIVED:		,		
REQUEST APPROVED:	Date B'	Name		
	Mission F	Report (cc	ontinued)	
			,	
	SHERIFF'S	LOS ANGELES DEPARTMENT TAIN RESCL'E LEAM		
RECORDS AND STATISTICS BUREAU USE ONLY ACTION ACTIVE INDEX YES I		T REPORT	DA 16. page	×
CLASSIFICATION	T Operation #			
RESCUE: Vehicle Ove			Person  Stranded Hiker	
DATE TWE DAY BEGIN	TE TIME DAYEND	Outer L	STAT ON EDORD NATOR	
OCAT ON OF OCCURENCE			TYPE OF LOCATION TAG	
CODE. V - victim. W - witness, 1 - i	nformant P - patient FIRST	list one victim (if nam MIDDLE		RECK
NU DF		71P	RES PHONE	HONL
BUSINESS ADDRESS	CTY	710	BLS PHONE ( )	
CODEAST NAME	1NS1	MICOLE	SEX RACE DOB CF	HECK DAY HONE
RESIDENCE ADDRESS	C.LA	219 	RES PHONE ( )	
BUSINESS AUDINESS	CITY		BLS PHONE ( )	HECK
CODL LAST NAML RES DENCE ADDRESS	FIRST CITY	MIDDLE ZIP	NES PHONE	HECK UAV HDNE
RUS NESS AQORESS	CTY	210	( ) BUS PHONE	
			( )	_
NAME EMP #	ASSIGNM	ENT	TIME IN TIME OUT HO	DURS
	l			
			· · · · · · · · · · · · · · · · · · ·	

										* · ····	
PAGER CAL	L-OUT C	ODE						<u> </u>	Total H	Hours	
MODE		SEARCH		RESCUE	_	SYST	M	ASSISTING UNIT	s	ASSISTED	
Obs Detail Call Patrol Callout Cancelled		Missing person Lost Person Evidence Homicide Aircraft Other		Injured Persor Vehicle Over Cliffhanger Medical Aid Disaster Other		Truck and W Hike in J Hike Helicopter Technical Litter Other		Other LASD Teams Outside Agencies Fire State Parks National Parks Other		other LASD Teams Dutside Agencies ire tate Parks lational Parks Other	
VEHICLE US UNKNOWN U LICENSE (STATE	STORLD L & No;	IF YES DE NO DE DE IMPOUNDED ES	¥N.	V N RAME No	UCOY "Y	PE CO'OB	BY CEPU" DEPUTY STATION	Y UNIT/CAR	NO	BADGE No BADGE No SHIFT	
		STICS	XNE.				APPROVE	D BADGE N		f MC	
	NTS :: I	CS 201 L. ICS 2 CS 202 D. ICS 2		C ICS 211P D ICS 211M		:5 2141 :5 205			RFB		
nantia das				a wa kantur ya	ę	SAR-49					-

SAR-49 FIG. X3.18 Incident Report

INCIDENT REPO	DRT CO	NTINU	RTMENT ATION		URN				PAGE		
				STA	TISTICAL INFORMATION	1			PAGE	0	
						·			-	MUTUAL	ND
	-		· · · ·		T	,					REC'D
CLASSIFICATION	# of Vict	# of Surv	≢ of Fatar	Nof Miss or Unk	RESOURCES USED	If of Units or People	# of Hours of Work	# of Units pr People	# of Hours of Work	# of Units or People	Hour of Wor
HUNTERS					PAID DEPUTIES						
FISHERMAN					RESERVE DEPUTIES						
BACKPACKERS/HIKFRS			1		Civilian Volunteers						-
CAMPERS	1		<u> </u>		CO.OWNED HELICOPTERS					-	1
CLIMBERS	1				Co. Owned Fixed Wing	-					-
MOTORCYCLISTS					FEDERAL HELICOPTER					-	1
MINES AND CAVES					FEDERAL FIXED WING						1
SWIMMERS	-				STATE HELICOPTER					-	
SNOWSPORTS					STATE FIXED WING	-	-				-
AIRCRAFT					PRIVATE HELICOPTER	· · · ·				-	-
RAFTERS			-		PRIVATE FIXED WING	-				-	-
VEHICLES	1				4X4 VEHICLE	t					
OTHERS			1		SNOW MOBILE	-	-				-
TRAINING			+		SEARCH DOGS			_		-	-
	-				HORSES	-				-	-
	1				GROUND VEHICLES	<u> </u>			-		
	-		(		NARRATIVE						

SAR-49								
FIG. X3.18 Incident Report	(continued)							

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Pennsylvania Search and Rescue Council	Incid	ent Afte	<b>r Actic</b> t Form 5 of		port	PSANE Search to the second
Incident	•		Date/Time	? <b>*</b>		
Name: AFRCC		State	Prepared:	Base		
Mission No.:		Mission No.:		Location		
Mission Mission Mission Date/ Time*:		Aircraft 📋 Drou	Ing/Overdue vnlng e Rescue Mission [ Date/ Time*:		☐ Other: □Syspended	
(Name/C	e Located by Drganization):	·	C		-	
Latitude Longitud			Geographi —	c Location	:	
No. Subj Involved		No. Subjects Found Alive:	No. Sub Found	jects Dead:	No. Subje Still Miss	cts ing:
Date/ Timet: Latitude Langitud No. Subj Involved W pur Buij Door						
ations						
Participating Organizations		· · · · · · · · · · · · · · · · · · ·				
٤ŏ						
Prepared by:			Approved	by (Incide	nt Commander	):
3/2/92		*local time,	24 hour form	at		Page 1 of 2

FIG. X3.19 Incident After Action Report

∰ F 1767 – 98 <sup>€</sup>	1
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			Inciden	it After Ad	tion Report			
~ •	Atrcrew Personnel*:		Ground Personnel*:		Non-SAR Tm. Volunteers*:		Other Personnel*:	
nen!	Staff Personnel*:		Dogs:		Total Estimated Monhours:		-	
Personnel Equipmer	Personnel*: Fixed-Wing Aircraft:		Helicopters	i:	Ground Vehicles:		Boats:	
Pers	Other Equipmer	ıt:						
	No. of Alr Sortles:		:h Area:	Hours Enroute:	Total Flight H	rs.:	No. of Sq. Miles Searched:	
	Summary of Gr	ids/Are	eas Searcheo	1:				
.=								
Operational Summary - Air								
per								
៰៑឴឴឴឴								
	No. of Ground Tasks:		Vehicle Mil	es	Vehicle Miles Erroute:		Total Estimated Vehicle Mües:	
	No. of Ground Tasks: Summary of Ar	eas Sec	on Tasks:	es	Vehicle Miles Enroute:		Total Estimated Vehicle Miles:	
Ţ	Ground Tasks: Summary of Ar	eas Sec	on Tasks:	es	Vehicle Miles Erroute:		Total Estimated Vehicle Miles:	
ound	Ground Tasks: Summary of Ar	eas Sec	on Tasks:	es	Vehicle Miles Enroute:		Total Estimated Vehicle Miles:	
al - Ground	Ground Tasks: Summary of Ar	eas Sec	on Tasks:	es	Vehicle Mües Enroute:		Total Estimated Vehicle Miles:	
itional arv - Ground	Ground Tasks: Summary of Ar	eas Sec	on Tasks:	es	Vehicle Mües Erroute:		Total Estimated Vehicle Miles:	
berational mmarv - Ground	Ground Tasks: Summary of Ar	eas Sec	on Tasks:	es	Vehicle Mües Erroute:		Total Estimated Vehicle Mües:	
Operational Summary - Ground	Ground Tasks: Summary of Ar	eas Sec	on Tasks:	es	Vehicle Miles Enroute:		Total Estimated Vehicle Mües:	
Operational Summary - Ground	Ground Tasks: Summary of Ar	eas Sec	on Tasks:	es	Vehicle Miles Enroute:		Total Estimated Vehicle Miles:	
Operational Summary - Ground	Ground Tasks: Summary of Ar	eas Sec	on Tasks:	es	Vehicle Mües Erroute:		Total Estimated Vehicle Miles:	
Operational Summary - Ground	Ground Tasks: Summary of Ar	eas Sea	on Tasks:	es	Vehicle Mües Enroute:		Total Estimated Vehicle Miles:	
Operational Summary - Ground	Ground Tasks: Summary of Ar		on Tasks: arched:		Vehicle Mües Erroute:		Vehicle Mües:	

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



Ease of contacting Clear Creek S.O.	5	4	3	2	1	n/a
General ease of dispatching team	5	4	3	2	1	n/a
Rapidness of S.O. dispatch	5	4	3	2	1	n/a
Pre-response mission review/briefing w/A.B.T.	5	Å.	3	2	1	n/a
Standing mutual aid protocols	5	4	3	2	1	n/a
Enroute						
Ease of radio communication with team	5	4	3	2	1	n/a
Updates passed back and forth	5	4	3	2	1	n/a
Rapidness of team response	5	4	3	2	1	n/a
Team and personal vehicle operations	5	4	3	2	1	n/a
Mission Operations						
Unified (or joint) Command operations	5	4	3	2	1	n/a
Turn over of command (if done)	5	4	3	2	1	n/a
Use of ICS	5	4	3	2	ŧ	n/a
Number of A.B.T. personnel on scene	5	4	3	2	1	n/a
A.R.T.'s medical care of patient	5	4	3	2	1	n/a
Our acceptance of your assignments	5	4	3	2	1	n/a
Appropriateness of our overhead assignments of your personnel	5	4	3	2	1.	n/a
Appropriateness of our field assignments of your personnel	5	4	3	2	1	n/a
Our direction of your personnel	5	4	3	2	1	n/a
Our overall use of your agency personnel & equipment	5	4	3	2	1	n/a
Overall cooperation of A.R.T. and your agency	5	4	3	2	1	n/a
Overall cooperation of all individuals	5	4	3	2	1	n/a
Post Mission						
Debriefing (on scene)	5	4	3	2	1	n/a
Mission follow-up (if needed)	5	4	3	2	1	n/a
Please contact me immediately regarding this mission.						
Name:		Title				
Agency: Position/h	nction					
Day phone Night p						

Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_

Please use the back to offer any comments in recard 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

# ∰ F 1767 – 98<sup>€1</sup>

	FEMA US&R RESPONSE SYSTEM URBAN SEARCH & RESCUE TASK FORCE 7/	FEMA US&R RESPONSE SYSTEM URBAN SEARCH & RESCUE TASK FORCE 7/92
	TASK FORCE LEADER'S MISSION ASSIGNMENT CHECKLIST	TASK FORCE BASE OF OPERATIONS LOCATION CHECKLIST
[]	ASSIGNED LOCALITY/JURISDICTION:	
[]	TYPE OF ICS STRUCTURE IN PLACE:	[ ] SITE LOCATION/ADDRESS:
[]	TFL's IMMEDIATE SUPERVISOR (title/name):	BEST ACCESS ROUTE(S):
[]	ICP OR SUPERVISOR'S LOCATION:	DISTANCE TO ANTICIPATED WORK SITES:
[]	PLNNG/BRFING MEETINGS SCHEDULE/LOCATION:	ADEQUATE SPACE AVAILABLE?
[]	CURRENT SITUATION:	PERSONNEL SHELTER CONSIDERATIONS:
		CACHE SHELTER CONSIDERATIONS:     [] USEABLE STRUCTURES?     [] TENTS REQUIRED?
[]	SEARCH & RESCUE ISSUES:           []         TYPE OF AREA INVOLVED:           []         PRIORITY BLDGs. (schools/nospitals/etc.):           []         NUMBER/LOCATION OF KNOWN VICTIMS:	RADIO COMMUNICATIONS CONSIDERATIONS:     (high ground is usually more advantageous)
[]	LOCAL MEDICAL SYSTEM: [ ] FUNCTIONING EMS/HOSPITALS?:	Site appropriately separated from rescue work sites?
[]	COMMUNICATIONS PLAN:	
[]	TRANSPORTATION:           [ ]         TRUCKS/BUSES:           [ ]         AIRCRAFT/HELICOPTERS:           [ ]         REQUESTING PROCEDURES:	(tents appropriately spaced)     TASK FORCE BASE OF OPERATIONS
[]	TF SUPPORT:         BASE OF OPS LOCATION?:         SUPPLY AVAILABILITY (lood/water/equip.):         HEAVY EQUIPMENT/CRANES:         LOCAL/MILITARY SECURITY SUPPORT:         REQUEST PROCEDURES:	EQUIPMENT CANINE CACHE AREA SHELTER
[]	MEDIA ISSUES:           I         LOCAL JURISDICTION PIO (title/name):	CENTER LATRINE/GARBAGE DISPOSAL AREA
FI	G. X3.21 Task Force Leader's Mission Assignment Checklist	FIG. X3.22 Task Force Base of Operations Location Checklist

**∯ F** 1767 – 98<sup>€1</sup>

7/92

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

TASK FORCE OPERATIONS REPORT

TASK FORCE DESIGNATION:	·	Г		
DATE:				
START TIME:				
TF TEAM:	TEAM MANAGER:			
	2 4 6 8 10	SIDE TWO		
				SIDE ONE
COMMENTS/EVALUATIONS/RECOMMENT	DATIONS:	DEF [ ] [ ]	OPERATIONS POST [] EQUIPMENT STAGING AREA [] ACCESS/ENTRY ROUTES [] CONTROL ZONES (Collepse/Hazard Z PERSONNEL HAZARDS (Live Utilities,	SECTORS (team/squad assignments) MEDICAL TREATMENT AREA PERSONNEL STAGING AREA ORIBBING/SHORING WORK AREA ones, Work Zones, etc.) Haz Mat, Collapse Potentials, etc.)
			EMER	GENCY SIGNALLING
		0 0 0	EVACUATE THE AREA CEASE OPERATIONS/ALL QUIET RESUME OPERATIONS	3 short blasts (one second each) 1 long blast (three seconds) 1 long and 1 short blast
TEAM LEADER/SQUAD OFFICER:	Signature		FIG. X3.24 Task Fo	orce Operations Site Sketch

FIG. X3.23 Task Force Operations Report

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

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TASK FORCE OPERATIONS SITE SKETCH

SIDE THREE

SIDE TWO	SIDE ONE	SIDE FOUR
	TYPE OF OPERATION:         DEPICT:         BUILDING/STRUCTURE(s)         OPERATIONS POST         IOPERATIONS POST         EQUIPMENT STAGING AREA         PERSONNEL TARKING AREA         ACCESS/ENTRY ROUTES         CONTROL ZONES (Collapse/Hazard Zones, Work Zones, etc.)         PERSONNEL HAZARDS (Live Utilities, Haz Mat, Collapse Potentials, etc.)	

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FEMA US&R RESPONSE SYSTEM Appendix D STRUCTURE TRIAGE, ASSESSMENT & MARKING SYSTEM

## STRUCTURE TRIAGE

TRIAGE CRITERIA	UHR-2a SCORE
2. CONDITION OF VOIDS 1 VERY SEPARATE PART 2. CONDITION OF VOIDS 1 COMPACT LAYERS COLLAPSE 20	
4. CHANCE OF COLLAPSE -1 LOW CHANCE NI 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 FOURD, ENTER ZERO FOR BLDG TOTAL )	BLDQ TOTAL
TRIAGE CRITERIA	
L POTENTIAL NO. OF TRAPPED + 5 (MIN=1 MAX=50)	
4. CHANCE OF COLLAPSE -1 LOW CHARCE NI CHARCE -20	
5. SPECIAL INFO: SCHOOL / HOSPITAL = +25 KNOWN LIVE VICTIM = + 5 EA	
6. NO-GO: ( CIRCLE ONE )	
FIRE HM ZERO VICTIMS OTHER	BLDG TOTAL
TRIAGE CRITERIA	
2. CONDITION OF VOIDS 1 VERY SEPARATE PART 20	
3. TIME GET TO VICTIM 1 ONE DAY 2 HRS 20	
5. SPECIAL INFO: SCHOOL / HOSPITAL = +25 KNOWN LIVE VICTIM = +5 EA	
6. NO-GO: ( CIRCLE ONE )	<u> </u>
FIRE HM ZERO VICTIMS OTHER	BLDG TOTA
	3. THE GET TO VICTIM 1 DE DAY 2 HAS 20 4. CHARCE OF COLLAPSE -1 LOW CHARCE MI CHARCE -20 5. SPECIAL BRO'S SCHOOL / HOSPITAL = -25 KKOWN LIVE VICTIM = -6 EA 6. NO-GO: (CIRCLE OKE) FRE NM ZERO VICTIMS OTHER (F NO-GO FROLLDS FOUND, ENTR ZERO FOR BLDG TOTAL) TRIAGE CRITERIA 1. POTENTAL NO. OF TRAPPED ÷ 5 (MIN =1 MAX = 50) 2. CONDITION OF VOLDS 1 VERY EFFARTE PART 2. CONDITION OF VOLDS 1 VERY EFFARTE COLLAPSE 3. THE GET TO VICTIM 1 ONE DAY 2 HARS 20 4. CHARCE OF COLLAPSE -1 LOW CHARCE MI CHARCE -20 5. SPECIAL INFO: SCHOOL / HOSPITAL = -25 KNOWN LIVE VICTIM - 5 EA 6. NO-GO: (CIRCLE ONE) FRE NM ZERO VICTIMS OTHER (F NO-GO FROLED IN FOUND, ENTRE ZERO FOR BLDG TOTAL) 1. POTENTIAL NO. OF TRAPPED ÷ 5 (MIN =1 MAX = 50) 2. CONDITION OF VOLDS 1 VERY SEPARATE PART (F NO-GO FROLED IN FOUND, ENTRE ZERO FOR BLDG TOTAL) TRIAGE CRITERIA 1. POTENTIAL NO. OF TRAPPED ÷ 5 (MIN =1 MAX = 50) 2. CONDITION OF VICTIM 1 ONE DAY 2 HARS 20 4. CHARCE OF COLLAPSE -1 LOW CHARCE MI CHARCE 20 3. THE GET TO VICTIM 1 ONE DAY 2 HARS 20 4. CHARCE OF COLLAPSE -1 LOW CHARCE MI CHARCE 20 5. SPECIAL INFO: SCHOOL / HOSPITAL = -25 KNOWN LIVE VICTIM - 5 EA 6. NO-GO: (CIRCLE ONE )

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FIG. X3.25 Structure Triage

## **X4. MISCELLANEOUS SAR FORMS**

## ∰ F 1767 – 98<sup>€1</sup>

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

#### Public Information Summary - Incident Status

	REPORT CONTINUATION	URN		pageof
ncident Name		Date/Time Prepared	Operationa	l Period
An	Information Summary si	hould be completed for incident i	pdates and Public	Information.
Incident Name		·····		
Type Cause				
Location Incident Manager Start 1 me				
Close Time				
Areas Involved Resorces Committed				
Casuaties Personnel				
Public Damage Estimates				
Warnings Expected Hazards				
Location Type				
Period Weather				
Current Forecasi				
Areas Evacuated Shater Centers				
Hospital Contact				
Road Status Misc				
Pro Phone Numbers			····	
Location				
			······	
CS 209	Prepared by:			

enannet former ca 209 dec

rev: 10:07/95

#### 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 Percus	Userry Medium Light No Exposure

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

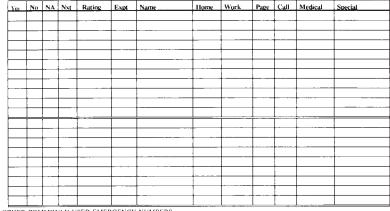
F 1767 – 98<sup>∈1</sup>

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





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

FIG. X4.3 Call-out List

#### **X5. FORM PACKET**

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

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