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

This standard is issued under the fixed designation F1767; 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.

### INTRODUCTION

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

### 1. Scope

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

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

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

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

### 2. Referenced Documents

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

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

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

### 3. Significance and Use

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

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

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

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

### 4. Summary of Guide

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

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

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

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

## 5. Existing ICS Forms

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

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

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

## 6. ICS Forms Modified for SAR

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

6.2 Forms included in SAR/ICS sections:

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

6.2.1.1 Examples found in **Appendix X2**:

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

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

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

6.2.2.1 Examples found in **Appendix X2**:

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

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

6.2.3.1 Examples found in **Appendix X2**:

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

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

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

6.2.4.2 Form instructions are included where available.

6.2.4.3 Examples found in **Appendix X2**:

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

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

6.2.5.1 Examples found in **Appendix X2**:

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

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

6.2.6.1 Examples found in **Appendix X2**:

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

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

6.2.7.1 Examples found in **Appendix X2**:

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

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

6.2.8.1 Examples found in **Appendix X2**:

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

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

6.2.9.1 Examples found in **Appendix X2**:

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

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

6.2.10.1 Example found in Appendix X2:

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

## 7. Additional Forms for SAR Management

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

7.2 *Forms Used Within the Plans Sections:*

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

7.2.1.1 Examples found in Appendix X2:

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

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

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

7.2.2.1 Examples found in Appendix X2:

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

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

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

7.2.3.1 Examples found in Appendix X2:

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

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

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

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

7.2.4.1 Examples found in Appendix X2:

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

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

7.2.5 *Situation Unit Forms:*

7.2.5.1 Examples found in Appendix X2:

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

7.3 *Forms Used Within the Operations Section:*

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

7.3.1.1 Examples found in Appendix X2:

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

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

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

7.3.2.1 Examples found in Appendix X2:

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

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

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

7.4 *Forms Used Within the Logistics Section:*

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

7.4.1.1 Examples found in Appendix X2:

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

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

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

7.4.2.1 Examples found in Appendix X2:

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

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

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

7.4.3.1 Examples found in Appendix X2:

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

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

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

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

7.4.4 *Facilities Unit Forms:*

7.4.4.1 Examples found in Appendix X2:

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

7.5 *Forms Used Within the Finance Section:*

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

7.5.1.1 Examples found in Appendix X2:

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

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

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

7.5.2.1 Examples found in Appendix X2:

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

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

## 8. Additional Forms for SAR Investigation

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

8.2 *Forms Used to Aid in the Investigation:*

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

8.2.1.1 Examples found in Appendix X3:

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

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

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

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

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

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

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

8.2.2.1 Examples found in Appendix X3:

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

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

**9. Additional Forms for SAR Training**

- 9.1 These forms are used to document all phases of training from planning to implementation.
- 9.1.1 Examples found in Appendix X3:
- 9.1.1.1 Training Plan (Fig. X3.12).
- 9.1.1.2 Documented Training Form (Fig. X3.13).
- 9.1.1.3 Training Check-In (Fig. X3.14).

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

- 10.1 These are forms used to document information related to search and/or rescue equipment such as, serial numbers, age, use history, and maintenance.
- 10.1.1 Examples found in Appendix X3:
- (1) PMI Usage and History (Fig. X3.15).

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

- 11.1 These are forms used to report an incident. Some are formal reports used as a permanent record, while others are a general summary of information. Forms used in critiques are included here.
- 11.1.1 Examples found in Appendix X3:
- (1) Mission Debriefing Form (Fig. X3.16).
- (2) Mission Report (Fig. X3.17).
- (3) Incident Report (Fig. X3.18).
- (4) Incident After Action Report (Fig. X3.19).
- (5) Mutual Aid Response Survey (Fig. X3.20).

**12. Additional Forms for Urban SAR**

- 12.1 These are forms intended to be used for an incident in an urban setting.
- 12.1.1 Examples found in Appendix X3:
- 12.1.1.1 Task Force Leader’s Mission Assignment Checklist (Fig. X3.21).
- 12.1.1.2 Task Force Base Of Operations Location Checklist (Fig. X3.22).
- 12.1.1.3 Task Force Operations Report (Fig. X3.23).
- 12.1.1.4 Task Force Operations Site Sketch (Fig. X3.24).
- 12.1.1.5 Structure Triage (Fig. X3.25).
- 12.1.1.6 Urban Interview Log (Fig. X3.7).

**13. Miscellaneous SAR Forms**

13.1 It is recommended that SAR organizations develop a packet of forms that fits their particular needs. They should analyze how they respond to their typical incident. A preplan

and a packet of forms could be made up to help guide them through the entire incident.

13.2 Examples found in Appendix X4:

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

**14. Form Packets**

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

**15. Alphabetical Index to Forms**

15.1 Table 1 lists the forms in alphabetical order.

The form is titled "SAR INCIDENT REPORT" and is issued by the "New Mexico Department of Public Safety". It features two logos: the State of New Mexico seal on the left and the U.S. Forest Service seal on the right. The form is divided into several sections:

- Header:** Mission Number, AFRCC Number.
- Coordination:** Field Coordinators (A-H), Date, Time, Opening, Closing, Area Commander.
- Subject:** Subject Name, City, State.
- Activity:** Activity, Incident, Response, Area Found (A, B, C), Jurisdiction, Subject (A, B, C), CAP Used, Suspense.
- Location:** Location Where Subject Was Found, Subject Located, Date, Time.
- Summary:** Incident Summary.
- Preparation:** Report Prepared By, Date Prepared, Total Personnel, Total Manhours.
- Comments:** Additional Comments.
- Checklist:** Required Attachments Checklist with categories: Notification or Callout Only, Search and Rescue, Additional Operational Periods, and Response Only.

At the bottom, it includes the text "Rev. 3-3-94" and "All entries must be typed or mechanically printed."

**FIG. 1 SAR Incident Report**

TABLE 1 Alphabetical Index to Forms

| Title   | Reference Number |
|---|------------------|
| Aircraft, Missing-Worksheet                       | 2-29             |
| Assignment list, Crew                             | 2-10             |
| Assignment list, Crew                             | 2-11             |
| Assignment list, Field Team                       | 2-9              |
| Assignment list, Organizational                   | 2-7              |
| Assignment list, task                             | 2-8              |
| Assignment list, team                             | 2-12             |
| Briefing General                                  | 2-2              |
| Briefing, General-Missing Person                  | 2-3              |
| Briefing, Incident                                | 2-1              |
| Call Out List                                     | 4-3              |
| Check-in List                                     | X-X              |
| Check List, Task Force Base of Operation Location | 3-22             |
| Check List, Task Force Leader Mission Assignment  | 3-21             |
| Clue Card   | 3-10             |
| Communications, Daily-log                         | 2-39             |
| Communications, log                               | 2-40             |
| Cost Sheet  | 2-49             |
| Crew Card   | 2-33             |
| Daily Briefing                                    | 2-4              |
| Debriefing, Form                                  | 2-22             |
| Debriefing Form, Mission                          | 3-16             |
| Debriefing Team                                   | 2-23             |
| ELT-DF Reports                                    | 3-9              |
| ELT Worksheet                                     | 2-30             |
| ELT-DF field team log                             | 2-34             |
| Emergency Helicopter Request Information Sheet    | X-XX             |
| Equipment Check In/Out                            | 2-38             |
| Equipment Roster                                  | 2-37             |
| Expenditure Report, SAR                           | 2-48             |
| ICS Planning Guide                                | X-XX             |
| Incident Briefing                                 | X-XX             |
| Incident Communications Plan                      | 2-131            |
| Incident Medical/Evacuation Plan                  | 2-14             |
| Incident Objectives                               | 2-6              |
| Incident Objectives                               | X-XX             |
| Incident Organization Chart                       | X-XX             |
| Incident Status Summary                           | X-XX             |
| Injury, Report of                                 | 2-42             |
| Liability Release                                 | X-XX             |
| Log, Daily Clues                                  | 3-8              |
| Log, Daily Tasks                                  | 2-32             |
| Log, Urban Interview                              | 3-7              |
| Lost Person Worksheet                             | 3-4              |
| Medical Report                                    | 2-41             |
| Medical Plan                                      | X-XX             |
| ML Quicksheet                                     | 3-5              |
| Non-segmented Areas                               | X-XX             |
| Notification of Search and/or Rescue              | 3-6              |
| Notice of Death Form                              | 2-44             |
| Operating Facilities                              | 2-45             |
| Operational Planning Worksheet                    | X-XX             |
| Organization Assignment List                      | X-XX             |
| Patient Referral                                  | 2-43             |
| Planning Cycle                                    | 2-28             |
| Planning Process Checklist                        | 2-27             |
| PMI Usage & History                               | 3-15             |
| "POD" End of Shift Report                         | X-XX             |
| Public Information Summary-Incident Status        | 4-1              |
| Questionnaire, Incident Missing Person            | 3-3              |
| Questionnaire, Lost Persons                       | 3-1              |
| Radio Communications Plan                         | X-XX             |
| Register-Personnel, Check In/Out                  | 2-17             |
| Register-Personnel, Daily SAR Unit/Gov't          | 2-16             |
| Register-Personnel, Daily Local Volunteer         | 2-15             |
| Registration Form, Intra-Agency                   | 4-2              |
| Registration of Search & Rescue Participants      | 2-18             |
| Relevance of Clue                                 | X-XX             |
| Report, Incident                                  | 3-18             |
| Report, Incident after Action                     | 3-19             |
| Report, Mission                                   | 3-17             |
| Resource Order Form                               | 2-25             |
| Resources Worksheet, Daily SAR                    | 2-20             |
| Roster, Search Capabilities                       | 2-24             |

TABLE 1 Continued

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

| Activity            | Incident       | Response       | Area Found       | Jurisdiction    | Subject     | CAP Used | Suspense    |
|---------------------|----------------|----------------|------------------|-----------------|-------------|----------|-------------|
| 1 Clamber           | 1 Unknown      | 1 Standby      | 1 Primary Area   | 1 USFS          | 1 Uninjured | 1 No     | 1 Closed    |
| 2 Hiker             | 2 Lost         | 2 Callout      | 2 Secondary Area | 2 BLM           | 2 Injured   | 2 Yes    | 2 Suspended |
| 3 Hunker            | 3 Stranded     | 3 Land Search  | 3 Previous Area  | 3 NPS           | 3 Fatality  |          | 3 Open      |
| 4 Skier             | 4 Injury       | 4 Water Search | 4 Out of Area    | 4 Wilderness    |             |          |             |
| 5 Snowmobile        | 5 Missing      | 5 Air Search   | 5 Bestard Search | 5 State Land    |             |          |             |
| 6 Vehicle           | 6 Runaway      | 6 Rescue       | 6 Other          | 6 Federal Land  |             |          |             |
| 7 Aircraft          | 7 Overdue      | 7 Recovery     |                  | 7 Private Land  |             |          |             |
| 8 Boat / Raft       | 8 Fleece Alarm | 8 Self Evac.   |                  | 8 Indian Land   |             |          |             |
| 9 ELT               | 9 Other        | 9 Carry Out    |                  | 9 Military Res. |             |          |             |
| 10 Cover            |                | 10 Other Evac. |                  | 10 Unknown      |             |          |             |
| 11 Hospital Patient |                |                |                  |                 |             |          |             |
| 12 Motorbike        |                |                |                  |                 |             |          |             |
| 13 Wood Cutter      |                |                |                  |                 |             |          |             |
| 14 Gatherer-Forager |                |                |                  |                 |             |          |             |
| 15 Unknown          |                |                |                  |                 |             |          |             |

General Instructions for Preparing SAR Incident Report

**Instructions for Using Field Codes**

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

**Instructions for completing Incident Reports:**

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

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

Rev. 3-3-94

FIG. 1 SAR Incident Report (continued)

**NON-SEGMENTED AREAS**

MISSION # \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

(Type of Resource)

H = Helicopter HA = Hasty Team DA = Air Scent Dog V = Vehicle HO = Horse  
 A = Fixed Wing FT = Foot Team DT = Trailing Dog P = Phone X = \_\_\_\_\_

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

  

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

  

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

  

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

  

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

**FIG. 2 Non-segmented Areas**

**SEARCH CLUE LOG**

MISSION # \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

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

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

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

**FIG. 3 Search Clue Log**



**RELEVANCE OF CLUE (ROC)**

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

**Old POA %**

10 20 30 40 50 60 70 80 90

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

**ROC %**

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

FIG. 4 Relevance of Clue

**"POD" END OF SHIFT REPORT**

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

**RESPONSIVE**

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

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

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

FIG. 5 "POD" End of Shift Report





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

**Place Last Seen**

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

**Subject's Trip Plans**

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

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

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

**Contacts Upon Reaching Civilization**

| Name of Person Subject Would Contact | Relationship to Contact | Contact's Phone | Who Is There Now |
|--------------------------------------|-------------------------|-----------------|------------------|
|                                      |                         |                 |                  |
|                                      |                         |                 |                  |

**Notes**

FIG. 6 SAR Questionnaire A & B (continued)

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

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

**SAR Priority Evaluation Chart**

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

**Action Taken By Mission Initiator**

Assigned to Field Coordinator

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

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

Mission Terminated before Assigning Mission to Field Coordinator - Explain:

|                             |      |
|-----------------------------|------|
| Sign by (Mission Initiator) | Date |
|-----------------------------|------|

FIG. 6 SAR Questionnaire A & B (continued)

ASTM F1767-98(2005)

<https://standards.iteh.ai/catalog/standards/sist/6629a4d2-7e4e-4005-bea7-8fa2b6aa384b/astm-f1767-982005>



New Mexico Department of Public Safety  
Search and Rescue Office



**SAR Questionnaire**  
(Part "B")

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

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

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

SAR Questionnaire (PART "B")

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

**Incident Information**

| Subject Name | Address | City | ST | ZIP | Phone |
|--------------|---------|------|----|-----|-------|
|              |         |      |    |     |       |

**Physical Description**

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

**Place Last Seen**

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

**Subject's Trip Plans**

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

**Subject's Outdoor Experience**

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

**Overdue Groups**

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

**Photos, Notes, Etc:**

|                           |              |                           |              |
|---------------------------|--------------|---------------------------|--------------|
| Recording Official: _____ | Phone: _____ | Recording Official: _____ | Phone: _____ |
|---------------------------|--------------|---------------------------|--------------|

IC 8" 2/6/96

OVER  
FIG. 6 SAR Questionnaire A & B (continued)

FIG. 6 SAR Questionnaire A & B (continued)

ASTM F1767-98(2005)

<https://standards.iteh.ai/catalog/standards/sist/6629a4d2-7e4e-4005-bea7-8fa2b6aa384b/astm-f1767-982005>

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

FIG. 7 Search Initiation Log

|  |                             |
|--|-----------------------------|
| <b>FIRST RESPONDER INFORMATION</b>   |                             |
| <b>Items to Consider</b>   | <b>Head Camp</b>            |
| <input type="checkbox"/> Accessibility to the Area<br><input type="checkbox"/> Weather<br><input type="checkbox"/> EVD Access<br><input type="checkbox"/> Communications Access<br><input type="checkbox"/> Support Staff<br><input type="checkbox"/> ETA & Enroute Delays   |                             |
| <b>Items to Consider</b>   | <b>Communications</b>       |
| <input type="checkbox"/> Propagation over Terrain<br><input type="checkbox"/> Common Resources Available<br><input type="checkbox"/> Resources Available in Area<br><input type="checkbox"/> Common Support Base<br><input type="checkbox"/> Vehicular Communications<br><input type="checkbox"/> Callback Plan if Canceled                    |                             |
| <b>Items to Consider</b>   | <b>First Responders</b>     |
| <input type="checkbox"/> Special Equipment Needed<br><input type="checkbox"/> Routing to Scene<br><input type="checkbox"/> Subject Description<br><input type="checkbox"/> Death Codes<br><input type="checkbox"/> Checkpoints<br><input type="checkbox"/> Support Needed  |                             |
| <b>Agencies to Notify</b>  | <b>Agency Notifications</b> |
| <input type="checkbox"/> AFRCC<br><input type="checkbox"/> National Guard<br><input type="checkbox"/> USFS (Wilderness)<br><input type="checkbox"/> BLM<br><input type="checkbox"/> BIA<br><input type="checkbox"/> State Parks & Recreation<br><input type="checkbox"/> Local Sheriff / Police<br><input type="checkbox"/> Local Landowner(s) |                             |
| <b>Other Action Taken</b>  |                             |
|  |                             |
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FIG. 7 Search Initiation Log (continued)

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

FIG. 9 Incident Objectives

| ORGANIZATION ASSIGNMENT LIST  |       |                              |               |                |                             |
|-------------------------------|-------|------------------------------|---------------|----------------|-----------------------------|
|                               |       | Date Prepared                | Time Prepared | Mission Number | Operational Period          |
| Incident Commander and Staff  |       |                              |               |                | Operations Section          |
| Incident Commander:           |       | Chief:                       |               |                |                             |
| Deputy:                       |       | Deputy                       |               |                |                             |
| Safety Officer:               |       | Branch 1 Division / Groups   |               |                |                             |
| Information Officer:          |       | Branch Director:             |               |                |                             |
| Liaison Officer:              |       | Deputy:                      |               |                |                             |
| Agency Representatives        |       |                              |               |                | Division / Group:           |
| Agency:                       | Name: |                              |               |                | Division / Group:           |
|                               |       |                              |               |                | Division / Group:           |
|                               |       |                              |               |                | Division / Group:           |
|                               |       |                              |               |                | Branch II Division / Groups |
|                               |       |                              |               |                | Director:                   |
|                               |       |                              |               |                | Deputy:                     |
| Planning Section              |       |                              |               |                | Division / Group:           |
| Chief:                        |       | Division / Group:            |               |                |                             |
| Deputy:                       |       | Division / Group:            |               |                |                             |
| Resources Unit:               |       | Division / Group:            |               |                |                             |
| Situation Unit:               |       | Division / Group:            |               |                |                             |
| Documentation Unit:           |       | Branch III Division / Groups |               |                |                             |
| Demobilization Unit:          |       | Branch Director:             |               |                |                             |
| Technical Specialist:         |       | Deputy:                      |               |                |                             |
|                               |       | Division / Group:            |               |                |                             |
|                               |       | Division / Group:            |               |                |                             |
| Logistics Section             |       |                              |               |                | Division / Group:           |
| Chief:                        |       | Division / Group:            |               |                |                             |
| Deputy:                       |       | Division / Group:            |               |                |                             |
| Support Branch                |       |                              |               |                | Air Operations Branch       |
| Director:                     |       | Air Operations Director:     |               |                |                             |
| Supply Unit:                  |       | Air Ops Supervisor:          |               |                |                             |
| Facilities Unit:              |       | Air Support Supervisor:      |               |                |                             |
| Ground Support Unit:          |       |                              |               |                | Finance Section             |
| Director:                     |       | Chief:                       |               |                |                             |
| Communications Unit:          |       | Deputy:                      |               |                |                             |
| Medical Unit:                 |       | Time Unit:                   |               |                |                             |
| Food Unit:                    |       | Procurement Unit:            |               |                |                             |
|                               |       | Compensation / Claims:       |               |                |                             |
|                               |       | Cost Unit:                   |               |                |                             |
| ICS 203<br>NMSAR Rev. 5-25-92 |       | Prepared By (Resource Unit)  |               |                |                             |

FIG. 10 Organization Assignment List

|                 |                |                    |  |
|-----------------|----------------|--------------------|--|
| TASK ASSIGNMENT | Team Name      | Call Sign          |  |
|                 | Mission Number | Operational Period |  |

**Planning Section**

| Type of Team                            | Name (Leader First) | Resource Name | SMR / Equipment | Briefing Summary                         |
|---|---------------------|---------------|-----------------|--|
| <input type="checkbox"/> Dog Team       |                     |               |                 | <input type="checkbox"/> Overview        |
| <input type="checkbox"/> Heavy Team     |                     |               |                 | <input type="checkbox"/> Weather         |
| <input type="checkbox"/> Post Team      |                     |               |                 | <input type="checkbox"/> Class           |
| <input type="checkbox"/> Tracking Team  |                     |               |                 | <input type="checkbox"/> Subject Profile |
| <input type="checkbox"/> Grid Team      |                     |               |                 | <input type="checkbox"/> Time Frame      |
| <input type="checkbox"/> Vehicle Team   |                     |               |                 | <input type="checkbox"/> Org. Chart      |
| <input type="checkbox"/> Horse Team     |                     |               |                 | <input type="checkbox"/> Family          |
| <input type="checkbox"/> Mixed          |                     |               |                 | <input type="checkbox"/> Media           |
| <input type="checkbox"/> Fixed Wing A/C |                     |               |                 | <input type="checkbox"/> Subject Info.   |
| <input type="checkbox"/> Helicopter     |                     |               |                 | <input type="checkbox"/>                 |
| <input type="checkbox"/> Boat / Amphib. |                     |               |                 |  |
| <input type="checkbox"/> Technical Rock |                     |               |                 |  |
| <input type="checkbox"/> Communications |                     |               |                 |  |

**Operations Section**

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

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

Explain What Your Team Actually Did

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|  |   |
|--|---|
| Estimate of PODs<br>Responsive _____ %<br>Not Responsive _____ % | Describe the Location of Any Clues Discovered |
|--|---|

Current Status of These Clues

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Describe Difficulties or Gaps in Coverage

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Describe Any Hazards in Search Area

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Suggestions, Ideas, Recommendations

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FIG. 11 Task Assignment

FIG. 11 Task Assignment (continued)