

SAR TASK ASSIGNMENT FORM

1. Incident/Mission Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	Assignment/Team Number:
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4. Operations Personnel: Name _____ Contact Number(s) _____ Operations Section Chief: _____	3. Branch: _____ Division: _____ Group: _____ Staging Area: _____
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5. Resources Assigned			
Function	Name	Function	Name

6. Work Assignment:

7. Transportation Instructions:

8. Task Map	9. Special Equipment
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10. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function _____	Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

11. Prepared by: Name: _____ Position/Title: _____ Signature: _____

SAR TASK ASSIGNMENT FORM - DEBRIEFING

12. Debriefing Supervisor:	13. Time On Assignment		Assignment/Team Number:
	Date From:	Date To:	14. Vehicle Miles:
Time From:	Time To:		

15. Debriefing:

16. Areas Not Covered:

17. Hazards Observed:

18. Prepared by: Name: _____ Position/Title: _____ Signature: _____

SAR Task Assignment Form Page 2 of 2	Date/Time: _____
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