

SEARCH AND RESCUE DEBRIEFING FORM

(ICS 204 SAR Supplement B)

INCIDENT NAME: _____

DATE:

TEAM #

ASSIGNMENT #

OP. PERIOD

STATE RESOURCE TYPE AND TACTICS UTILIZED:

STATE EXPLICIT COVERAGE OF THE AREA SEARCHED:

STATE CLUES LOCATED, EVENTS, HAZARDS AND IDENTIFY ALL ON AN ATTACHED MAP:

COMMUNICATIONS ISSUES:

RECOMMENDATION FOR FUTURE EFFORT:

SEGMENT SPLITTING

IDENTIFY AREAS THAT WERE NOT THOROUGHLY SEARCHED OR SEARCHED WITH DIFFERENT POD'S THAT NEED TO BE SPLIT.

THE PLANS SECTION WILL ASSIGN A NUMBER TO THE SPLIT SEGMENTS. AS THE TACTICAL TEAM LEADER YOU MUST ACCURATELY DEPICT BOUNDARIES.

ARE YOU SPLITTING YOUR SEGMENT? _____

HAVE YOU IDENTIFIED SEGMENT BOUNDARIES TO THE PLANS SECTION? _____

HAVE YOU DRAWN YOUR COVERAGE ON AN ATTACHED MAP? _____

STATE ESTIMATED COVERAGE OR POD FOR EACH SEGMENT SEARCHED DURING THE ASSIGNMENT. BE SURE TO IDENTIFY THE SEGMENT BY NUMBER.

SEGMENT NUMBER	LIVE RESPONSIVE	NON-RESPONSIVE	CLANDESTINE GRAVE SITE	FOOTPRINT	_____	_____

SIGNED TEAM LEADER: _____

DATE: _____