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|---|------|---|--|--|--------|----------------------|--|
| TEAM ASSIGNMENT | | 1. INCIDENT NAME | | 2. OPERATIONAL PERIOD | | 3. ASSIGNMENT NUMBER | |
| 4. RESOURCE TYPE | | | | | | | |
| 5. PERSONNEL ASSIGNED * L -- TEAM LEADER M -- MEDICAL | | | | | | | |
| * | NAME | AGENCY | * | NAME | AGENCY | | |
| 1 | | | 6 | | | | |
| 2 | | | 7 | | | | |
| 3 | | | 8 | | | | |
| 4 | | | 9 | | | | |
| 5 | | | <input type="checkbox"/> ADDITIONAL NAMES ATTACHED | | | | |
| 6. ASSIGNMENT | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| <input type="checkbox"/> MAP(S) ATTACHED | | | | | | | |
| 7. PREVIOUS AND PRESENT SEARCH EFFORTS IN AREA | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| <input type="checkbox"/> (DEBRIEFING INFO ATTACHED) | | | | | | | |
| 8. TIME ALLOCATED | | 9. SIZE OF ASSIGNMENT | | 10. EXPECTED P.O.D. | | RESPONSIVE SUBJECT | |
| | | | | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div style="text-align: center;">M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div style="text-align: center;">L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> </div> | | | |
| 11. DROP OFF AND PICKUP INSTRUCTIONS | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 12. COMMUNICATIONS | | RADIO CALL | | | | | |
| FUNCTION | | FREQUENCY | CHANNEL DESCRIPTION | | | CHANNEL | |
| COMMAND (TEAM -- BASE) | | | | | | | |
| TACTICAL (TEAM -- TEAM) | | | | | | | |
| | | | | | | | |
| 13. PREPARED BY | | | | 14. DATE PREPARED | | 15. TIME PREPARED | |
| | | | | | | | |
| 16. EQUIPMENT ISSUED | | | | | | | |
| | | | | | | | |
| 17. BRIEFER | | 18. TIME BRIEFED | | 19. TIME OUT | | 20. TIME RETURNED | |
| | | | | | | | |
| SAR 104 BASARC 2/96 | | COPIES <input type="checkbox"/> PLANS <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TEAM | | NOTES | | | |
| | | | | | | | |