



TASK ASSIGNMENT FORM

SIERRA MADRE SEARCH & RESCUE TEAM		1. Incident Name		2. Date prepared		4. Assignment #	
				3. Time Prepared			
Operational Period:		5. Number	6. Date	7. Time began Assign.		8. Time End Assign.	
A S S I G N M E N T	9. Instructions						10. Discuss <input type="checkbox"/> Press <input type="checkbox"/> Family <input type="checkbox"/> Clues <input type="checkbox"/> Summary to Date <input type="checkbox"/> Time Frame <input type="checkbox"/> Terrain <input type="checkbox"/> Anticipated POD <input type="checkbox"/> Tactics <input type="checkbox"/> Weather <input type="checkbox"/> Safety
	11. Transportation (to and from assignment)						
P E R S O N N E L	12. Function	13. Name	14. Special Skills & Flight Weight (lb)		15. At Briefing?	16. Affiliation	
	1. Team Leader						
	2.						
	3.						
	4.						
	17. Personal Equipment		18. Team Equipment				
E Q U I P M E N T				Radio			
C O M M O	19. Crew Call Sign / Frequency		20. Base Call Sign / Frequency		21. Pertinent Phone Numbers		
	22. Instructions						
A T T A C H	23. Check if Attached <input type="checkbox"/> Map <input type="checkbox"/> Assignment sketch on <input type="checkbox"/> Coroner Plan <input type="checkbox"/> Organization Chart <input type="checkbox"/> Subject Profile 2 nd Map (photocopy OK) <input type="checkbox"/> Rescue Plan <input type="checkbox"/> Subject Information <input type="checkbox"/> Medical Plan <input type="checkbox"/> Communications plan <input type="checkbox"/>						
24. Briefing Officer:		25. Crew Leader:		26. Briefing (date / time):			
27. Prepared by:		28. Reviewed by:		29. Approved by:			
Crew Leader: Upon completion of assignment, report to briefing at _____ (location) Turn in your copy of this form at that time. Document crew activities on back.							
Follow up actions <input type="checkbox"/> Task Completed <input type="checkbox"/> Task Partially Completed <input type="checkbox"/> Task Completed, search area again. <input type="checkbox"/> Clue requires Followup							