

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			