

TASK ASSIGNMENT FORM

INCIDENT NAME:

PLANNING #:

TASK COMPLETE: ☐ Yes ☐ No

TYPE OF RESOURCE:

DATE:	TASK NO. [Day -Task #]	TEAM IDENTIFIER	TYPE OF TEAM	TIME OUT	DISPATCHER
ASSIGNMENT					
OPERATIONAL PERIOD	TASK MAP/QUADRANGLE	MAP DATUM:	MAG DECLIN:	USNG/UTM 100,000 Meter Grid:	
EXPECTED TIME TO SEARCH:	SIZE OF SEARCH TASK AREA: <input type="checkbox"/> Acres: _____ <input type="checkbox"/> Sq. KM _____		TYPE OF TACTIC: <input type="checkbox"/> Hasty <input type="checkbox"/> Efficient <input type="checkbox"/> Thorough		TYPE OF SEARCH: <input type="checkbox"/> Area <input type="checkbox"/> Linear
TASK INSTRUCTIONS:					
TRANSPORTATION INSTRUCTIONS			EQUIPMENT REQUIREMENTS		
PERSONNEL					
Team Leader:		K9 Member:			
Team Member 1		Team Member 7			
Team Member 2		Team Member 8			
Team Member 3		Team Member 9			
Team Member 4		Team Member 10			
Team Member 5		Team Member 11			
Team Member 6		Team Member 12			
COMMUNICATIONS					
TEAM CALL SIGN/ID:	PRIMARY FREQ.	SECONDARY FREQ.	Other Communications Comments:		
TEAM LEADERS CELL PHONE #:	COMMAND POST #:	Other Numbers:			
INSTRUCTIONS:					
SAFETY & ADDITIONAL COMMENTS					