

TEAM ASSIGNMENT SHEET		TASK #	TASK NAME:
TEAM NAME/ CALL SIGN:		FOR OPERATIONAL PERIOD #	DATE PREPARED: TIME PREPARED:
ASSIGNMENT#	ASSIGNMENT NAME:		

#	TEAM / TASK MEMBERS	QUALIFICATIONS Y/N							SPECIAL SKILL	TEAM TYPE <input type="checkbox"/> HASTY TEAM <input type="checkbox"/> TRACKING TEAM <input type="checkbox"/> GROUND SEARCH <input type="checkbox"/> VEHICLE TEAM <input type="checkbox"/> DOG TEAM <input type="checkbox"/> SOUND SWEEP <input type="checkbox"/> OPEN GRID <input type="checkbox"/> CLOSED GRID <input type="checkbox"/> BOAT <input type="checkbox"/> RAFT <input type="checkbox"/> SWIFT WATER <input type="checkbox"/> MEDICAL <input type="checkbox"/> STRETCHER <input type="checkbox"/> ROPE RESCUE <input type="checkbox"/> AVALANCHE <input type="checkbox"/> HELICOPTER <input type="checkbox"/> FIXED WING <input type="checkbox"/>
		CALL SIGN	CELL PHONE	LEADER	BASIC SAR	ROPE RESCUE	TRACKER	FIRST AID		
1										
2										
3										
4										
5										
6										
7										
8										

ALT. TEAM CALL SIGN:	RADIO FREQUENCY:	ASSIGNMENT BRIEFING	
PLANNED DEPART DATE:	PLANNED DEPART TIME:	% POD REQUIRED = _____%	
EST. RETURN DATE:	EST. RETURN TIME:	<input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> TACTICS <input type="checkbox"/> SUBJECT INFO <input type="checkbox"/> AREA <input type="checkbox"/> TERRAIN <input type="checkbox"/> SAFETY	<input type="checkbox"/> WEATHER <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> RETURN/PICK-UP TIME <input type="checkbox"/> MAPS <input type="checkbox"/> MEDIA <input type="checkbox"/>
# PERSONS REQUIRED:	SPARE BATTERY #		
COMMENTS:		BRIEFED BY (PLANNING):	

ASSIGNMENT DETAILS:			

PREPARED BY (PLANNING):	ATTACHMENTS: (Y)	<input type="checkbox"/> MAPS <input type="checkbox"/> MORE MEMBERS	<input type="checkbox"/> DEBRIEF <input type="checkbox"/> OTHER :
COPIES DISTRIBUTED TO: (Y) <input type="checkbox"/> TEAM LEADER <input type="checkbox"/> OPERATIONS <input type="checkbox"/> LOGISTICS			ICS 204