



Task Assignment Form



by **Plans/Ops**

once-per-task form

Incident Name:

Incident Number(s):

Operational Period: Date:

Other:

Plans

Task Description:

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Task IDs

Number:

Priority:

Map(s):

Created by:

Task Type

- ☐ Hasty search task
- ☐ Sweep search task
- ☐ Line search task
- ☐ Airscent dog task
- ☐ Other task type:

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Original for TAF file, duplicate for FTL

Operations

Team Name:

Transport/equipment notes:

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Briefing Checklist (brief all, check when done)

14 ☐ Expected duration:

16 ☐ Clues to look for

17 ☐ Exp. POD subj/clue: /

19 ☐ Subject information

18 ☐ Teams nearby:

20 ☐ Hazards/safety

21 ☐ Terrain/weather

22 ☐ Press/family plans

23 ☐ Rescue/find plans

Briefed by:

Date/time dispatched:

Team Members

| FTL | Medic | RS | RO | FTM | Name | Agency |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
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List of additional personnel attached:

| FTL | Medic | RS | RO | FTM | Name | Agency |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

Communications

28 Check in every on the hour.

Team Callsign:

Primary Freq.:

Base Phone:

Base Callsign:

Alt. Freq.:

Team Phone:

Other Callsign:

Emerg. Freq.:

Emergency Phone:

Notes

Task complete

Task partly complete

URGENT follow-up