



Task Assignment Form



by **Plans/Ops**

once-per-task form

Incident Name:

Incident Number(s):

Operational Period: Date:

Other:

Plans

Task Description:

6

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:

11

Operations

Team Name:

Transport/equipment notes:

13

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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<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

(TAF Back: Debriefing Form)

General Info.	Date/Time ⁴⁰	Prepared:	Wind: ⁴⁴	Other: ⁴⁸
	Task Length: ⁴¹	Temperature: ⁴⁵	Adequate equipment? Y <input type="checkbox"/> N <input type="checkbox"/> ⁴⁹	
	Search ⁴²	Precipitation: ⁴⁶	Adequate personnel? Y <input type="checkbox"/> N <input type="checkbox"/> ⁵⁰	
	Technique:	Cloud Cover: ⁴⁷	Problem-free task? Y <input type="checkbox"/> N <input type="checkbox"/> ⁵¹	
	Debriefers: ⁴³	Able to search again? Y <input type="checkbox"/> N <input type="checkbox"/> ⁵²		

[illegible]

Debriefing Checklist (debrief all , check when done)		Routing Checklist (check to route, initial when reviewed)	
⁵⁷ <input type="checkbox"/> Map used ⁵⁸ <input type="checkbox"/> Map attached ⁵⁹ <input type="checkbox"/> Hazards ⁶⁰ <input type="checkbox"/> Areas not searched ⁶¹ <input type="checkbox"/> Map feature update ⁶² <input type="checkbox"/> Communications problems	⁶³ <input type="checkbox"/> Weather/terrain ⁶⁴ <input type="checkbox"/> Others in search area ⁶⁵ <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	⁷⁴ <input type="checkbox"/> Operations	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
⁷⁵ <input type="checkbox"/> Plans	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	⁷⁶ <input type="checkbox"/> Investigation	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
⁷⁷ <input type="checkbox"/> IC	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	⁷⁸ <input type="checkbox"/> Documentation	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
⁷⁹ <input type="checkbox"/>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	⁷⁹ <input type="checkbox"/>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>