

TEAM DEBRIEFING		1. Date/Time Prepared		2. Time Task Completed		3. Debriefee Name		4. Task #															
WX	5. Wind Direction		6. Wind Speed		7. Wind Variability		8. Temp		9. Cloud Cover		10. Precipitation												
	11. Resource Type		12. Search Technique		13. Team Performance (<i>if no explain:</i>) <input type="checkbox"/> Adequate Equipment <input type="checkbox"/> Adequate Composition/Morale <div style="text-align: right;"><i>in block 15 or 17)</i> <input type="checkbox"/> Able to search again <input type="checkbox"/> Problem free task</div>																		
TASK RESULTS																							
14. Describe Area Actually Searched and How <div style="text-align: right;"><input type="checkbox"/> Task partially finished <input type="checkbox"/> Task Completed as assigned</div>																							
15. Describe Areas Not Searched/ Lower PODs																							
16. Describe Clues, Tracks, Alerts, or Scent Trails (<i>record on clue log and map</i>) <div style="text-align: right;">Follow-Up Urgency: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low</div>																							
17. Describe Follow-Up Recommendations/FTL Comments (<i>record on F-U log and map</i>) <div style="text-align: right;">Follow-Up Urgency: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low</div>																							
18. Hazards/Terrain Noted			19. POD Summary FTL.						20. POD Summary (Debriefee)														
			POD		Margin of Error																		
			Responsive Subject																				
			Unresponsive Subject																				
			Clues																				
DEBRIEFER'S SECTION																							
21. Follow-Up Suggestions <div style="text-align: right;">Follow-Up Urgency: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low</div>																							
22. Task Summary <input type="checkbox"/> Nothing Significant Found <input type="checkbox"/> Needs Review _____ <input type="checkbox"/> Needs Urgent Review _____				23. Routing for Review <table><tr><td><input type="checkbox"/> Operations Chief</td><td>_____</td><td><input type="checkbox"/> Documentation</td><td>_____</td></tr><tr><td><input type="checkbox"/> Plans</td><td>_____</td><td><input type="checkbox"/> IC</td><td>_____</td></tr><tr><td><input type="checkbox"/> Investigation</td><td>_____</td><td><input type="checkbox"/></td><td>_____</td></tr></table>								<input type="checkbox"/> Operations Chief	_____	<input type="checkbox"/> Documentation	_____	<input type="checkbox"/> Plans	_____	<input type="checkbox"/> IC	_____	<input type="checkbox"/> Investigation	_____	<input type="checkbox"/>	_____
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