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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTIVATION PROCEDURE** | | | | | | | | | | | | | | | | |
|  |  |  |  | |  | |  | | | | | |  |  | |  |
| This initial response checklist should be filled in by the on duty SAR Manager when a call is received. | | | | | | | | | | | | | | | | |
|  |  |  | |  | |  | | | | |  |  | |  | |  |
| **Initial Report Date:** | |  | |  | | **Report Time:** | | | | | |  | |  | |  |
| **SAR Manager:** | |  | |  | | **SARM Contact Info:** | | | | | |  | |  | |  |
| **Contacted By:** | |  | |  | | \*if not contacted by the ECC, then call ECC to get task # | | | | | | | | | | |
| **Task #:** | |  | |  | | **Agency #:** | | | | | |  | |  | |  |
| *Done* | *Activity* | | | | |  | | | | |  |  | |  | |  |
| **☐ 1** | | **Call ECC** | **1-800-663-3456** | | | | | | | | | | |  | |  |
| **Task #:** | |  |  | | | | | |  | |  |  | |  | |  |
| **Initial Information** | |  |  | | | | | |  | |  |  | |  | |  |
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| **☐ 2** | | **Contact Requesting Agency for more information** | | | | | | | | | | | | | |  |
| **Requesting Agency Contact:** | | |  | |  | |  | | | | | | **Phone #:** |  | |  |
| **Type of Task:** |  | **Rescue:** | **☐ Water ☐ Rope ☐ Avalanche ☐ Medical Rescue** | | | | | | | | | | | | | |
|  |  | **Search:** | **☐ Urban ☐ Rural ☐ Backcountry** | | | | | | | | | | |  | |  |
|  |  | **Other:** | **☐ Evidence Search ☐ Body recovery ☐ Mutual Aid** | | | | | | | | | | | | | |
| **Initial Search/Rescue Area:** | | |  | |  | |  | | | | | |  |  | |  |
|  |  |  |  | |  | |  | | | | | |  |  | |  |
| **RESCUE** | | | | |  | | **SEARCH**  **Urgency: ☐ High ☐ Medium ☐ Low** | | | | | | | | | |
| **Subject(s)** | |  |  | |  | |
|  |  |  |  | |  | | **Subject(s)** | | | | | | |  | |  |
| **Condition:** |  |  |  | |  | |  | | | | | |  |  | |  |
|  |  |  |  | |  | | **Type/Condition:** | | | | | |  |  | |  |
|  |  |  |  | |  | |  | | | | | |  |  | |  |
| **Time Injured:** |  |  |  | |  | |  | | | | | |  |  | |  |
|  |  |  |  | |  | |  | | | | | |  |  | |  |
| **Location:** |  |  |  | |  | |  | | | | | |  |  | |  |
|  |  |  |  | |  | | **PLS:** | | | | | |  |  | |  |
| **Access Info:** |  |  |  | |  | | **Date/Time:** | | | | | |  |  | |  |
|  |  |  |  | |  | | **Missing Persons Report - who?** | | | | | | | |  |  |
|  |  |  |  | |  | |  | | | | | |  |  | |  |
| **Witness Contact Information:** | | |  | |  | |  | | | | | |  |  | |  |
| **Weather Conditions:** | | |  | |  | |  | | | | | |  |  | |  |
| **Staging Area Info:** | |  |  | |  | |  | | | | | |  |  | |  |
| **Incident Commander Name:** | | |  | |  | |  | | | | | | **Cell #** |  | |  |
|  |  |  |  | |  | |  | | | | | |  |  | |  |
|  |  |  |  | |  | |  | | | | | |  |  | | **1** |
| **☐ 3** | | **Activate SAR Group -** *ensure all members sign in on sign in sheet at end of activation procedure* | | | | | | | | | | | | | | |
| *(Insert Group specific Callout Procedure)* | | | | |  | |  | | | | | |  |  | |  |
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| **ICP Location:** | |  |  | |  | |  | | | | | |  |  | |  |
| **Field Communications:** | |  |  | |  | |  | | | | | |  |  | |  |
|  |  |  |  | |  | |  | | | | | |  |  | |  |
| **☐ 4** | | **Determine Equipment/Resources Required** | | | | | | | | | | | |  | |  |
| **Resource:** |  |  |  | |  | | | **who?** | |  | | | | **ETA** | |  |
| **Resource:** |  |  |  | |  | | | **who?** | |  | | | | **ETA** | |  |
| **Resource:** |  |  |  | |  | | | **who?** | |  | | | | **ETA** | |  |
| **Resource:** |  |  |  | |  | | | **who?** | |  | | | | **ETA** | |  |
| **Resource:** |  |  |  | |  | | | **who?** | |  | | | | **ETA** | |  |
| **Resource:** |  |  |  | |  | | | **who?** | |  | | | | **ETA** | |  |
| **Resource:** |  |  |  | |  | | | **who?** | |  | | | | **ETA** | |  |
| Is a helicopter required? | | | **☐ Yes** | | **☐ No** | | | **If yes, ASE #** | | | | | |  | |  |
|  |  |  |  | |  | | |  | | | | | **ASE #** |  | |  |
|  |  |  |  | |  | | |  | | | | | **ASE #** |  | |  |
| Is a mutual aid required? | | | **☐ Yes** | | **☐ No** | | | **Group** | | | | |  |  | |  |
|  |  |  |  | |  | | | **Contact Info** | | | | |  |  | |  |
|  |  |  |  | |  | | |  | | | | |  |  | |  |
| **☐ 5** | | **Update ECC** | | |  | | |  | | | | |  |  | |  |
|  |  |  |  | |  | | |  | | | | |  |  | |  |
| **☐ 6** | | **Conduct Risk Assessment/Review Incident Specific Operating Guidelines** | | | | | | | | | | | | | | |
|  |  |  |  | |  | |  | | | | | |  |  | |  |
| **☐ 7** | | **Go to Incident Specific Preplan** | | | | | | | | | |  | |  | |  |
| *List the specific preplans your SAR Group has below.* | | | | | | |  | | | | | |  |  | |  |
| **Search ☐ Specific Area Search for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(fill in location)*  **☐ Specific Area Search for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(fill in location)*  **☐ Specific Area Search for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(fill in location)* | | | | | | | | | | | | | | | | |
|  |  |  |  | |  | |  | | | | | |  |  | |  |
| **Rescue ☐ Helicopter ☐ Avalanche ☐** CDFL | | | | | | | | | | |  |  | |  | |  |
| **☐ Specific Rescue for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(fill in location)*  **☐ Specific Rescue for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(fill in location)* | | | | | | | | | | | | | | | |  |
|  |  |  |  | |  | |  | | | | | |  |  | |  |
|  |  |  |  | |  | |  | | | | | |  |  | | **2** |