|  |
| --- |
| **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**  |   |   |   |   |   |   |   |
|   |  |   |   |   |   |   |   |   |
|   |  |   |   |   |   |   |   |   |
|   |  |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  |  |   |
| **☐ 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)* |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| **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** |