

# British Columbia Search And Rescue ICS Forms

## Instructions

The following instructions describe the use of the BC SAR Incident Command System forms. These forms were designed to support SAR tasks within British Columbia. They are part of an effort to standardize the recording of information during a SAR task.

On the following pages there is a brief description of each ICS form, which are presented in numerical order. For each form, those individual fields whose function may not be apparent are described in detail. For each item with a numbered black dot consult the page preceding the form for specific instructions related to that field.

For all SAR tasks, some important things to remember:

- Dates should be entered as text, i.e. June 12/05 rather than as numbers i.e. 06/12/05 to avoid confusion with other dates.
- Make all entries legible. Information on names, contact information, medications, etc. will not be useable if it can't be read. Correct spelling may also be critical.
- Take the time to complete all vital information.
- Do not limit investigation/information gathering to the fields on the forms. Record all relevant data.
- Utilize an appropriate filing system to organize documents during and after the operation.
- Documents retained by Planning are filed by the Documentation Unit.
- Some forms contain information or plans that must be periodically updated or replaced to remain current.

### **NOTE RE: ICS305A – Active Avalanche Safety Program**

Instructions for when and how to use this form are contained in the most current EMBC Avalanche Safety Plan, available on the EMBC website.

Revised December 2014

A SAR task will rarely use all of the ICS forms. In fact, a typical SAR task may only see a requirement for a few of the forms utilized. As a SAR task grows in size and duration, more of the forms may be utilized in order to assist the SAR Management Team with maintaining a span of control over the information and organization of the task. Expanding the task and/or going into a subsequent operational period will be greatly assisted if proper documentation was carried out from the beginning. Remember that all large-scale SAR tasks start as small ones; trying to catch-up on incomplete documentation as the task continues into a new operational period can be nearly impossible.

SAR Managers should be in the habit of utilizing the ICS forms on all SAR tasks. This can be made easier for the SAR Manager by having a series of the primary forms attached to a clipboard, ready for service. This handful of forms will help the SAR Manager to organize and record information right from the initial call.

Recommended forms for a SAR Manager's clipboard:

| <b>Form</b> |                            | <b>Qty.</b> |
|-------------|----------------------------|-------------|
| ▪ ICS302    | Lost Person Questionnaire  | 1           |
| ▪ ICS211    | Check In Sheet             | 2           |
| ▪ ICS309    | Log                        | 4           |
| ▪ ICS204    | Team Assignment/Debriefing | 10          |
| ▪ ICS301    | Subject Profile            | 1           |
| ▪ ICS204C   | Clue Tracking Sheet        | 4           |



## ICS FORMS LIST

**PURPOSE:** Serves as a general reference guide to the forms and their functions.

**PREPARATION:** Reference only.

**DISTRIBUTION:** Made available to all users of ICS forms.

| # | ITEM                 | INSTRUCTIONS  |
|---|----------------------|---|
| 1 | IAP                  | Column indicates forms that make up the Incident Action Plan.   |
| 2 | Functions            | Column indicates which functions have the responsibility for each form. Note that the SAR Manager is responsible for all forms unless someone is delegated to the appropriate functional role. Functions are: <b>C</b> ommand, <b>O</b> perations, <b>P</b> lanning, <b>L</b> ogistics, and <b>A</b> dministration/Finance. |
| 3 | Revise/Replace       | Column indicates interval when it is recommended that forms be updated or replaced. Can be: Start of Operational Period, End of Operational Period or As Needed. Those blank are not necessarily tied to an operational period or may not require revision or replacement.  |
| 4 | Initial Response     | Indicates forms that are generally required for virtually all SAR operations. Though not all of these forms are immediately required at the start-up of a response, they are needed if the response grows and required additional resources.  |
| 5 | Supporting Documents | Indicates forms that may be used as needed for various circumstances and as needed.   |



## B. C. SEARCH AND RESCUE INCIDENT COMMAND SYSTEM FORMS

| ICS FORM # | DESCRIPTION                        | 1   |         | 2          |          |           | 3           |                | FORM REVISION DATE |
|------------|------------------------------------|-----|---------|------------|----------|-----------|-------------|----------------|--------------------|
|            |                                    | IAP | COMMAND | OPERATIONS | PLANNING | LOGISTICS | ADMIN./FIN. | REVISE/REPLACE |                    |
| 302        | LOST PERSON QUESTIONNAIRE          | IAP |         |            | P        |           |             |                | Jan 24/05          |
| 302A       | MISSING VESSEL QUESTIONNAIRE       | IAP |         |            | P        |           |             |                | Dec 16/04          |
| 211        | CHECK-IN LIST                      |     |         |            |          | L         |             | START O.P.     | Dec 1/14           |
| 309        | LOG                                |     |         | O          |          |           |             |                | Dec 13/04          |
| 207        | ORGANIZATION CHART                 | IAP | C       | O          | P        | L         | A           | START O.P.     | May 10/05          |
| 301        | SUBJECT PROFILE                    | IAP |         |            | P        |           |             | AS NEEDED      | Feb 7/05           |
| 201        | INCIDENT BRIEFING                  | IAP | C       |            | P        |           |             | END O.P.       | May 31/05          |
| 202        | INCIDENT OBJECTIVES                | IAP |         |            | P        |           |             | START O.P.     | Dec 14/14          |
| 202A       | INCIDENT OBJECTIVES -- EXAMPLES    | IAP |         |            | P        |           |             | START O.P.     | May 27/15          |
| 215        | OPERATIONS PLAN                    | IAP |         |            | P        |           |             | START O.P.     | Apr 26/07          |
| 204        | TEAM ASSIGNMENT / DEBRIEFING SHEET |     |         | O          | P        |           |             |                | Apr 26/13          |
| 205        | COMMUNICATIONS PLAN                | IAP |         |            |          | L         |             | START O.P.     | Dec 13/04          |
| 206        | MEDICAL PLAN                       | IAP |         |            |          | L         |             | START O.P.     | Jul 4/05           |
| 305        | SAFETY PLAN                        |     | C       |            |          | L         |             | AS NEEDED      | May 12/05          |
| 307        | TRANSPORTATION PLAN                |     |         |            |          | L         |             | START O.P.     | Dec 16/04          |
| 220        | AIR OPERATIONS PLAN                |     |         |            |          | L         |             | START O.P.     | Dec 16/04          |
| 308        | FOOD & SHELTER PLAN                |     |         |            |          | L         |             | START O.P.     | Dec 20/04          |
| 204T       | TRACK REPORT                       |     |         | O          | P        |           |             |                | Dec 16/04          |
| 204C       | CLUE TRACKING SHEET                |     |         |            | P        |           |             |                | May 12/05          |
| 214        | UNIT LOG                           |     | C       | O          | P        | L         | A           | START O.P.*    | May 31/05          |
| 216        | URBAN SEARCH LOG                   |     |         | O          |          |           |             |                | Dec 16/04          |
| 201A       | RESOURCE STATUS                    |     | C       |            | P        |           |             | AS NEEDED      | Apr 26/07          |
| 215A       | OPERATIONS PLAN WORKSHEET          |     |         |            | P        |           |             |                | Dec 16/04          |
| 303        | EQUIPMENT INVENTORY                |     |         | O          |          | L         |             | START O.P.     | Dec 16/04          |
| 213        | GENERAL MESSAGE                    |     | C       | O          | P        | L         | A           |                | May 30/05          |
| 306        | PRESS RELEASE                      |     |         |            |          |           |             |                | Dec 16/04          |
| 209        | INCIDENT STATUS SUMMARY            |     |         |            | P        |           |             | AS NEEDED      | Apr 26/07          |
| 221        | DEMOBILIZATION PLAN                |     |         |            | P        |           |             | START O.P.     | Dec 20/04          |

**4**  
INITIAL RESPONSE

**5**  
SUPPORTING DOCUMENTS

O.P. = Operational Period

\* Unit Log for Interview/Investigation is ongoing.

FORM SET REV. June/2015



These forms were originally created by volunteers in British Columbia as part of a New SAR Initiatives fund (NIF) grant by the Canadian National Search and Rescue Secretariat. They have since been maintained and updated by the staff of the Justice Institute of BC.

# ICS 201 INCIDENT BRIEFING

Pages: 2

**PURPOSE:** Provides the IC, (SAR Manager and SAR Commanders) Command and General staff with basic information regarding the incident situation and the resources allocated to the incident. Used in briefing the incoming management team during shift changes.  
Also serves as permanent record of the previous response actions.

**PREPARATION:** Prepared by the current SAR Manager and Planning at the end of an operational period for presentation to incoming SAR Management team and used in the more detailed oral briefing. Proper symbology should be used when preparing a map of the incident.  
Other forms are referenced for this briefing:  
ICS207 ORGANIZATION CHART  
ICS201A RESOURCE STATUS

**DISTRIBUTION:** After briefing is placed in the file for that operational period.

| # | ITEM                             | INSTRUCTIONS   |
|---|----------------------------------|--|
| 1 | Summary of Current Actions       | In point form and chronological order, summarize the current situation of the task and actions taken. Include specifics such as names, times, locations, accomplishments, etc. This information is used to paint a picture for the in-coming SAR Management Team.          |
| 2 | ICS207, ICS201A                  | Other documents will need to be referenced during the briefing. ICS207 ORGANIZATION CHART, ICS201A RESOURCE STATUS.  |
| 3 | Shift Change Briefing Check List | Used only as a check list for the out-going SAR Manager when briefing an in-coming SAR Management Team. Based on SMEAC. SAR Mgr. May want to prepare additional notes to support items on the check list.<br>Items should be checked-off as addressed during the briefing. |



# SAR MANAGER SHIFT CHANGE BRIEFING CHECKLIST 3

| SITUATION       |  |   | ✓                       | ✓  |                                  |                   |   |   |  |
|-----------------|--|---|-------------------------|--|----------------------------------|-------------------|---|---|--|
| 1               | Task #/, Police/BCAS File #  |   | 5                       | Safety   | Overall Safety/ Medical Plan     |                   |   |   |  |
|                 |  |   |                         |  | Advanced First Aid resources     |                   |   |   |  |
| 2               | Mobilization   | Time reported missing                                   | 6                       | Debriefing Plan  | Injured/Deceased SAR Member      |                   |   |   |  |
|                 |  | Time of Police request                                  |                         |  |                                  |                   |   |   |  |
|                 |  | Details, subject history                                |                         |  |                                  |                   |   |   |  |
| 3               | Subject Information  | Time SAR Unit called out                                | 7                       | Resources  | Assigned                         |                   |   |   |  |
|                 |  | What we know/believe                                    |                         |  | Available                        |                   |   |   |  |
|                 |  | What needs to be checked                                |                         |  | Out of Service (Resting)         |                   |   |   |  |
|                 |  | PLS or LKP  |                         |  | On standby                       |                   |   |   |  |
| 4               | Terrain  | Informant(s) contact info                               | 8                       | Escalation Plan  | Anticipated Loss/Departure times |                   |   |   |  |
|                 |  | Map #   |                         |  | Projected - Mutual Aid?          |                   |   |   |  |
|                 |  | GPS Datum reference                                     |                         |  |                                  |                   |   |   |  |
|                 |  | Magnetic declination                                    |                         |  | 9                                | Contingency Plans | Rescue  |   |  |
|                 |  | Map orientation   |                         |  |                                  |                   | 2nd SAR Callout                               |   |  |
|                 |  | Nature/type of terrain/ vegetation                      |                         |  |                                  |                   | Suspension                                    |   |  |
|                 |  | Prominent landmarks                                     |                         |  |                                  |                   | Demobilization                                |   |  |
|                 |  | Physical boundaries                                     |                         |  |                                  |                   | Transition to Criminal or Coroner File        |   |  |
|                 |  | Determination of search area                            |                         |  |                                  |                   | Facility relocation (ICP, Staging areas, etc) |   |  |
|                 |  | Search areas/segments                                   |                         |  |                                  |                   |   |   |  |
|                 |  | Location of ICP/ other Facilities                       |                         |  |                                  |                   |   |   |  |
|                 |  | High priority areas                                     |                         |  |                                  |                   | <b>ADMINISTRATION/LOGISTICS</b>               |   |  |
|                 |  | Hazards   |                         |  |                                  |                   | 1   | Logs, files, status map, info posted on walls |  |
| Altitude        | 2  | ICP location, layout, routine                           |                         |  |                                  |                   |   |   |  |
| Exit routes     | 3  | Feeding Plan  | Supplier                |  |                                  |                   |   |   |  |
| Radio repeaters |  |   | Feeding location        |  |                                  |                   |   |   |  |
|                 |  |   | Delivery plan/ schedule |  |                                  |                   |   |   |  |
| 5               | Weather - Past, Current & Forecast   |   | 4                       | Shelter  |                                  |                   |   |   |  |
| 6               | Search History   | General overview of past search efforts/ Shifting POA's | 5                       | Stores   |                                  |                   |   |   |  |
|                 |  | Objectives accomplished                                 | 6                       | Transport  |                                  |                   |   |   |  |
|                 |  | Past high priority areas                                | 7                       | Sanitation   |                                  |                   |   |   |  |
|                 |  | Clues found   | 8                       | Accommodation  |                                  |                   |   |   |  |
|                 |  | Current Mattson assessment                              | 9                       | Media - policy on interviews/presence in area                            |                                  |                   |   |   |  |
|                 |  | Problems encountered                                    | 10                      | Relatives/ Friends/ Co-workers   |                                  |                   |   |   |  |
|                 |  | Local knowledge input                                   | 11                      | Firearms   |                                  |                   |   |   |  |
| 7               | Significant events/information   |   | 12                      | Operational Periods, start & end, time of next shift change              |                                  |                   |   |   |  |
| 8               | Theories   | Past/current  | 13                      | Computer Support   |                                  |                   |   |   |  |
|                 |  | Contrary opinions                                       |                         |  |                                  |                   |   |   |  |
|                 |  | Assumptions   |                         |  |                                  |                   |   |   |  |
| MISSION         |  |   | COMMAND/COMMUNICATIONS  |  |                                  |                   |   |   |  |
| 1               | Concise summary of objectives of SAR Mgt. Team for coming Operational Period.  |   | 1                       | Command - Identify members of Search Mgt. Team, roles & responsibilities |                                  |                   |   |   |  |
| EXECUTION       |  |   | 2                       | Communications Plan  | Frequencies, nets                |                   |   |   |  |
| 1               | General - Overview of Search Action Plan and how it will accomplish the objectives to be completed in the coming operational period. |   |                         |  | Call signs                       |                   |   |   |  |
| 2               | Significant events/information   |   |                         |  | Codewords                        |                   |   |   |  |
| 3               | Current Tasks/Activities/Location/Return times   |   | 3                       | Synchronize Watches  |                                  |                   |   |   |  |
| 4               | Coordinating Details   | Planned or Outstanding Tasks/ Activities/ Timings       | 4                       | Questions to/from  |                                  |                   |   |   |  |
|                 |  | Movement Plan   | VISUAL AIDS/HANDOUTS    |  |                                  |                   |   |   |  |
|                 |  | Special Equipment                                       | Assigned                | 1  | Updated status/search maps       |                   |   |   |  |
|                 |  |   | Available               | 2  | Subject profile(s)               |                   |   |   |  |
|                 |  |   | Priority assignment     | 3  | Photo(s) of subject(s)           |                   |   |   |  |
|                 |  |   | Anticipated loss        | 4  | Sketch of footwear sole pattern  |                   |   |   |  |
| Departure       | 5  |   | Air Photos              |  |                                  |                   |   |   |  |

# ICS 201A RESOURCE STATUS

Pages: 1

**PURPOSE:** Provide an at-the-moment snapshot of the status of all resources involved.

**PREPARATION:** Prepared by Planning (Resource Status Unit) and SAR Manager during operational period. Revise as needed.

**DISTRIBUTION:** Provided to SAR Management Team and used during shift change briefings.

| # | ITEM                  | INSTRUCTIONS  |
|---|-----------------------|---|
| 1 | Name                  | Name of organization, agency, group, etc.   |
| 2 | Type                  | Type of organization based on resource provided.  |
| 3 | Contact               | Contact person representing the organization.   |
| 4 | Standby Date & Time   | Date and time the organization was contacted and put on standby prior to call-out.  |
| 5 | Called-In Date & Time | Date and time the organization was called to respond to the ongoing task.   |
| 6 | ETA                   | Estimated Time of Arrival. Clock time that members of the organization are expected to arrive on-scene if not already on-scene. |
| 7 | Est. # of People      | Estimate of the number of people the organization is/will be sending.   |
| 8 | # Available on Scene  | Member of the organization who are on-scene but not yet assigned.   |
| 9 | Reporting Location    | Location where the organization has been notified to send their members to muster.  |



|                        |        |            |                          |                       |
|------------------------|--------|------------|--------------------------|-----------------------|
| <b>RESOURCE STATUS</b> | TASK # | TASK NAME: | FOR OPERATIONAL PERIOD # | DATE & TIME PREPARED: |
|------------------------|--------|------------|--------------------------|-----------------------|

| RESOURCE |                | REQUESTED RESOURCES    |                          |          |                       | AVAILABLE RESOURCES        |                       | # ASSIGNED |
|----------|----------------|------------------------|--------------------------|----------|-----------------------|----------------------------|-----------------------|------------|
|          |                | STANDBY<br>DATE & TIME | CALLED-IN<br>DATE & TIME | ETA      | EST #<br>OF<br>PEOPLE | #<br>AVAILABLE<br>ON SCENE | REPORTING<br>LOCATION |            |
| 1        | NAME: <b>1</b> | CONTACT: <b>3</b>      | <b>4</b>                 | <b>5</b> | <b>6</b>              | <b>7</b>                   | <b>8</b>              | <b>9</b>   |
|          | TYPE: <b>2</b> | PHONE:                 |                          |          |                       |                            |                       |            |
| 2        | NAME:          | CONTACT:               |                          |          |                       |                            |                       |            |
|          | TYPE:          | PHONE:                 |                          |          |                       |                            |                       |            |
| 3        | NAME:          | CONTACT:               |                          |          |                       |                            |                       |            |
|          | TYPE:          | PHONE:                 |                          |          |                       |                            |                       |            |
| 4        | NAME:          | CONTACT:               |                          |          |                       |                            |                       |            |
|          | TYPE:          | PHONE:                 |                          |          |                       |                            |                       |            |
| 5        | NAME:          | CONTACT:               |                          |          |                       |                            |                       |            |
|          | TYPE:          | PHONE:                 |                          |          |                       |                            |                       |            |
| 6        | NAME:          | CONTACT:               |                          |          |                       |                            |                       |            |
|          | TYPE:          | PHONE:                 |                          |          |                       |                            |                       |            |
| 7        | NAME:          | CONTACT:               |                          |          |                       |                            |                       |            |
|          | TYPE:          | PHONE:                 |                          |          |                       |                            |                       |            |

|                |                         |
|----------------|-------------------------|
| <b>ICS201A</b> | COMMENTS:               |
|                | PREPARED BY (PLANNING): |

**ICS 201A**

**PURPOSE:** The IAP documents the actions developed by the Incident Command, Command and General Staff during the planning meeting. The IAP specifies the control objectives, tactics to meet the objectives, resources, organization, communications plan, medical plan and other appropriate information used in tactical operations. Information is for use for the upcoming operational period.

**PREPARATION:** The IAP is completed by Planning following each formal planning meeting conducted by the SAR Management Team, generally once per operational period. The IAP must be approved by the SAR Manager prior to distribution. ICS202 INCIDENT OBJECTIVES is the first page of an IAP.

**DISTRIBUTION:** Produced and distributed down to Unit Leader level as needed.

| #  | ITEM                    | INSTRUCTIONS  |
|----|-------------------------|---|
| 1  | Police/BCAS File #      | Circle one or indicate if another and enter the number.   |
| 2  | Approved By             | Sign-off by SAR Manager or SAR Commander before passing on to Planning.   |
| 3  | Priority                | Number priority for each item. There can be duplicate numbers if items can be done concurrently.  |
| 4  | Overall Objectives      | List the objectives for this operational period, as well as the tactics that will be implemented to meet the objective. An example of typical objectives and tactics is provided. These objectives are common on most tasks (although the specific tactics may vary) and can be copied and revised as necessary. A blank version of this form is in the downloadable ICS forms set for use by SAR Management. |
| 5  | Resources               | Indicate the types of resources that are planned to be used in the task. Planning and Logistics will use this list as a guide.  |
| 6  | Tactics                 | Indicate the types of tactics that are planned. Planning and Logistics will use this list as a guide.   |
| 7  | Environment             | Indicate the environments that personnel will be expected to operate.   |
| 8  | Attachments             | Indicate the attachments and documents that accompany this form.  |
| 9  | IAP Attachments         | Indicate other ICS forms that make up this particular IAP.  |
| 10 | Response Urgency Rating | In each category select one value from the list and enter in the box.   |
| 11 | Factor Total            | Total sum of the ratings for each category from the column above. Compare this value to the Response Decision scale to determine a scale of response.   |
| 12 | Response Decision       | Compare the value found in the Factor Total to the scale to determine the appropriate level of response.  |



**RESPONSE URGENCY**

The lower the numerical rating of the factor, the higher the relative urgency.

COMPLETED DATE & TIME:

| FACTOR  | RATING              |                        |
|---|---------------------|------------------------|
| <b>SUBJECT AGE</b>  |                     |                        |
| Very Young  | 1                   | <input type="text"/> * |
| Very Old  | 1                   |                        |
| Other   | 2-3                 |                        |
| <b>SUBJECT MEDICAL CONDITION</b>  |                     |                        |
| Known or Suspected Injured, Ill or Mental Illness   | 1-2                 | <input type="text"/> * |
| Healthy   | 3                   |                        |
| Known Fatality  | 3                   |                        |
| <b>NUMBER OF SUBJECTS</b>   |                     |                        |
| One Alone   | 1                   | <input type="text"/> * |
| More Than One (Very Young, Very Old)  | 1-2                 |                        |
| More Than One (Unless separation suspected)   | 2-3                 |                        |
| <b>SUBJECT EXPERIENCE PROFILE</b>   |                     |                        |
| Not Experienced, Does Not Know Area   | 1                   | <input type="text"/> * |
| Not Experienced, Knows Area   | 1-2                 |                        |
| Experienced, Not Familiar With Area   | 2                   |                        |
| Experienced, Knows Area   | 3                   |                        |
| <b>WEATHER PROFILE</b>  |                     |                        |
| Past And/Or Existing Hazardous Weather  | 1                   | <input type="text"/> * |
| Predicted Hazardous Weather, (8hrs or Less)   | 1-2                 |                        |
| Predicted Hazardous Weather, (More Than 8hrs)   | 2                   |                        |
| No Hazardous Weather Predicted  | 3                   |                        |
| <b>EQUIPMENT PROFILE</b>  |                     |                        |
| Inadequate For Environment And Weather  | 1                   | <input type="text"/> * |
| Questionable For Environment And Weather  | 1-2                 |                        |
| Adequate For Environment And Weather  | 3                   |                        |
| <b>TERRAIN/HAZARDS PROFILE</b>  |                     |                        |
| Known Hazardous Terrain Or Other Hazard   | 1                   | <input type="text"/> * |
| Few or No Hazards   | 2-3                 |                        |
| <b>Consider Elapsed Time In Response Determination</b>  | <b>FACTOR TOTAL</b> | <input type="text"/>   |
| *If Any Of The Factors Rate As A 1 Regardless Of Totals, The Search Requires The Highest Urgency. |                     |                        |

10

11

| <b>RESPONSE DECISION</b> |    |    |                             |    |    |                       |
|--------------------------|----|----|-----------------------------|----|----|-----------------------|
| 8                        | 10 | 12 | 14                          | 16 | 18 | 20                    |
| <b>HIGHEST URGENCY</b>   |    |    | <b>INTERMEDIATE URGENCY</b> |    |    | <b>LOWEST URGENCY</b> |

|                            |                     |                         |                       |
|----------------------------|---------------------|-------------------------|-----------------------|
| <b>INCIDENT OBJECTIVES</b> |                     | TASK #:                 | PAGE # 1 OF 2         |
| TASK NAME:                 |                     | POLICE/BCAS FILE #:     | DATE & TIME PREPARED: |
| FOR OPERATIONAL PERIOD #:  | FROM: (DATE & TIME) | TO: (DATE & TIME)       |                       |
| PREPARED BY (PLANNING):    |                     | APPROVED BY (SAR MGR.): |                       |

| PRIORITY | OVERALL OBJECTIVES (SEE OPERATIONS PLAN ICS215 FOR SPECIFIC ASSIGNMENTS)                   |
|----------|--|
| 1        | Continue Investigation   |
|          | a) Interview family members, friends, co-workers   |
|          | b) RCMP to check credit card usage/cell phone usage  |
|          | c) Search residence  |
| 1        | Continue to Assess Risk  |
|          | a) Identify Hazards  |
|          | b) Review SAR Safety Program including Provincial Operating Guidelines                     |
|          | c) Utilize Risk Assessment and Decision Making Guide                                       |
|          | d) Access technical specialists for specific response hazards (swiftwater, avalanche, etc) |
| 1        | Build Subject Profile  |
| 1        | Determine Search Area  |
| 1        | Establish Containment  |
| 1        | Deploy Initial Response Teams (Hasty Teams) to carry out Type 1 Search Techniques          |
|          | a) Trackers and Dog teams deployed to PLS or LKP (the IPP)                                 |
|          | b) Search teams deployed on all trails, roads, and drainages                               |
|          | c) Search Teams deployed to all likely spots in search area (cabins, viewpoints, etc)      |
| 2        | Complete ICP Set Up  |
|          | a) Ensure communications from ICP to all of search area (deploy portable repeater)         |
|          | b) Provide amenities for searchers while waiting or when returning from assignments        |
|          | c) Establish Helispot  |
| 2        | Complete Incident Action Plan  |
|          | a) Ensure all components of the Action Plan have been recorded                             |
|          | b) Status Map is up to date  |
|          | c) Update ECC  |
|          | d) Determine need for mutual aid   |

**EXAMPLE OF COMMON OBJECTIVES**

| RESOURCES   |  | TACTICS  | ENVIRONMENT                          | ATTACHMENTS                    |
|---|--|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> INITIAL RESPONSE TEAM (HASTY TEAM) | <input type="checkbox"/> ROPE RESCUE TEAM    | <input type="checkbox"/> TRACKING                                | <input type="checkbox"/> WEATHER     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> TRACKING TEAM                      | <input type="checkbox"/> AVALANCHE TEAM      | <input type="checkbox"/> INITIAL RESPONSE TACTICS (HASTY SEARCH) | <input type="checkbox"/> TEMPERATURE | <input type="checkbox"/> _____ |
| <input type="checkbox"/> VEHICLE TEAM                       | <input type="checkbox"/> HELICOPTER          | <input type="checkbox"/> SOUND SWEEP                             | <input type="checkbox"/> DAYLIGHT    | <input type="checkbox"/> _____ |
| <input type="checkbox"/> DOG TEAM                           | <input type="checkbox"/> CASARA/PEP AIR      | <input type="checkbox"/> DOG                                     | <input type="checkbox"/> TERRAIN     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> SOUND SWEEP TEAM                   | <input type="checkbox"/> RCMP AIR            | <input type="checkbox"/> OPEN GRID SEARCH                        | <input type="checkbox"/> ACCESS      | <input type="checkbox"/> _____ |
| <input type="checkbox"/> OPEN GRID TEAM                     | <input type="checkbox"/> FOOD/SHELTER        | <input type="checkbox"/> CLOSED GRID SEARCH                      | <input type="checkbox"/> AVALANCHE   | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CLOSED GRID TEAM                   | <input type="checkbox"/> OTHER SAR GROUPS    | <input type="checkbox"/> _____                                   | <input type="checkbox"/> _____       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> BOAT                               | <input type="checkbox"/> EVIDENCE SEARCH     | <input type="checkbox"/> _____                                   | <input type="checkbox"/> _____       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> RAFT                               | <input type="checkbox"/> RADIO RELAY/RPTR.   | <input type="checkbox"/> _____                                   | <input type="checkbox"/> _____       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> SWIFT WATER RESCUE                 | <input type="checkbox"/> RESERVE RESCUE TEAM | <input type="checkbox"/> _____                                   | <input type="checkbox"/> _____       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> MEDICAL                            | <input type="checkbox"/> BASE CAMP KIT       | <input type="checkbox"/> _____                                   | <input type="checkbox"/> _____       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> EVACUATION TEAM                    | <input type="checkbox"/> RESOURCE KIT        | <input type="checkbox"/> _____                                   | <input type="checkbox"/> _____       | <input type="checkbox"/> _____ |
|   | <input type="checkbox"/> MUTUAL AID          |  |                                      |                                |

**INCIDENT ACTION PLAN COMPRISES INCIDENT OBJECTIVES AND ATTACHMENTS:**

|   |  |   |  |                 |
|---|--|---|--|-----------------|
| ORGANIZATION CHART<br><input type="checkbox"/> #207 | COMMUNICATIONS PLAN<br><input type="checkbox"/> #205 | MEDICAL PLAN<br><input type="checkbox"/> #206 | OPERATIONS PLAN<br><input type="checkbox"/> #215 | <b>ICS 202A</b> |
|---|--|---|--|-----------------|

**PURPOSE:** Initially created by Planning, the Team Assignment Sheet is used by Operations to assemble and dispatch appropriate resources. The same form is used to record debriefings from the teams so that they can be referenced for future planning.

**PREPARATION:** Guided by the IAP, the Planning Section creates and prioritizes assignments for field teams and other resources. Each is approved by the Planning Section Chief. One form for each team assignment with a copy to the team leader.

Once completed by Planning, Assignments are sent to Operations who provide a team and the resources required to complete the assignment. Operations provides additional information for the form.

The Team Assignment Sheet is used to brief the team before being deployed.

**DISTRIBUTION:** A copy should be given to the team leader during briefing and the original retained by Operations.

| #  | ITEM                       | INSTRUCTIONS  |
|----|----------------------------|---|
| 1  | Priority                   | Relative priority of the assignment compared to others. There can be duplicates of priority numbers if assignments can be carried out concurrently.                                       |
| 2  | Completed, Done Incomplete | Check boxes used during debriefing to indicate if the assignment was completed or left incomplete so that Planning can determine if another assignment is needed to complete the segment. |
| 3  | Assignment Type            | Indicate the type of assignment. Generally only one box is checked. For Grid Type and MR (Mountain Rescue), include specifics for the type.   |
| 4  | Terrain Type               | Brief description of the type of terrain to be searched so that properly skilled searchers can be assigned.   |
| 5  | Members Required           | Number of members that Planning has determined are required to carry out the assignment.  |
| 6  | Coverage                   | The planned Coverage for the assignment, if applicable.   |
| 7  | Planned Duration           | Anticipated time required to complete the assignment.   |
| 8  | Briefing Checklist         | Used by Operations as a guide when briefing the team prior to deployment.   |
| 9  | Subject Info History       | During briefing: refer to ICS302 LOST PERSON QUESTIONNAIRE or ICS301 SUBJECT PROFILE for detailed information on the subject. Distribute copies of ICS301.                                |
| 10 | Safety                     | During briefing: Refer to ICS305 SAFETY PLAN for detailed safety briefing.  |
| 11 | Communications             | List the frequencies or channels to be used by the team.  |
| 12 | Team Members               | List members of the team for the assignment, Team Leader (TL) first, with indication of skills.   |
| 13 | Attachments & Copies       | Check lists to indicate other documents that should be accompanying the assignment sheet and who has been sent copies.  |
| 14 | Date & Time Started        | Actual time the assignment was started, not including access time.  |
| 15 | Date & Time Finished       | Actual time the assignment was finished, not including exit time.   |

|    |  |   |
|----|--|---|
| 16 | Date & Time                            | Date and time that the debriefing was conducted.  |
| 17 | Explain What Your Team Actually Did... | In the Team Leader's own words report of what the team did, saw, went, etc including times and locations. Note differences from the original assignment. "Assignment completed" is not an adequate report.  |
| 18 | Deviation From Assignment              | Check if team deviated from the original assignment for any reason. If the team was unable to complete the assignment due to safety concerns, lack of resources, lack of time, etc or was drawn off the original assignment, check the box. If the assignment was left incomplete, check the box on the first page as well. |
| 19 | Environment                            | Note environmental factors that may have affected subject's detectability and search effectiveness, i.e. dense bush, loud river, etc.   |
| 20 | Searchers                              | Note searcher factors that may have affected the subject's detectability and search effectiveness, i.e. fatigue, distractions, etc.   |
| 21 | Clues                                  | Note any clues that have been found by the team including time and location. If it is determined that the clue is worth follow-up, copy info onto ICS204C Clue Tracking Sheet and note the clue number used in ICS204C.   |
| 22 | Describe Difficulties or Gaps...       | Indicate factors that limited the team's ability to effectively search the area and any problems that may also affect other teams in the same area. May be used to adjust the Safety Plan.  |
| 23 | Team Leader Signature                  | Once completed, the Team Leader must sign the debriefing form.  |

|                              |   |                     |                       |
|------------------------------|---|---------------------|-----------------------|
| <b>TEAM ASSIGNMENT SHEET</b> |   | TASK #              | TASK NAME:            |
| TEAM NAME/<br>CALL SIGN:     |   | FOR OP.<br>PERIOD # | DATE & TIME PREPARED: |
| ASSIGNMENT#                  | ASSIGNMENT NAME:  |                     | PRIORITY: <b>1</b>    |
| CREATED BY:                  | <input type="checkbox"/> COMPLETED <b>2</b> <input type="checkbox"/> DONE, INCOMPLETE |                     | <b>PAGE 1 OF 2</b>    |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| <b>PLANNING</b> | ASSIGNMENT:  | ASSIGNMENT TYPE: <b>3</b>       |
|                 | <input type="checkbox"/> Hasty Search (IRT)<br><input type="checkbox"/> Tracking<br><input type="checkbox"/> Sound Sweep<br><input type="checkbox"/> Dog<br><input type="checkbox"/> Grid, Type: <input type="text"/><br><input type="checkbox"/> Rope Rescue<br><input type="checkbox"/> Swiftwater<br><input type="checkbox"/> OAR/Reserve Avalanche Team<br><input type="checkbox"/> Evacuation<br><input type="checkbox"/> MR <input type="text"/> |                                 |
|                 | Terrain Type: <b>4</b> Members Required: <b>5</b> Coverage: <b>6</b><br>PLANNED START:      PLANNED DURATION: <b>7</b>   | Other: <input type="checkbox"/> |

|                   |   |   |  |  |
|-------------------|---|---|--|--|
| <b>OPERATIONS</b> | <b>BRIEFING CHECKLIST</b> <b>8</b><br>SITUATION <b>9</b><br><input type="checkbox"/> Subject Info/History<br><input type="checkbox"/> Task Mgt. Details<br><input type="checkbox"/> Terrain<br><input type="checkbox"/> Maps-GPS Datum, Declination<br><input type="checkbox"/> Hazards<br><input type="checkbox"/> Exit Routes<br><input type="checkbox"/> Weather<br><input type="checkbox"/> Other Teams | MISSION<br><input type="checkbox"/> Assignment<br><input type="checkbox"/> Tactics<br><input type="checkbox"/> Duration<br>EXECUTION<br><input type="checkbox"/> Preparation<br><input type="checkbox"/> Special Equipment<br><input type="checkbox"/> Deployment<br><input type="checkbox"/> Return/Debrief<br><input type="checkbox"/> Safety <b>10</b> | ADMINISTRATION<br><input type="checkbox"/> Food/Water<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Media<br><input type="checkbox"/> Family/Friends<br>COMMUNICATIONS <b>11</b><br><input type="checkbox"/> Primary Ch. <input type="text"/><br><input type="checkbox"/> Secondary <input type="text"/><br><input type="checkbox"/> Emergency <input type="text"/><br><input type="checkbox"/> Repeater(s) <input type="text"/><br><input type="checkbox"/> ICP Call Sign <input type="text"/> | <b>SPECIAL EQUIPMENT:</b><br><hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
|                   | TRANSPORTATION:   | BRIEFED BY:   |  |  |

| <b>OPERATIONS</b> | <b>TEAM MEMBERS</b> <b>12</b> |                  |              |         |             |         |           |      | SPECIAL SKILL(S) |
|-------------------|-------------------------------|------------------|--------------|---------|-------------|---------|-----------|------|------------------|
|                   | NAME                          | GROUP/<br>AGENCY | CALL<br>SIGN | PHONE # | ROPE RESCUE | TRACKER | FIRST AID | GSAR |                  |
| TL                |                               |                  |              |         |             |         |           |      |                  |
| 1                 |                               |                  |              |         |             |         |           |      |                  |
| 2                 |                               |                  |              |         |             |         |           |      |                  |
| 3                 |                               |                  |              |         |             |         |           |      |                  |
| 4                 |                               |                  |              |         |             |         |           |      |                  |
| 5                 |                               |                  |              |         |             |         |           |      |                  |
| 6                 |                               |                  |              |         |             |         |           |      |                  |
| 7                 |                               |                  |              |         |             |         |           |      |                  |
| 8                 |                               |                  |              |         |             |         |           |      |                  |





# ICS 204C CLUE TRACKING SHEET

Pages: 1

**PURPOSE:** To document clues as they are found and log follow-up investigation and actions.

**PREPARATION:** Planning (Debriefing Unit) for use in tracking and logging follow-up investigation of a clue as follow-up from assignment debriefing. One form for each clue.

A clue can be:

- Sign (as found by a tracker)
- Objects
- Telephone tips
- Witness reports
- Vehicle and/or sightings
- Lack of gear, i.e. hiking gear missing from home
- Any other bit of information or artifact requiring investigation.

**DISTRIBUTION:** SAR Mgt. Team, retained in Planning.

| #  | ITEM                            | INSTRUCTIONS  |
|----|---------------------------------|---|
| 1  | Clue #                          | Unique identifying number or name to use in tracking.   |
| 2  | Value                           | An estimate of the relative importance of the clue, i.e. "High. Matches subject's clothing description."                              |
| 3  | Eliminated                      | Check box indicating that the clue has been ruled out and determined to not be associated with the current task.                      |
| 4  | Found By                        | Team name and person who found the clue, for possible later questioning.  |
| 5  | Refer to Debrief for Assignment | Cross-reference of the assignment number of the team that found the clue so that the original assignment can be reviewed.             |
| 6  | Location Found                  | Geographic reference including map coordinates sufficient that someone else can find the location again.                              |
| 7  | Description of Location         | Physical description of the location the clue was found, i.e. "Muddy bank on west side of creek".                                     |
| 8  | Location/Route Flagged?         | Indicate if location and/or route to location were flagged. Include flagging colour and indicate if tape was labeled.                 |
| 9  | Current Status of Clue          | Indicate if clue was brought back and it's current location or if left in place, if it was covered, etc.                              |
| 10 | Evaluation                      | An assessment of the clue, the likelihood of it being associated with the subject(s) and what should be done with regard to the clue. |
| 11 | Follow-Up Action                | A log indicating time, investigator's name and actions taken and results for each step in investigating the clue.                     |



# ICS 204T TRACK REPORT

Pages: 2 per sheet

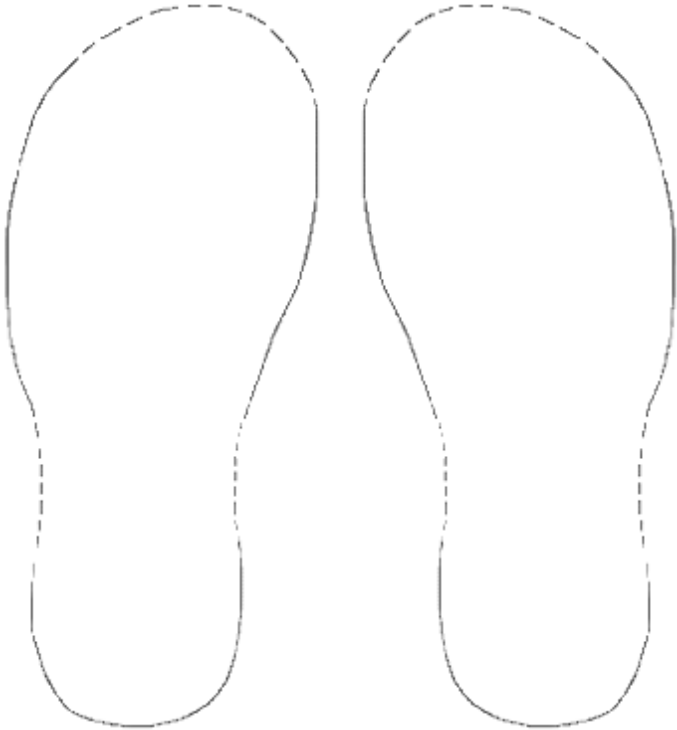
PURPOSE: Report for recording observations in the field.

PREPARATION: Field teams, tracking teams; while in the field.

DISTRIBUTION: SAR Management Team. Retained by Planning.

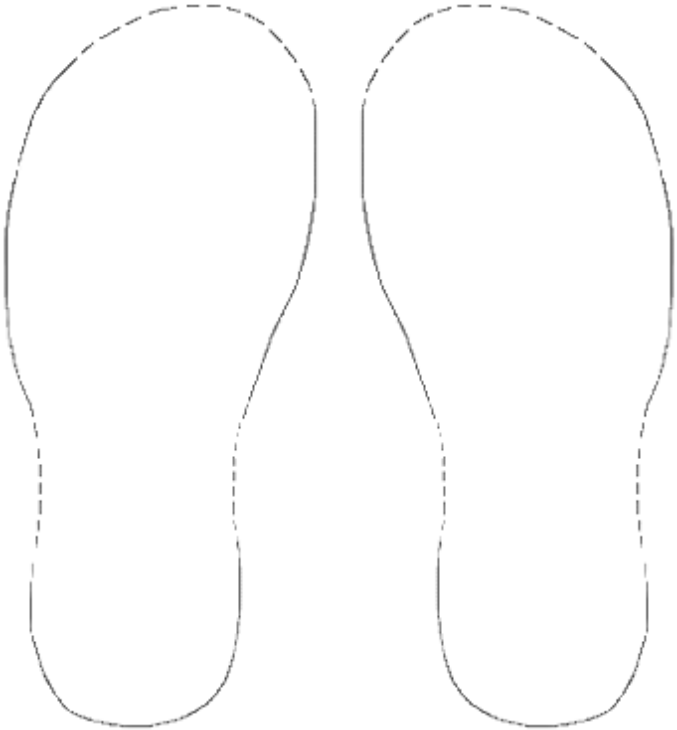
| # | ITEM        | INSTRUCTIONS  |
|---|-------------|---|
| 1 | TL TA T1 T2 | Name of Team Leader. Circle one to indicate level of TL's tracking certification: TA=Track Aware, T1=Tracker 1, T2=Tracker 2. |
| 2 | Ground      | Type of surface, hardness, ground cover, ground vegetation, etc.  |
| 3 | Grade       | Estimate of the slope of the ground.  |
| 4 | Basic Type  | Indication of the basic sole or tread type.   |
| 5 | Dimensions  | Measured observations. Do not include interpretations and estimates.  |
| 6 | Flagged     | Indicate if location is flagged and labeled sufficient for another team to accurately find the location.                      |

|                     |                       |
|---------------------|-----------------------|
| <b>TRACK REPORT</b> | TEAM:                 |
| DATE & TIME:        | TL: <b>1</b> TA T1 T2 |



|                              |                 |          |                 |
|------------------------------|-----------------|----------|-----------------|
| LOCATION:                    |                 |          |                 |
| GROUND: <b>2</b>             | GRADE: <b>3</b> |          |                 |
| SUBJECT HEADING:             |                 |          |                 |
| BASIC TYPE: <b>4</b>         |                 |          |                 |
| PATTERN:                     |                 |          |                 |
| DIMENSIONS: Overall: L:      | W:              | HEEL: L: | W: <b>5</b>     |
| STEP INTERVAL (Toe to Heel): |                 |          |                 |
| REMARKS:                     |                 |          |                 |
|                              |                 |          |                 |
|                              |                 |          |                 |
| FLAGGED: <b>6</b>            |                 |          | <b>ICS 204T</b> |

|                     |              |
|---------------------|--------------|
| <b>TRACK REPORT</b> | TEAM:        |
| DATE & TIME:        | TL: TA T1 T2 |



|                              |        |          |                 |
|------------------------------|--------|----------|-----------------|
| LOCATION:                    |        |          |                 |
| GROUND:                      | GRADE: |          |                 |
| SUBJECT HEADING:             |        |          |                 |
| BASIC TYPE:                  |        |          |                 |
| PATTERN:                     |        |          |                 |
| DIMENSIONS: Overall: L:      | W:     | HEEL: L: | W:              |
| STEP INTERVAL (Toe to Heel): |        |          |                 |
| REMARKS:                     |        |          |                 |
|                              |        |          |                 |
|                              |        |          |                 |
| FLAGGED:                     |        |          | <b>ICS 204T</b> |

# ICS 205 COMMUNICATIONS PLAN

Pages: 1

**PURPOSE:** Provides in one location, information on all radio frequency assignments for each operational period.

**PREPARATION:** Prepared by Logistics (Communications Unit Leader). One per operational period.

**DISTRIBUTION:** Duplicated and given to all recipients of the IAP and the Comms Operator.

| # | ITEM           | INSTRUCTIONS  |
|---|----------------|---|
| 1 | Comms System   | Indication of type of system used, i.e. "VHF Portables", "FRS radios", etc.                           |
| 2 | Call Sign      | Radio call sign of a station if applicable, i.e. callsign of a manual radio relay operator.           |
| 3 | Comms Function | The actual usage of the channel or system. A suggested list is included which can be used or ignored. |
| 4 | Channel ID     | Channel name used with the Comms System.  |

|                            |       |            |                          |                       |
|----------------------------|-------|------------|--------------------------|-----------------------|
| <b>COMMUNICATIONS PLAN</b> | TASK# | TASK NAME: | FOR OPERATIONAL PERIOD # | DATE & TIME PREPARED: |
|                            |       |            |                          |                       |

**CHANNEL ALLOCATION**

| 1<br>COMMS SYSTEM | 2<br>CALL SIGN | 3<br>COMMS FUNCTION | 4<br>CHANNEL ID | CHANNEL # | FREQUENCY | COMMENTS |
|-------------------|----------------|---------------------|-----------------|-----------|-----------|----------|
|                   |                | COMMAND NET         |                 |           |           |          |
|                   |                | OPERATIONS          |                 |           |           |          |
|                   |                | SUPPORT NET         |                 |           |           |          |
|                   |                | TACTICAL            |                 |           |           |          |
|                   |                | AIR NET             |                 |           |           |          |
|                   |                | EMERGENCY CHANNEL   |                 |           |           |          |
|                   |                |                     |                 |           |           |          |
|                   |                |                     |                 |           |           |          |
| REPEATERS         |                |                     |                 |           |           |          |
|                   |                |                     |                 |           |           |          |
|                   |                |                     |                 |           |           |          |
|                   |                |                     |                 |           |           |          |
|                   |                |                     |                 |           |           |          |
|                   |                |                     |                 |           |           |          |
|                   |                |                     |                 |           |           |          |

|                |                          |                |
|----------------|--------------------------|----------------|
| <b>ICS 205</b> | PREPARED BY (LOGISTICS): | <b>ICS 205</b> |
|                |                          |                |

**PURPOSE:** Provides information on medical aid stations, transportation services, hospitals and medical emergency procedures.  
Prepared as part of planned response to medical needs of SAR personnel and for the subject.

**PREPARATION:** Prepared by the Medical Unit Leader and reviewed by the Safety Officer. One per operational period as needed.

**DISTRIBUTION:** May be attached to the Incident Objectives. May also become part of assignment for designated team(s).

| # | ITEM               | INSTRUCTIONS   |
|---|--------------------|--|
| 1 | First Aid Stations | List all of the first aid stations set up for the task. Provide accurate contact and location information.   |
| 2 | Resource           | Indicate the numbers of each resource or qualified members at each station.  |
| 3 | Evacuation Team    | May be a team located at a First Aid Station. List the call sign and accurate location of the team. List all the members of the team.  |
| 4 | Resource           | Check the highest qualification for each member on the Evacuation Team.  |
| 5 | Equipment          | Check list for equipment for the Evacuation Team. Check all those that apply. Additional items can be added to the list.   |
| 6 | Evac Rendezvous    | Planned meeting point for evacuation team to meet with rescue or injured party. Geographic location which can be helispot, staging area, etc.  |
| 7 | Ambulance          | List of ambulances available for the task.   |
| 8 | Hospitals          | List of all local hospitals. Indicate required travel time for evacuation of an injured person via air or ground. Also, indicate specific capabilities. This list will be used get the injured person to the best resources in the most rapid fashion. |



|                     |                  |                       |
|---------------------|------------------|-----------------------|
| <b>MEDICAL PLAN</b> | TASK #           | DATE & TIME PREPARED: |
|                     | FOR OP. PERIOD # | TASK NAME:            |

| FIRST AID STATIONS 1   |                 |          | RESOURCE # 2 |       |       |           |     |             |
|------------------------|-----------------|----------|--------------|-------|-------|-----------|-----|-------------|
| STATION NAME/CALL SIGN | RADIO FREQUENCY | LOCATION | OFA 1        | OFA 2 | OFA 3 | PARAMEDIC | ALS | FIRST RESP. |
|                        |                 |          |              |       |       |           |     |             |
|                        |                 |          |              |       |       |           |     |             |
|                        |                 |          |              |       |       |           |     |             |
|                        |                 |          |              |       |       |           |     |             |

| EVACUATION TEAM 3  |              | RESOURCE ✓ 4 |       |       |           |     |             | EQUIPMENT ✓ 5 |  |
|--------------------|--------------|--------------|-------|-------|-----------|-----|-------------|---------------|--|
| CALL SIGN:         |              | OFA 1        | OFA 2 | OFA 3 | PARAMEDIC | ALS | FIRST RESP. |               |  |
| LOCATION:          |              |              |       |       |           |     |             |               |  |
| #                  | TEAM MEMBERS |              |       |       |           |     |             |               |  |
| 1                  |              |              |       |       |           |     |             |               |  |
| 2                  |              |              |       |       |           |     |             |               |  |
| 3                  |              |              |       |       |           |     |             |               |  |
| 4                  |              |              |       |       |           |     |             |               |  |
| 5                  |              |              |       |       |           |     |             |               |  |
| 6                  |              |              |       |       |           |     |             |               |  |
| EVAC RENDEZVOUS: 6 |              |              |       |       |           |     |             |               |  |

| AMBULANCE SERVICES 7 |         |       |             |
|----------------------|---------|-------|-------------|
| ORGANIZATION         | CONTACT | PHONE | RADIO FREQ. |
|                      |         |       |             |
|                      |         |       |             |

| HOSPITALS 8 |          |             |        |       |             |           |             |          |
|-------------|----------|-------------|--------|-------|-------------|-----------|-------------|----------|
| NAME        | LOCATION | TRAVEL TIME |        | PHONE | TRAUMA UNIT | BURN UNIT | HYPOTHERMIA | HELI PAD |
|             |          | AIR         | GROUND |       |             |           |             |          |
|             |          |             |        |       |             |           |             |          |
|             |          |             |        |       |             |           |             |          |
|             |          |             |        |       |             |           |             |          |

# ICS 207 ORGANIZATION CHART

Pages: 1

**PURPOSE:** Indicates what ICS organizational elements are currently activated and the names of personnel staffing each element. Additional boxes can be added and existing ones can be renamed as needed.

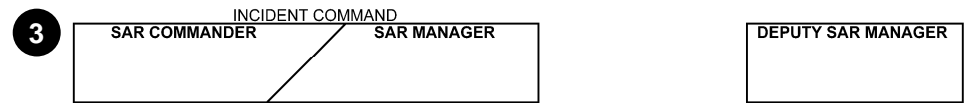
**PREPARATION:** Prepared for each Operational Period and updated as needed. Each Section Chief to provide names as each function is staffed. One per operational period, update as changes happen.

**DISTRIBUTION:** ICP

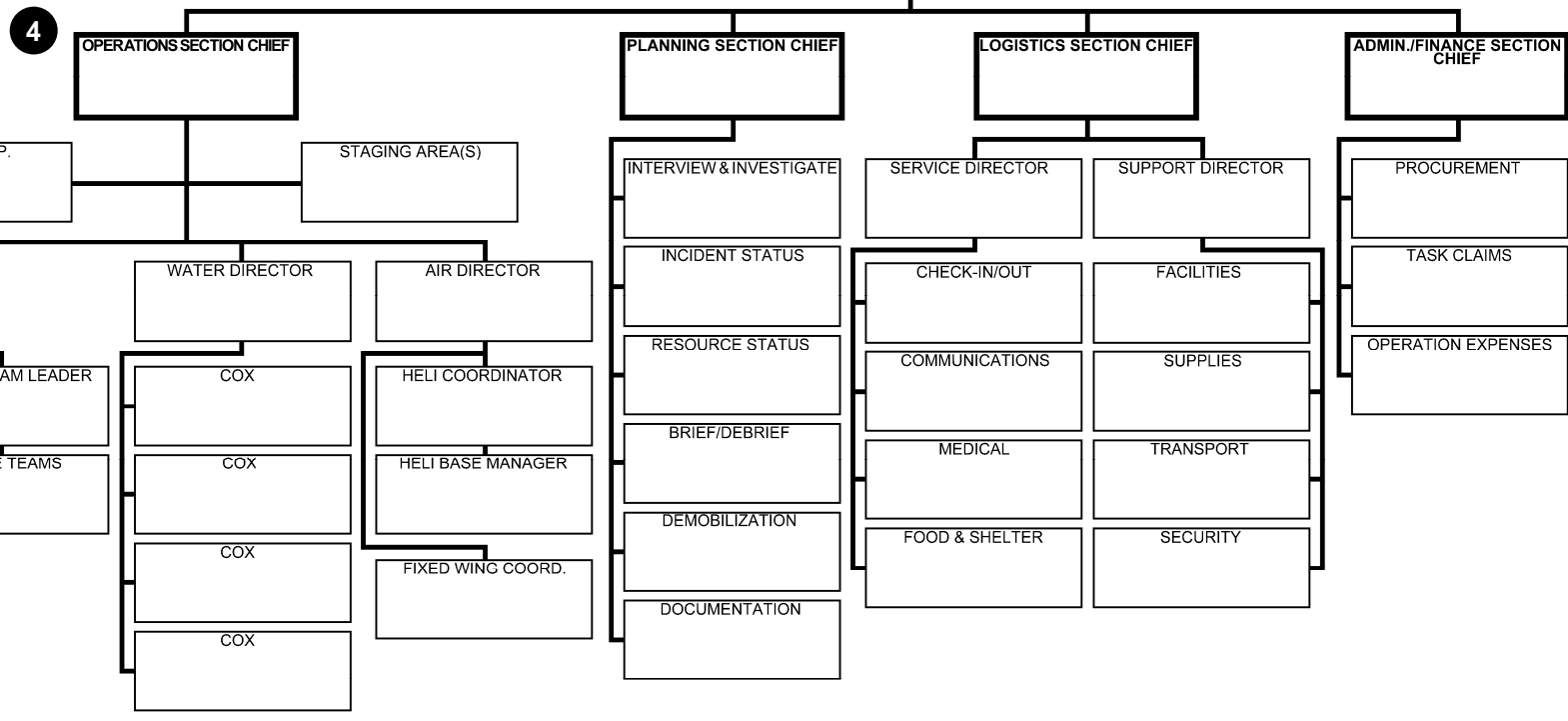
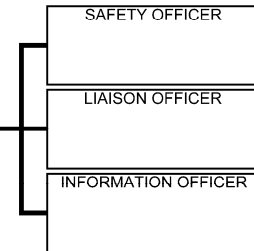
| # | ITEM                   | INSTRUCTIONS   |
|---|------------------------|--|
| 1 | Approved By            | Name of SAR Manager approving the names and positions.   |
| 2 | For Operational Period | The Organization Chart applies to one operational period. Indicate the operational period number and the start and end times for the period.                           |
| 3 | Incident Command       | For most SAR operations, Unified Command is used for Incident Command. Incident Command is made up of SAR Commander (Police, Ambulance service, etc.) and SAR Manager. |
| 4 | Boxes                  | Enter names into boxes for each position. Additional boxes can be added and the names of roles can be changed if appropriate to the needs of the particular task.      |

|                           |       |                                  |                       |
|---------------------------|-------|----------------------------------|-----------------------|
| <b>ORGANIZATION CHART</b> | TASK# | TASK NAME:                       | DATE & TIME PREPARED: |
| PREPARED BY (PLANNING):   |       | APPROVED BY (SAR MGR.): <b>1</b> |                       |

|                                  |                 |
|----------------------------------|-----------------|
| FOR OPERATIONAL PERIOD: <b>2</b> |                 |
| FROM: DATE & TIME                | TO: DATE & TIME |



ALL DUTIES ARE THE RESPONSIBILITY OF THE SAR MANAGER UNLESS DELEGATED.



# ICS 209 INCIDENT STATUS SUMMARY

Pages: 1

**PURPOSE:** Provide an at-the-moment snapshot of the response effort for briefing in-coming SAR Management team, police, etc.

**PREPARATION:** Planning Section (Incident Status Unit, Resource Status Unit). One per briefing, as needed.

**DISTRIBUTION:** SAR Management Team, other agencies representatives.

| #  | ITEM                              | INSTRUCTIONS  |
|----|-----------------------------------|---|
| 1  | Subject Name(s), etc.             | Name, age, sex and status of each subject. Status is their current location if known and condition. |
| 2  | Description of Clues, Evidence... | List of relevant clues that have been found.  |
| 3  | Total Search Area                 | Estimate of the total area encompassed in the search area at this point.                            |
| 4  | Priority                          | Number indicating the relative priority of a search area, 1 being the highest.                      |
| 5  | Resource                          | Type of resource used to search the area, i.e. Hasty teams, dogs, sound sweep, etc.                 |
| 6  | Times Searched                    | Number of times the area has been searched with each resource.                                      |
| 7  | % POA                             | Estimated Probability of Area.  |
| 8  | C                                 | Coverage of the assignment area (segment).  |
| 9  | SAR Groups Responding             | List of other SAR-trained groups that have or are responding to the task.                           |
| 10 | Other Agencies Responding         | List of other non-SAR agencies and resources that have responded to the task.                       |
| 11 | General Public Volunteers         | Number of non-SAR-trained, non-agency affiliated members of the public who are participating.       |
| 12 | Approved By                       | Signature of the SAR Manager's approval. Approval required prior to distribution.                   |



# ICS 211 CHECK-IN LIST

Pages: 1+

**PURPOSE:** Used for recording the arrival times of personnel, provide the SAR Mgt. Team with a personnel roster for planning purposes, used to support demobilization and serves as a log of those who participated on the task.

**PREPARATION:** Can be done at any facility location on a task, such as the ICP, staging area, base, etc, though generally one site is best. Managed by Logistics (Check-In unit). Information is forwarded to the Resource Status unit as soon as possible. On a mutual aid task, it can be beneficial to have a separate Check-In list for each participating group or agency and one for public or convergent volunteers. New form(s) for each operational period.

**NOTE:** This same form is used by other PEP agencies beside SAR.

**DISTRIBUTION:** SAR Management Team. Past copies retained by Planning.

| #  | ITEM                       | INSTRUCTIONS  |
|----|----------------------------|---|
| 1  | Group Name                 | The name of the group or agency. It is recommended that separate sheets be used for each group participating.   |
| 2  | For Period                 | Indicate the date and time of the period covered. The period should correspond to the Operational Period.   |
| 3  | Next of Kin Name and Phone | Enter next of kin and contact information. Name of a friend is not sufficient. Used to notify next of kin in the event of injury or fatality of member. |
| 4  | Time IN                    | Enter the time checked-IN and initial below.  |
| 5  | Must Be Out By             | If the member must leave prior to anticipated end of operational period, indicate time.   |
| 6  | Time OUT                   | Enter the time checked-OUT and initial below. Failure to check-out prior to going home may result in a search for the missing member.                   |
| 7  | Hrs.                       | Hours involved in the task for the current period, from time IN to time OUT.  |
| 8  | Km/Mi.                     | Distance traveled to assembly area including return trip.   |
| 9  | Task Leader Signature      | Signature of SAR Manager. Required for Task Report.   |
| 10 | Page Total Hours           | Total of hours from column above for this page.   |
| 11 | Page Total km/Mi.          | Total of distance traveled from column above for this page.   |
| 12 | Qualifications             | Check the qualifications that apply.  |

# CHECK-IN LIST



|                      |                  |   |                         |
|----------------------|------------------|---|-------------------------|
| <b>TASK #</b>        | <b>TASK NAME</b> | <b>CHECK-IN LOCATION</b>                | <b>FOR OP. PERIOD #</b> |
| GROUP NAME: <b>1</b> |                  | FOR PERIOD: <b>2</b> _____<br>TO: _____ |                         |

| # | PRINT NAME | ✓ CHECK APPLICABLE QUALIFICATIONS |      |      |      |     |     |        |        |        |      |      |      | VOLUNTEER ADDRESS & PHONE # | NEXT OF KIN & PHONE # | TIME IN   | MUST BE OUT BY | TIME OUT | HRS                    | Km/Mi    |                        |          |          |
|---|------------|-----------------------------------|------|------|------|-----|-----|--------|--------|--------|------|------|------|-----------------------------|-----------------------|-----------|----------------|----------|------------------------|----------|------------------------|----------|----------|
|   |            | GSTL                              | SMGR | RRTM | RRTL | SSO | SRT | TRCK A | TRCK 1 | TRCK 2 | MR 1 | MR 2 | MR 3 |                             |                       |           |                |          |                        |          | OAR                    | OAR TL   | OFA 3 +  |
|   |            |                                   |      |      |      |     |     |        |        |        |      |      |      |                             |                       | <b>12</b> |                | <b>3</b> | : <b>4</b><br>INITIALS | <b>5</b> | : <b>6</b><br>INITIALS | <b>7</b> | <b>8</b> |
|   |            |                                   |      |      |      |     |     |        |        |        |      |      |      |                             |                       |           |                |          | :                      |          | :                      |          |          |
|   |            |                                   |      |      |      |     |     |        |        |        |      |      |      |                             |                       |           |                |          | :                      |          | :                      |          |          |
|   |            |                                   |      |      |      |     |     |        |        |        |      |      |      |                             |                       |           |                |          | :                      |          | :                      |          |          |
|   |            |                                   |      |      |      |     |     |        |        |        |      |      |      |                             |                       |           |                |          | :                      |          | :                      |          |          |
|   |            |                                   |      |      |      |     |     |        |        |        |      |      |      |                             |                       |           |                |          | :                      |          | :                      |          |          |

|                |                   |  |                |              |           |           |
|----------------|-------------------|--|----------------|--------------|-----------|-----------|
| <b>ICS 211</b> | PAGE ____ OF ____ | <b>I certify the People Checked-Off Above Attended This Task:</b><br>Task Leader: _____ <b>9</b> | <b>ICS 211</b> | PAGE TOTALS: | <b>10</b> | <b>11</b> |
|----------------|-------------------|--|----------------|--------------|-----------|-----------|

# ICS 213 GENERAL MESSAGE

Pages: 1

PURPOSE: Used to convey written messages between any persons involved in the task.

PREPARATION: Anyone.

DISTRIBUTION: Between sender and recipient. Copy retained by Planning.

| # | ITEM                 | INSTRUCTIONS   |
|---|----------------------|--|
| 1 | To                   | Person to whom the message is sent.  |
| 2 | Position             | Name of their title on the Organization Chart.                                   |
| 3 | From                 | Person sending the message.  |
| 4 | Subject              | Concise description of the subject matter.                                       |
| 5 | Message              | Written message.   |
| 6 | Received and Read By | Name of the person receiving and reading the message and the date and time read. |





# ICS 214 UNIT LOG

Pages: 2+

**PURPOSE:** Used to record the activities of an individual unit. Completed logs can provide a basic reference from which to extract information for inclusion in any after-action report.

**PREPARATION:** Command staff, Division/Group Supervisors, Strike Team/Task Force Leaders and Unit Leaders. Completed logs are forwarded to supervisors who forward them to the Documentation Unit. Generally one per operational period though the Interview/Investigation Unit can maintain an ongoing log.

**DISTRIBUTION:** Filed by Documentation Unit.

| # | ITEM                      | INSTRUCTIONS  |
|---|---------------------------|---|
| 1 | Personnel Roster Assigned | Names and titles from the Organization Chart making up the unit, if applicable. |
| 2 | Activity Log              | Note time and particulars for any major events the unit participated in.        |
| 3 | Continued on Back         | Make as many copies as needed of this page in order to continue the log.        |





# ICS 215 OPERATIONS PLAN

Pages: 1+

**PURPOSE:** Used to plan for needed resources and best use of available resources during Planning Meetings. Communicates these decisions to the Resource Unit. Used to determine needed resources prior to requests.

**PREPARATION:** Initiated by SAR Mgt. Team at each Planning Meeting, completed by Planning. The format can be done in rough, i.e. on a white board, before recorded on the Operations Plan. One per operational period.

**DISTRIBUTION:** Once finalized, is used by the SAR Mgt. Team in requesting and assigning resources. Copy to the Resource Status Unit for use in Planning.

| # | ITEM                            | INSTRUCTIONS   |
|---|---------------------------------|--|
| 1 | Priority Rank                   | Number indicating relative priority for needed resources. The same number can be used if two or more assignments have the same priority. |
| 2 | Status                          | Enter a number in each box under each qualification indicating numbers required, have (and assigned) and needed.                         |
| 3 | Requested Reporting Location... | Indicate location and time for the members to assemble for the assignment.   |
| 4 | Coverage                        | The desired Coverage for the assignment, if applicable.  |
| 5 | Total Resources                 | Enter totals for each qualification for those required, on-hand and needed.  |

|                        |        |            |                   |                       |
|------------------------|--------|------------|-------------------|-----------------------|
| <b>OPERATIONS PLAN</b> | TASK # | TASK NAME: | FOR OP. PERIOD #: | DATE & TIME PREPARED: |
|------------------------|--------|------------|-------------------|-----------------------|

| ASSIGNMENT # | PRIORITY RANK | ASSIGNMENT | TOTAL # PEOPLE | POA | COVERAGE | AREA (Sq. KM) | ACCESS HOURS | DURATION | STATUS | GSAR | TEAM LEADER | ROPE MEMBER | ROPE LEADER | TRACK AWARE | TRACKER 1 | TRACKER 2 | FIRST AID | SRT1 | SRT2 | OAR-TM | OAR-TL | AVY 1 | REQUESTED REPORTING LOCATION & TIME |
|--------------|---------------|------------|----------------|-----|----------|---------------|--------------|----------|--------|------|-------------|-------------|-------------|-------------|-----------|-----------|-----------|------|------|--------|--------|-------|-------------------------------------|
|              |               |            |                |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |       | 3                                   |
|              | 1             |            |                |     | 4        |               |              |          | 2      |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | REQ    |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | HAVE   |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | NEED   |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | REQ    |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | HAVE   |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | NEED   |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | REQ    |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | HAVE   |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | NEED   |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | REQ    |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | HAVE   |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |
|              |               |            |                |     |          |               |              |          | NEED   |      |             |             |             |             |           |           |           |      |      |        |        |       |                                     |

|               |                         |                                 |   |
|---------------|-------------------------|---------------------------------|---|
| <b>ICS215</b> | PREPARED BY (PLANNING): | <b>TOTAL RESOURCES REQUIRED</b> |   |
|               |                         | <b>TOTAL RESOURCES ON HAND</b>  | 5 |
|               | PAGE ___ OF ___         | <b>TOTAL RESOURCES NEEDED</b>   |   |

# ICS 215A OPERATIONS PLAN WORKSHEET

Pages: 1

**PURPOSE:** Aid to search planning for making calculations to determine priority for each assignment and other calculations.

**PREPARATION:** Created by Planning and used to calculate priority for inclusion in ICS215.

**DISTRIBUTION:** Planning.

| #  | ITEM   | INSTRUCTIONS   |
|----|--|--|
| 1  | POA  | Probability of Area. Subjective relative rating of 1-9 for each area to be searched. 1 being the highest estimated likelihood that the subject is in the area. |
| 2  | %POD   | Required or requested Probability of Detection, as percentage.   |
| 3  | POA x %POD   | Calculated field.  |
| 4  | Search Area  | Estimate of the area of the area to be searched.   |
| 5  | Access Hours   | Time required, in hours, for a field team to reach the area to start their assignment.   |
| 6  | Search Hours   | Time, in hours, that a field team may spend actually searching in the area.  |
| 7  | Exit Hours   | Time required, in hours, for a field team to exit the area after completing their assignment.  |
| 8  | # of Searchers                                       | Number of individual searchers assigned to search the area or segment.   |
| 9  | Assignment Hours                                     | Calculated field.  |
| 10 | Priority Value                                       | Calculated field providing an indication or relative priority.   |
| 11 | Priority Ranking                                     | Using the Priority Value, rank each assignment in ascending order of priority. Copy this value onto ICS215.  |
| 12 | Formula for calculating Search Hours                 | Formula for calculating total search hours.  |
| 13 | Formula for calculating number of searchers required | Formula for calculating number of searchers required.  |
| 14 | Formula for calculating searchable area              | Formula for calculating searchable area.   |

|                                      |        |            |                          |                       |
|--------------------------------------|--------|------------|--------------------------|-----------------------|
| <b>OPERATIONS PLAN<br/>WORKSHEET</b> | TASK # | TASK NAME: | FOR OPERATIONAL PERIOD # | DATE & TIME PREPARED: |
|--------------------------------------|--------|------------|--------------------------|-----------------------|

|  |  |            |  |             |                                    |            |                         |                  |   |                                     |    |          |   |          |           |           |
|--|--|------------|--|-------------|------------------------------------|------------|-------------------------|------------------|---|-------------------------------------|----|----------|---|----------|-----------|-----------|
| <b>RELATIVE POA RATING SCALE:</b><br>9 = VERY LIKELY<br>7 = LIKELY<br>5 = EVEN CHANCE<br>3 = UNLIKELY<br>1 = VERY UNLIKELY<br><br>SEARCHER SPACING:    METERS    FEET<br>SEARCH SPEED:        Km/Hr    Miles/Hr<br><br>U.S. AREA CALC - REPLACE 1000 WITH 5280 | <b>HIGHER PRIORITY VALUE = HIGHER PRIORITY RANKING</b> |            |  |             |                                    |            | PREPARED BY (PLANNING): |                  |   |                                     |    |          |   |          |           |           |
|  | 1  | 2          | 3  | 4           | 5                                  | 6          | 7                       | 8                | 9   | 10                                  | 11 |          |   |          |           |           |
| A  | B  | A X B      | C  | D           | E                                  | F          | G                       | (D+E+F) X G      | <u>COLUMN 3</u><br><u>COLUMN 9</u>            |                                     |    |          |   |          |           |           |
| POA<br>(RATING OF 1-9)   | % POD  | POA x %POD | SEARCH AREA<br>(Sq.km/Mi.)<br>OR 'ROUTE' | ACCESS HRS. | SEARCH HOURS<br>(INCLUDE # SWEEPS) | EXIT HOURS | # OF SEARCHERS          | ASSIGNMENT HOURS | PRIORITY VALUE<br>POA X %POD<br>SEARCHER HRS. | PRIORITY RANKING<br>COPY TO /CS 215 |    |          |   |          |           |           |
| <b>ASSIGNMENT</b><br>AREA DESCRIPTION & SEARCH RESOURCE  |  |            |  |             |                                    |            |                         |                  |   |                                     |    |          |   |          |           |           |
|  | <b>1</b>   | X          | <b>2</b>                                 | =           | <b>3</b>                           | <b>4</b>   | (                       | <b>5</b> +       | <b>6</b> +                                    | <b>7</b> )                          | X  | <b>8</b> | = | <b>9</b> | <b>10</b> | <b>11</b> |
|  | X  |            | =  |             |                                    |            | (                       | +                | +   | )                                   | X  | =        |   |          |           |           |
|  | X  |            | =  |             |                                    |            | (                       | +                | +   | )                                   | X  | =        |   |          |           |           |
|  | X  |            | =  |             |                                    |            | (                       | +                | +   | )                                   | X  | =        |   |          |           |           |
|  | X  |            | =  |             |                                    |            | (                       | +                | +   | )                                   | X  | =        |   |          |           |           |
|  | X  |            | =  |             |                                    |            | (                       | +                | +   | )                                   | X  | =        |   |          |           |           |
|  | X  |            | =  |             |                                    |            | (                       | +                | +   | )                                   | X  | =        |   |          |           |           |
|  | X  |            | =  |             |                                    |            | (                       | +                | +   | )                                   | X  | =        |   |          |           |           |

|                 |   |  |   |                 |
|-----------------|---|--|---|-----------------|
| <b>ICS 215A</b> | AREA CALC: SEARCH HOURS = <b>12</b>   | AREA CALC: # OF SEARCHERS = <b>13</b>  | AREA CALC: SEARCHABLE AREA = <b>14</b>  | <b>ICS 215A</b> |
|                 | SEARCHABLE AREA X # OF SWEEPS X 1000<br># SEARCHERS X SEARCH SPEED X SEARCHER SPACING | SEARCHABLE AREA X # OF SWEEPS X 1000<br>SEARCH HOURS X SEARCH SPEED X SEARCHER SPACING | # OF SEARCHERS X SEARCH HOURS X SEARCH SPEED X SEARCHER SPACING<br># OF SWEEPS X 1000 |                 |



# ICS 216 URBAN SEARCH LOG

Pages: 1+

PURPOSE: Log for field teams to record observations during an urban search.

PREPARATION: Field search teams.

DISTRIBUTION: SAR Management Team. Retained by Planning. (Accompanies ICS204 ASSIGNMENT SHEET/DEBRIEFING).

| # | ITEM                  | INSTRUCTIONS   |
|---|-----------------------|--|
| 1 | House #               | Street number of the residence or structure.                               |
| 2 | Occupant Interviewed? | Indicate Y or N  |
| 3 | How Long At Home?     | Record the number of hours the interviewee indicates he/she has been home. |



# ICS 220 AIR OPERATIONS PLAN

Pages: 1

**PURPOSE:** Records information for briefing and tracking air resources.

**PREPARATION:** Prepared by Logistics and/or Operations (Air Director). One per operational period, as needed.

**DISTRIBUTION:** All air resources, SAR Management Team, Comms Operator.

| # | ITEM                            | INSTRUCTIONS   |
|---|---------------------------------|--|
| 1 | Weather for Period              | Record accurate aeronautical weather forecast for operational period.  |
| 2 | Aircraft Type and Call Sign     | Indicate type of aircraft and its designated radio call sign.  |
| 3 | Home Base Location              | Indicate the resource's home base. Used to determine flying time to and from search area and fuel needs.   |
| 4 | ICS Location & Freq.            | Physical location of ICP and radio frequency the pilot can use to communicate with the ICP. Mountainous terrain may limit aircraft communications so it is beneficial for the pilot to know the location of the ICP. |
| 5 | Ground to Air Freq.             | Indicate frequency designated for air operations use. Indicate frequency and AM of FM if using VHF band.   |
| 6 | Air to Air Freq.                | Indicate frequency designated for aircraft-to-aircraft communications. Indicate frequency and AM of FM if using VHF band.  |
| 7 | Notice to Airman (NOTAM) Issued | Indicate if a NOTAM has been issued to other aircraft in the area. NOTAM can only be requested by police and military. (NOTAM is used to close airspace to unauthorized aircraft).                                   |

|                            |        |            |                  |                       |
|----------------------------|--------|------------|------------------|-----------------------|
| <b>AIR OPERATIONS PLAN</b> | TASK # | TASK NAME: | FOR OP. PERIOD # | DATE & TIME PREPARED: |
|----------------------------|--------|------------|------------------|-----------------------|

|          |             |                              |
|----------|-------------|------------------------------|
| SUNRISE: | SUNSET:     | WEATHER FOR PERIOD: <b>1</b> |
| CEILING: | VISIBILITY: |                              |

| # | ASSIGNMENT/ROUTE | FIXED WING | HELICOPTER | AIRCRAFT TYPE AND CALL SIGN | HOME BASE LOCATION | ICP LOCATION & FREQ. | REFUEL LOCATION | START TIME | HOURS | GROUND TO AIR FREQ. | AIR TO AIR FREQ. | PILOT | SPOTTER |
|---|------------------|------------|------------|-----------------------------|--------------------|----------------------|-----------------|------------|-------|---------------------|------------------|-------|---------|
| 1 |                  |            |            | <b>2</b>                    | <b>3</b>           | <b>4</b>             |                 |            |       | <b>5</b>            | <b>6</b>         |       |         |
| 2 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 3 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 4 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 5 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 6 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 7 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 8 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |

|                |           |  |
|----------------|-----------|--|
| <b>ICS 220</b> | COMMENTS: | <input type="checkbox"/> NOTICE TO AIRMAN (NOTAM) ISSUED |
|                |           | <b>7</b>   |

|                          |                          |                |
|--------------------------|--------------------------|----------------|
| PREPARED BY (LOGISTICS): | AIR OPERATIONS DIRECTOR: | <b>ICS 220</b> |
|--------------------------|--------------------------|----------------|

# ICS 221 DEMOBILIZATION PLAN

Pages: 1

**PURPOSE:** Provides the Planning Section with information on resource releases. Used to plan demobilization and to track progress of demobilization.

**PREPARATION:** Initiated by Planning (Demobilization Unit Leader). One per operational period or as needed.  
Approved by SAR Manager.

**DISTRIBUTION:** Utilized by the Demobilization Unit or Planning Section.

| #  | ITEM                              | INSTRUCTIONS  |
|----|-----------------------------------|---|
| 1  | Approved By                       | The Demobilization Plan must be approved by the SAR Manager prior to implementation.  |
| 2  | Demobilization Declared           | Record time that demobilization was declared.   |
| 3  | Released                          | Check box indicating if team has been released. Released means that the team has been sent home and the members must check out.         |
| 4  | Location                          | Location of team when demobilized.  |
| 5  | Method of Transport               | Transportation mode for team to be returned to their assembly area.   |
| 6  | Pick-Up By                        | Driver or operator providing transportation from the field.   |
| 7  | Time Notified                     | Time the team was notified.   |
| 8  | Est. Return Time                  | Clock time indicating when team will reach their assembly area.   |
| 9  | Returned                          | Check box indicating the team has returned to their assembly area, which may be the ICP, Base, Staging Area, etc.                       |
| 10 | SAR Groups                        | List of all SAR groups currently involved in the task and their current status.   |
| 11 | Outside Resources                 | List of all outside resources currently involved in the task and their current status.  |
| 12 | All Teams & Resources Demobilized | Signature of the SAR Manager indicating that he/she has verified that all resources have been demobilized and none remain in the field. |

# DEMOBILIZATION PLAN

TASK #

DATE & TIME COMPLETED:

TASK NAME:

PREPARED BY (PLANNING):

APPROVED BY: **1**

| FIELD PERSONNEL |           |           |          | DEMOBILIZATION DECLARED (DATE/TIME): <b>2</b> |                              |      |      |     |   |               |                  |          |
|-----------------|-----------|-----------|----------|---|------------------------------|------|------|-----|---|---------------|------------------|----------|
| #               | TEAM NAME | # MEMBERS | RELEASED | LOCATION                                      | METHOD OF TRANSPORT <b>5</b> |      |      |     | PICK-UP BY (NAME OF DRIVER/PILOT, OR LEAVE BLANK IF TEAM HAS OWN TRANSPORT) | TIME NOTIFIED | EST. RETURN TIME | RETURNED |
|                 |           |           |          |   | FOOT                         | ROAD | BOAT | AIR |   |               |                  |          |
| 1               |           |           | <b>3</b> | <b>4</b>                                      |                              |      |      |     | <b>6</b>  | <b>7</b>      | <b>8</b>         | <b>9</b> |
| 2               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 3               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 4               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 5               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 6               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 7               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 8               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 9               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 10              |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 11              |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 12              |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 13              |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 14              |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 15              |           |           |          |   |                              |      |      |     |   |               |                  |          |

| SAR GROUPS <b>10</b> |                      |                    |          |          |                |
|----------------------|----------------------|--------------------|----------|----------|----------------|
| #                    | MUTUAL AID SAR GROUP | DEPARTURE LOCATION | DATE OUT | TIME OUT | SIGNED OUT BY: |
| 1                    |                      |                    |          |          |                |
| 2                    |                      |                    |          |          |                |
| 3                    |                      |                    |          |          |                |
| 4                    |                      |                    |          |          |                |
| 5                    |                      |                    |          |          |                |

| OUTSIDE RESOURCES <b>11</b> |      |                    |          |          |                |
|-----------------------------|------|--------------------|----------|----------|----------------|
| #                           | TYPE | DEPARTURE LOCATION | DATE OUT | TIME OUT | SIGNED OUT BY: |
| 1                           |      |                    |          |          |                |
| 2                           |      |                    |          |          |                |
| 3                           |      |                    |          |          |                |
| 4                           |      |                    |          |          |                |
| 5                           |      |                    |          |          |                |

**ALL TEAMS & RESOURCES DEMOBILIZED.** **12**  
DATE & TIME:

SIGNED:

**ICS 221**

# ICS 221 DEMOBILIZATION PLAN

Pages: 1

**PURPOSE:** Provides the Planning Section with information on resource releases. Used to plan demobilization and to track progress of demobilization.

**PREPARATION:** Initiated by Planning (Demobilization Unit Leader). One per operational period or as needed.  
Approved by SAR Manager.

**DISTRIBUTION:** Utilized by the Demobilization Unit or Planning Section.

| #  | ITEM                              | INSTRUCTIONS  |
|----|-----------------------------------|---|
| 1  | Approved By                       | The Demobilization Plan must be approved by the SAR Manager prior to implementation.  |
| 2  | Demobilization Declared           | Record time that demobilization was declared.   |
| 3  | Released                          | Check box indicating if team has been released. Released means that the team has been sent home and the members must check out.         |
| 4  | Location                          | Location of team when demobilized.  |
| 5  | Method of Transport               | Transportation mode for team to be returned to their assembly area.   |
| 6  | Pick-Up By                        | Driver or operator providing transportation from the field.   |
| 7  | Time Notified                     | Time the team was notified.   |
| 8  | Est. Return Time                  | Clock time indicating when team will reach their assembly area.   |
| 9  | Returned                          | Check box indicating the team has returned to their assembly area, which may be the ICP, Base, Staging Area, etc.                       |
| 10 | SAR Groups                        | List of all SAR groups currently involved in the task and their current status.   |
| 11 | Outside Resources                 | List of all outside resources currently involved in the task and their current status.  |
| 12 | All Teams & Resources Demobilized | Signature of the SAR Manager indicating that he/she has verified that all resources have been demobilized and none remain in the field. |

# DEMOBILIZATION PLAN

TASK #

DATE & TIME COMPLETED:

TASK NAME:

PREPARED BY (PLANNING):

APPROVED BY: **1**

| FIELD PERSONNEL |           |           |          | DEMOBILIZATION DECLARED (DATE/TIME): <b>2</b> |                              |      |      |     |   |               |                  |          |
|-----------------|-----------|-----------|----------|---|------------------------------|------|------|-----|---|---------------|------------------|----------|
| #               | TEAM NAME | # MEMBERS | RELEASED | LOCATION                                      | METHOD OF TRANSPORT <b>5</b> |      |      |     | PICK-UP BY (NAME OF DRIVER/PILOT, OR LEAVE BLANK IF TEAM HAS OWN TRANSPORT) | TIME NOTIFIED | EST. RETURN TIME | RETURNED |
|                 |           |           |          |   | FOOT                         | ROAD | BOAT | AIR |   |               |                  |          |
| 1               |           |           | <b>3</b> | <b>4</b>                                      |                              |      |      |     | <b>6</b>  | <b>7</b>      | <b>8</b>         | <b>9</b> |
| 2               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 3               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 4               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 5               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 6               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 7               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 8               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 9               |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 10              |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 11              |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 12              |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 13              |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 14              |           |           |          |   |                              |      |      |     |   |               |                  |          |
| 15              |           |           |          |   |                              |      |      |     |   |               |                  |          |

| SAR GROUPS <b>10</b> |                      |                    |          |          |                |
|----------------------|----------------------|--------------------|----------|----------|----------------|
| #                    | MUTUAL AID SAR GROUP | DEPARTURE LOCATION | DATE OUT | TIME OUT | SIGNED OUT BY: |
| 1                    |                      |                    |          |          |                |
| 2                    |                      |                    |          |          |                |
| 3                    |                      |                    |          |          |                |
| 4                    |                      |                    |          |          |                |
| 5                    |                      |                    |          |          |                |

| OUTSIDE RESOURCES <b>11</b> |      |                    |          |          |                |
|-----------------------------|------|--------------------|----------|----------|----------------|
| #                           | TYPE | DEPARTURE LOCATION | DATE OUT | TIME OUT | SIGNED OUT BY: |
| 1                           |      |                    |          |          |                |
| 2                           |      |                    |          |          |                |
| 3                           |      |                    |          |          |                |
| 4                           |      |                    |          |          |                |
| 5                           |      |                    |          |          |                |

**ALL TEAMS & RESOURCES DEMOBILIZED.** **12**  
DATE & TIME:

SIGNED:

**ICS 221**



# ICS 301 SUBJECT PROFILE

Pages: 1

**PURPOSE:** Provide briefing information for field teams and other agencies, such as the police. This form can be used to summarize subject information from ICS302.

**PREPARATION:** Prepared by Planning. One per subject, revise as needed.

**DISTRIBUTION:** SAR Management Team, team leaders.  
May be used for public distribution if confidential information is omitted or its release is authorized.

| #  | ITEM                        | INSTRUCTIONS  |
|----|-----------------------------|---|
| 1  | Status                      | Current known status of subject, i.e. "Missing 3 days".   |
| 2  | Not For Public Distribution | Generally this form is not meant for public viewing. If confidential information is omitted or it's release authorized, the form may be used for public distribution; simply scratch out this line.                     |
| 3  | Answers To                  | Subject's nickname or codeword if a child.  |
| 4  | Complexion                  | Subject's current complexion or skin colour.  |
| 5  | Hair                        | Subject's length, colour and style of hair.   |
| 6  | Build                       | Subject's physical build as part of their appearance.   |
| 7  | Fitness                     | Subject's fitness level in terms of strength and endurance.   |
| 8  | Distinguishing Marks        | Any tattoos or other distinguishing marks that are part of the subject's appearance.  |
| 9  | Habits                      | Any habits related to travel, attraction, motivation, behaviour, etc.   |
| 10 | Cooperation                 | Indicate if subject is likely to cooperate or not with searcher's efforts to find him/her. I.e. indicate if subject may hide, not respond to calls, etc.  |
| 11 | Does Not Speak English      | Check box indicating if subject does not speak English.   |
| 12 | Experience                  | Level and type of experience of the subject in his/her current activity.  |
| 13 | Area Knowledge              | Subject(s) knowledge and experience in the area.<br>Differentiate summer vs. winter experience in the area.   |
| 14 | Medical History             | Relevant medical history. Information related to medical history, medications, disabilities and allergies should be considered confidential unless the police authorize its release as necessary for the search effort. |
| 15 | PLS/LKP Location            | Geographic location where the subject(s) was last seen or last known to have been.  |
| 16 | Circumstances of Incident   | Short history of subject's intentions and events leading up to subject being reported lost.   |
| 17 | Number in Party             | The number of persons currently expected in the missing party.  |
| 18 | Mode of Travel              | The current expected mode of travel for the subject.  |

|                        |                  |                       |
|------------------------|------------------|-----------------------|
| <b>SUBJECT PROFILE</b> | TASK #           | TASK NAME:            |
| PREPARED BY:           | FOR OP. PERIOD # | DATE & TIME PREPARED: |
| SUBJECT#:              | STATUS: 1        |                       |

**NOT FOR PUBLIC DISTRIBUTION 2**

|                         |  |  |         |
|-------------------------|--|--|---------|
| FIRST NAME:             | AFFIX PHOTO IF AVAILABLE                           |  |         |
| LAST NAME:              |  |  |         |
| ANSWERS TO: 3           |  |  |         |
| AGE:                    |  |  | SEX:    |
| HEIGHT:                 |  |  | WEIGHT: |
| COMPLEXION: 4           |  |  |         |
| HAIR: 5                 |  |  |         |
| EYES:                   |  |  |         |
| BUILD: 6                |  |  |         |
| FITNESS: 7              |  |  |         |
| DISTINGUISHING MARKS: 8 | HABITS: 9  |  |         |
| COOPERATION: 10         | <input type="checkbox"/> DOES NOT SPEAK ENGLISH 11 |  |         |
| EXPERIENCE: 12          | AREA KNOWLEDGE: 13                                 |  |         |

|                     |                     |                                     |
|---------------------|---------------------|-------------------------------------|
| <b>CONFIDENTIAL</b> | MEDICAL HISTORY: 14 |                                     |
|                     | MEDICATIONS:        | DISABILITIES: Inc. vision & hearing |
|                     |                     | ALLERGIES:                          |

|            |
|------------|
| CLOTHING:  |
|            |
| FOOTWEAR:  |
| EQUIPMENT: |
|            |

|   |                    |              |
|---|--------------------|--------------|
| <input type="checkbox"/> PLS <input type="checkbox"/> LKP | LOCATION: 15       | DATE & TIME: |
| CIRCUMSTANCES OF INCIDENT: 16                             |                    |              |
|   |                    |              |
| NUMBER IN PARTY: 17                                       | MODE OF TRAVEL: 18 |              |
| NOTES:  |                    |              |
|   |                    |              |

# ICS 302 LOST PERSON QUESTIONNAIRE

Pages: 3

**PURPOSE:** Gather and record information relevant to the subject as part of the investigation phase of a search.

**PREPARATION:** SAR Manager or Planning (Interview and Investigation). Record information as stated, in informant's own words. Avoid interpretations. Information should come from more than one source; verify whenever possible. **Information gathered should not be limited to the fields on this form.** One per subject.

**DISTRIBUTION:** SAR Management Team. Retained by Planning.

**NOTE:** Some personal information recorded on this form may be confidential and not meant for public distribution.

| #  | ITEM                               | INSTRUCTIONS  |
|----|------------------------------------|---|
| 1  | Informant Identification           | Indicate information of the person(s) being interviewed and providing information for the questionnaire. Be sure to include contact information for follow-up investigation.                                |
| 2  | Subject Information                | Information directly related to the lost subject. Information is grouped into 5 categories: Identification, History, Behaviour, Clothing/Equipment and Other People.  |
| 3  | Answers To                         | Name the subject may be likely to respond to. Includes nick names. For children taught not to speak to strangers, they may have been given a code name which they will respond to.                          |
| 4  | Photo Available                    | Check box if a recent photograph is available. Indicate its location and if enroute, who is bringing it and ETA.  |
| 5  | First Language                     | Indicate the subject's first/preferred language. Check box to indicate if the subject does not speak English.   |
| 6  | Fitness                            | Indicate the subject's level of physical fitness as related to the planned activity.  |
| 7  | Distinguishing Marks               | List any tattoos, scars, distinctive eyewear, etc. that can aid in visual identification when interviewing other hikers/witnesses who may have seen subject.  |
| 8  | Disabilities                       | List any impairments or disabilities that may limit the subject's movement, affect his/her survivability or affect the ability of searchers to locate him/her.  |
| 9  | Recent/Current Illness(es), Injury | List any illnesses or injuries that may affect the subject's abilities (i.e. chance of reinjury), behaviour, chances of survival, etc.  |
| 10 | Medications                        | Indicate any medications the subject may be taking/required, quantity he/she has and duration of that supply and time of last dose. Correct spelling is imperative.   |
| 11 | Allergies                          | List all known allergies, especially those relevant to current environment/activity, i.e. bee stings.   |
| 12 | Vehicle                            | Record description of subject vehicle. May be used to locate the vehicle or for resources, such as trackers to find the vehicle in order to begin an assignment.  |
| 13 | History                            | Record information specific to the current case. Check one of: Point Last Seen (PLS) or Last Known Position (LKP) to differentiate from a witnessed point (PLS) or one that is determined from clues (LKP). |
| 14 | Date & Time Last Seen              | Record the date and time the subject was actually last seen and where if not the LKP.   |
| 15 | Last Seen By                       | Record the name of the person who last saw the subject.   |

|    |                                    |  |
|----|------------------------------------|--|
| 16 | Circumstances                      | Brief description of events that led up to subject being lost and events leading up to callout of SAR. I.e. "3 hours overdue returning from day hike on valley trail. Due home for dinner with friends." If criminal activity is known or suspected, with subject as victim or perpetrator, check the box. |
| 17 | # In Party                         | Indicate the number of people in the subject's party.  |
| 18 | Local Area Knowledge               | Indicate the subject(s) knowledge and experience in the area. Specify season and activities.   |
| 19 | Mode of Travel                     | Indicate the subject(s) planned mode of travel for the activity.   |
| 20 | Behaviour                          | This section records factors that may affect the subject's behavior before and during the current case.  |
| 21 | Cooperation                        | Indicate level of cooperation searcher's can expect from the subject, i.e. will subject respond to calls, actively assist searchers to find him/her, hide from searchers, etc.   |
| 22 | Fears/Phobias                      | Indicate anything that may affect the subject's movement, attitude in environment, etc.  |
| 23 | Mental Attitude                    | Recent overall attitude of the subject, i.e. positive, depressed, angry, distraught, etc.  |
| 24 | Cognitive Impairment               | Indicate any mental impairment resulting from disease or injury that could affect subject's judgment and decision-making.  |
| 25 | Financial Situation                | Indicate subject's current financial situation as it may relate to motivation and behaviour. This information may only be available through police.  |
| 26 | Criminal History                   | Relevant history as may relate to current activity or situation. Also, indicate anything that may indicate a hazard to rescuers. This information may only be available through police.  |
| 27 | Relevant Hobbies/Interests         | Note anything that may demonstrate an attraction to a certain area or activity. May also demonstrate mindset.  |
| 28 | Experience and Skill with Activity | Indicate the subject's actual skill and experience with his/her planned activity. Differentiate from other activities he/she may partake in the same area.   |
| 29 | Behaviour in Survival Situation    | Record past survival situations if any. Estimate how subject may behave in current situation and environment.  |
| 30 | Comments                           | Record any other comments related to behaviour, such as that in groups, personality, motivations, relationships, etc.  |
| 31 | Clothing/Equipment                 | Record equipment and clothing that can be used to determine chances of survival as well as for identifying clues that may be found. Also used to prepare physical description for use when interviewing other potential witnesses and press releases to the public.  |
| 32 | Avalanche Beacon                   | For winter in avalanche terrain, Indicate if subject(s) has an avalanche beacon and whether is it "old" frequency (2.275 kHz), "new" frequency (457kHz) or both. Indicate if subject is known or suspected of currently having a beacon.   |
| 33 | Other People                       | List any other people who can provide information on the subject's behaviour, plans, skill, history, experience, clothing and equipment, etc. for additional interviews.<br>Verify information whenever possible through additional sources.   |
| 34 | Lost Person Behaviour Categories   | Reference. If lost person behaviour data is to be consulted, ensure enough information has been gathered to place the subject(s) in one of these categories.   |

|                                  |                            |                       |                      |
|----------------------------------|----------------------------|-----------------------|----------------------|
| <b>LOST PERSON QUESTIONNAIRE</b> | TASK #                     | DATE & TIME PREPARED: | <b>PAGE # 1 OF 3</b> |
| TASK NAME:                       |                            | REVISED (DATE/TIME):  |                      |
| SUBJECT # _____ OF _____         | INTERVIEWED BY (PLANNING): | POLICE/BCAS FILE #    |                      |

| INFORMANT IDENTIFICATION 1 |               |           |  |
|----------------------------|---------------|-----------|--|
| FIRSTNAME:                 | ADDRESS:      |           |  |
| LASTNAME:                  | CITY:         | PROV:     |  |
| RELATIONSHIP TO SUBJECT:   | HOMEPHONE #:  | POSTCODE: |  |
| CELLPHONE #:               | ALT. PHONE #: |           |  |

| SUBJECT INFORMATION 2                          |  |              |                  |         |
|--|--|--------------|------------------|---------|
| IDENTIFICATION                                 |  |              |                  |         |
| FIRSTNAME:                                     | ADDRESS:   |              |                  |         |
| MIDDLENAME:                                    | CITY:  | PROV:        |                  |         |
| LASTNAME:                                      | CELLPHONE #:   | PAGER #:     |                  |         |
| ANSWERS TO:<br>(Include Code Name for Child) 3 | ALT. PHONE #:  | HOMEPHONE #: |                  |         |
| <input type="checkbox"/> PHOTO AVAILABLE: 4    |  |              |                  |         |
| D.O.B. :                                       | AGE:   | SEX:         | HEIGHT:          | WEIGHT: |
| HAIR COLOUR, STYLE:                            |  |              |                  | EYES:   |
| COMPLEXION:                                    | FIRST LANGUAGE: 5<br><input type="checkbox"/> DOES NOT SPEAK ENGLISH |              |                  |         |
| BUILD:   | FITNESS: 6   |              |                  |         |
| DISTINGUISHING MARKS: 7                        |  |              |                  |         |
| DISABILITIES: (Include vision & hearing) 8     |  |              |                  |         |
| RECENT/CURRENT ILLNESS(ES), INJURY: 9          |  |              |                  |         |
| MEDICATIONS, QTY ON HAND/DUR. OF SUPPLY: 10    |  |              |                  |         |
| ALLERGIES: 11                                  |  |              |                  |         |
| VEHICLE MAKE: 12                               | MODEL:   | COLOUR:      | LICENSE PLATE #: |         |
| LOCATION OF VEHICLE (TRANSPORTATION):          |  |              |                  |         |
| OTHER:   |  |              |                  |         |

**HISTORY 13**

|  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> PLS LOCATION: _____<br>_____                            |                                 |
| <input type="checkbox"/> LKP   | MAP # _____ GRID REF: _____     |
| DATE & TIME LAST SEEN: <b>14</b>   | LAST SEEN BY: <b>15</b>         |
| CIRCUMSTANCES: <b>16</b><br><input type="checkbox"/> CRIMINAL ACTIVITY INVOLVED? |                                 |
| # IN PARTY: <b>17</b>  | LOCAL AREA KNOWLEDGE: <b>18</b> |
| MODE OF TRAVEL: <b>19</b>  |                                 |
| INTENDED ROUTE/TRIP PLAN:<br>_____<br>_____                                      |                                 |
| WEATHER AT TIME LAST SEEN, SINCE:  |                                 |

**BEHAVIOUR 20**

|   |                                 |
|---|---------------------------------|
| COOPERATION: <b>21</b>  |                                 |
| FEARS/PHOBIAS: <b>22</b>  |                                 |
| MENTAL ATTITUDE: <b>23</b>  | COGNITIVE IMPAIRMENT: <b>24</b> |
| FINANCIAL SITUATION: <b>25</b>  |                                 |
| CRIMINAL HISTORY: <b>26</b>   |                                 |
| RELEVANT HOBBIES/INTERESTS: <b>27</b>   |                                 |
| EXPERIENCE & SKILL WITH ACTIVITY: <b>28</b>   |                                 |
| BEHAVIOUR IN SURVIVAL SITUATION: <b>29</b>  |                                 |
| COMMENTS (DISPOSITION/PERSONALITY, RELATIONSHIP WITH SPOUSE/FAMILY/FRIENDS ETC.): <b>30</b><br>_____<br>_____ |                                 |
| <input type="checkbox"/> SMOKER   | BRAND: _____                    |

**CLOTHING/EQUIPMENT 31**

|  |                  |                        |
|--|------------------|------------------------|
| JACKET TYPE/COLOUR:                    |                  | RAIN GEAR TYPE/COLOUR: |
| PANTS TYPE/COLOUR:                     | TOP TYPE/COLOUR: | SWEATER TYPE/COLOUR:   |
| SHOE TYPE/SIZE:                        | SOLE PATTERN:    | SOCKS:                 |
| HAT/HELMET TYPE/COLOUR:                |                  | GLOVES TYPE/COLOUR:    |
| ADDITIONAL CLOTHING:<br>_____<br>_____ |                  |                        |

↓ Continues ↓

**Clothing/Equipment Cont.**

|   |       |                   |   |
|---|-------|-------------------|---|
| <input type="checkbox"/> WHISTLE<br><input type="checkbox"/> FLASHLIGHT<br><input type="checkbox"/> GPS<br><input type="checkbox"/> COMPASS | TENT: | PACK MAKE/COLOUR: | AVALANCHE BEACON:<br><input type="checkbox"/> OLD Fx<br><input type="checkbox"/> NEW Fx |
|   | MAP:  | STOVE:            | <input type="checkbox"/> SKIS <input type="checkbox"/> SNOWSHOES                        |
| ADDITIONAL EQUIPMENT:<br>.....<br>.....<br>.....  |       |                   |   |
| FOOD & DRINK (TYPE/BRAND/QUANTITY):<br>.....<br>.....   |       |                   |   |

## OTHER PEOPLE 33

List those who may have been last to see subject, friends, club members, know activity or area, etc.

| NAME | RELATIONSHIP | PHONE | SIGNIFICANCE |
|------|--------------|-------|--------------|
|      |              |       |              |
|      |              |       |              |
|      |              |       |              |
|      |              |       |              |
|      |              |       |              |
|      |              |       |              |

**Subject Next of Kin**

|                          |              |               |  |
|--------------------------|--------------|---------------|--|
| FIRST NAME:              | ADDRESS:     |               |  |
| LAST NAME:               | CITY:        | PROV:         |  |
| RELATIONSHIP TO SUBJECT: | POSTAL CODE: | CELL PHONE #: |  |
| HOME PHONE #:            | ALT. PHONE # |               |  |

|                    |               |       |  |
|--------------------|---------------|-------|--|
| EMPLOYER:          | ADDRESS:      |       |  |
| SUPERVISOR'S NAME: | CITY:         | PROV: |  |
| WORKPHONE #:       | HOME PHONE #: |       |  |

|   |   |
|---|---|
| NOTES:<br>.....<br>.....<br>.....<br>.....<br>..... | <p><b>LOST PERSON BEHAVIOUR CATEGORIES</b></p> <ul style="list-style-type: none"> <li>▪ Children 1-3</li> <li>▪ Children 3-6</li> <li>▪ Children 6-12</li> <li>▪ Youth 13-15</li> <li>▪ Walk-aways</li> <li>▪ Despondent</li> <li>▪ Hikers</li> <li>▪ Hunters</li> <li>▪ Fishermen</li> <li>▪ Climbers</li> <li>▪ Skiers</li> <li>▪ Cone/Berry/Flower/Mushroom Pickers, Photographers, Rock Hounds</li> </ul> |
|---|---|

**34**

**PURPOSE:** For a missing vessel or watercraft on inland waters, gather and record information relevant to the subject's vessel as part of the investigation phase of a search.

**PREPARATION:** SAR Manager or Planning (Interview and Investigation). Record information as stated, in informant's own words. Avoid interpretations. Information should come from more than one source; verify whenever possible. **Information gathered should not be limited to the fields on this form.** One per subject vessel.

**DISTRIBUTION:** SAR Management Team. Retained by Planning.

| # | ITEM                       | INSTRUCTIONS   |
|---|----------------------------|--|
| 1 | Informant Identification   | Indicate information of the person(s) being interviewed and providing information for the questionnaire. Be sure to include contact information for follow-up investigation.   |
| 2 | Registered Vessel Owner    | Record the actual owner of the missing vessel and include contact information.   |
| 3 | Vessel Information         | Record detailed information on the missing vessel. Information will be used to determine best search techniques and for interviewing potential witnesses. Information may also be used in press releases seeking additional information and witnesses from the public. |
| 4 | Sketch Intended Route      | Sketch the subject's planned route. Include locations and names of landmarks and cardinal directions. Also indicate locations of planned activities along the route.   |
| 5 | Subject's Bad Weather Plan | If the subject had indicated an alternative plan or route in case of bad weather.  |



|                                     |  |                            |                       |                      |  |
|-------------------------------------|--|----------------------------|-----------------------|----------------------|--|
| <b>MISSING VESSEL QUESTIONNAIRE</b> |  | TASK #                     | DATE & TIME PREPARED: | <b>PAGE # 1 OF 3</b> |  |
| TASK NAME:                          |  |                            | REVISED (DATE/TIME):  | INIT.                |  |
| VESSEL # ____ OF ____               |  | INTERVIEWED BY (PLANNING): | POLICE/BCAS FILE #    |                      |  |

| <b>INFORMANT IDENTIFICATION 1</b>   |        |                 |              |
|-------------------------------------|--------|-----------------|--------------|
| FIRST NAME:                         |        | STREET ADDRESS: |              |
| LAST NAME:                          |        | CITY:           |              |
| RELATIONSHIP TO OPERATOR:           |        | PROVINCE:       | POSTAL CODE: |
| HOME PHONE #:                       |        | ALT. PHONE #    |              |
| ADDITIONAL INFORMANTS/<br>WITNESSES | NAME:  | NAME:           | NAME:        |
|                                     | PHONE: | PHONE:          | PHONE:       |

| <b>REGISTERED VESSEL OWNER 2</b> |  |                 |              |
|----------------------------------|--|-----------------|--------------|
| FIRST NAME:                      |  | STREET ADDRESS: |              |
| LAST NAME:                       |  | CITY:           |              |
| RELATIONSHIP TO OPERATOR:        |  | PROVINCE:       | POSTAL CODE: |
| HOME PHONE #:                    |  | ALT. PHONE #    |              |

| <b>VESSEL INFORMATION 3</b> |                                     |           |            |              |
|-----------------------------|-------------------------------------|-----------|------------|--------------|
| VESSEL TYPE                 | CLASS                               | SUB-CLASS | CAPACITY   | CONSTRUCTION |
|                             | KAYAK <input type="checkbox"/>      |           |            |              |
|                             | CANOE <input type="checkbox"/>      |           |            |              |
|                             | RAFT <input type="checkbox"/>       |           |            |              |
|                             | CAR-TOPPER <input type="checkbox"/> |           |            |              |
|                             | SAILBOAT <input type="checkbox"/>   |           |            |              |
|                             | POWERBOAT <input type="checkbox"/>  |           |            |              |
|                             | HOUSEBOAT <input type="checkbox"/>  |           |            |              |
|                             | <input type="checkbox"/>            |           |            |              |
| IDENTIFICATION              | NAME:                               |           | LICENSE #: |              |
| SIZE                        | LENGTH:                             |           | BEAM:      |              |
| COLOUR                      | HULL:                               |           | COMMENTS:  |              |
|                             | CABIN:                              |           |            |              |
|                             | MOTOR:                              |           |            |              |
|                             | SAIL(S):                            |           |            |              |
|                             |                                     |           |            |              |

# MISSING VESSEL QUESTIONNAIRE (CONT.)

PAGE # 2 OF 3

|                     |                                     |  |
|---------------------|-------------------------------------|--|
| <b>MANUFACTURER</b> | VESSEL MAKE: _____ MODEL: _____     |  |
|                     | MOTOR MAKE: _____ MODEL: _____      |  |
|                     | PROPULSION MAKE: _____ MODEL: _____ |  |
| <b>POWER</b>        | TYPE: _____                         | COMMENTS (EST. RANGE OF TRAVEL, SPEED CAPABILITY ETC.):<br>.....<br>.....<br>.....<br>.....                  |
|                     | RATING (HP): _____                  |  |
|                     | FUEL TYPE: _____                    |  |
|                     | FUEL CAPACITY: _____                |  |
| <b>CONDITION</b>    | HULL: _____                         |  |
|                     | MECHANICAL: _____                   |  |
| <b>TRAILER</b>      | TYPE: _____                         | COLOUR: _____  |
| <b>ACCESSORIES</b>  | OARS: _____                         | COMMENTS:<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br>..... |
|                     | PADDLES: _____                      |  |
|                     | PFDs: _____                         |  |
|                     | FLARES: _____                       |  |
|                     | BAILER(S): _____                    |  |
|                     | CLOTHING: _____                     |  |
|                     | CANOPY: _____                       |  |
|                     | FLASHLIGHT(S): _____                |  |
|                     | COOKING: _____                      |  |
|                     | FIRST AID: _____                    |  |
|                     | _____                               |  |

## LAST SEEN

|  |                       |
|--|-----------------------|
| DATE LAST SEEN: _____  | TIME LAST SEEN: _____ |
| POINT LAST SEEN (IF DIFFERENT FROM DEPARTURE POINT):<br>.....<br>..... |                       |
| MAP # _____  | GRID REF: _____       |
| LOCATION OF TRAILER AND/OR VEHICLE (TRANSPORTATION):<br>.....<br>..... |                       |

SKETCH INTENDED ROUTE:

**4**

WEATHER AT TIME LAST SEEN:

.....

.....

.....

.....

SUBJECT'S BAD WEATHER PLAN:

**5**

.....

.....

COMMENTS:

.....

.....

.....

.....

.....

.....

.....

# ICS 303 EQUIPMENT INVENTORY

Pages: 1+

**PURPOSE:** Provide tracking of equipment resources deployed during a task.

**PREPARATION:** Logistics and/or Operation (as equipment is dispatched). One per operational period.

**DISTRIBUTION:** Used by Logistics. Completed forms filed by Planning.

| # | ITEM       | INSTRUCTIONS   |
|---|------------|--|
| 1 | # of Units | Indicate the number of pieces that make up the equipment.  |
| 2 | Owner      | The group, agency or individual who owns the equipment.  |
| 3 | Issued To  | The individual who takes receipt of the items, usually a Team Leader.                                    |
| 4 | Issued     | The quantity and time the equipment was issued and the initials of the person receiving the equipment.   |
| 5 | Returned   | The quantity and time the equipment was returned and the initials of the person returning the equipment. |
| 6 | Comments   | Comments relating to consumable materials, such as batteries, and any repairs or replacement required.   |

|                            |        |            |                          |                       |
|----------------------------|--------|------------|--------------------------|-----------------------|
| <b>EQUIPMENT INVENTORY</b> | TASK # | TASK NAME: | FOR OPERATIONAL PERIOD # | DATE & TIME PREPARED: |
|----------------------------|--------|------------|--------------------------|-----------------------|

| ASSET # | # OF UNITS | ITEM DESCRIPTION | OWNER    | ISSUED TO | ISSUED               | QTY | TIME | INIT | COMMENTS |
|---------|------------|------------------|----------|-----------|----------------------|-----|------|------|----------|
|         | <b>1</b>   |                  | <b>2</b> | <b>3</b>  | <b>4</b><br>ISSUED   |     |      |      | <b>6</b> |
|         |            |                  |          |           | <b>5</b><br>RETURNED |     |      |      |          |
|         |            |                  |          |           | ISSUED               |     |      |      |          |
|         |            |                  |          |           | RETURNED             |     |      |      |          |
|         |            |                  |          |           | ISSUED               |     |      |      |          |
|         |            |                  |          |           | RETURNED             |     |      |      |          |
|         |            |                  |          |           | ISSUED               |     |      |      |          |
|         |            |                  |          |           | RETURNED             |     |      |      |          |
|         |            |                  |          |           | ISSUED               |     |      |      |          |
|         |            |                  |          |           | RETURNED             |     |      |      |          |
|         |            |                  |          |           | ISSUED               |     |      |      |          |
|         |            |                  |          |           | RETURNED             |     |      |      |          |
|         |            |                  |          |           | ISSUED               |     |      |      |          |
|         |            |                  |          |           | RETURNED             |     |      |      |          |
|         |            |                  |          |           | ISSUED               |     |      |      |          |
|         |            |                  |          |           | RETURNED             |     |      |      |          |

|                |                          |                |
|----------------|--------------------------|----------------|
| <b>ICS 303</b> | PREPARED BY (LOGISTICS): | <b>ICS 303</b> |
|----------------|--------------------------|----------------|

# ICS 305 SAFETY PLAN

Pages: 1+

**PURPOSE:** To document known or suspected hazards for planning and briefing purposes.

**PREPARATION:** Prepared by Command (Safety Officer) and/or Logistics. Utilize preplans wherever possible to maintain documentation of known hazards. Use one page for each type of hazard. One Safety Plan per operational period. Revise as necessary during the period as new hazards emerge.

**DISTRIBUTION:** SAR Management Team, Team Leaders, Staging Area Managers, etc. Posted where accessible to all members on-task.

| # | ITEM                      | INSTRUCTIONS   |
|---|---------------------------|--|
| 1 | Hazard Name               | Unique name identifying the hazard.  |
| 2 | Description               | Description of the hazard, who may be affected by it, Describe appearance and how the ha         |
| 3 | Precautions               | List precautions that have been taken an precautions to be taken by those exposed to the hazard. |
| 4 | Special Instructions      | Any special actions to be taken for avoidance or recovery, communications, etc.                  |
| 5 | Safety Equipment Required | Check all those items required. Add additional items to the list as needed.                      |



**PURPOSE:** Provide format for statements to the press and a record of those statements.

**PREPARATION:** Command Staff with verification by SAR Manager and approval by the SAR Commander.

**DISTRIBUTION:** Copies made available to each organization stated on the distribution list. A copy retained by Planning.

| # | ITEM                       | INSTRUCTIONS   |
|---|----------------------------|--|
| 1 | Prepared By                | Name of the person writing the Information portion of the form.  |
| 2 | Verified By                | Signature of the SAR Manager verifying content and its release.  |
| 3 | Approved By                | Signature of SAR Commander giving permission for release to press. All Press Releases must be approved prior to release.   |
| 4 | Distribution               | List all organizations that will be sent copies.   |
| 5 | Information                | Detailed statement to the press. This information may be quoted directly. It should be written clearly and in such a way that it can be immediately used, perhaps even reproduced in its entirety. |
| 6 | For Further Information... | Provide contact names and phone numbers for the media to contact in order to gain further information and to verify information.   |





# ICS 307 TRANSPORTATION PLAN

Pages: 1

PURPOSE: Provide mechanism for planning and tracking transportation needs and resources.

PREPARATION: Logistics (Transportation Unit Leader). One per operational period.

DISTRIBUTION: Used by Logistics. Past copies retained by Planning.

| # | ITEM           | INSTRUCTIONS  |
|---|----------------|---|
| 1 | Pick-Up Point  | Rendezvous location for transport to pick-up team.      |
| 2 | Drop-Off Point | Destination for transport to carry team.                |
| 3 | Allocation     | Information on the transport resource planned and used. |

|                            |        |            |                  |                       |
|----------------------------|--------|------------|------------------|-----------------------|
| <b>TRANSPORTATION PLAN</b> | TASK # | TASK NAME: | FOR OP. PERIOD # | DATE & TIME PREPARED: |
|----------------------------|--------|------------|------------------|-----------------------|

| # | TEAM NAME/NUMBER | # PEOPLE | 1<br>PICK-UP POINT | 2<br>DROP-OFF POINT | EST. TRAVEL TIME | FOOT | VEHICLE | HELICOPTER | FIXED WING | BOAT | 3<br>ALLOCATION |              |              |
|---|------------------|----------|--------------------|---------------------|------------------|------|---------|------------|------------|------|-----------------|--------------|--------------|
|   |                  |          |                    |                     |                  |      |         |            |            |      | OPERATOR:       | CALL SIGN:   |              |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | OPERATOR:    | CALL SIGN:   |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | EQUIPMENT:   |              |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | DEPART TIME: | RETURN TIME: |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | OPERATOR:    | CALL SIGN:   |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | EQUIPMENT:   |              |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | DEPART TIME: | RETURN TIME: |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | OPERATOR:    | CALL SIGN:   |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | EQUIPMENT:   |              |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | DEPART TIME: | RETURN TIME: |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | OPERATOR:    | CALL SIGN:   |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | EQUIPMENT:   |              |
|   |                  |          |                    |                     |                  |      |         |            |            |      |                 | DEPART TIME: | RETURN TIME: |

|               |  |                          |                |
|---------------|--|--------------------------|----------------|
| <b>ICS307</b> |  | PREPARED BY (LOGISTICS): | <b>ICS 307</b> |
|---------------|--|--------------------------|----------------|

# ICS 308 FOOD AND SHELTER PLAN

Pages: 1

**PURPOSE:** Plan for providing food and shelter to personnel involved in a SAR operation and track resources involved in providing those services.

**PREPARATION:** Prepared by Logistics. One plan per operational period.

**DISTRIBUTION:** Copies to Logistics staff involved. Completed copies filed by Planning.

| # | ITEM                  | INSTRUCTIONS  |
|---|-----------------------|---|
| 1 | Food                  | Plan for meals required during the operational period, numbers to feed and locations. Check meals for breakfast, lunch, dinner and supper.  |
| 2 | Kitchen Facilities    | List of resources for meal preparations.  |
| 3 | Shelter/Accommodation | Plan for determining the number of people requiring accommodations and their distribution to different locations if needed. Determine numbers of male and female if shared accommodations are utilized. |
| 4 | Other                 | Plan for other resources and facilities that may be required for the task.  |

|                                |                  |                          |
|--------------------------------|------------------|--------------------------|
| <b>FOOD &amp; SHELTER PLAN</b> | TASK #           | DATE & TIME PREPARED:    |
| TASK NAME:                     | FOR OP. PERIOD # | PREPARED BY (LOGISTICS): |

| FOOD 1    |                 |  |  |  |  |      |      |      |          |             |                  |     |
|-----------|-----------------|--|--|--|--|------|------|------|----------|-------------|------------------|-----|
| #         | MEAL<br>B L D S |  |  |  |  | DATE | TIME | MENU | SUPPLIER | PREPARED BY | SERVING LOCATION | QTY |
| 1         |                 |  |  |  |  |      |      |      |          |             |                  |     |
| 2         |                 |  |  |  |  |      |      |      |          |             |                  |     |
| 3         |                 |  |  |  |  |      |      |      |          |             |                  |     |
| 4         |                 |  |  |  |  |      |      |      |          |             |                  |     |
| 5         |                 |  |  |  |  |      |      |      |          |             |                  |     |
| COMMENTS: |                 |  |  |  |  |      |      |      |          |             |                  |     |
|           |                 |  |  |  |  |      |      |      |          |             |                  |     |

| KITCHEN FACILITIES 2 |          |      |        |        |
|----------------------|----------|------|--------|--------|
| #                    | LOCATION | COOK | SERVER | SERVER |
| 1                    |          |      |        |        |
| 2                    |          |      |        |        |
| 3                    |          |      |        |        |
| COMMENTS:            |          |      |        |        |
|                      |          |      |        |        |

| SHELTER/ACCOMODATION 3 |          |          |           |
|------------------------|----------|----------|-----------|
| TOTAL # PEOPLE:        |          | # MALE:  | # FEMALE: |
| #                      | # PEOPLE | LOCATION | NOTES     |
|                        |          |          |           |
|                        |          |          |           |
|                        |          |          |           |
|                        |          |          |           |
|                        |          |          |           |
|                        |          |          |           |
| COMMENTS:              |          |          |           |
|                        |          |          |           |

| OTHER 4    |  |
|------------|--|
| OUTHOUSES: |  |
| SHOWERS:   |  |

# ICS 309 LOG

Pages: 1+

**PURPOSE:** Overall operational log of the task. Generally used to log radio communications but should also be used to log time of initial callout, phone calls in and out of the ICP, arrival and departure of key personnel at the ICP, key personnel changes, damage or loss of equipment, etc.

**PREPARATION:** Recorder or Comms Operator.

**DISTRIBUTION:** Becomes part of task report.

| # | ITEM        | INSTRUCTIONS  |
|---|-------------|---|
| 1 | Stn. Called | For radio communications, the station the communication is directed to.   |
| 2 | This Is     | For radio communications, the transmitting station.   |
| 3 | Subject     | Log entry. Entries can be made for radio communications, phone calls in or out, major events, command decisions, etc. |

