

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

| ICS FORM # | DESCRIPTION                        | IAP | COMMAND | OPERATIONS | PLANNING | LOGISTICS | ADMIN./FIN. | REVISE/REPLACE | FORM REVISION DATE | INITIAL RESPONSE     |
|------------|------------------------------------|-----|---------|------------|----------|-----------|-------------|----------------|--------------------|----------------------|
| 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          |                      |
| 305A       | ACTIVE AVALANCHE SAFETY PROGRAM    |     | C       |            |          | L         |             | AS NEEDED      | Feb 15/11          |                      |
| 307        | TRANSPORTATION PLAN                |     |         |            |          | L         |             | START O.P.     | Dec 16/04          | SUPPORTING DOCUMENTS |
| 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          |                      |

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.

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

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

↓ Continues ↓

**HISTORY**

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

**BEHAVIOUR**

|   |                       |
|---|-----------------------|
| COOPERATION:  |                       |
| FEARS/PHOBIAS:  |                       |
| MENTAL ATTITUDE:  | COGNITIVE IMPAIRMENT: |
| FINANCIAL SITUATION:  |                       |
| CRIMINAL HISTORY:   |                       |
| RELEVANT HOBBIES/INTERESTS:   |                       |
| EXPERIENCE & SKILL WITH ACTIVITY:   |                       |
| BEHAVIOUR IN SURVIVAL SITUATION:  |                       |
| COMMENTS (DISPOSITION/PERSONALITY, RELATIONSHIP WITH SPOUSE/FAMILY/FRIENDS ETC.): |                       |
| .....   |                       |
| .....   |                       |
| <input type="checkbox"/> SMOKER   | BRAND:                |

**CLOTHING/EQUIPMENT**

|                         |                  |                        |  |
|-------------------------|------------------|------------------------|--|
| 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:    |                  |                        |  |
| .....                   |                  |                        |  |

↓ 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>.....   |       |                   |   |
| FOOD & DRINK (TYPE/BRAND/QUANTITY):   |       |                   |   |

### OTHER PEOPLE

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

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

#### 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>..... | <b>LOST PERSON BEHAVIOUR CATEGORIES</b> <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> |
|---|--|

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

| INFORMANT IDENTIFICATION            |        |                 |              |
|-------------------------------------|--------|-----------------|--------------|
| 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:       |

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

| VESSEL INFORMATION |                                     |           |            |              |
|--------------------|-------------------------------------|-----------|------------|--------------|
| 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):                            |           |            |              |
|                    |                                     |           |            |              |

**ICS 302A**

# 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:

WEATHER AT TIME LAST SEEN:

SUBJECT'S BAD WEATHER PLAN:

COMMENTS:

# CHECK-IN LIST



|        |           |                   |                  |
|--------|-----------|-------------------|------------------|
| TASK # | TASK NAME | CHECK-IN LOCATION | FOR OP. PERIOD # |
|--------|-----------|-------------------|------------------|

|             |                                |
|-------------|--------------------------------|
| GROUP NAME: | FOR PERIOD: _____<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>ICS 211</b> | PAGE ____ OF ____ | <b>I certify the People Checked-Off Above Attended This Task:</b><br><br><b>Task Leader:</b> _____ | <b>ICS 211</b> | PAGE TOTALS: |  |  |
|----------------|-------------------|--|----------------|--------------|--|--|



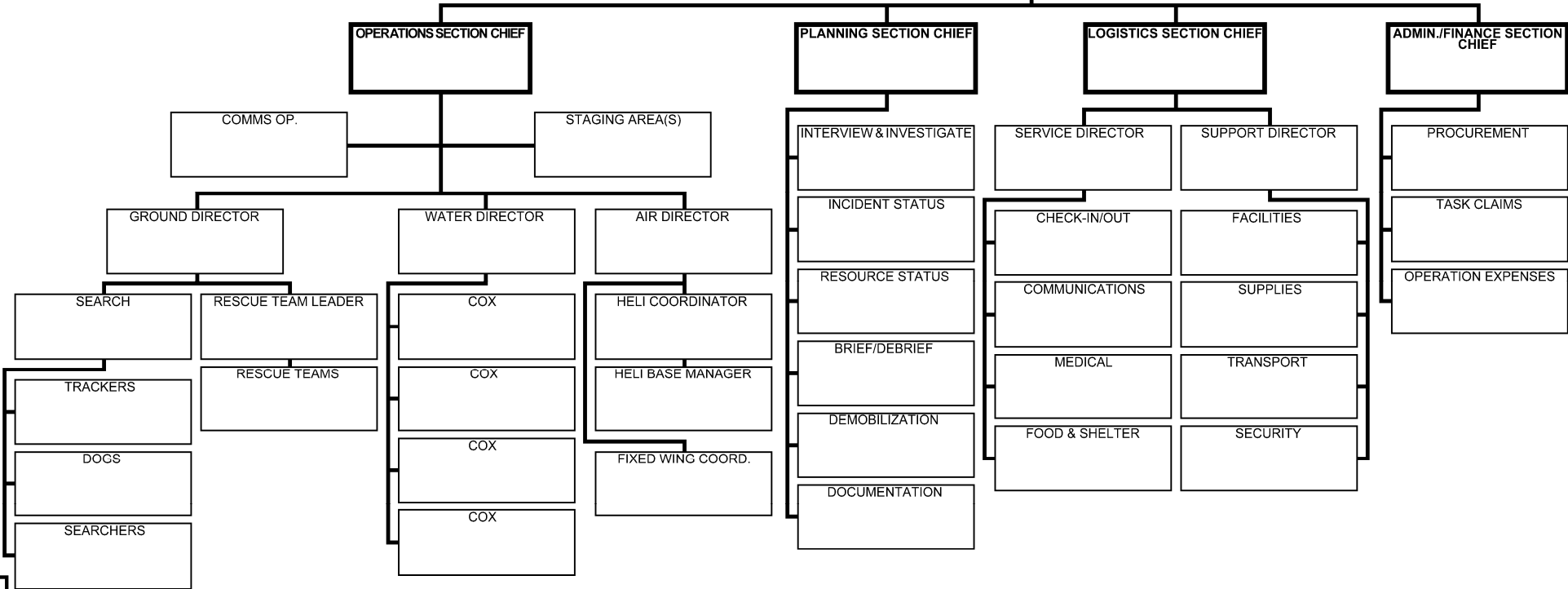
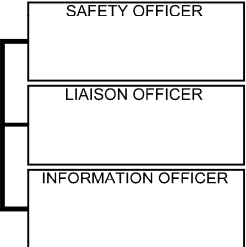
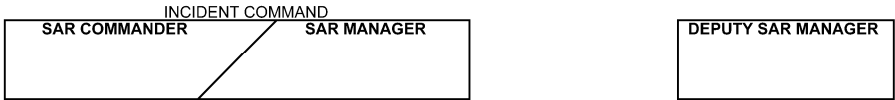
|   |  |             |                                    |
|---|--|-------------|------------------------------------|
| <h1>LOG</h1><br>RECORD COMMS & MAJOR EVENTS |  | TASK #      | FOR PERIOD: _____<br><br>TO: _____ |
| FOR OP. PERIOD #                            |  | TASK NAME:  |                                    |
| RADIO OP. (OPERATIONS):                     |  | LOG KEEPER: | STATION CALLSIGN:                  |

| TIME | STATION I.D. |         | SUBJECT |
|------|--------------|---------|---------|
|      | STN. CALLED  | THIS IS |         |
|      |              |         |         |
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|                           |       |                         |                       |
|---------------------------|-------|-------------------------|-----------------------|
| <b>ORGANIZATION CHART</b> | TASK# | TASK NAME:              | DATE & TIME PREPARED: |
| PREPARED BY (PLANNING):   |       | APPROVED BY (SAR MGR.): |                       |

|                         |                 |
|-------------------------|-----------------|
| FOR OPERATIONAL PERIOD: |                 |
| FROM: DATE & TIME       | TO: DATE & TIME |

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



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

**NOT FOR PUBLIC DISTRIBUTION**

|                                      |                          |
|--------------------------------------|--------------------------|
| <b>FIRST NAME:</b>                   | AFFIX PHOTO IF AVAILABLE |
| <b>LAST NAME:</b>                    |                          |
| <b>ANSWERS TO:</b>                   |                          |
| AGE:                      SEX:       |                          |
| HEIGHT:                      WEIGHT: |                          |
| COMPLEXION:                          |                          |
| HAIR:                                |                          |
| EYES:                                |                          |
| BUILD:                               |                          |
| FITNESS:                             |                          |

|                       |   |
|-----------------------|---|
| DISTINGUISHING MARKS: | HABITS:   |
| COOPERATION:          | <input type="checkbox"/> DOES NOT SPEAK ENGLISH |
| EXPERIENCE:           | AREA KNOWLEDGE:                                 |

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

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

|  |                         |
|--|-------------------------|
| <input type="checkbox"/> PLS <input type="checkbox"/> LKP <b>LOCATION:</b> | <b>DATE &amp; TIME:</b> |
| <b>CIRCUMSTANCES OF INCIDENT:</b>  |                         |
| NUMBER IN PARTY:   | MODE OF TRAVEL:         |
| <b>NOTES:</b>  |                         |



# SAR MANAGER SHIFT CHANGE BRIEFING CHECKLIST

| SITUATION        |  |   | ✓                   | ✓                             |  |   |  |
|------------------|--|---|---------------------|-------------------------------|--|---|--|
| 1                | Task #/, Police/BCAS File #  |   | 5                   | Safety                        | Overall Safety/ Medical Plan   |   |  |
| 2                | Mobilization   | Time reported missing                                   |                     |                               | Advanced First Aid resources   |   |  |
|                  |  | Time of Police request                                  |                     | 6                             | Debriefing Plan  |   |  |
|                  |  | Details, subject history                                |                     | 7                             | Resources  | Assigned                                      |  |
|                  | Time SAR Unit called out   |   |                     | Available                     |  |   |  |
| 3                | Subject Information  | What we know/believe                                    |                     |                               |  | Out of Service (Resting)                      |  |
|                  |  | What needs to be checked                                |                     |                               |  | On standby                                    |  |
|                  |  | PLS or LKP  |                     |                               |  | Anticipated Loss/Departure times              |  |
|                  |  | Informant(s) contact info                               |                     |                               | Projected - Mutual Aid?  |   |  |
| 4                | Terrain  | Map #   |                     | 8                             | Escalation Plan  |   |  |
|                  |  | GPS Datum reference                                     |                     | 9                             | Contingency Plans  | Rescue  |  |
|                  |  | Magnetic declination                                    |                     |                               |  | 2nd SAR Callout                               |  |
|                  |  | Map orientation   |                     |                               |  | Suspension                                    |  |
|                  |  | Nature/type of terrain/ vegetation                      |                     |                               |  | Demobilization                                |  |
|                  |  | Prominent landmarks                                     |                     |                               |  | Transition to Criminal or Coroner File        |  |
|                  |  | Physical boundaries                                     |                     |                               |  | Facility relocation (ICP, Staging areas, etc) |  |
|                  |  | Determination of search area                            |                     |                               |  | <b>ADMINISTRATION/LOGISTICS</b>               |  |
|                  |  | Search areas/segments                                   |                     | 1                             |  | Logs, files, status map, info posted on walls |  |
|                  |  | Location of ICP/ other Facilities                       |                     | 2                             | ICP location, layout, routine  |   |  |
|                  |  | High priority areas                                     |                     | 3                             | Feeding Plan   | Supplier                                      |  |
|                  |  | Hazards   |                     |                               |  | Feeding location                              |  |
|                  |  | Altitude  |                     |                               | 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                                       |                     | <b>COMMAND/COMMUNICATIONS</b> |  |   |  |
|                  |  | Assumptions   |                     | 1                             | Command - Identify members of Search Mgt. Team, roles & responsibilities |   |  |
| <b>MISSION</b>   |  |   |                     | 2                             | Communications Plan  | Frequencies, nets                             |  |
| 1                | Concise summary of objectives of SAR Mgt. Team for coming Operational Period.  |   |                     |                               |  | Call signs                                    |  |
| <b>EXECUTION</b> |  |   |                     |                               |  | Codewords                                     |  |
| 1                | General - Overview of Search Action Plan and how it will accomplish the objectives to be completed in the coming operational period. |   |                     |                               |  | Radio Checks, Reports                         |  |
| 2                | Significant events/information   |   |                     | 3                             | Synchronize Watches  |   |  |
| 3                | Current Tasks/Activities/Location/Return times   |   |                     | 4                             | Questions to/from  |   |  |
| 4                | Coordinating Details   | Planned or Outstanding Tasks/ Activities/ Timings       |                     | <b>VISUAL AIDS/HANDOUTS</b>   |  |   |  |
|                  |  | Movement Plan   |                     | 1                             | Updated status/search maps   |   |  |
|                  |  | Special Equipment                                       | Assigned            |                               | 2  | Subject profile(s)                            |  |
|                  |  |   | Available           |                               | 3  | Photo(s) of subject(s)                        |  |
|                  |  |   | Priority assignment |                               | 4  | Sketch of footwear sole pattern               |  |
|                  |  |   | Anticipated loss    |                               | 5  | Air Photos                                    |  |
|                  | Departure  |   |                     |                               |  |   |  |

|                            |                     |                         |                       |  |
|----------------------------|---------------------|-------------------------|-----------------------|--|
| <b>INCIDENT OBJECTIVES</b> |                     | TASK #:                 | <b>PAGE # 1 OF 2</b>  |  |
| 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) |
|----------|--|
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| 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  | COMMUNICATIONS PLAN           | MEDICAL PLAN                  | OPERATIONS PLAN               | <b>ICS 202</b> |
| <input type="checkbox"/> #207                                       | <input type="checkbox"/> #205 | <input type="checkbox"/> #206 | <input type="checkbox"/> #215 |                |

**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                   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> * |
| Very Old  | 1                   |   |
| Other   | 2-3                 |   |
| <b>SUBJECT MEDICAL CONDITION</b>  |                     |   |
| Known or Suspected Injured, Ill or Mental Illness   | 1-2                 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> * |
| Healthy   | 3                   |   |
| Known Fatality  | 3                   |   |
| <b>NUMBER OF SUBJECTS</b>   |                     |   |
| One Alone   | 1                   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> * |
| 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                   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> * |
| 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                   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> * |
| 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                   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> * |
| 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                   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> * |
| Few or No Hazards   | 2-3                 |   |
| <b>Consider Elapsed Time In Response Determination</b>  | <b>FACTOR TOTAL</b> |   |
| *If Any Of The Factors Rate As A 1 Regardless Of Totals, The Search Requires The Highest Urgency. |                     |   |

| <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> |
|---|--|---|--|-----------------|



|                        |        |            |                   |                       |
|------------------------|--------|------------|-------------------|-----------------------|
| <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 |     |
|----------------|-------------------------|------------|---------------------------------|-----|----------|---------------|--------------|----------|--------|------|-------------|-------------|-------------|-------------|-----------|-----------|-----------|------|------|--------|--------|----------------|-------------------------------------|-----|
|                |                         |            |                                 |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     | REQ |
|                |                         |            |                                 |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     |     |
|                |                         |            |                                 |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     |     |
|                |                         |            |                                 |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     |     |
|                |                         |            |                                 |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     |     |
|                |                         |            |                                 |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     |     |
|                |                         |            |                                 |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     |     |
|                |                         |            |                                 |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     |     |
| <b>ICS 215</b> | PREPARED BY (PLANNING): |            | <b>TOTAL RESOURCES REQUIRED</b> |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     |     |
|                |                         |            | <b>TOTAL RESOURCES ON HAND</b>  |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     |     |
|                | PAGE ___ OF ___         |            | <b>TOTAL RESOURCES NEEDED</b>   |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        |                |                                     |     |
|                |                         |            |                                 |     |          |               |              |          |        |      |             |             |             |             |           |           |           |      |      |        |        | <b>ICS 215</b> |                                     |     |

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

|                       |                         |                          |  |
|-----------------------|-------------------------|--------------------------|--|
| <b>PLANNING</b>       | <b>ASSIGNMENT:</b>      |                          | <b>ASSIGNMENT TYPE:</b><br><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 style="width: 100px;" 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 style="width: 100px;" type="text"/><br>Other: <input type="checkbox"/> |
|                       | Terrain Type: _____     |                          |  |
|                       | Members Required: _____ |                          |  |
|                       | Coverage: _____         |                          |  |
| <b>PLANNED START:</b> |                         | <b>PLANNED DURATION:</b> |  |

|                        |   |  |   |  |                           |
|------------------------|---|--|---|--|---------------------------|
| <b>OPERATIONS</b>      | <b>BRIEFING CHECKLIST</b>   |  | <b>MISSION</b><br><input type="checkbox"/> Assignment<br><input type="checkbox"/> Tactics<br><input type="checkbox"/> Duration  | <b>ADMINISTRATION</b><br><input type="checkbox"/> Food/Water<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Media<br><input type="checkbox"/> Family/Friends   | <b>SPECIAL EQUIPMENT:</b> |
|                        | <b>SITUATION</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 |  | <b>EXECUTION</b><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>COMMUNICATIONS</b><br><input type="checkbox"/> Primary Ch. <input style="width: 100px;" type="text"/><br><input type="checkbox"/> Secondary <input style="width: 100px;" type="text"/><br><input type="checkbox"/> Emergency <input style="width: 100px;" type="text"/><br><input type="checkbox"/> Repeater(s) <input style="width: 100px;" type="text"/><br><input type="checkbox"/> ICP Call Sign <input style="width: 100px;" type="text"/> |                           |
| <b>TRANSPORTATION:</b> |   |  |   |  | <b>BRIEFED BY:</b>        |

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

|   |  |                |
|---|--|----------------|
| <b>ATTACHMENTS:</b> <input type="checkbox"/> Map <input type="checkbox"/> Subject Profile | <b>COPIES TO:</b> <input type="checkbox"/> TL <input type="checkbox"/> Operations <input type="checkbox"/> Logistics | <b>ICS 204</b> |
|---|--|----------------|

|                              |                  |              |                       |
|------------------------------|------------------|--------------|-----------------------|
| <b>ASSIGNMENT DEBRIEFING</b> |                  | <b>TASK#</b> | OPERATIONAL PERIOD #: |
| <b>ASSIGNMENT#</b>           | ASSIGNMENT NAME: |              | DATE & TIME STARTED:  |
| TEAM NAME:                   | TEAM LEADER:     |              | DATE & TIME FINISHED: |
| DEBRIEFED BY (PLANNING):     |                  | DATE & TIME: | <b>PAGE 2 OF 2</b>    |

EXPLAIN WHAT YOUR TEAM ACTUALLY DID, TACTICS USED (INCLUDE TIMES AND MAP COORDINATES IF AVAILABLE):

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Map Attached     
 Deviation From Assignment?     
Use check boxes on 1<sup>st</sup> page to indicate Completed or Incomplete.

Describe factors affecting search effectiveness below:

|              |            |
|--------------|------------|
| Environment: | Searchers: |
| <hr/>        | <hr/>      |
| <hr/>        | <hr/>      |

|                                   |   |
|-----------------------------------|---|
| CLUES - Include Time and Location | CONT. ON CLUE TRACKING SHEET (204C) No: |
| <hr/>                             | <hr/>                                   |
| <hr/>                             | <hr/>                                   |
| <hr/>                             | <hr/>                                   |
| Current Status of Clues:          |   |
| <hr/>                             |   |

DESCRIBE DIFFICULTIES OR GAPS IN COVERAGE, PROBLEMS ENCOUNTERED:

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DESCRIBE ANY HAZARDS OR DANGERS IN SEARCH AREA(S):

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WEATHER OBSERVATIONS:

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COMMENTS & SUGGESTIONS:

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TEAM LEADER SIGNATURE:

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**ICS 204  
Cont.**

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

**CHANNEL ALLOCATION**

| COMMS SYSTEM | CALL SIGN | COMMS FUNCTION    | 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> |
|                |                          |                |

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

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

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

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

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

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





|                     |              |
|---------------------|--------------|
| IDENTIFIED HAZARD # | HAZARD NAME: |
| DESCRIPTION:        |              |
|                     |              |
|                     |              |
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PRECAUTIONS:

SPECIAL INSTRUCTIONS:

| SAFETY EQUIPMENT REQUIRED                  |   |   |
|--|---|---|
| ✓ ITEM DESCRIPTION                         | ✓ ITEM DESCRIPTION                            | ✓ ITEM DESCRIPTION                        |
| <input type="checkbox"/> WORK GLOVES       | <input type="checkbox"/> CLIMBING HELMET      | <input type="checkbox"/> AVALANCHE BEACON |
| <input type="checkbox"/> LATEX GLOVES      | <input type="checkbox"/> ACCESS ROPE(S)       | <input type="checkbox"/> AVALANCHE PROBE  |
| <input type="checkbox"/> GOGGLES           | <input type="checkbox"/> EDGE ROPES           | <input type="checkbox"/> AVALANCHE SHOVEL |
| <input type="checkbox"/> PARTICLE MASK     | <input type="checkbox"/> SEAT & CHEST HARNESS | <input type="checkbox"/> WANDS            |
| <input type="checkbox"/> WHITEWATER HELMET | <input type="checkbox"/>                      | <input type="checkbox"/>                  |
| <input type="checkbox"/> WHITEWATER PFD    | <input type="checkbox"/> PFD                  | <input type="checkbox"/>                  |
| <input type="checkbox"/> THROW BAG(S)      | <input type="checkbox"/> FLOATER SUIT         | <input type="checkbox"/>                  |
| <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/> GLOW STICKS      |

|  |            |              |                       |
|--|------------|--------------|-----------------------|
| <b>ACTIVE AVALANCHE SAFETY PROGRAM</b> |            | TASK #       | DATE & TIME PREPARED: |
| FOR OP. PERIOD #                       | TASK NAME: | PREPARED BY: |                       |

|  |   |                 |
|--|---|-----------------|
| IDENTIFIED HAZARD #  | HAZARD NAME: <b>AVALANCHE</b>   | SAFETY OFFICER: |
| LOCATION:  | DESCRIPTION:  |                 |
| CURRENT DANGER RATING:<br>(Check Highest Level for BTL, TL and/or ALP)   | AVALANCHE TERRAIN EXPOSURE SCALE CLASSIFICATION:  |                 |
| <input type="checkbox"/>  Low<br><input type="checkbox"/>  Moderate<br><input type="checkbox"/>  Considerable<br><input type="checkbox"/>  High/Extreme or Unknown | <input type="checkbox"/> SIMPLE<br><input type="checkbox"/> CHALLENGING<br><input type="checkbox"/> COMPLEX<br><input type="checkbox"/> UNKNOWN |                 |
| AVALANCHE INCIDENT DETAILS   |   |                 |
| <input type="checkbox"/> Avalanche Incident Involvement Form Attached  |   |                 |

ON-SITE OPERATIONS ACCESS / EGRESS, WEATHER AND AVALANCHE CONDITIONS ADVISORY:

.....

.....

.....

.....

ACTIVE AVALANCHE SAFETY PROGRAM MEASURES:

.....

.....

.....

SPECIAL INSTRUCTIONS:

.....

.....

| AVALANCHE DANGER IDENTIFICATION / MITIGATION AND RISK CONTROL CHECKLISTS |   |   |
|--|---|---|
| ✓ REFERENCE DESCRIPTION  | ✓ ASSIGNMENT CHECKLIST                                | ✓ SAFETY MEASURES   |
| <input type="checkbox"/> PUBLIC AVALANCHE BULLETIN                       | <input type="checkbox"/> TEAM ASSIGNMENT              | <input type="checkbox"/> Personnel Protective Equipment (Transceiver, Shovel, Probe)            |
| <input type="checkbox"/> WEATHER FORECAST                                | <input type="checkbox"/> TEAM ASSIGNMENT BRIEFING     | <input type="checkbox"/> Explosive Strike Team  |
| <input type="checkbox"/> CAA InfoEx™                                     | ✓ <b>SUPPLEMENTARY REFERENCES</b>                     | <input type="checkbox"/> Helicopter Based Signal Search - Barryvox External Transceiver         |
| <input type="checkbox"/> SNOW STABILITY EVALUATION WORKSHEET             | <input type="checkbox"/> AVAILABLE AVALANCHE ATLAS'S  | <input type="checkbox"/> Helicopter Based Rescue Effort - Class D Fixed Line Helicopter Support |
| <input type="checkbox"/> SNOW STABILITY FORECAST WORKSHEET               | <input type="checkbox"/> LOCAL AVALANCHE PROFESSIONAL | <input type="checkbox"/> Rapid Intervention Team  |
| <input type="checkbox"/> AVALANCHE PATH SUMMARY                          | <input type="checkbox"/> Name: _____                  | <input type="checkbox"/>  |

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

| #            | TEAM NAME/NUMBER | # PEOPLE | PICK-UP POINT | DROP-OFF POINT | EST. TRAVEL TIME | FOOT | VEHICLE | HELICOPTER | FIXED WING | BOAT | ALLOCATION  |           |            |            |  |              |              |
|--------------|------------------|----------|---------------|----------------|------------------|------|---------|------------|------------|------|---|-----------|------------|------------|--|--------------|--------------|
|              |                  |          |               |                |                  |      |         |            |            |      | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%;">OPERATOR:</td> <td>CALL SIGN:</td> </tr> <tr> <td colspan="2">EQUIPMENT:</td> </tr> <tr> <td>DEPART TIME:</td> <td>RETURN TIME:</td> </tr> </table> | OPERATOR: | CALL SIGN: | EQUIPMENT: |  | DEPART TIME: | RETURN TIME: |
| OPERATOR:    | CALL SIGN:       |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| EQUIPMENT:   |                  |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| DEPART TIME: | RETURN TIME:     |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
|              |                  |          |               |                |                  |      |         |            |            |      | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%;">OPERATOR:</td> <td>CALL SIGN:</td> </tr> <tr> <td colspan="2">EQUIPMENT:</td> </tr> <tr> <td>DEPART TIME:</td> <td>RETURN TIME:</td> </tr> </table> | OPERATOR: | CALL SIGN: | EQUIPMENT: |  | DEPART TIME: | RETURN TIME: |
| OPERATOR:    | CALL SIGN:       |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| EQUIPMENT:   |                  |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| DEPART TIME: | RETURN TIME:     |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
|              |                  |          |               |                |                  |      |         |            |            |      | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%;">OPERATOR:</td> <td>CALL SIGN:</td> </tr> <tr> <td colspan="2">EQUIPMENT:</td> </tr> <tr> <td>DEPART TIME:</td> <td>RETURN TIME:</td> </tr> </table> | OPERATOR: | CALL SIGN: | EQUIPMENT: |  | DEPART TIME: | RETURN TIME: |
| OPERATOR:    | CALL SIGN:       |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| EQUIPMENT:   |                  |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| DEPART TIME: | RETURN TIME:     |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
|              |                  |          |               |                |                  |      |         |            |            |      | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%;">OPERATOR:</td> <td>CALL SIGN:</td> </tr> <tr> <td colspan="2">EQUIPMENT:</td> </tr> <tr> <td>DEPART TIME:</td> <td>RETURN TIME:</td> </tr> </table> | OPERATOR: | CALL SIGN: | EQUIPMENT: |  | DEPART TIME: | RETURN TIME: |
| OPERATOR:    | CALL SIGN:       |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| EQUIPMENT:   |                  |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| DEPART TIME: | RETURN TIME:     |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
|              |                  |          |               |                |                  |      |         |            |            |      | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%;">OPERATOR:</td> <td>CALL SIGN:</td> </tr> <tr> <td colspan="2">EQUIPMENT:</td> </tr> <tr> <td>DEPART TIME:</td> <td>RETURN TIME:</td> </tr> </table> | OPERATOR: | CALL SIGN: | EQUIPMENT: |  | DEPART TIME: | RETURN TIME: |
| OPERATOR:    | CALL SIGN:       |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| EQUIPMENT:   |                  |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| DEPART TIME: | RETURN TIME:     |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
|              |                  |          |               |                |                  |      |         |            |            |      | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%;">OPERATOR:</td> <td>CALL SIGN:</td> </tr> <tr> <td colspan="2">EQUIPMENT:</td> </tr> <tr> <td>DEPART TIME:</td> <td>RETURN TIME:</td> </tr> </table> | OPERATOR: | CALL SIGN: | EQUIPMENT: |  | DEPART TIME: | RETURN TIME: |
| OPERATOR:    | CALL SIGN:       |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| EQUIPMENT:   |                  |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |
| DEPART TIME: | RETURN TIME:     |          |               |                |                  |      |         |            |            |      |   |           |            |            |  |              |              |

|                |                     |                          |                |
|----------------|---------------------|--------------------------|----------------|
| <b>ICS 307</b> | PAGE # ____ OF ____ | PREPARED BY (LOGISTICS): | <b>ICS 307</b> |
|----------------|---------------------|--------------------------|----------------|



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

|          |             |                     |
|----------|-------------|---------------------|
| SUNRISE: | SUNSET:     | WEATHER FOR PERIOD: |
| 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 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 2 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 3 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 4 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 5 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 6 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 7 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |
| 8 |                  |            |            |                             |                    |                      |                 |            |       |                     |                  |       |         |

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

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

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

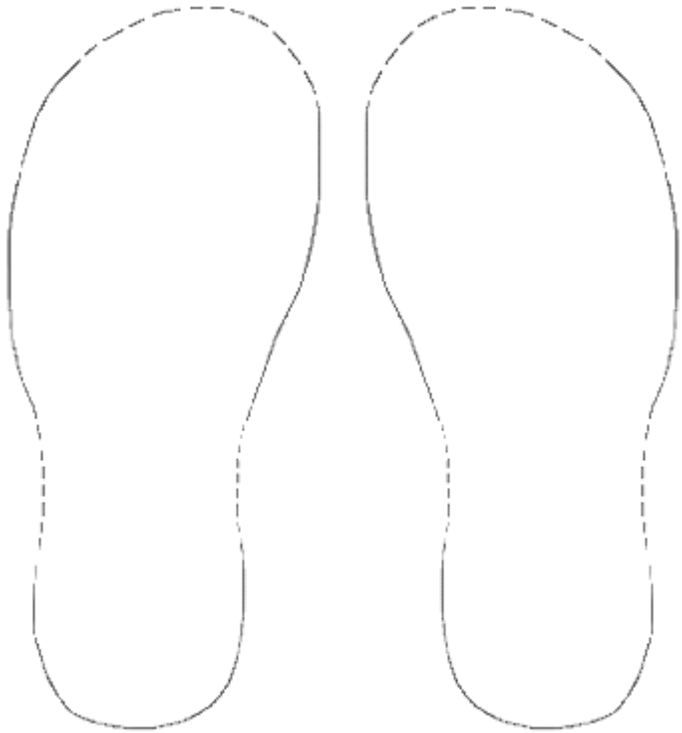
| FOOD      |      |   |   |   |      |      |      |          |             |                  |     |
|-----------|------|---|---|---|------|------|------|----------|-------------|------------------|-----|
| #         | MEAL |   |   |   | DATE | TIME | MENU | SUPPLIER | PREPARED BY | SERVING LOCATION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

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

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

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

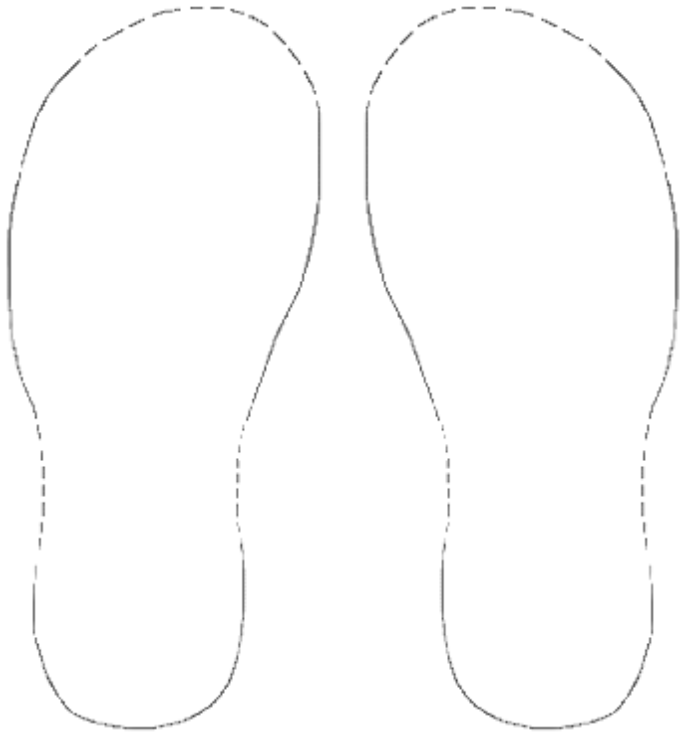
|                     |              |
|---------------------|--------------|
| <b>TRACK REPORT</b> | TEAM:        |
| DATE & TIME:        | TL: TA T1 T2 |



|   |  |        |                 |
|---|--|--------|-----------------|
| 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> |

REV 04/12/16

|                     |              |
|---------------------|--------------|
| <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> |

REV 04/12/16



|                   |            |                          |                       |
|-------------------|------------|--------------------------|-----------------------|
| <b>UNIT LOG</b>   | UNIT NAME: | TASK #                   | DATE & TIME PREPARED: |
| TASK NAME:        |            | FOR OPERATIONAL PERIOD # | PREPARED BY:          |
| UNIT LEADER NAME: |            | POSITION:                |                       |

| PERSONNEL ROSTER ASSIGNED |              |
|---------------------------|--------------|
| NAME                      | ICS POSITION |
|                           |              |
|                           |              |
|                           |              |
|                           |              |
|                           |              |
|                           |              |
|                           |              |

| ACTIVITY LOG (CONTINUE ON REVERSE) |              |
|------------------------------------|--------------|
| TIME                               | MAJOR EVENTS |
|                                    |              |
|                                    |              |
|                                    |              |
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| TIME | MAJOR EVENTS |
|------|--------------|
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# URBAN SEARCH LOG

TASK #

OP#

TASK NAME:

TEAM  
NAME:

DATE & TIME PREPARED:

STREET NAME:

ASST #:

ASSIGNMENT NAME:

| HOUSE # | TIME | OCCUPANT INTERVIEWED? | NAME OF OCCUPANTS INTERVIEWED | # OF OCCUPANTS | PHONE NUMBER | HOW LONG AT HOME HRS? | OCCUPANT CHECKS HOME & YARD? Y/N | SAR CHECKED YARD? | LEFT FLYER? Y/N | COMMENTS<br>- including any places to hide | FOLLOW-UP VISIT REQUIRED? Y/N |
|---------|------|-----------------------|-------------------------------|----------------|--------------|-----------------------|----------------------------------|-------------------|-----------------|--|-------------------------------|
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |
|         |      |                       |                               |                |              |                       |                                  |                   |                 |  |                               |

ICS 216

PREPARED BY:

GENERAL COMMENTS:

ICS 216

REV 04/12/16

**RESOURCE STATUS**

TASK #

TASK NAME:

FOR OPERATIONAL  
PERIOD #

DATE &amp; TIME PREPARED:

|   | RESOURCE | REQUESTED RESOURCES    |                          |     |                       | AVAILABLE RESOURCES        |                       | #<br>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:    | CONTACT:               |                          |     |                       |                            |                       |               |
|   | TYPE:    | 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:                 |                          |     |                       |                            |                       |               |

COMMENTS:

PREPARED BY (PLANNING):

ICS  
201A

ICS 201A



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

|  |  |       |            |  |             |                                    |                         |                |                  |  |                                     |
|--|--|-------|------------|--|-------------|------------------------------------|-------------------------|----------------|------------------|--|-------------------------------------|
| <p><b>RELATIVE POA RATING SCALE:</b></p> <p>9 = VERY LIKELY<br/>7 = LIKELY<br/>5 = EVEN CHANCE<br/>3 = UNLIKELY<br/>1 = VERY UNLIKELY</p> <p>SEARCHER SPACING:    METERS    FEET<br/>SEARCH SPEED:        Km/Hr    Miles/Hr</p> <p>U.S. AREA CALC - REPLACE 1000 WITH 5280</p> | <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      | COLUMN 3<br>COLUMN 9                             |                                     |
| <b>ASSIGNMENT</b><br>AREA DESCRIPTION & SEARCH RESOURCE  | 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 ICS 215 |
|  | X  | =     |            |  | (           | +                                  | +                       | )X             | =                |  |                                     |
|  | X  | =     |            |  | (           | +                                  | +                       | )X             | =                |  |                                     |
|  | X  | =     |            |  | (           | +                                  | +                       | )X             | =                |  |                                     |
|  | X  | =     |            |  | (           | +                                  | +                       | )X             | =                |  |                                     |
|  | X  | =     |            |  | (           | +                                  | +                       | )X             | =                |  |                                     |
|  | X  | =     |            |  | (           | +                                  | +                       | )X             | =                |  |                                     |
|  | X  | =     |            |  | (           | +                                  | +                       | )X             | =                |  |                                     |
|  | X  | =     |            |  | (           | +                                  | +                       | )X             | =                |  |                                     |
|  | X  | =     |            |  | (           | +                                  | +                       | )X             | =                |  |                                     |

|                 |   |  |   |                 |
|-----------------|---|--|---|-----------------|
| <b>ICS 215A</b> | <b>AREA CALC: SEARCH HOURS =</b>  | <b>AREA CALC: # OF SEARCHERS =</b>   | <b>AREA CALC: SEARCHABLE AREA =</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 |                 |

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

| ASSET # | # OF UNITS | ITEM DESCRIPTION | OWNER | ISSUED TO |          | QTY | TIME | INIT | COMMENTS |
|---------|------------|------------------|-------|-----------|----------|-----|------|------|----------|
|         |            |                  |       |           | ISSUED   |     |      |      |          |
|         |            |                  |       |           | RETURNED |     |      |      |          |
|         |            |                  |       |           | ISSUED   |     |      |      |          |
|         |            |                  |       |           | RETURNED |     |      |      |          |
|         |            |                  |       |           | ISSUED   |     |      |      |          |
|         |            |                  |       |           | RETURNED |     |      |      |          |
|         |            |                  |       |           | ISSUED   |     |      |      |          |
|         |            |                  |       |           | RETURNED |     |      |      |          |
|         |            |                  |       |           | ISSUED   |     |      |      |          |
|         |            |                  |       |           | RETURNED |     |      |      |          |
|         |            |                  |       |           | ISSUED   |     |      |      |          |
|         |            |                  |       |           | RETURNED |     |      |      |          |
|         |            |                  |       |           | ISSUED   |     |      |      |          |
|         |            |                  |       |           | RETURNED |     |      |      |          |
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|         |            |                  |       |           | RETURNED |     |      |      |          |

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

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| <b>GENERAL MESSAGE</b> | TASK # | DATE & TIME PREPARED: |
| TASK NAME:             |        | PREPARED BY: TITLE:   |

|          |                                  |           |
|----------|----------------------------------|-----------|
| TO:      | *Note at bottom<br>when received | POSITION: |
| FROM:    |                                  | POSITION: |
| SUBJECT: |                                  |           |

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| MESSAGE: |  |  |
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| RECEIVED & READ BY: | DATE & TIME: | <b>ICS 213</b> |
|---------------------|--------------|----------------|

|                            |                                    |                       |
|----------------------------|------------------------------------|-----------------------|
| <b>PRESS RELEASE</b>       | TASK #                             | DATE & TIME PREPARED: |
| TASK NAME:                 | PREPARED BY (INFORMATION OFFICER): |                       |
| VERIFIED BY (SAR MANAGER): | APPROVED BY (SAR COMMANDER):       |                       |

|                     |
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| <b>DISTRIBUTION</b> |
|---------------------|

|   |  |   |  |
|---|--|---|--|
| 1 |  | 5 |  |
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| <b>INFORMATION</b> |
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| <b>FOR FURTHER INFORMATION, PLEASE CONTACT:</b> |
|---|

| # | NAME | PHONE | # | NAME | PHONE |
|---|------|-------|---|------|-------|
| 1 |      |       | 2 |      |       |

|  |                |
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|  | <b>ICS 306</b> |
|--|----------------|

|                                |                  |                         |
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| <b>INCIDENT STATUS SUMMARY</b> | TASK #           | DATE & TIME COMPLETED:  |
| TASK NAME:                     | FOR OP. PERIOD # | PREPARED BY (PLANNING): |

| # | SUBJECT NAME(S) | AGE | SEX | STATUS |
|---|-----------------|-----|-----|--------|
| 1 |                 |     |     |        |
| 2 |                 |     |     |        |
| 3 |                 |     |     |        |
| 4 |                 |     |     |        |
| 5 |                 |     |     |        |

|                 |                 |                  |
|-----------------|-----------------|------------------|
| DATE LAST SEEN: | TIME LAST SEEN: | POINT LAST SEEN: |
|-----------------|-----------------|------------------|

| # | DESCRIPTION OF CLUE/EVIDENCE FOUND | LOCATION | DATE | TIME |
|---|------------------------------------|----------|------|------|
| 1 |                                    |          |      |      |
| 2 |                                    |          |      |      |
| 3 |                                    |          |      |      |
| 4 |                                    |          |      |      |
| 5 |                                    |          |      |      |

| TOTAL SEARCH AREA (SQ Km/MILES):     |          |          |                   |          |   |
|--------------------------------------|----------|----------|-------------------|----------|---|
| AREA/SEGMENT NAME<br>OR ASSIGNMENT # | PRIORITY | RESOURCE | TIMES<br>SEARCHED | %<br>POA | C |
|                                      |          |          |                   |          |   |
|                                      |          |          |                   |          |   |
|                                      |          |          |                   |          |   |
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| #                                | SAR GROUPS RESPONDING     | # |
|----------------------------------|---------------------------|---|
| 1                                |                           |   |
| 2                                |                           |   |
| 3                                |                           |   |
| 4                                |                           |   |
| 5                                |                           |   |
| 6                                |                           |   |
| #                                | OTHER AGENCIES RESPONDING | # |
| 1                                |                           |   |
| 2                                |                           |   |
| 3                                |                           |   |
| 4                                |                           |   |
| <b>GENERAL PUBLIC VOLUNTEERS</b> |                           |   |
| <b>TOTAL PERSONNEL ON SCENE</b>  |                           |   |

|                          |                |
|--------------------------|----------------|
| COMMENTS:                |                |
|                          |                |
| APPROVED BY SAR MANAGER: | <b>ICS 209</b> |

|                            |                         |                        |
|----------------------------|-------------------------|------------------------|
| <b>DEMOBILIZATION PLAN</b> | TASK #                  | DATE & TIME COMPLETED: |
| TASK NAME:                 | PREPARED BY (PLANNING): | APPROVED BY:           |

| FIELD PERSONNEL |           |           |          | DEMOBILIZATION DECLARED (DATE/TIME): |                     |      |      |     |   |               |                  |          |
|-----------------|-----------|-----------|----------|--------------------------------------|---------------------|------|------|-----|---|---------------|------------------|----------|
| #               | TEAM NAME | # MEMBERS | RELEASED | LOCATION                             | METHOD OF TRANSPORT |      |      |     | 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               |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 2               |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 3               |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 4               |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 5               |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 6               |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 7               |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 8               |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 9               |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 10              |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 11              |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 12              |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 13              |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 14              |           |           |          |                                      |                     |      |      |     |   |               |                  |          |
| 15              |           |           |          |                                      |                     |      |      |     |   |               |                  |          |

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

| OUTSIDE RESOURCES |      |                    |          |          |                |
|-------------------|------|--------------------|----------|----------|----------------|
| #                 | TYPE | DEPARTURE LOCATION | DATE OUT | TIME OUT | SIGNED OUT BY: |
| 1                 |      |                    |          |          |                |
| 2                 |      |                    |          |          |                |
| 3                 |      |                    |          |          |                |
| 4                 |      |                    |          |          |                |
| 5                 |      |                    |          |          |                |

|   |         |                |
|---|---------|----------------|
| <b>ALL TEAMS &amp; RESOURCES DEMOBILIZED.</b><br>DATE & TIME: | SIGNED: | <b>ICS 221</b> |
|---|---------|----------------|