

SAR 104		COUNTY #		DATE	
TEAM ASSIGNMENT		STATE #		TIME	
INCIDENT NAME					
OPS PERIOD		OPS START		OPS END	
RESOURCE TYPE:			ASSIGNMENT #	TEAM #	
PERSONNEL ASSIGNED (L - TEAM LEADER M - MEDICAL)				ADDITIONAL NAMES ATTACHED <input type="checkbox"/>	
NAME		AGENCY		NAME	
AGENCY					
1			6		
2			7		
3			8		
4			9		
5			10		
ASSIGNMENT: (REMEMBER TO CLEAR OLD TRACKS AND SAVE CURRENT TRACK AT END OF ASSIGNMENT)					
PREVIOUS AND PRESENT SEARCH EFFORTS IN AREA: (DEBRIEFING INFO ATTACHED <input type="checkbox"/>)					
TIME ALLOCATED		SIZE OF ASSIGNMENT			
DROP OFF AND PICKUP INSTRUCTIONS					
DECEASED CODE		RADIO CALL SIGN		MAP DATUM (MAP ATTACHED <input type="checkbox"/>)	
FUNCTION		FREQUENCY		CHANNEL DESCRIPTION	
CHANNEL					
COMMAND (TEAM - BASE)					
TACTICAL (TEAM - TEAM)					
EQUIPMENT USED:				COPIES:	
				<input type="checkbox"/> PLANS	
				<input type="checkbox"/> COMMS	
				<input type="checkbox"/> OPS	
				<input type="checkbox"/> TEAM	
BRIEFED BY:		TIME BRIEFED:		TIME OUT:	
TIME RETURNED:					
PREPARED BY		(PLANNING)		APPROVED BY	
OSSA SAR					