

SAR 110		COUNTY #		DATE	
TEAM DEBRIEFING		STATE #		TIME	
INCIDENT NAME					
OPS PERIOD		OPS START		OPS END	
ASSIGNMENT#		NUMBER OF SEARCHERS		SWEEP WIDTH	
TEAM #					
TIME SPENT SEARCHING		SEARCHER SPEED (AVG)		DISTANCE TRAVELED	
PROPERTY SEARCHED					
DESCRIBE SEARCH EFFORTS IN ASSIGNMENT. WHAT DID YOU DO?					
DESCRIBE PORTIONS YOU WERE UNABLE TO SEARCH					
DESCRIBE ANY <input type="checkbox"/> CLUES, <input type="checkbox"/> TRACK OR SIGN LOCATED OR ANY <input type="checkbox"/> PERTINENT TRAIL INTERVIEWS					
DESCRIBE ANY <input type="checkbox"/> HAZARDS OR PROBLEMS YOU ENCOUNTERED					
SUGGESTIONS FOR FURTHER SEARCH EFFORTS IN OR NEAR YOUR ASSIGNMENT					
TEAM LEADER	TIME SEARCH BEGAN	TIME SEARCH ENDED	DEBRIEF DATE / TIME		
MAP ATTACHED	GPS TRK DOWNLOADED	GPS TRACK FILENAME	DEBRIEFER		
ATTACHMENTS <input type="checkbox"/> DEBRIEFING MAPS <input type="checkbox"/> ORIGINAL BRIEFING DOCUMENTS			ATTACHMENTS <input type="checkbox"/> SUPPLEMENTAL DEBRIEFING FORMS <input type="checkbox"/> OTHER		
SUMMARY <input type="checkbox"/> NOTHING LOCATED <input type="checkbox"/> USEFUL INFO, NEEDS REVIEW BY PLANNING			<input type="checkbox"/> POTENTIAL CLUES, NEEDS URGENT REVIEW <input type="checkbox"/> ASSIGNMENT COMPLETED <input type="checkbox"/> ASSIGNMENT NOT COMPLETED		
PREPARED BY	(PLANNING)	TEAM LEADER	OSSA SAR		