

SAR 131 INDIVIDUAL		COUNTY #		DATE	
AVAILABILITY ASSESSMENT		STATE #		TIME	
INCIDENT NAME					
OPS PERIOD		OPS START		OPS END	
TEAM MEMBER NAME			TEAM AFFILIATION		
REST AND REHABILITATION					
HOW MANY HOURS SINCE YOU LAST SLEPT?			4 hrs / 8 hrs / 12 hrs / 16 hrs / 20 hrs / 24 hrs		
HOW MANY HOURS OF SLEEP HAVE YOU HAD IN THE LAST 24 HRS?			0 hrs / 1 hr / 2 hrs / 3 hrs / 4 hrs / 5 hrs / 6 hrs / 8 hrs +		
WHEN WAS YOUR LAST MEAL?	TIME:	SNACKS / BREAKFAST / LUNCH / DINNER / OTHER			
DESCRIBE ANY ILLNESS OR INJURY RELATED TO THIS INCIDENT:					
AVAILABILITY					
AVAILABLE FOR REASSIGNMENT IN CURRENT OPERATIONAL PERIOD			ESTIMATED TIME WHEN YOU WILL BE AVAILABLE		
AVAILABLE FOR REASSIGNMENT IN FUTURE OPERATIONAL PERIOD			ESTIMATED DATE/TIME WHEN YOU WILL BE AVAILABLE		
NOT AVAILABLE FOR REASSIGNMENT, DEPARTING FROM INCIDENT					
DEPARTING INCIDENT					
ESTIMATED TIME OF DEPARTURE			ESTIMATED TIME OF ARRIVAL AT DESTINATION		
YES	NO				
		WILL YOU BE DRIVING?			
		WILL THERE BE OTHER PEOPLE IN THE VEHICLE WITH YOU?			
		IS ANOTHER PERSON AVAILABLE TO SHARE THE DRIVING?			
		HAVE YOU HAD LESS THAN 5 HOURS OF SLEEP IN THE LAST 24 HRS?			
		ARE YOU CURRENTLY FEELING AWAKE AND ALERT?			
		WILL YOU BE IN A CONVOY WITH OTHER VEHICLES?			
		DO YOU HAVE RADIO COMMUNICATIONS WITH THE CONVOY?			
		HAVE YOU TAKEN MEDICATIONS, DRUGS, ALCOHOL THAT MAY IMPAIR YOUR ABILITY TO DRIVE?			
		DO YOU PROMISE TO PULL OVER AND TAKE A NAP IF YOU BECOME SLEEPY?			
SIGNATURE		APPROVED BY		OSSA SAR	