



## Section VI.FORMS

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SAR Form #1 First Notice Record Sheet		
Person Receiving Report:	Date Received:	Time Received:
Name and Contact Information of Complainant:		
Report Received By (9-1-1 agency or if other explain):		
Name of Missing Person and Date of Birth:		
Date and Time Last Seen:		
Circumstances of Loss:		
Point Last Seen (PLS) or Last Known Point (LKP):		
What Does Complainant Think Happened:		
What Does Complainant Want Done:		
Instructions to Complainant:		
Signature _____	Date (yr/mo/day) _____	Time (24 hr) _____



**INSTRUCTIONS, FORM 1**

This is the form you use to record the information you are given at First Notice. You should write something in every box.

Remember that you may have to hand this form on to someone who takes over from you as Incident Commander – write down everything you are told.

Note date and time of any subsequent information recorded on this form after initial use.

Include full names, addresses and telephone numbers where appropriate.

The **complainant** is the person who gives you the First Notice information.

**Person Receiving Report and Date Received and Time Received:** Enter the name of the person completing form, date and time report taken.

**Name and Contact Information of Complainant:** Means the name, address, telephone number or a location where the person can definitely be contacted. You may need to change this later if they move to another location.

**Report Received By (9-1-1 Agency, or if other explain):** The name of the department (police, fire), agency, or business.

**Name of Missing Person and Date of Birth:** Self explanatory.

**Date and Time Last Seen:** Include the name of the person who saw the subject and any contact information you have for them.

**Circumstances of Loss:** What the subject was doing, where they were, where they might have been going and whom they were with. Give any other known information, for example intentions and times.

**Point Last Seen (PLS) or Last Known Point (LKP):** Circle PLS or LKP as appropriate. Describe the location in such a way that there can be no confusion as to where it is. Give a map reference if possible.

**What Does Complainant Think Happened:** Record any ideas that the informant has, otherwise write 'not known'.

**What Does Complainant Want Done:** This may cause the informant to provide information that they otherwise might not have done. Write down everything they suggest.

**Instructions to Complainant:** Write down exactly what you tell them so that they can be contacted if needed.

**Signature, Date, and Time:** Self explanatory.

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SAR Form #2 Missing Person Profile		
Name:	Gender:	Age:
Name Person Answers To, If Different:		Date of Birth:
Address:		
Physical Description (height, weight, marks, scars, tattoos, etc.):		
Clothing Worn:		
Additional Items Carried:		
Capability / Health:		
Habits / Hobbies / Interests / Activity:		
Previous Relevant History:		
Category of Missing Person (Lost Person Behavior)		
Signature _____	Date (yr/mo/day) _____	Time (24 hr) _____



**INSTRUCTIONS, FORM 2**

Use this form to build up a profile of the subject. You may not be able to fill in all the boxes from the information you have been given at First Notice. Each time you get another piece of information that helps to build up a profile of the subject remember to add it to this form.

Attach a picture of the subject if available.

**Name / M or F / Age / Date of Birth / Address:** Record the subject's full name and any other names they are known by or would answer to. Circle or write "M" for Male or "F" for Female, "G" for Gender neutral. Enter the subject's age, date of birth and address.

**Physical Description:** The minimum information required is height, weight, build, facial appearance (complexion, facial hair, if wearing glasses, hair color, length and style), general appearance and any distinguishing marks or features.

**Clothing Worn:** Style, make and color of all clothing including footwear.

**Additional Items Carried:** Items of personal gear or anything relating to the activity that the subject was undertaking. Include sufficient detail to make an identification if anything is found. Was the subject carrying money – how much? – or credit cards? Cell phone, smartphone, PLB, SPOT, InReach.

**Capability / Health:** Record any known information, for example fit and healthy, any problems which could affect the distance the subject might travel, any medication taken regularly and if so have they got it with them, did they have full control of all their faculties, did they always behave rationally.

**Habits / Hobbies / Interests / Likely Activities:** Record any information available that might indicate what the subject might have been doing or where they might have gone.

**Previous Relevant History:** Have they been missing before? If so, when was it, where did they go missing from, where were they found and what were they doing.

**Category Of Missing Person:** There are twelve categories of Missing Person and you need to find the category which best fits the known information in this incident. Children and young persons are categorized by age, adults by mental state or activity. The categories are:

- Child
- Dementia / Alzheimer's / Elderly
- Walk-aways
- Mental Retardation
- Drug Affected
- Despondent
- Psychotics'
- Run-Away
- Abduction-Parental
- Abduction-Criminal

**Signature. Date. and Time:** Self explanatory.

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SAR Form #3 Incident History	
<b>Incident Name:</b>	<b>Operational Period #:</b>
	<b>Start Date / Time:</b>
<b>Incident Commander:</b>	<b>Ending Date / Time:</b>
<b>OSC/SAR Manager:</b>	
<b>Initial Planning Point (IPP):</b>	
<b>New IPP:</b>	<b>Reason:</b>
<b>Initial Story / Circumstances:</b>	
<b>Confirmed By:</b>	
<b>Assigned Functions:</b>	
Family Liaison:	
PIO:	
Planning:	
• Investigation	
• Situation Status:	
• Resource Status:	
Logistics:	
Operations:	
• Staging:	
• Air Ops:	
Other:	
<b>Further Developments:</b>	
<b>Signature</b> _____	<b>Date (yr/mo/day)</b> _____
	<b>Time (24 hr)</b> _____



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SEARCH AND RESCUE MANAGEMENT



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## INSTRUCTIONS, FORM 3

Record here the information that will help you to manage the incident.

**Incident Name / Operational Period # / Beginning Date/Time / Ending Date/Time / Incident Commander, OCS/SAR Manager:** Use the incident or mission number if you have one, otherwise use the name of the subject and the date. Indicate the shift number, beginning and ending date and time.

**Initial Planning Point / Reason:** Copy this from "Form 1" and write PLS or LKP as appropriate.

**New IPP / Reason:** If the Planning Point changes then record the New Planning Point here; write PLS or LKP as appropriate and give the reason for the change in Planning Point.

**Initial Story / Circumstances:** Write down a brief version of what is written on "Form 1."

**Confirmed By:** Has the information given by the informant been checked? Write down the names and contact information of all those people who can confirm what happened. Confirming the story could become part of your Investigation Objectives.

**Assigned Functions:** Write down the names of any persons to whom you delegate one of these functions.

**Further Developments:** Any major event or item of information which influences the search, for example a clue being found, the person being found elsewhere.

**Signature, Date, and Time:** Self explanatory.

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**SAR Form #4  
Resources Sheet**

<b>Resource (Police, Mutual Aid, SAR Team, Other</b>	<b>Status: En route, Assigned, Available, Out Of Service</b>	<b>Arriving From / ETA</b>	<b>Available Until</b>

**Signature** \_\_\_\_\_

**Date (yr/mo/day)** \_\_\_\_\_

**Time (24 hr)** \_\_\_\_\_

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## INSTRUCTIONS, FORM 4

This is where you record information about resources. At the start of the incident, it is likely that there will not be much information to go on here; you will update it in Step 4 and make use of it in Step 5.

**Resource (Police, Mutual Aid, SAR Team, Other):** Give the name and the number of operational units the resource provides. This will help you to assign resources to Tasks in Step 5. Examples: Washington Explorers GSAR 6 units, Columbia River Search Team 2 units.

**Status:** This will change as resources arrive, are assigned to Tasks, complete their assignment and become available again. It must be kept up to date to reflect the current status of all resources. Options are:

**'En route'** means the resource has been requested and is on the way. It is not yet available for assignment. In the next column you need to record where it is coming from and when it will arrive—ask them when you call for them, and record their ETA as an actual time. An ETA of '1 hour' is of no use to someone else who may be allocating resources to assignments before their arrival.

**'Assigned'** means that the resource is currently assigned to a Task on "Form 7." It is not available for assignment to another Task.

**'Available'** means that the resource can be given an assignment.

**'Out of service'** means that the resource cannot be given an assignment. It is either out of commission, resting after assignment or similar.

**Where From/ETA:** Identify where the resource will be coming from and the estimated time of arrival (ETA).

**Available Until:** When you call for resources ask them how long they can stay. Record the information here. If nothing is recorded then it will be assumed that the resource can remain indefinitely.

**Signature, Date, and Time:** Self explanatory.

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**SAR Form #5  
Urgency Analysis**

<b>Name of Incident:</b>		<b>Date and Time:</b>	
<b>Urgency Analysis Compiled By:</b>			
<b>Question</b>	<b>Put a checkmark (v) against the word or phrase which best represents the response to each question.</b>		
How Many? (Number in Group)	Solo Separated Split Group	Not Known Any Other	Entire Group Missing
How Old?	All or Mostly Young All or Mostly Elderly	Not Known Any Other	All Adult
Medical Condition?	Known ill or Injured Known Medical Condition, List:	Not Known Any Other	Known Fit and Well
Dressed for Weather? Equipped for Terrain?	All or Mostly ill Equipped	Not Known Any Other	All or Mostly Well Equipped
Familiar with this Area?	All or Most with None	Not Known Any Other	All or Most Familiar
Experienced In this Type of Environment and Terrain?	All or Most with None	Not Known Any Other	All or Most Familiar
Terrain?	Contains Hazards or Navigation Problems	Not Known Any Other	No Hazards or Navigation Problems
Weather?	Past and Present Bad Forecast Bad	Not Known Any Other	Past and Present Good Forecast Good
Number of Checkmarks?	Any		
Urgency Rating?	Very High	High	Low
Suggested Response?	Respond Immediately With High Priority Continue Investigation	Respond Immediately Continue Investigation	Continue Investigation Prepare to Respond
<b>Signature</b> _____		<b>Date (yr/mo/day)</b> _____	<b>Time (24 hr)</b> _____

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## INSTRUCTIONS, FORM 5

- Form #5 consists of a number of questions down the left of the page. There are three sets of alternative answers to each question; you put a " v " (checkmark or an "x") against the one that you think best fits the current incident. If you do not have that information or if none of the alternatives fits then put your " v " in the middle column against 'not known' or 'any other.'
- When you have worked through all of the questions, count how many " v " you have put in each column. This is referred to as the number of hits for that column and you write that number on the row headed 'Number of Hits.'
- If there are any responses at all in the first column, i.e. with an Urgency Rating of 'very high', then that means that you have a very high priority incident with a very high level of urgency. You must respond immediately.
- If there are no hits at the 'very high' rating then whichever of the other two columns has the larger number of hits gives you the suggested level of urgency for the incident. A suggested response is given on the line below your number of hits.
- If the Urgency Rating that you get is 'high,' the suggested response is 'respond immediately and get more information.' This is because there are too many questions on the Checklist that you do not know the answer to at the current time. You must collect more information to fill in the gaps. That extra information could cause the urgency to change to 'very high,' and so you must be prepared for that to happen.
- There is nothing wrong with increasing the Urgency Rating to a level above that indicated by the Urgency Analysis if you feel that it would better reflect the situation. It is, however, dangerous and not advisable to reduce the Urgency Rating.
- Always remember that the level of urgency may change at a later stage when further information becomes available.

Signature, Date, and Time: Self explanatory.

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SAR Form #6 Scenario Analysis Record Sheet		
No.	Scenario Details	Likelihood
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**LEGEND = Likelihood: Write in the abbreviation you think best fits each scenario.**  
VL = Very Likely      L = Likely      A = Average      U = Unlikely      VU = Very Unlikely

**Signature** \_\_\_\_\_ **Date (yr/mo/day)** \_\_\_\_\_ **Time (24 hr)** \_\_\_\_\_

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**INSTRUCTIONS, FORM 6**

A scenario is a plausible story that describes what might have happened and which fits in with the known facts. You will use your scenarios to help you plan where to search and where to locate confinement.

Scenarios should ideally be done with the active participation of someone who knows the area. Keep in mind what the informant has told you about what they think has happened. Scenarios should:

- Be real possibilities.
- Fit in with the Missing Person Profile.
- Fit in with Lost Person Behavior information.
- Indicate where the subject might have gone.
- Be written down on this form.

**Scenario Details:** Write down any scenarios you think have some possibility of describing what has happened to the subject. You should aim for at least three. You can write them down in any order.

**Likelihood:** Each scenario needs to be given a 'likelihood rating.' This is a measure of how likely you think it is that this scenario describes what actually happened. Use the abbreviations at the bottom of the sheet. Be realistic. Base your likelihood rating on what you have been told about the subject and Lost Person Behavior information.

**Signature, Date, and Time:** Self explanatory.



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SAR Form #7  
Incident Action Plan – Mission Goal and Objectives

Mission Goal	Task	First Operational Period		
		Start Time	Resource Assigned	Finish Time
Investigation Objective	Task Priority		Resource Assigned	Task Completed and Resource Debriefed

Signature \_\_\_\_\_ Date (yr/mo/day) \_\_\_\_\_ Time (24 hr) \_\_\_\_\_

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SEARCH AND RESCUE MANAGEMENT DRAFT

**7. INCIDENT ACTION PLAN – MISSION GOAL AND OBJECTIVES**

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Containment / Confinement Objective	Task	Task Priority	Resource Assigned	Task Completed and Resource Debriefed

**Signature** \_\_\_\_\_ **Date (yr/mo/day)** \_\_\_\_\_ **Time (24 hr)** \_\_\_\_\_

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Search Objective	Task	Task Priority	Resource Assigned	Task Completed and Resource Debriefed

Signature \_\_\_\_\_

Date (yr/mo/day) \_\_\_\_\_

Time (24 hr) \_\_\_\_\_

SEARCH AND RESCUE MANAGEMENT DRAFT

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**7. INCIDENT ACTION PLAN – MISSION GOAL AND OBJECTIVES****INSTRUCTIONS, FORM 7**

This form is your Incident Action Plan for the First Operational Period. Its purpose is to identify what you are going to do and who is going to do it.

**Goal:** 'Find Sally' or 'find Sally by midnight.' Complete the remainder of the form a column at a time starting from the left.

**Objective:** An Objective is a general description of what you need to do to meet your Goal. There are three types of Objective:

- Investigation Objectives,
- Confinement Objectives, and
- Search Objectives.

Search Objectives and Confinement Objectives will relate to your scenarios, Lost Person Behavior information and marks you have made on the map. Investigation Objectives could include getting information you need for the Missing Person Profile, checking for anyone who might have seen them or getting some kind of specialist advice. Examples are:

- **Investigation Objectives** – 'find out if the subject used public transport,' 'complete the Missing Person Profile,' 'interview all the people who visited the facility yesterday afternoon,' 'check the family's and friends' homes,' 'check with persons working in the surrounding area to see what they saw.'
- **Confinement Objectives** – 'check for anyone walking on the roads east and south of the Initial Search Area,' 'check for people moving north of the river.'
- **Search Objectives** - 'search the river,' 'search the roads,' 'search the buildings.'

**Task:** A Task is an assignment that can be given to a resource unit. Each Objective needs to be divided into a set of Tasks. Examples are:

- The **Investigation Objective** 'find out if the subject used public transport' could be divided into the Tasks 'talk to the bus company,' 'check with local taxi operators' and so on.
- The **Confinement Objective** 'check for anyone walking on the streets east and south of the Initial Search Area' could be divided into the Tasks 'drive the road from 68th Street to the junction with Hwy 17 and back every half hour,' 'drive all the roads between the City limits and Packwood,' and so on.
- The **Search Objective** 'search the river' could be divided into the Tasks 'search west along the south bank from 10th Street to 5th Street,' 'search for objects in the water' and so on.

Details of exactly what each Task entails will be given when the resource unit is briefed.

**Task Priority:** All the Tasks need a priority number that establishes their relative importance, starting with 1 for the highest priority, then 2 and so on. Refer to the scenario likelihoods and decide how important you think any information might be that might come out of the investigation you want to do.

**Resource Assigned:** Write in the name of the resource assigned to this Task.

**Task Completed and Resource Debriefed:** Initial this column when the resource has been debriefed after completing its assignment.

**Signature, Date, and Time:** Self explanatory.

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**SAR Form #8 - A  
Briefing Checklist**

**Information To Share With Searchers Prior To Deployment:**

- Incident summary, including:**
  - Subject description, and lost subject profile;
  - Actions to date;
  - Clues found;
  - Evidence handling;
  - Terrain;
  - Weather;
  - Private property;
  - Safety;
  - Traffic concerns;
  - Animal, wildlife control;
  - Specific hazards;
  - Media;
  - Family; domestic conflicts (if any)
  - Actions to take if subject found;
  - Rescue and medical plans.
- Assignment.**
- Type of subject to base tactics on (mobile / responsive, mobile / unresponsive, immobile / responsive, immobile / unresponsive, criminal / non-criminal).**
- Transportation to and from assignment.**
- Needed personal equipment.**
- Needed team equipment.**
- Team and base radio call signs.**
- Radio frequency(ies) and telephone numbers (landline and cell).**
- Expected time of return.**
- Where and to whom to report upon return, for debriefing.**

**Signature** \_\_\_\_\_ **Date (yr/mo/day)** \_\_\_\_\_ **Time (24 hr)** \_\_\_\_\_

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**INSTRUCTIONS FORM 8-A**

This is a checklist of information to share with the resource unit before deployment.

Write down what you tell them and keep a copy for the debriefing.

**Assignment:**

- If possible provide them with a marked map.
- Make sure that they know exactly what to do:
  - Where to go.
  - Boundaries and limits.
  - How to accomplish the Task.

**Signature, Date, and Time:** Self explanatory.

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SAR Form # 8 - B  
Debriefing Checklist

Information To Obtain From Searchers Upon Their Return.

**Note:** Recommended information be documented in writing, and on incident map.

- Searchers present at debriefing.
- What was the assignment.
- Time Startedbegan.
- What was actually accomplished.
- Time completed.
- Evidence/clues.
- Location and status of any clues located.
- Search difficulties or gaps in coverage.
- Hazards observed in the area.
- Communication problems.
- Suggestions, ideas, or recommendations for future actions.
- Full documentation (photos, maps, sketches): Copy or original of all notes, SD Cards, MiCro Cards,-

**Note:** Update "Restat Function" as to searchers new status.

**Signature** \_\_\_\_\_ **Date (yr/mo/day)** \_\_\_\_\_ **Time (24 hr)** \_\_\_\_\_



**INSTRUCTIONS, FORM 8-B**

This is a checklist of items that need to be covered at a debriefing. Debrief the resource unit as soon as possible after they return from their assignment. Do it face to face. Refer to the information they were given at their briefing. Write down what is said.

What did they accomplish:

- Did they cover the entire area they were given?
- Which parts were not covered? Mark them on the map.
- How likely were they to have seen the subject had they been in that area? – Use a scale of 0 to 10 (0 means no chance at all of seeing them, 10 means absolutely certain to have seen them).

Initial Form 7 when the debrief is complete.

Update the status on Form 4.

Signature, Date, and Time: Self explanatory.



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SAR Form #9

Rural / Urban / Interface Inquires

The following form can be used to complete either door to door inquires in the urban area, or cabin to cabin inquires in a rural area around a lake or in cottage country. The form can also be used to complete camp site to camp site inquiries in a Provincial, State Park or campground.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

OCCUPANTS: List all occupants whether they are regular residents – include those visiting at time of the incident.

- 1. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_
- 2. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_
- 3. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_
- 4. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

DESCRIPTION: Height, weight, hair, eyes, moustache, glasses, marks / scars / tattoos, ethnic origin.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

EMPLOYEMENT / SCHOOL:

- 1. \_\_\_\_\_ Phone \_\_\_\_\_
- 2. \_\_\_\_\_ Phone \_\_\_\_\_
- 3. \_\_\_\_\_ Phone \_\_\_\_\_
- 4. \_\_\_\_\_ Phone \_\_\_\_\_

VEHICLES: Match vehicle to occupant. List vehicle description and license number.

Occupant #	_____	License #	_____	Checked:	Yes / No
Occupant #	_____	License #	_____	Checked:	Yes / No
Occupant #	_____	License #	_____	Checked:	Yes / No
Occupant #	_____	License #	_____	Checked:	Yes / No

NARRATIVE: Specify which occupant supplied information. Note any clues, statements, searcher comments etc. If necessary use another form for continuing information.

Badge # / REG # \_\_\_\_\_ Name: \_\_\_\_\_

Badge # / REG # \_\_\_\_\_ Name: \_\_\_\_\_

Team Members: \_\_\_\_\_

Signature \_\_\_\_\_ Date (yr/mo/day) \_\_\_\_\_ Time (24 hr) \_\_\_\_\_



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**SAR Form #10**  
**A Format for a Missing Person Questionnaire**

A jurisdiction or organization can use the following checklist to construct a "Missing / Lost Person Questionnaire" for their use. Be sure to include adequate space after each item for the report takers to record information. **NOTE:** Use pencil/black ink, print clearly, avoid confusing phrases/words, unfamiliar abbreviations. Complete and detail answers are required for future use. It is imperative to make notations in all blanks for which questions have been asked, even if the answer is "NONE," "N.A.," "UNSURE," etc. Strive to answer ALL questions.

- Incident Title:
  - Today's Date:
  - Time:
  - Name of Person Taking Info:
  - Case/Incident #:
  - SAR #:
  - Police File #:
- A. MISSING PERSON**
- Name:
  - Nickname(s):
  - Home Address:
  - Local Address:
  - Home Phone #:
  - Local phone #:
  - Date of Birth:
  - Birthplace:
  - Gender:
  - Passwords for Children:
- B. SOURCE(S) OF INFORMATION FOR QUESTIONNAIRE**
- Name (of reporting party):
  - How taken (phone, in person, etc.):
  - Address of reporting party:
  - Phone #:
  - 2nd phone #:
  - Relationship (to missing person):
  - Where/how to contact now:
  - Where/how to contact later (include times):
  - What does reporting person believe happened to mission person:
  - What does reporting person think the missing person's current activities are:
  - What actions has reporting person or other individuals taken to date:
  - What does reporting person think the interviewer/agency should do:
  - Written statement: (yes, no)
- C. POINT LAST SEEN / LAST KNOWN LOCATION**
- Date:
  - Time:
  - Where:
  - Why/how:
  - Activity missing person engaged in at time:
  - Seen by whom:
    - Location now:
  - Who last talked at length with person:
    - Where:
    - Subjects discussed:
  - Weather at time:
  - Weather since:
  - Seen going which way:
    - When:
  - Reason for leaving:
  - Attitude (confident, confused, etc.):
  - Subject complaining of anything:
  - Subject seem tired:
    - Cold/hot:
    - Other:
  - Comments:
- D. PLANS OF SUBJECT**
- Started at:
  - When:
  - Going to:
  - Via:
  - Purpose:
  - Done/completed this activity before:
  - For how long?
  - Group Size:
  - Transported by whom/means:
  - Vehicle now located at (or last confirmed/seen at):
    - Type:
    - Color:
    - License #:
    - State/Prov:

## 10. A FORMAT FOR A MISSING PERSON QUESTIONNAIRE

- Verified: (yes, no)
  - Who:
  - Return time:
  - From where:
  - By whom/what:
  - Additional names, cars, licenses, etc. for party:
  - Alternate plans/routes/objectives discussed:
  - Discussed with whom:
  - When:
  - Comments:
- E. CONTACTS PERSON WOULD MAKE UPON RETURNING**
- #1. Name:
    - Relationship:
    - Address:
    - Phone #:
    - Anyone home now:
  - #2. Name:
    - Relationship:
    - Address:
    - Phone #:
    - Anyone home now:
- F. PAST EXPERIENCE**
- Familiar with area: (yes, no)
    - How recent:
    - Other:
  - Describe formal outdoor training:
    - Degree:
    - Where:
    - When:
  - Describe medical training:
    - When:
  - Describe scouting experience:
    - When:
    - Where:
    - How much:
    - Scout Leader:
  - Describe military experience: (yes, no?)
    - What:
    - When:
    - Where:
    - Rank:
    - Other:
  - Describe missing person's experience in the sport/activity related to loss:
  - Generalized previous outdoor experience:
- Ever been lost before: (yes, no)
    - Where:
    - When:
  - Ever go out alone:
    - Where:
  - Stay on streets, take short cuts:
  - How fast does subject travel:
  - Athletic/other interests:
  - Comments:
- G. HABITS / PERSONALITY ATTRIBUTES**
- Missing person's mental condition (confident, confused, etc.):
  - Missing person's condition (energetic, tired, cold, etc.):
  - Missing person complaining of anything:
  - Attitude when last seen (confident, confused, etc.):
  - Hitchhike: (yes, no)
    - Accepts rides easily:
- Circle the Appropriate Number for the Following**
- Thrives on Risk 5 4 3 2 1 Avoids Risk
  - Very Independent 5 4 3 2 1 Highly Dependent
  - Very Assertive 5 4 3 2 1 Not Assertive
  - Excellent Physical Condition 5 4 3 2 1 Poor Condition
  - Leader 5 4 3 2 1 Follower
  - Outgoing 5 4 3 2 1 Quiet
  - Gregarious 5 4 3 2 1 Loner
  - Keeps Going 5 4 3 2 1 Gives Up Easily
  - Interviewee's perception of missing person's outdoor skills
    - Highly Skilled 5 4 3 2 1 No Skill
  - Tobacco (describe use):
    - How often:
    - What:
    - Brand:
  - Alcohol (describe use):
    - How often:
    - What:
    - Brand:
  - Recreational drugs (describe use):
    - How often:
  - Gum, candy, other :
    - Brands:
  - Hobbies/Interests:
  - Fears (heights, dark, adults, animals, etc.):
  - Legal problems (past/present):

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- Personal, family problems (past/present):
  - Known psychological problems:
    - Knowledgeable person and phone #:
  - Personal values:
  - Clean / Well Groomed / Dirty / Unkempt:
  - Emotional history:
  - Religious: (yes, no)
    - Faith:
    - Degree:
  - Philosophy:
  - Local/fictional hero:
  - Education:
    - Grade:
    - Current status:
    - Teacher(s):
    - School name:
    - College education:
    - Subject/degree:
    - Year:
  - Person closest to missing person:
    - Name, location, phone number:
  - Comments:
- H. HEALTH AND GENERAL CONDITION**
- Overall health:
  - Overall physical condition:
  - Known medical problems:
  - Knowledgeable doctor:
    - Phone #:
  - Handicaps:
  - Medications:
    - Purpose:
    - Does missing person have medications:
    - Amounts:
    - Does missing person take medications regularly:
    - Consequences of not taking medications:
  - Knowledgeable person regarding medications:
    - Phone #:
  - Eyesight without glasses:
    - Spares: (yes, no)
  - Comments:
- I. PHYSICAL DESCRIPTION**
- Height:
  - Weight:
  - Age:
  - Build:
  - Hair:
    - Color:
    - Length:
    - Style:
- J. CLOTHING**
- Facial hair:
    - Beard:
    - Mustache:
    - Sideburns:
  - Facial features/shape:
  - Complexion:
  - Distinguishing marks, scars, tatoos:
  - Overall appearance:
  - Photo available: (yes, no)
    - How old is picture?
      - o Where:
      - o Need to be returned?
  - Comments:
- K. EQUIPMENT**
- Determine the: Style; COLOR; Size; Manufacturer; Other Significant Information on each of the following:
    - Shirt/sweater:
    - Pants:
    - Outer wear:
    - Inner wear:
    - Head wear:
    - Rain wear:
    - Glasses:
    - Gloves:
    - Extra clothing:
  - Footwear:
    - Boot/shoe size:
    - Make/model:
    - Sole type:
    - Sample available:
    - Where:
    - Attach sketch of sole pattern:
  - Scent articles available: (yes, no)
    - What:
    - Secured: (yes, no)
    - Where now:
  - Overall coloration as seen from air:

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**10. A FORMAT FOR A MISSING PERSON QUESTIONNAIRE**


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- Day pack:
- FSR radio:
- Medical tracking devices:
- Medical ID tags:
- Liquid container:
  - o How much fluid:
  - o What kind:
- Map or Guidebook:
  - o Of where:
- How competent with map/compass:
- Whistle:
- Smart/Cellular phone and #:
  - Make, telephone service provider:
- SPOT, INREACH, PLB, GPS:
- Knife:
- Camera:
  - Lens:
- Food and snacks:
  - Brands:
- Money:
  - Amount:
  - Credit Cards:
- Other documents:
- Comments:

**L. WITH FAMILY PET/GUIDEDOG**

- Name:
- Breed:
- Training:
- Collar:
- Leash:
- Poop and scoop equipment:

**M. CHILDREN**

- Password:
- Street proofing training:
- Afraid of dark:
  - Animals:
  - Afraid of: \_\_\_\_\_
- Feeling toward adults:
  - Strangers:
- Reactions when hurt:
  - Cry:
- Training when lost:
- Active/lethargic/antisocial:
- Would respond to searcher's calls?
- Would respond to what name or nickname?
- Known attractions:
- Comments:

**N. MEDIA / FAMILY RELATIONS**

- Next of kin:
  - Relationship:
  - Address:
  - Phone #:
  - Occupation:
- Person to notify when subject found:
  - Relationship:
  - Address:
  - Phone #:
  - Occupation:
  - Where are they, or where will they be:
- Significant family problems:
- Family's desire to employ special assistance:
- Comments:

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## SAR Form #11

## Evaluating The "Health of a Search Response" Checklist

This checklist is useful for evaluating the "health" of a search response. If any of the following can't be checked, they may be warning signals that incident management staffing is not "in synch" with the search effort. This could also be an indication that the Incident Commander may have lost situational awareness. Consider increasing or rotating personnel, or downsizing operations.

- I have time to review this list.
- An atmosphere of positive urgency is being maintained.
- Leads are being aggressively pursued through investigation. Friends, family and possible witnesses have been (or will shortly be) contacted.
- Clues are being tracked, and resolved promptly.
- Staff has time for breaks and meals. There isn't a major backlog of tasks. Individuals are not working beyond scheduled shifts.
- Scenarios as to cause of incident have been discussed and evaluated, and reflect current knowledge.
- Search efforts are focused to eliminate scenarios in established priority order.
- Current and ordered resources do complement identified needs.
- Safety, investigation, containment, and search objectives have been identified, and have been reviewed in the past 24 hours.
- The number, location and status of all incident personnel is known.
- Logistical needs (transport, food, shelter) are met for the next 12 hours.
- Unassigned personnel aren't wandering about the command post area.
- Assignments (oral or written) are ready prior to resource arrival.
- Teams returning from assignments are being debriefed promptly. Debriefing information is being recorded, and is being considered in developing future objectives.
- The family supports the search effort.
- A PIO has been identified, or the press has been notified.
- A rescue/medical plan has been identified, and is ready for immediate implementation.
- An air operations function has been activated to support any helicopter activities.

Signature \_\_\_\_\_

Date (yr/mo/day) \_\_\_\_\_

Time (24 hr) \_\_\_\_\_

11. EVALUATING THE "HEALTH OF A SEARCH RESPONSE" CHECKLIST

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**SAR Form #12**  
**Search And Rescue Mission Data Sheet**

RESPONSIBLE AGENCY: \_\_\_\_\_ INCIDENT COMMANDER: \_\_\_\_\_ PHONE: \_\_\_\_\_

MISSION DATE: Yr. / Mo. / Day / yr. TIME: \_\_\_\_\_ 24 hour clock INCIDENT #: \_\_\_\_\_ Local State AFRC Other

---

**SUBJECT INFORMATION**

Place Injured or Last Known Position: UMS - Grid: \_\_\_\_\_ Lat \_\_\_\_\_ N Long \_\_\_\_\_ W  
 Degrees/Minutes/Seconds \_\_\_\_\_ Degrees/Minutes/Seconds \_\_\_\_\_

USNG: \_\_\_\_\_ Location Common Name: \_\_\_\_\_

**Category:**

<input type="checkbox"/> Aircraft	<input type="checkbox"/> Deceased	<input type="checkbox"/> Horseback	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Raft	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Alzheimer	<input type="checkbox"/> Despondent	<input type="checkbox"/> Hunter	<input type="checkbox"/> Mountain Bike	<input type="checkbox"/> Retarded	<input type="checkbox"/> Walkway
<input type="checkbox"/> Boater	<input type="checkbox"/> Elderly	<input type="checkbox"/> Injured	<input type="checkbox"/> Overdue	<input type="checkbox"/> Downhill Skier	<input type="checkbox"/> XC Skier
<input type="checkbox"/> Camper	<input type="checkbox"/> Fisherman	<input type="checkbox"/> Intentional	<input type="checkbox"/> Photographer	<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Other
<input type="checkbox"/> Child	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Lost	<input type="checkbox"/> Picker	<input type="checkbox"/> Swimmer	
<input type="checkbox"/> Climber	<input type="checkbox"/> Hiker				

**Cause:**

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs	<input type="checkbox"/> Got Lost	<input type="checkbox"/> Poor Equipment	<input type="checkbox"/> Unknown
<input type="checkbox"/> Change/ Weather	<input type="checkbox"/> Equipment Failed	<input type="checkbox"/> Inexperience	<input type="checkbox"/> Poor Fitness	<input type="checkbox"/> Weather
<input type="checkbox"/> Darkness	<input type="checkbox"/> Fall	<input type="checkbox"/> Injury	<input type="checkbox"/> Poor Supervision	<input type="checkbox"/> Other
<input type="checkbox"/> Despondent	<input type="checkbox"/> Falling Object	<input type="checkbox"/> Mental	<input type="checkbox"/> Separation	

**Behavior:**

<input type="checkbox"/> Built Fire	<input type="checkbox"/> Followed Terrain	<input type="checkbox"/> Moved During Night	<input type="checkbox"/> Stayed Put	<input type="checkbox"/> Unknown
<input type="checkbox"/> Constructed Shelter	<input type="checkbox"/> Headed to Civilization	<input type="checkbox"/> Moved Uphill	<input type="checkbox"/> Stayed on Road	<input type="checkbox"/> Wandered
<input type="checkbox"/> Did Nothing	<input type="checkbox"/> Moved During Day	<input type="checkbox"/> Panicked	<input type="checkbox"/> Stayed on Trail	<input type="checkbox"/> X-Country
<input type="checkbox"/> Discarded Gear	<input type="checkbox"/> Moved Downhill	<input type="checkbox"/> Signaled for Help	<input type="checkbox"/> Used Travel Aids	

**Subjects:**

1. Name:	Address:	Phone #:	Sex:	Age:
2. Name:	Address:	Phone #:	Sex:	Age:
3. Name:	Address:	Phone #:	Sex:	Age:

Subject Realized Lost	Date:	Time (24-hr):	Time Subject Found	Date:	Time (24-hr):
Subject Reported Missing	Date:	Time (24-hr):	Total Search Time	Days:	Hours:
Call-Out Initialed	Date:	Time (24-hr):	Total Time Lost	Days:	Hours:
Resources Arrival at IPP	Date:	Time (24-hr):			

---

**SEARCH AREA INFORMATION**

**Weather:**

<input type="checkbox"/> Clear	<u>Temperature</u>	<u>Wind/mph</u>	<u>Rain</u>	<u>Snow</u>
<input type="checkbox"/> Fog	High	High	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> Overcast	Low	Low	<input type="checkbox"/> Occasional	<input type="checkbox"/> Occasional
<input type="checkbox"/> Partly Cloudy			<input type="checkbox"/> Drizzle	<input type="checkbox"/> Light
<input type="checkbox"/> Stormy	Visibility: Distance		<input type="checkbox"/> Heavy	<input type="checkbox"/> Heavy
				<input type="checkbox"/> Depth

**Terrain:**

<u>Topography</u>	Mountain	<u>Ground Cover</u>	<u>Water</u>	<u>Timber</u>	<u>Elevation:</u>
<input type="checkbox"/> Urban	Prairie	<input type="checkbox"/> 0	<input type="checkbox"/> Canal	<input type="checkbox"/> Dense	ft.
<input type="checkbox"/> Suburban	Flat	<input type="checkbox"/> Light	<input type="checkbox"/> Lake	<input type="checkbox"/> Moderate	
<input type="checkbox"/> Rural	Rolling	<input type="checkbox"/> Moderate	<input type="checkbox"/> River	<input type="checkbox"/> None	
<input type="checkbox"/> Wilderness	Rugged	<input type="checkbox"/> Dense	<input type="checkbox"/> Sound	<input type="checkbox"/> Some	



12. SEARCH AND RESCUE MISSION DATA SHEET

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Height

Ocean

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**SEARCH AND RESCUE MISSION DATA SHEET (Continued) (Incident # - \_\_\_\_\_ )**

<b>RESPONSE</b>		<input type="checkbox"/> Search	<input type="checkbox"/> Rescue	<input type="checkbox"/> Recovery
<b>Tactics:</b>				
<input type="checkbox"/> Air Scent Dog	<input type="checkbox"/> ATV	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Snowmobile
<input type="checkbox"/> Attraction	<input type="checkbox"/> Boat	<input type="checkbox"/> Ground Scent Dog	<input type="checkbox"/> Mountain Bike	<input type="checkbox"/> Sweep
	<input type="checkbox"/> Closed Grid -30	<input type="checkbox"/> Hasty Team	<input type="checkbox"/> Open Grid +30	<input type="checkbox"/> Tracking
	<input type="checkbox"/> Confinement	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Raft	<input type="checkbox"/> Vehicle
	<input type="checkbox"/> Diver	<input type="checkbox"/> Horseback	<input type="checkbox"/> Road Search	<input type="checkbox"/> Other
<b>Clues Found By:</b>				
<input type="checkbox"/> Air Scent Dog	<input type="checkbox"/> Closed Grid -30	<input type="checkbox"/> Hasty Team	<input type="checkbox"/> Mountain Bike	<input type="checkbox"/> Sweep
<input type="checkbox"/> Attraction	<input type="checkbox"/> Confinement	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Open Grid +30	<input type="checkbox"/> Statistical Data
<input type="checkbox"/> ATV	<input type="checkbox"/> Diver	<input type="checkbox"/> Horseback	<input type="checkbox"/> Raft	<input type="checkbox"/> Trackers
<input type="checkbox"/> Behavioral Data	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Interview	<input type="checkbox"/> Repeat Search	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Boat	<input type="checkbox"/> Ground Scent Dog	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Other
<b>Subject Found By:</b>				
<input type="checkbox"/> Air Scent Dog	<input type="checkbox"/> Confinement	<input type="checkbox"/> Hasty Search	<input type="checkbox"/> Non SAR Personnel	<input type="checkbox"/> Sweep
<input type="checkbox"/> Attraction	<input type="checkbox"/> Diver	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Open Grid +30	<input type="checkbox"/> Tracking
<input type="checkbox"/> ATV	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Horseback	<input type="checkbox"/> Raft	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Boat	<input type="checkbox"/> Friends	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Relatives	<input type="checkbox"/> Other
<input type="checkbox"/> Closed Grid -30	<input type="checkbox"/> Ground Scent Dog	<input type="checkbox"/> Mountain Bike	<input type="checkbox"/> Snowmobile	

**MISSION SUSPENSION/TERMINATION**

<input type="checkbox"/> Authority Decision	<input type="checkbox"/> Family	<input type="checkbox"/> Lack of Clues/Evidence	<input type="checkbox"/> Subj. not in Search Area	<input type="checkbox"/> Weather
<input type="checkbox"/> False Report	<input type="checkbox"/> Hazards to Searchers	<input type="checkbox"/> Subject Found	<input type="checkbox"/> Survivability	<input type="checkbox"/> Other

**Subject Found:**

Deceased       Hypothermia       Major Injuries       Minor Injuries       Well

Distance from Last Known Position:      Kms. ;      Tenths  
Miles

Elevation difference from Last Known Position      ; to      ft.

**REMARKS**

<b>Resources Used:</b>				
1	Unit	Personnel	Hours	Miles
2				
3				
4				
5				
6				

**Comments, Observations, Problems:**

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Report Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_

Report Signed By: (Print) \_\_\_\_\_ Agency: \_\_\_\_\_ Title: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date (yr/mo/day)** \_\_\_\_\_ **Time (24 hr)** \_\_\_\_\_

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SAR Form #13 SAR 6-STEP PLANNING PROCESS		Date & Time Ended:			
1. SIZE UP	2. CONTINGENCIES	3. OBJECTIVES	4. RESOURCES	5. PLAN	6. ACTION
Interview reporting party directly.	Identify and prioritize scenarios that might have caused subject's loss, and his/her possible subsequent activities.	Identify investigative actions to address the targeted scenarios	Determine tasks and resources needed to achieve all the objectives and contingencies	Establish an organizational structure that can effectively support efforts.	Brief all arriving personnel.
Consciously decide whether a response is justified.	By priority ranking, target the scenario(s) for resolution.	Identify containment actions to address the targeted scenarios.	Establish check-in procedures and resource status system to track resources	Develop and implement assignments to support the objectives. Assess Risks. Initiate in sequence.	If not already accomplished, finalize assignments with resources, including risk assessments. Provide assignment briefings.
Secure, investigate, and process IPP. If possible, personally inspect.	Determine the classification (mobility and responsiveness) of the subject under these targeted scenarios.	Establish search area boundaries: Identify magnets, travel aids, travel barriers, and passages.			Track resources. Ensure health of incident. Practice incident management principles and search crucials.
Begin compiling a Lost Subject Profile.	What could make things worse?	Determine subject's theoretical travel distance along each travel aid.			Debrief all resources immediately upon completion of assignments. Remember safety input.
Determine response urgency.	"What if's .....?" considered.	Establish containment strategies for each travel aid at the theoretical travel distance (and if applicable then sweeping to a passage closer to the IPP.	Order needed resources.		Finalize Incident Action Plan for next Operational Period.
Assign Incident Commander (IC).	What can I do to be prepared?  Identify and prioritize scenarios that might have caused subject's loss, and his/her possible subsequent activities.	Identify active search efforts (hasty search) to address the targeted scenarios.  Implement n effective risk management program (Safety objective). Consider delegating the Safety Officer function, addressing safety in briefings and debriefings, and conducting a risk assessment for each assignment.			Brief relief IC as to IAP.
Determine ending time of first operational period. Arrange for relief IC.	By priority ranking, target the scenario(s) for resolution.				Go home and catch some sleep.
Establish Incident Command Post (ICP), and locate IC there	Determine classification (mobility and responsiveness) of the subject under these targeted scenarios.				

Instructions: Place a large check (✓) in boxes for which tasks are initiated.

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SEARCH AND RESCUE MANAGEMENT DRAFT

14. POA CONSENSUS WORKSHEET

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DRAFT SEARCH AND RESCUE MANAGEMENT

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SAR Form #14 POA CONSENSUS WORKSHEET	1. Incident Name:	2. Date Prepared:					3. Time Prepared:					
Evaluator	Search Unit										ROW	
4. Total for Each Unit												
5. Total of All Units												
POA Percentage (Block #4 ÷ Block #5)												
Probability Estimate Scale	Very likely	Likely	Even chance	Unlikely	Very unlikely							
	5	4	3	2	1							
<p>Instructions: Record the number or letter designation for each unit (a unit being a scenario, region or segment) in the blocks directly below "Search Unit". (ROW refers to the rest of the world: i.e. outside the search area). Record the names of the evaluators in the left column.</p> <p>Each Evaluator: On scratch paper rate for each unit – WITHOUT OTHER EVALUATOR INPUT – your opinion as to the relative likelihood of the unit containing the subject, using the above Probability Estimate Scale. Then record your ratings in your name's row. Total the ratings for each unit in Block #4. Block #5 is the total of all units. Block #6 is calculated by dividing Block #4 by Block #5.</p>												
Prepared By:												Approved By:

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VI. FORMS



SAR Form #15  
**Safety Message/Plan (ICS 208 – ERI Version)**

<b>1. Incident Name:</b>	<b>2. Operational Period:</b>	Date From:	Date To:
		Time From:	Time To:
<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b> Establish and maintain an effective risk management program by implementing the strategies checked ( ) below:			
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Safety Officer Function:</b> _____ is the designated incident Safety Officer.</li> <li><input type="checkbox"/> <b>A Risk Assessment</b> identifying and evaluating hazards; determining appropriate resource training, capabilities, and equipment to mitigate these hazards; ensuring resources are advised of the hazards and appropriate risk exposure levels; establishing that the risk justifies the potential benefit, and that the identified tactic is the safest manner by which to accomplish the task will be conducted for each assignment.</li> <li><input type="checkbox"/> <b>Standard Work/Rest Guidelines.</b> Personnel should not exceed _____ hour shifts. Personnel completing long shifts or physically demanding tasks will be evaluated before driving long distances.</li> <li><input type="checkbox"/> <b>Briefings.</b> ____ Teams will be provided verbal briefings of assignments.                      ____ Teams will be provided written briefings (such as the Task Assignment form) of assignments. Searcher "right of refusal" will be affirmed in the briefings.</li> <li><input type="checkbox"/> <b>Debriefings.</b> Teams will be promptly debriefed upon assignment completion, including hazards encountered and risk management recommendations for future assignments.</li> <li><input type="checkbox"/> <b>PAR.</b> The Operations Section Chief will implement a "Personnel Accountability Report" process and schedule.</li> <li><input type="checkbox"/> <b>Safety Lead on each team.</b> Each team leader is encouraged to assign safety as a collateral duty to a team member.</li> <li><input type="checkbox"/> <b>LCES.</b> Teams are encouraged to maintain situational awareness using the "Lookouts, Communication, Escape Routes, and Safety Zone" concept.</li> <li><input type="checkbox"/> <b>ORM/GAR.</b> Command will implement a structured Operational Risk Management "Green/Amber/Red" partnership process with assigned resources (including determination of risk scores) to assess and mitigate risk exposures. OR</li> <li><input type="checkbox"/> <b>SAR GAR.</b> Teams are directed to assess their perceptions of individual risk exposures using the "SAFETI" model (Supervision, Assignment, Fitness, Environment, Team, Improvisation avoidance) upon task assignment, and whenever significant changes occur during the assignment. Teams unable to mitigate a "Red" element to a lower level of risk will consult with higher authority before accepting assignment. Teams will be directed to refuse all non life-threatening assignments they perceive as having four or more "Red" elements.</li> </ul>			
<b>5. Prepared by: (Name)</b>		<b>Position/Title:</b>	
<b>Signature:</b>			
ICS 208	IAP Page _____	<b>Date/Time:</b>	



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16. RISK ASSESSMENT WORKSHEET

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<b>SAR Form #16 RISK ASSESSMENT WORKSHEET</b>	1. ASSIGNMENT NUMBER, ACTIVITY DESCRIPTION, OR OTHER DESIGNATOR:	2. DATE & TIME	3. PREPARED BY
<b>CONSIDER THE FOLLOWING QUESTIONS FOR EACH ASSIGNMENT AND ACTIVITY</b>			
<b>ITEM</b>	<b>YES</b>	<b>NO</b>	
Have the hazards associated with this assignment been identified?			
What are these hazards?			
Does the assigned resource have the training, capabilities, and equipment to mitigate the hazards?			
Is there a process in place to ensure the assigned resource will be notified of the potential hazards?			
Will the resource be advised as to the risk exposure at which to cancel the assignment?			
Does the risk justify the benefit?			
Is this the safest manner by which to accomplish the task?			
Other options considered:			
If the answer to any of the above questions is "no", the assignment should be redesigned.			
Remember the prime directive of all emergency responses: "The life of the rescuer takes precedence over all other concerns, including the well-being of the subject".			

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<b>SAR Form #17 ASSIGNMENT LIST (SAR VERSION)</b>		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	
4. BRANCH		5. DIVISON/GROUP	6. OPERATIONAL PERIOD DATE TIME	7. TASK/TEAM NO.	
A S S I G N M E N T	8. ASSIGNMENT INSTRUCTIONS			9. DISCUSS <input type="checkbox"/> Press <input type="checkbox"/> Family <input type="checkbox"/> Clues <input type="checkbox"/> Summary to date <input type="checkbox"/> Time frame <input type="checkbox"/> Terrain <input type="checkbox"/> Anticipated POD <input type="checkbox"/> Tactics <input type="checkbox"/> Weather <input type="checkbox"/> Safety	
	10. TRANSPORTATION AND ROUTING INFORMATION (to and from assignment)				
P E R S O N N E L	11. FUNCTION	12. NAME	13. SPECIAL SKILLS	14. AT BRIEFING	15. AGENCY
	1. Team Leader			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
E Q U I P M E N T	16. PERSONAL			17. TEAM	
C O M M S	18. TASK/TEAM CALL SIGN & FREQUENCY		19. BASE CALL SIGN & FREQUENCY	20. PERTINANT PHONE NUMBERS	
	21. SPECIAL INSTRUCTIONS OR OTHER FREQUENCIES				
A T T A C H E D	22. "X" IF ATTACHED <input type="checkbox"/> Map (Original) <input type="checkbox"/> Assignment Sketched on second map <input type="checkbox"/> Subject Information <input type="checkbox"/> Subject Profile <input type="checkbox"/> Incident Briefing (ICS-201)		<input type="checkbox"/> Incident Objectives (ICS-202) <input type="checkbox"/> Organization Assignment List (ICS-203) <input type="checkbox"/> Radio Plan (ICS-205) <input type="checkbox"/> Medical Plan (ICS-206) <input type="checkbox"/> Incident Status Summary (ICS-209) <input type="checkbox"/> Air Ops Summary (ICS-220)	<input type="checkbox"/> Coroner Plan <input type="checkbox"/> Rescue Plan	
PREPARED BY		APPROVED BY (PLANNING SECTION CHIEF)		TEAM BRIEFED BY	
ICS-204 (SAR)	Team Leader: Upon completion of assignment, report to Debriefing at _____ (location). At that time give your copy of this form to the Debriefing Officer. Debriefing Officer: include this copy with debriefing packet.				

(INSTRUCTIONS ON REVERSE SIDE)



**INSTRUCTIONS FOR COMPLETING THE ASSIGNMENT LIST (SAR VERSION)**

**USE:** Required if used as a substitute for the standard Assignment List (ICS-204). Optional if used with the ICS-204.

**RESPONSIBILITY FOR COMPLETION:** Under standard ICS organization, Resources Unit Leader. Depending upon specific incident, may be completed by other functions in Plans, or by Operations.

**PURPOSE:** Provide written instructions to teams, record assignments, and serve as a format for briefing.

**WHERE TO OBTAIN PERTINENT INFORMATION:**

- Incident Briefing (ICS-201)
- Incident Objectives (ICS-202)
- Organization Assignment List (ICS-203)
- Radio Plan (ICS-205)
- Operational Planning Work Sheet (ICS-215), or IAP Worksheet.
- Resources Unit
- Logistics

**DISTRIBUTION:** Original to Team Leader, copy to Operations, copy to Documentation.

**FREQUENCY OF UPDATE/REVISION:** As each assignment is prepared.

**USER INSTRUCTIONS:**

- |     |                         |  |
|-----|-------------------------|--|
| 1.  | Incident Name           | The name of the incident.  |
| 4.  | Branch                  | For some large incidents, a functional or geographic organization under Operations.  |
| 5.  | Division/Group          | For some large incidents, a functional or geographic organization below Branch.  |
| 6.  | Operational Period      | A block of time, usually 12 hours (i.e. 6AM-6PM).  |
| 7.  | Assignment/Team #:      | The number of this specific assignment. Each task should be sequentially assigned an individual number for documentation purposes. |
| 8.  | Assignment Instructions | Concisely state assignment.  |
| 9.  | Discuss                 | Suggested topics to cover during briefing of team.   |
| 11. | Function                | Individual team member responsibilities.   |
| 12. | Name                    | Name of team member.   |
| 13. | Special Skills          | Special qualifications of team members important for task completion.  |
| 15. | Agency                  | Team member affiliation.   |
| 16. | Personal                | Equipment to be carried by each team member.   |
| 17. | Team                    | Group equipment to be carried with team.   |

Hugh Dougher, 5/94

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SAR Form #18 (ICS 203) ORGANIZATION ASSIGNMENT LIST

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
<b>4. Agency/Organization Representatives:</b>		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
<b>5. Planning Section:</b>		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
<b>6. Logistics Section:</b>		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Support Branch		Air Operations Branch	
Director		Air Ops Branch Dir.	
Supply Unit			
Facilities Unit			
Ground Support Unit			
Service Branch			
Director			
Communications Unit			
Medical Unit			
Food Unit			
<b>9. Prepared by: Name:</b> _____ <b>Position/Title:</b> _____ <b>Signature:</b> _____		<b>8. Finance/Administration Section:</b>	
ICS 203	IAP Page _____	Chief	
	Date/Time: _____	Deputy	
		Time Unit	
		Procurement Unit	
		Comp/Claims Unit	
		Cost Unit	



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**18. (ICS 203) ORGANIZATION ASSIGNMENT LIST**

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**SAR FORM #18 (ICS 203) ORGANIZATION ASSIGNMENT LIST**

**Purpose.** The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. Not all positions need to be filled. Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

**Preparation.** The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

**Distribution.** The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

**Notes.**

The ICS 203 serves as part of the IAP.

If needed, more than one name can be put in each block by inserting a slash.

If additional pages are needed, use a blank ICS 203 and repaginate as needed.

ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

**For More Information About This Form See:**  
**NATIONAL INCIDENT MANAGEMENT SYSTEM INCIDENT COMMAND SYSTEM**  
**ICS FORMS BOOKLET, FEMA 502-2, September 2010**



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**SAR Form #19 (ICS 206) MEDICAL PLAN**

<b>1. Incident Name:</b>		<b>2. Operational Period:</b>					
		Date From:	Date To:				
		Time From:	Time To:				
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude If Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b>							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by (Medical Unit Leader):</b> Name: _____				Signature: _____			
<b>8. Approved by (Safety Officer):</b> Name: _____				Signature: _____			
ICS 206		IAP Page _____		Date/Time: _____			



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DRAFT SEARCH AND RESCUE MANAGEMENT

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VI**SAR FORM #19 (ICS 206) MEDICAL PLAN**

**Purpose.** The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

**Preparation.** The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

**Distribution.** The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

**Notes.**

The ICS 206 serves as part of the IAP.  
This form can include multiple pages.

**For More Information About This Form See:**  
NATIONAL INCIDENT MANAGEMENT SYSTEM INCIDENT COMMAND SYSTEM  
ICS FORMS BOOKLET, FEMA 502-2, September 2010

SAR FORM #20 (ICS 207) INCIDENT ORGANIZATION CHART

<b>1. Incident Name:</b>  	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	<div style="text-align: center;"> <p><b>3. Organization Chart</b></p> </div>
ICS 207	IAP Page _____	4. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____



**SAR FORM #20 (ICS 207) INCIDENT ORGANIZATION CHART**

**Purpose.** The Incident Organization Chart (ICS 207) provides a visual wall chart depicting the ICS organization position assignments for the incident. The ICS 207 is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

**Preparation.** The ICS 207 is prepared by the Resources Unit Leader and reviewed by the Incident Commander. Complete only the blocks where positions have been activated, and add additional blocks as needed, especially for Agency Representatives and all Operations Section organizational elements. For detailed information about positions, consult the NIMS ICS Field Operations Guide. The ICS 207 is intended to be used as a wall-size chart and printed on a plotter for better visibility. A chart is completed for each operational period, and updated when organizational changes occur.

**Distribution.** The ICS 207 is intended to be wall mounted at Incident Command Posts and other incident locations as needed, and is not intended to be part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

**Notes:**

The ICS 207 is intended to be wall mounted (printed on a plotter). Document size can be modified based on individual needs. Also available as 8½ x 14 (legal size) chart.

ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.

Use additional pages if more than three branches are activated. Additional pages can be added based on individual need (such as to distinguish more Division/Groups and Branches as they are activated).

**For More Information About This Form See:**

NATIONAL INCIDENT MANAGEMENT SYSTEM INCIDENT COMMAND SYSTEM

ICS FORMS BOOKLET, FEMA 502-2, September 2010

SAR FORM #21 (ICS 209) INCIDENT STATUS SUMMARY

*1. Incident Name:		2. Incident Number:	
*3. Report Version (check one box on left): <input type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input type="checkbox"/> Final		*4. Incident Commander(s) & Agency or Organization:	
5. Incident Management Organization:		*6. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____	
7. Current Incident Size or Area Involved (use unit label - e.g., "sq mi," "city block"):		8. Percent (%) Contained _____ Completed	*9. Incident Definition:
10. Incident Complexity Level:		*11. For Time Period: From Date/Time: _____ To Date/Time: _____	

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____		*13. Date/Time Submitted: Time Zone: _____
*14. Approved By: Print Name: _____ ICS Position: _____ Signature: _____		*15. Primary Location, Organization, or Agency Sent To:

Incident Location Information

*16. State:	*17. County/Parish/Borough:	*18. City:
19. Unit or Other:	*20. Incident Jurisdiction:	21. Incident Location Ownership (if different than jurisdiction):
22. Longitude (indicate format): Latitude (indicate format):	23. US National Grid Reference:	24. Legal Description (township, section, range):
*25. Short Location or Area Description (list all affected areas or a reference point):		26. UTM Coordinates:
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels):		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.):				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	Other Minor Structures			
	Other			
ICS 209, Page 1 of ____		* Required when applicable.		

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**SAR FORM #21 (ICS 209) INCIDENT STATUS SUMMARY (Continued)**

<b>*1. Incident Name:</b>		<b>2. Incident Number:</b>	
<i>Additional Incident Decision Support Information</i>			
<b>*31. Public Status Summary:</b>	A. # This Reporting Period	B. Total # to Date	<b>*32. Responder Status Summary:</b>
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>
D. Fatalities			D. Fatalities
E. With Injuries/Illness			E. With Injuries/Illness
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue
G. Missing (note if estimated)			G. Missing
H. Evacuated (note if estimated)			H. Sheltering in Place
I. Sheltering in Place (note if estimated)			I. Have Received Immunizations
J. In Temporary Shelters (note if est.)			J. Require Immunizations
K. Have Received Mass Immunizations			K. In Quarantine
L. Require Immunizations (note if est.)			
M. In Quarantine			
N. Total # Civilians (Public) Affected:			N. Total # Responders Affected:
<b>33. Life, Safety, and Health Status/Threat Remarks:</b>			<b>*34. Life, Safety, and Health Threat Management:</b>
		A. Check if Active	
		A. No Likely Threat <input type="checkbox"/>	
		B. Potential Future Threat <input type="checkbox"/>	
		C. Mass Notifications in Progress <input type="checkbox"/>	
		D. Mass Notifications Completed <input type="checkbox"/>	
		E. No Evacuation(s) Imminent <input type="checkbox"/>	
		F. Planning for Evacuation <input type="checkbox"/>	
		G. Planning for Shelter-in-Place <input type="checkbox"/>	
		H. Evacuation(s) in Progress <input type="checkbox"/>	
		I. Shelter-in-Place in Progress <input type="checkbox"/>	
		J. Repopulation in Progress <input type="checkbox"/>	
		K. Mass Immunization in Progress <input type="checkbox"/>	
		L. Mass Immunization Complete <input type="checkbox"/>	
		M. Quarantine in Progress <input type="checkbox"/>	
		N. Area Restriction in Effect <input type="checkbox"/>	
<b>35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):</b>			
<b>36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:</b>			
12 hours:			
24 hours:			
48 hours:			
72 hours:			
Anticipated after 72 hours:			
<b>37. Strategic Objectives (define planned end-state for incident):</b>			
ICS 209, Page 2 of ____		* Required when applicable.	





21. (ICS 209) INCIDENT STATUS SUMMARY



SAR FORM #21 (ICS 209) INCIDENT STATUS SUMMARY (Continued)

*1. Incident Name:	2. Incident Number:
<i>Additional Incident Decision Support Information (continued)</i>	
<p><b>38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.</b></p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p><b>39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:</b></p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p><b>40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:</b></p> <ul style="list-style-type: none"> <li>1) critical resource needs identified above,</li> <li>2) the Incident Action Plan and management objectives and targets,</li> <li>3) anticipated results.</li> </ul> <p>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p>	
41. Planned Actions for Next Operational Period:	
42. Projected Final Incident Size/Area (use unit label – e.g., “sq mi”):	
43. Anticipated Incident Management Completion Date:	
44. Projected Significant Resource Demobilization Start Date:	
45. Estimated Incident Costs to Date:	
46. Projected Final Incident Cost Estimate:	
47. Remarks (or continuation of any blocks above – list block number in notation):	
ICS 209, Page 3 of ____	* Required when applicable.





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**SAR FORM #21 (ICS 209) INCIDENT STATUS SUMMARY (Continued)**

<b>1. Incident Name:</b>	<b>2. Incident Number:</b>
--------------------------	----------------------------

*Incident Resource Commitment Summary*

48. Agency or Organization:	49. Resources (summarize resources by category, kind, and/or type; show # of resources on top ½ of box, show # of personnel associated with resource on bottom ½ of box):	50. Additional Personnel not assigned to a resource:	51. Total Personnel (includes those associated with resources - e.g., aircraft or engines - and individual overhead):
<b>52. Total Resources</b>			
<b>53. Additional Cooperating and Assisting Organizations Not Listed Above:</b>			
ICS 209, Page ___ of ___		* Required when applicable.	

**SAR FORM 21 (ICS 209) INCIDENT STATUS SUMMARY**

**Purpose.** The ICS 209 is used for reporting information on significant incidents. It is not intended for every incident, as most incidents are of short duration and do not require scarce resources, significant mutual aid, or additional support and attention. The ICS 209 contains basic information elements needed to support decision making at all levels above the incident to support the incident. Decision makers may include the agency having jurisdiction, but also all multiagency coordination system (MACS) elements and parties, such as cooperating and assisting agencies/organizations, dispatch centers, emergency operations centers, administrators, elected officials, and local, tribal, county, State, and Federal agencies. Once ICS 209 information has been submitted from the incident, decision makers and others at all incident support and coordination points may transmit and share the information (based on its sensitivity and appropriateness) for access and use at local, regional, State, and national levels as it is needed to facilitate support.

Accurate and timely completion of the ICS 209 is necessary to identify appropriate resource needs, determine allocation of limited resources when multiple incidents occur, and secure additional capability when there are limited resources due to constraints of time, distance, or other factors. The information included on the ICS 209 influences the priority of the incident, and thus its share of available resources and incident support.

The ICS 209 is designed to provide a "snapshot in time" to effectively move incident decision support information where it is needed. It should contain the most accurate and up-to-date information available at the time it is prepared. However, readers of the ICS 209 may have access to more up-to-date or real-time information in reference to certain information elements on the ICS 209. Coordination among communications and information management elements within ICS and among MACS should delineate authoritative sources for more up-to-date and/or real-time information when ICS 209 information becomes outdated in a quickly evolving incident.

**Reporting Requirements.** The ICS 209 is intended to be used when an incident reaches a certain threshold where it becomes significant enough to merit special attention, require additional resource support needs, or cause media attention, increased public safety threat, etc. Agencies or organizations may set reporting requirements and, therefore, ICS 209s should be completed according to each jurisdiction or discipline's policies, mobilization guide, or preparedness plans. It is recommended that consistent ICS 209 reporting parameters be adopted and used by jurisdictions or disciplines for consistency over time, documentation, efficiency, trend monitoring, incident tracking, etc.

For example, an agency or MAC (Multiagency Coordination) Group may require the submission of an initial ICS 209 when a new incident has reached a certain predesignated level of significance, such as when a given number of resources are committed to the incident, when a new incident is not completed within a certain timeframe, or when impacts/threats to life and safety reach a given level.

Typically, ICS 209 forms are completed either once daily or for each operational period – in addition to the initial submission. Jurisdictional or organizational guidance may indicate frequency of ICS 209 submission for particular definitions of incidents or for all incidents. This specific guidance may help determine submission timelines when operational periods are extremely short (e.g., 2 hours) and it is not necessary to submit new ICS 209 forms for all operational periods.

Any plans or guidelines should also indicate parameters for when it is appropriate to stop submitting ICS 209s for an incident, based upon incident activity and support levels.

**Preparation.** When an Incident Management Organization (such as an Incident Management Team) is in place, the Situation Unit Leader or Planning Section Chief prepares the ICS 209 at the incident. On other incidents, the ICS 209 may be completed by a dispatcher in the local communications center, or by another staff person or manager. This form should be completed at the incident or at the closest level to the incident.

The ICS 209 should be completed with the best possible, currently available, and verifiable information at the time it is completed and signed.

This form is designed to serve incidents impacting specific geographic areas that can easily be defined. It also has the flexibility for use on ubiquitous events, or those events that cover extremely large areas and that may involve many jurisdictions and ICS organizations. For these incidents, it will be useful to clarify on the form exactly which portion of the larger incident the ICS 209 is meant to address. For example, a particular ICS 209 submitted during a statewide outbreak of mumps may be relevant only to mumps-related activities in Story

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County, Iowa. This can be indicated in both the incident name, Block 1, and in the Incident Location Information section in Blocks 16–26.

While most of the “Incident Location Information” in Blocks 16–26 is optional, the more information that can be submitted, the better. Submission of multiple location indicators increases accuracy, improves interoperability, and increases information sharing between disparate systems. Preparers should be certain to follow accepted protocols or standards when entering location information, and clearly label all location information. As with other ICS 209 data, geospatial information may be widely shared and utilized, so accuracy is essential.

If electronic data is submitted with the ICS 209, do not attach or send extremely large data files. Incident geospatial data that is distributed with the ICS 209 should be in simple incident geospatial basics, such as the incident perimeter, point of origin, etc. Data file sizes should be small enough to be easily transmitted through dial-up connections or other limited communications capabilities when ICS 209 information is transmitted electronically. Any attached data should be clearly labeled as to format content and collection time, and should follow existing naming conventions and standards.

**Distribution.** ICS 209 information is meant to be completed at the level as close to the incident as possible, preferably at the incident. Once the ICS 209 has been submitted outside the incident to a dispatch center or MACS element, it may subsequently be transmitted to various incident supports and coordination entities based on the support needs and the decisions made within the MACS in which the incident occurs.

Coordination with public information system elements and investigative/intelligence information organizations at the incident and within MACS is essential to protect information security and to ensure optimal information sharing and coordination. There may be times in which particular ICS 209s contain sensitive information that should not be released to the public (such as information regarding active investigations, fatalities, etc.). When this occurs, the ICS 209 (or relevant sections of it) should be labeled appropriately, and care should be taken in distributing the information within MACS.

All completed and signed original ICS 209 forms MUST be given to the incident’s Documentation Unit and/or maintained as part of the official incident record.

**Notes:**

- To promote flexibility, only a limited number of ICS 209 blocks are typically required, and most of those are required only when applicable.
- Most fields are optional, to allow responders to use the form as best fits their needs and protocols for information collection.
- For the purposes of the ICS 209, responders are those personnel who are assigned to an incident or who are a part of the response community as defined by NIMS. This may include critical infrastructure owners and operators, nongovernmental and nonprofit organizational personnel, and contract employees (such as caterers), depending on local/jurisdictional/discipline practices.
- For additional flexibility only pages 1–3 are numbered, for two reasons:
  - Possible submission of additional pages for the Remarks Section (Block 47), and
  - Possible submission of additional copies of the fourth/last page (the “Incident Resource Commitment Summary”) to provide a more detailed resource summary.

**For More Information About This Form See:  
NATIONAL INCIDENT MANAGEMENT SYSTEM INCIDENT COMMAND SYSTEM  
ICS FORMS BOOKLET, FEMA 502-2, September 2010**

22. (ICS 211) INCIDENT CHECK-IN LIST



SAR FORM #22 (ICS 211) INCIDENT CHECK-IN LIST

1. Incident Name:		2. Incident Number:			3. Check-in Location (complete all that apply): <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other			4. Start Date/Time: Date: _____ Time: _____	
<b>Check-in information. (use reverse of form for remarks or comments)</b>									
5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:		State	Agency	Category	Knd	Type	Resource Name or Identifier	ST or TF	16. Data Provided to Resources Unit
		Agency	Category	Knd	Type	Resource Name or Identifier	ST or TF		
6. Order Request #		7. Date/Time Check-in		8. Leader's Name		9. Total Number of Personnel		10. Incident Contact Information	
11. Home Unit or Agency		12. Departure Point, Date and Time		13. Method of Travel		14. Incident Assignment		15. Other Qualifications	
17. Prepared by: Name: _____		Position/Title: _____		Signature: _____		Date/Time: _____		ICS 211	



SAR FORM #22 (ICS 211) INCIDENT CHECK-IN LIST

Purpose. Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

Preparation. The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

Distribution. ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

Notes:

- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

For More Information About This Form See:  
NATIONAL INCIDENT MANAGEMENT SYSTEM INCIDENT COMMAND SYSTEM  
ICS FORMS BOOKLET, FEMA 502-2, September 2010





**SAR FORM #23 (ICS 215A) INCIDENT ACTION PLAN SAFETY ANALYSIS**

**Purpose.** The purpose of the Incident Action Plan Safety Analysis (ICS 215A) is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards, safety, and health issues, and to develop appropriate controls. This worksheet addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

**Preparation.** The ICS 215A is typically prepared by the Safety Officer during the incident action planning cycle. When the Operations Section Chief is preparing for the tactics meeting, the Safety Officer collaborates with the Operations Section Chief to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). Incident areas or regions are listed along with associated hazards and risks. For those assignments involving risks and hazards, mitigations or controls should be developed to safeguard responders, and appropriate incident personnel should be briefed on the hazards, mitigations, and related measures. Use additional sheets as needed.

**Distribution.** When the safety analysis is completed, the form is distributed to the Resources Unit to help prepare the Operations Section briefing. All completed original forms must be given to the Documentation Unit.

**Notes:**

- This worksheet can be made into a wall mount, and can be part of the IAP.
- If additional pages are needed, use a blank ICS 215A and repaginate as needed.

**For More Information About This Form See:**  
NATIONAL INCIDENT MANAGEMENT SYSTEM INCIDENT COMMAND SYSTEM  
ICS FORMS BOOKLET, FEMA 502-2, September 2010

