

# 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 13/04	
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.	May 10/05	
215	OPERATIONS PLAN	IAP			P			START O.P.	Dec 16/04	
204	TEAM ASSIGNMENT / DEBRIEFING SHEET			O	P				May 10/05	
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	

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	Dec 20/04	
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	Dec 20/04	
221	DEMOBILIZATION PLAN				P			START O.P.	Dec 20/04	

O.P. = Operational Period

\* Unit Log for Interview/Investigation is ongoing.

FORM SET REV. July 4/05



These forms were created by volunteers in British Columbia as part of a New SAR Initiatives fund grant by the Canadian National Search and Rescue Secretariat. They have since been updated by the staff of the Justice Institute of B.C.

<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 #:		
<b>ANSWERS TO:</b> <i>(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: <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:				

**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: _____ _____			

**Clothing/Equipment Cont.**

<input type="checkbox"/> WHISTLE <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> GPS <input type="checkbox"/> COMPASS	TENT:	PACK MAKE/COLOUR:	AVALANCHE BEACON: <input type="checkbox"/> OLD Fx <input type="checkbox"/> NEW Fx
	MAP:	STOVE:	<input type="checkbox"/> SKIS <input type="checkbox"/> SNOWSHOES
ADDITIONAL EQUIPMENT:			
..... ..... .....			
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

#### 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: ..... ..... ..... ..... .....	<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>
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<b>MISSING VESSEL QUESTIONNAIRE</b>		TASK #	DATE & TIME PREPARED:	<b>PAGE # 1 OF 3</b>	
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/ 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.): ..... ..... ..... .....
	RATING (HP): _____	
	FUEL TYPE: _____	
	FUEL CAPACITY: _____	
<b>CONDITION</b>	HULL: _____	
	MECHANICAL: _____	
<b>TRAILER</b>	TYPE: _____	COLOUR: _____
<b>ACCESSORIES</b>	OARS: _____	COMMENTS: ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....
	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): ..... .....	
MAP # _____	GRID REF: _____
LOCATION OF TRAILER AND/OR VEHICLE (TRANSPORTATION): ..... .....	

**ICS302A**

SKETCH INTENDED ROUTE:

WEATHER AT TIME LAST SEEN:

SUBJECT'S BAD WEATHER PLAN:

COMMENTS:

# CHECK-IN LIST



<b>TASK #</b>	<b>TASK NAME:</b>	<b>CHECK-IN LOCATION:</b>	<b>FOR OP. PERIOD #</b>
<b>GROUP/UNIT NAME:</b>		<b>FOR PERIOD:</b>	
		<b>TO:</b>	

#	PRINT NAME	VOLUNTEER ADDRESS & PHONE #	NEXT OF KIN NAME & PHONE #	TIME <b>IN</b>	MUST BE OUT BY	TIME <b>OUT</b>	HRS.	Km/ Mi.
				⋮ INITIALS		⋮ INITIALS		
				⋮ INITIALS		⋮ INITIALS		
				⋮ INITIALS		⋮ INITIALS		
				⋮ INITIALS		⋮ INITIALS		
				⋮ INITIALS		⋮ INITIALS		
				⋮ INITIALS		⋮ INITIALS		
				⋮ INITIALS		⋮ INITIALS		
				⋮ INITIALS		⋮ INITIALS		
				⋮ INITIALS		⋮ INITIALS		

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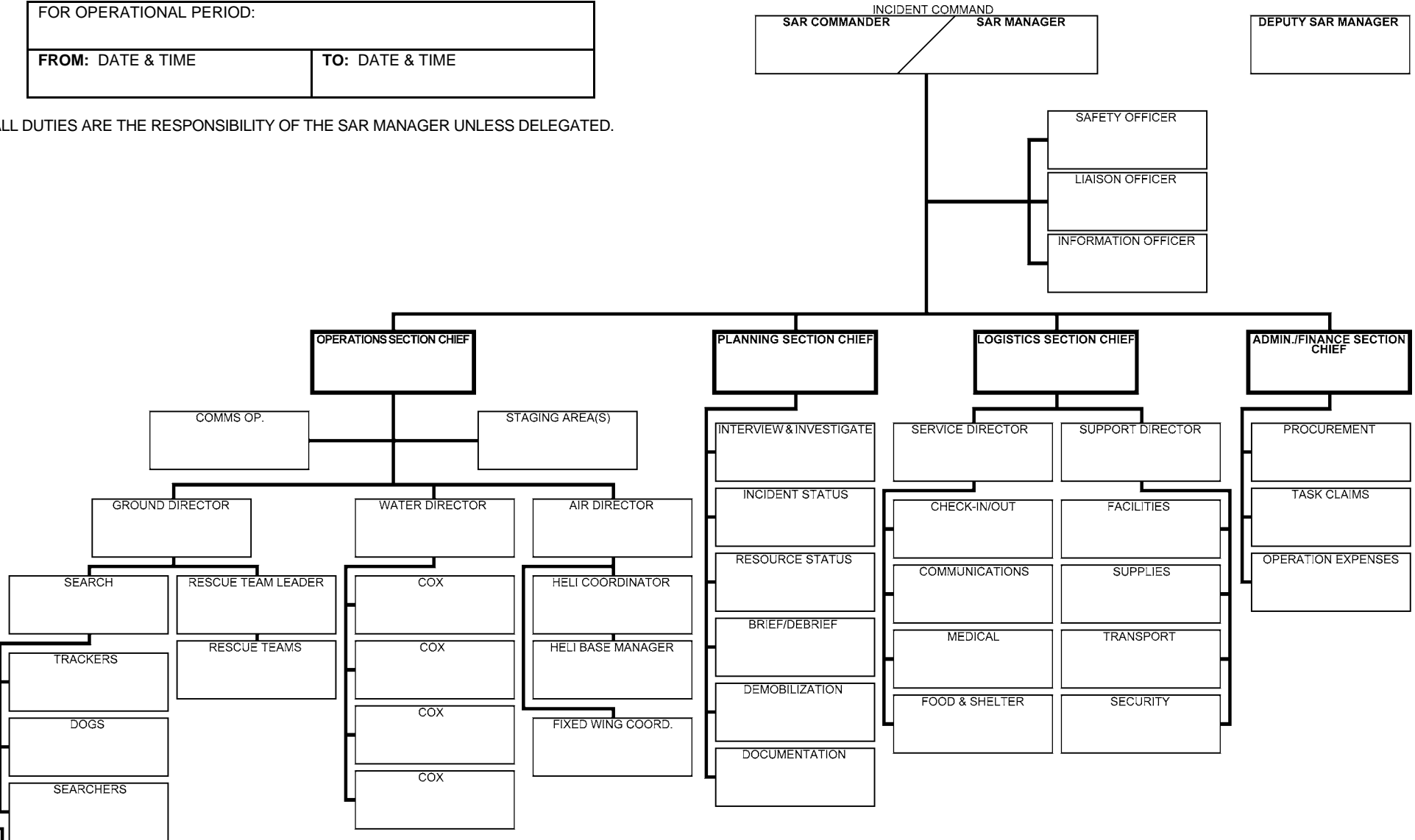




<b>ORGANIZATION CHART</b>	TASK#	TASK NAME:	DATE & TIME PREPARED:
	PREPARED BY (PLANNING):		APPROVED BY (SAR MGR.):

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

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



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

**NOT FOR PUBLIC DISTRIBUTION**

FIRST NAME:		AFFIX PHOTO IF AVAILABLE
LAST NAME:		
ANSWERS TO:		
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>	MEDICAL HISTORY:		
	MEDICATIONS:	DISABILITIES: Inc. vision & hearing	ALLERGIES:

CLOTHING:
FOOTWEAR:
EQUIPMENT:

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

**ICS301**



# 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					
		Search areas/segments					
		Location of ICP/ other Facilities					
		High priority areas					
		Hazards					
		Altitude					
		Exit routes					
	Radio repeaters						
5	Weather - Past, Current & Forecast						
6	Search History	General overview of past search efforts/ Shifting POA's		1	<b>ADMINISTRATION/LOGISTICS</b>		
		Objectives accomplished		2	Logs, files, status map, info posted on walls		
		Past high priority areas		3	ICP location, layout, routine		
		Clues found		3	Feeding Plan	Supplier	
		Current Mattson assessment				Feeding location	
		Problems encountered			Delivery plan/ schedule		
		Local knowledge input		4	Shelter		
7	Significant events/information			5	Stores		
8	Theories	Past/current		6	Transport		
		Contrary opinions		7	Sanitation		
		Assumptions		8	Accommodation		
				9	Media - policy on interviews/presence in area		
				10	Relatives/ Friends/ Co-workers		
				11	Firearms		
				12	Operational Periods, start & end, time of next shift change		
				13	Computer Support		
MISSION			<b>COMMAND/COMMUNICATIONS</b>				
1	Concise summary of objectives of SAR Mgt. Team for coming Operational Period.			1	Command - Identify members of Search Mgt. Team, roles & responsibilities		
EXECUTION				2	Communications Plan	Frequencies, nets	
1	General - Overview of Search Action Plan and how it will accomplish the objectives to be completed in the coming operational period.					Call signs	
2	Significant events/information					Codewords	
3	Current Tasks/Activities/Location/Return times					Radio Checks, Reports	
4	Coordinating Details	Planned or Outstanding Tasks/ Activities/ Timings		3	Synchronize Watches		
		Movement Plan		4	Questions to/from		
		Special Equipment	Assigned		<b>VISUAL AIDS/HANDOUTS</b>		
			Available		1	Updated status/search maps	
			Priority assignment		2	Subject profile(s)	
			Anticipated loss		3	Photo(s) of subject(s)	
	Departure			4	Sketch of footwear sole pattern		
				5	Air Photos		



**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>						
<b>8</b>	<b>10</b>	<b>12</b>	<b>14</b>	<b>16</b>	<b>18</b>	<b>20</b>
<b>HIGHEST URGENCY</b>		<b>INTERMEDIATE URGENCY</b>				<b>LOWEST URGENCY</b>





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

<b>PLANNING</b>	ASSIGNMENT:	ASSIGNMENT TYPE:
		<input type="checkbox"/> Hasty Search
		<input type="checkbox"/> Tracking
		<input type="checkbox"/> Sound Sweep
	<input type="checkbox"/> Dog	<input type="checkbox"/> Grid, Type: <input style="width: 100px;" type="text"/>
	<input type="checkbox"/> Rope Rescue	<input type="checkbox"/> Swiftwater
	<input type="checkbox"/> OAR/Reserve Avalanche Team	<input type="checkbox"/> Evacuation
	<input type="checkbox"/> MR <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Other:
	Terrain Type: _____	Members Required: _____
	PLANNED START: _____	PLANNED DURATION: _____

<b>OPERATIONS</b>	<b>BRIEFING CHECKLIST</b>		<b>SPECIAL EQUIPMENT:</b>																																																																																																			
	<b>SITUATION</b> <input type="checkbox"/> Subject Info/History <input type="checkbox"/> Task Mgt. Details <input type="checkbox"/> Terrain <input type="checkbox"/> Maps-GPS Datum, Declination <input type="checkbox"/> Hazards <input type="checkbox"/> Exit Routes <input type="checkbox"/> Weather <input type="checkbox"/> Other Teams	<b>MISSION</b> <input type="checkbox"/> Assignment <input type="checkbox"/> Tactics <input type="checkbox"/> Duration  <b>EXECUTION</b> <input type="checkbox"/> Preparation <input type="checkbox"/> Special Equipment <input type="checkbox"/> Deployment <input type="checkbox"/> Return/Debrief <input type="checkbox"/> Safety	<b>ADMINISTRATION</b> <input type="checkbox"/> Food/Water <input type="checkbox"/> Transportation <input type="checkbox"/> Media <input type="checkbox"/> Family/Friends  <b>COMMUNICATIONS</b> <input type="checkbox"/> Primary Ch. <input style="width: 100px;" type="text"/> <input type="checkbox"/> Secondary <input style="width: 100px;" type="text"/> <input type="checkbox"/> Emergency <input style="width: 100px;" type="text"/> <input type="checkbox"/> Repeater(s) <input style="width: 100px;" type="text"/> <input type="checkbox"/> ICP Call Sign <input style="width: 100px;" type="text"/>																																																																																																			
	TRANSPORTATION: _____		BRIEFED BY: _____																																																																																																			
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;"><b>TEAM MEMBERS</b></th> <th>GROUP/ AGENCY</th> <th>CALL SIGN</th> <th>PHONE #</th> <th>ROPE RESCUE</th> <th>TRACKER</th> <th>FIRST AID</th> <th>GSAR</th> <th>SPECIAL SKILL(S)</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">TL</td> <td style="width: 25%;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<b>TEAM MEMBERS</b>		GROUP/ AGENCY	CALL SIGN	PHONE #	ROPE RESCUE	TRACKER	FIRST AID	GSAR	SPECIAL SKILL(S)	TL										1										2										3										4										5										6										7										8								
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<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>
	REV 04/12/13	

<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					

**ICS 206**



<b>TRANSPORTATION PLAN</b>	TASK #	TASK NAME:	FOR OP. PERIOD #	DATE & TIME PREPARED:
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#	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: 70%;">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:
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EQUIPMENT:																		
DEPART TIME:	RETURN TIME:																	
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OPERATOR:	CALL SIGN:																	
EQUIPMENT:																		
DEPART TIME:	RETURN TIME:																	

<b>ICSS307</b>	PAGE # ____ OF ____	PREPARED BY (LOGISTICS):	<b>ICS 307</b>
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<b>AIR OPERATIONS PLAN</b>	TASK #	TASK NAME:	FOR OP. PERIOD #	DATE & TIME PREPARED:
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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													

COMMENTS: <hr style="border-top: 1px dashed black;"/>	<input type="checkbox"/> NOTICE TO AIRMAN (NOTAM) ISSUED
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<b>ICS 220</b>	PREPARED BY (LOGISTICS):	AIR OPERATIONS DIRECTOR:	<b>ICS 220</b>
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REV. 04/12/16

<b>FOOD &amp; SHELTER PLAN</b>		TASK #	DATE & TIME PREPARED:
TASK NAME:		FOR OP. 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:

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KITCHEN FACILITIES				
#	LOCATION	COOK	SERVER	SERVER
1				
2				
3				

COMMENTS:

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SHELTER/ACCOMODATION			
TOTAL # PEOPLE:		# MALE:	# FEMALE:
#	# PEOPLE	LOCATION	NOTES

COMMENTS:

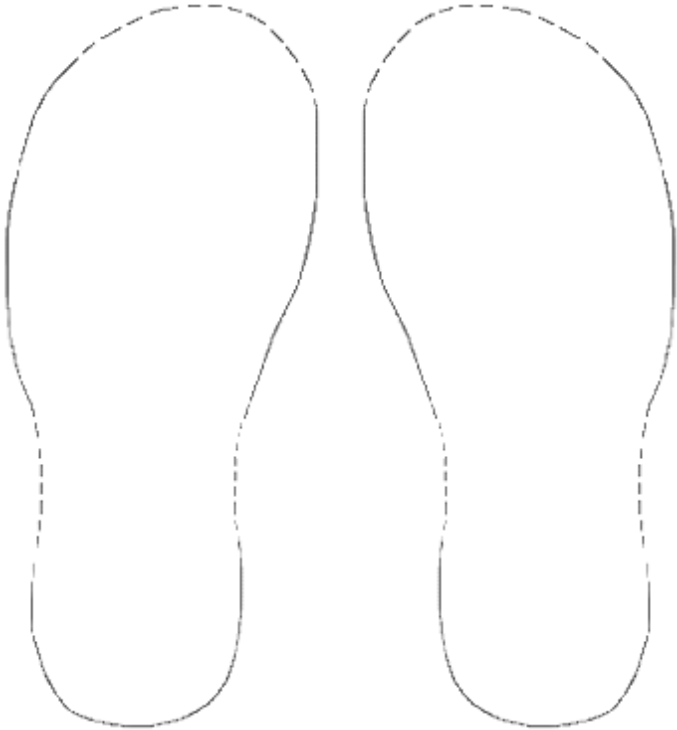
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OTHER	
OUTHOUSES:	
SHOWERS:	

**ICS 308**

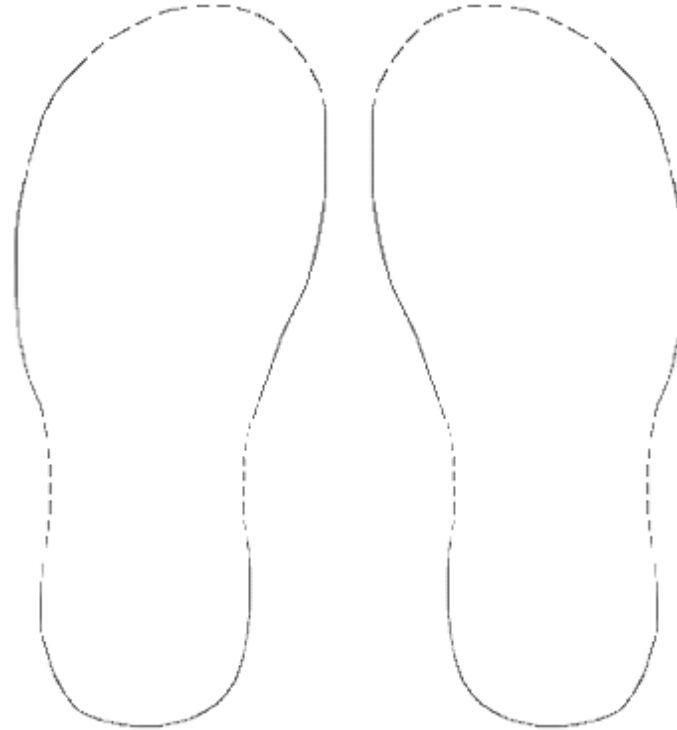


<b>TRACK REPORT</b>	TEAM:
DATE & TIME:	TL: TA T1 T2



LOCATION:			
GROUND:		GRADE:	
SUBJECT HEADING:			
BASIC TYPE:			
PATTERN:			
DIMENSIONS: Overall: L:            W:            HEEL: L:            W:			
STEP INTERVAL (Toe to Heel):			
REMARKS:			
FLAGGED:			<b>ICS204T</b>

<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>ICS204T</b>









<b>RESOURCE STATUS</b>	TASK #	TASK NAME:	FOR OPERATIONAL PERIOD #	DATE & TIME PREPARED:
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RESOURCE		REQUESTED RESOURCES				AVAILABLE RESOURCES		# ON ASSIGNMENT
		STANDBY DATE & TIME	CALLED-IN DATE & TIME	ETA	EST # OF PEOPLE	# UN-ASSIGNED ON SCENE	REPORTING 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:						

<b>ICS201A</b>	COMMENTS:
	PREPARED BY (PLANNING):

**ICS 201A**

<b>OPERATIONS PLAN WORKSHEET</b>	TASK #	TASK NAME:	FOR OPERATIONAL PERIOD #	DATE & TIME PREPARED:
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<b>RELATIVE POA RATING SCALE:</b> 9 = VERY LIKELY 7 = LIKELY 5 = EVEN CHANCE 3 = UNLIKELY 1 = VERY UNLIKELY  SEARCHER SPACING:    METERS    FEET SEARCH SPEED:        Km/Hr    Miles/Hr  U.S. AREA CALC - REPLACE 1000 WITH 5280	<b>HIGHER PRIORITY VALUE = HIGHER PRIORITY RANKING</b>						PREPARED BY (PLANNING):				
	1	2	3	4	5	6	7	8	9	10	11
	A	B	AXB	C	D	E	F	G	(D+E+F) X G	COLUMN 3 COLUMN 9	
ASSIGNMENT AREA DESCRIPTION & SEARCH RESOURCE	POA (RATING OF 1-9)	% POD	POA x %POD	SEARCH AREA (Sq.km/Mi.) OR 'ROUTE'	ACCESS HRS.	SEARCH HOURS (INCLUDE # SWEEPS)	EXIT HOURS	# OF SEARCHERS	ASSIGNMENT HOURS	PRIORITY VALUE — POA X %POD SEARCHER HRS.	PRIORITY RANKING COPY TO ICS 215
	X	=			(	+	+	)X	=		
	X	=			(	+	+	)X	=		
	X	=			(	+	+	)X	=		
	X	=			(	+	+	)X	=		
	X	=			(	+	+	)X	=		
	X	=			(	+	+	)X	=		
	X	=			(	+	+	)X	=		
	X	=			(	+	+	)X	=		
	X	=			(	+	+	)X	=		
	X	=			(	+	+	)X	=		

<b>ICS215A</b>	<b>AREA CALC: SEARCH HOURS =</b>	<b>AREA CALC: # OF SEARCHERS =</b>	<b>AREA CALC: SEARCHABLE AREA =</b>	<b>ICS215A</b>
	SEARCHABLE AREA X # OF SWEEPS X 1000 # SEARCHERS X SEARCH SPEED X SEARCHER SPACING	SEARCHABLE AREA X # OF SWEEPS X 1000 SEARCH HOURS X SEARCH SPEED X SEARCHER SPACING	# OF SEARCHERS X SEARCH HOURS X SEARCH SPEED X SEARCHER SPACING # OF SWEEPS X 1000	

<b>EQUIPMENT INVENTORY</b>	TASK #	TASK NAME:	FOR OPERATIONAL 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				
					ISSUED				
					RETURNED				

<b>ICS 303</b>	PREPARED BY (LOGISTICS):			<b>ICS 303</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> DATE & TIME:	SIGNED:	<b>ICS 221</b>
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