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| TEAM DEBRIEFING | | 1. INCIDENT NAME | 2. OPERATIONAL PERIOD | 3. ASSIGNMENT NUMBER |
| 4. RESOURCE TYPE | | | | |
| 5. ASSIGNMENT SUMMARY | | | | |
| 6. DESCRIBE SEARCH EFFORTS IN ASSIGNMENT | | | | |
| 7. DESCRIBE PORTIONS YOU WERE UNABLE TO SEARCH | | | | |
| 8. DESCRIBE ANY CLUES, TRACKS, OR SIGN LOCATED, OR ANY PERTINENT TRAIL INTERVIEWS | | | | |
| 9. DESCRIBE ANY HAZARDS OR PROBLEMS ENCOUNTERED | | | | |
| 10. SUGGESTIONS FOR FURTHER SEARCH EFFORTS IN OR NEAR YOUR ASSIGNMENT | | | | |
| 11. TIME ENTERED | 12. TIME EXITED | 13. TIME SPENT | 14. P.O.D. SUMMARY | |
| | | | H M L _____% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RESPONSIVE SUBJECT _____% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNRESPONSIVE SUBJECT _____% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CLUES 90% 50% 10% | |
| 15. DEBRIEFER | | 16. DATE & TIME | | |
| SAR 110 BASARC 2/96 | ATTACHMENTS | | SUMMARY | |
| | <input type="checkbox"/> DEBRIEFING MAP(S) <input type="checkbox"/> ORIGINAL BRIEFING DOCUMENT <input type="checkbox"/> SUPPLEMENTAL DEBRIEFING FORMS <input type="checkbox"/> OTHER _____ | | NOTHING SIGNIFICANT LOCATED <input type="checkbox"/> USEFUL INFORMATION, NEEDS REVIEW <input type="checkbox"/> POTENTIAL CLUES, NEEDS URGENT REVIEW <input type="checkbox"/> ASSIGNMENT COMPLETED <input type="checkbox"/> ASSIGNMENT NOT COMPLETED <input type="checkbox"/> | |