TEAM ASSIGNMENT

1. INCIDENT NAME	2. OPERATIONAL PERIOD	3.ASSIGNMENT NUMBER

4. RESOURCE TYPE

5. PERSONNEL ASSIGNED * L -- TEAM LEADER M -- MEDICAL

*	NAME	AGENCY	*	NAME	AGENCY
1			6		
2			7		
3			8		
4			9		
5			☐ ADDITIONAL NAMES ATTACHED		

6. ASSIGNMENT

☐ MAP(S) ATTACHED

7. PREVIOUS AND PRESENT SEARCH EFFORTS IN AREA

☐ (DEBRIEFING INFO ATTACHED

8. TIME ALLOCATED	9. SIZE OF ASSIGNMENT	10. EXPECTED P.O.D. H ☐ M ☐ L ☐ RESPONSIVE SUBJECT

11. DROP OFF AND PICKUP INSTRUCTIONS

12. COMMUNICATIONS	RADIO CALL

FUNCTION	FREQUENCY	CHANNEL DESCRIPTION	CHANNEL
COMMAND (TEAM -- BASE)			
TACTICAL (TEAM -- TEAM)			

13. PREPARED BY	14. DATE PREPARED	15. TIME PREPARED

16. EQUIPMENT ISSUED

17. BRIEFER	18. TIME BRIEFED	19. TIME OUT	20. TIME RETURNED

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RESPONSIVE SUBJECT