

INDIVIDUAL AVAILABILITY ASSESSMENT	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED																														
4. NAME		5. TEAM AFFILIATION																															
REST & REHABILITATION																																	
HOW MANY HOURS SINCE YOU LAST SLEPT?																																	
HOW MANY HOURS OF SLEEP HAVE YOU HAD IN THE LAST 24 HOURS?																																	
WHEN WAS YOUR LAST MEAL?																																	
DESCRIBE ANY ILLNESS OR INJURY RELATED TO THIS INCIDENT																																	
.....																																	
.....																																	
.....																																	
6. AVAILABILITY																																	
<input type="checkbox"/> AVAILABLE FOR REASSIGNMENT IN CURRENT OPERATIONAL PERIOD		ESTIMATED TIME WHEN YOU WILL BE AVAILABLE																															
<input type="checkbox"/> AVAILABLE FOR REASSIGNMENT IN FUTURE OPERATIONAL PERIOD		ESTIMATED DATE/TIME WHEN YOU WILL BE AVAILABLE																															
<input type="checkbox"/> NOT AVAILABLE FOR REASSIGNMENT DEPARTING FROM INCIDENT																																	
DEPARTING INCIDENT																																	
ESTIMATED TIME OF DEPARTURE		ESTIMATED TIME OF ARRIVAL AT DESTINATION																															
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%;">YES</td> <td style="width: 5%;">NO</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WILL YOU BE DRIVING?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WILL THERE BE OTHER PEOPLE IN THE VEHICLE WITH YOU?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>IS ANOTHER PERSON AVAILABLE TO SHARE DRIVING?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HAVE YOU HAD LESS THAN FIVE HOURS OF SLEEP IN THE LAST 24 HOURS?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ARE YOU CURRENTLY FEELING AWAKE AND ALERT?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WILL YOU BE IN A CONVOY WITH OTHER VEHICLES?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DO YOU HAVE RADIO COMMUNICATIONS WITH THE CONVOY?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HAVE YOU TAKEN ANY MEDICATIONS, DRUGS OR ALCOHOL THAT MAY IMPAIR YOUR ABILITY TO DRIVE?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DO YOU PROMISE TO PULL OVER AND TAKE A NAP IF YOU BECOME SLEEPY?</td> </tr> </table>				YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	WILL YOU BE DRIVING?	<input type="checkbox"/>	<input type="checkbox"/>	WILL THERE BE OTHER PEOPLE IN THE VEHICLE WITH YOU?	<input type="checkbox"/>	<input type="checkbox"/>	IS ANOTHER PERSON AVAILABLE TO SHARE DRIVING?	<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU HAD LESS THAN FIVE HOURS OF SLEEP IN THE LAST 24 HOURS?	<input type="checkbox"/>	<input type="checkbox"/>	ARE YOU CURRENTLY FEELING AWAKE AND ALERT?	<input type="checkbox"/>	<input type="checkbox"/>	WILL YOU BE IN A CONVOY WITH OTHER VEHICLES?	<input type="checkbox"/>	<input type="checkbox"/>	DO YOU HAVE RADIO COMMUNICATIONS WITH THE CONVOY?	<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU TAKEN ANY MEDICATIONS, DRUGS OR ALCOHOL THAT MAY IMPAIR YOUR ABILITY TO DRIVE?	<input type="checkbox"/>	<input type="checkbox"/>	DO YOU PROMISE TO PULL OVER AND TAKE A NAP IF YOU BECOME SLEEPY?
YES	NO																																
<input type="checkbox"/>	<input type="checkbox"/>	WILL YOU BE DRIVING?																															
<input type="checkbox"/>	<input type="checkbox"/>	WILL THERE BE OTHER PEOPLE IN THE VEHICLE WITH YOU?																															
<input type="checkbox"/>	<input type="checkbox"/>	IS ANOTHER PERSON AVAILABLE TO SHARE DRIVING?																															
<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU HAD LESS THAN FIVE HOURS OF SLEEP IN THE LAST 24 HOURS?																															
<input type="checkbox"/>	<input type="checkbox"/>	ARE YOU CURRENTLY FEELING AWAKE AND ALERT?																															
<input type="checkbox"/>	<input type="checkbox"/>	WILL YOU BE IN A CONVOY WITH OTHER VEHICLES?																															
<input type="checkbox"/>	<input type="checkbox"/>	DO YOU HAVE RADIO COMMUNICATIONS WITH THE CONVOY?																															
<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU TAKEN ANY MEDICATIONS, DRUGS OR ALCOHOL THAT MAY IMPAIR YOUR ABILITY TO DRIVE?																															
<input type="checkbox"/>	<input type="checkbox"/>	DO YOU PROMISE TO PULL OVER AND TAKE A NAP IF YOU BECOME SLEEPY?																															
SAR 131 BASARC 3/98	14. SIGNATURE OF INDIVIDUAL	14. APPROVED BY SAFETY																															