

TASK ASSIGNMENT

Team Number / Call Sign	Mission Number	Operational Period	Date
-	-		

Type of Team	Name <i>(Team Leader First)</i>	Resource Name	Skill / Equipment
<input type="checkbox"/> Hasty <input type="checkbox"/> Tracking <input type="checkbox"/> Litter <input type="checkbox"/> Grid/Line <input type="checkbox"/> Vehicle <input type="checkbox"/> ATV <input type="checkbox"/> Dog <input type="checkbox"/> Horse <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Snowmobile <input type="checkbox"/> Boat/ Amphibian <input type="checkbox"/> Communications <input type="checkbox"/> Technical Rope <input type="checkbox"/> Confinement <input type="checkbox"/> Strike Team <input type="checkbox"/> Task Force	1		
	2		
	3		
	4		
	5		
	6		
	7		
			<i>(Strike Team/Task Force Leader)</i>

Assignment Date	Estimated Departure Time	Actual Departure Time	Estimated Time in Segment

Radio Frequency	Briefed by	Reviewed by

Sketch Map of Assignment	Briefing Summary
	<input type="checkbox"/> Overview <input type="checkbox"/> Org. Chart <input type="checkbox"/> Time Frame <input type="checkbox"/> Subject Info <input type="checkbox"/> Lost Person Stats <input type="checkbox"/> Clues <input type="checkbox"/> Tactics <input type="checkbox"/> Rescue Plan <input type="checkbox"/> Maps / Datum <input type="checkbox"/> Family / Media <input type="checkbox"/> Condition Code <input type="checkbox"/> Pickup Time <input type="checkbox"/> Check-in Plan <input type="checkbox"/> Communication <input type="checkbox"/> Terrain <input type="checkbox"/> Weather <input type="checkbox"/> Safety

Assignment and /or Location in the Field:

