

**NEW MEXICO SEARCH AND RESCUE
ICS OPERATIONAL PERIOD COVER SHEET**

MISSION NUMBER: _____ - _____

OPERATIONAL PERIOD NUMBER: _____

OPERATIONAL PERIOD BEGINNING:

Date: _____ **Time:** _____

OPERATIONAL PERIOD ENDING:

Date: _____ **Time:** _____

Property of: **New Mexico Search And Rescue
Department of Public Safety
PO Box 1628
Santa Fe, NM 87504-1628**