

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
15. DEBRIEFER			16. DATE & TIME	
			_____% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____% <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"/> 90% 50% 10%	CLUES
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"/>