



Commonwealth of Virginia - Department of Emergency Management - Search and Rescue Program

SAR 204 - Task Assignment Form

Mission #:	Region-Segment #:	Task #:	Team Identifier:		
Branch / Group / Division:	Segment / Task Priority:	Resource Type:	Task Type (Tactic):		
Task Strategy <input type="checkbox"/> Reflex <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Detailed / Targeted					
Task Description:			Map(s): Map Datum: <input type="checkbox"/> WGS-84 Base Coordinates: IPP Coordinates / Description: Briefing Checklist <input type="checkbox"/> Subject information <input type="checkbox"/> Expected Task Time Frame <input type="checkbox"/> Target POD's / LPB Data <input type="checkbox"/> Teams Nearby <input type="checkbox"/> Applicable Clues <input type="checkbox"/> Terrain hazards <input type="checkbox"/> Weather <input type="checkbox"/> Press / Family Plans <input type="checkbox"/> Rescue / Find Plan		
Previous Efforts in Task Area:					
Notes / Safety Message:					
Transportation:					
PERSONNEL	Role	Name	Agency	SAR Certification	Cell Phone #
	1. Team Leader				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
COMMUNICATIONS					
Channel	Frequency	Description / Use	BASE Call Sign		
<input type="checkbox"/> COVSAR #3	155.8950	Initial Channel for Operations / Talk-around / Arrival	<input type="checkbox"/> BASE		
<input type="checkbox"/> COVSAR #11 / VTAC 11	151.1375	Primary Operations - Direct Interoperability Channel	Base Phone #		
<input type="checkbox"/> COVSAR #15 / VTAC36	159.4725	Repeater Frequency - Can be monitored on VTAC 11	<input type="checkbox"/> Google Voice & Text (540) 699-0701		
			<input type="checkbox"/> Email: covsar.mission@gmail.com		
Equipment Issued:			PAR Check Instructions		
<input type="checkbox"/> GPS <input type="checkbox"/> Radio <input type="checkbox"/> Satellite Tracker <input type="checkbox"/> Equipment Returned			PAR / Coordinates / Actions / Needs / % Complete		
			Check in every: _____ Minutes		
Task Prepared by:		Task Briefed by:		Date / Time Task Briefed	
				Date / Time Task Completed	
<input type="checkbox"/> Debrief Form attached					