

BRIEFING FORM

DATE: _____ TIME: _____ ZONE: _____ TEAM #: _____

TEAM LEADER: _____ CELL #/RADIO: _____

ASSIGNMENT:

TEAM CHECKLIST

MAP: _____ TEAM ROSTER: _____ CONTACT # FOR LE/COM. CENTER: _____

GPS: _____ FLASHLIGHT: _____ FIRST AID KIT: _____

FLYERS: _____ WHISTLE: _____ MARKING TAPE: _____

DO NOT UNDER ANY CIRCUMSTANCE TOUCH OR DISTURB POTENTIAL EVIDENCE.
SECURE THE AREA, RESTRICT ACCESS AND CALL THE COMMUNITY VOLUNTEER
CENTER OR LAW ENFORCEMENT.

BRIEFED BY: _____

MAKE 2 COPIES (Handwritten if no copier is available or carbon paper. 1 copy stays with search team leader, other stays at cmnd post or community volunteer center, wherever search is being coordinated.)