

<b>TEAM ASSIGNMENT</b>		1. INCIDENT NAME	2. OPERATIONAL PERIOD / DATE	3. ASSIGNMENT NUMBER	
		4. RESOURCE TYPE: <b>Search</b>			
5. TEAM *L- SQUAD OFFICER M - MEDICAL					
<b>*</b>	Name	Agency/Specialty	<b>*</b>	Name	Agency/Specialty
1			6		
2			7		
3			8		
4			9		
5			10		
<input type="checkbox"/> Additional Name(s) Attached					
6. TASKING					
<input type="checkbox"/> Map(s) Attached					
7. TECHNIQUE				8. TIME ALLOCATED	
9. AREAS OF CONCERN/HAZARDS					
10. DROP OFF AND PICKUP INSTRUCTIONS					
11. PAR CHECK TIMINGS		12. CALL SIGN			
13. EQUIPMENT ISSUED					
14. BRIEFER		15. TIME BRIEFED		16. TIME FIELDED	17. TIME RETURNED
<b>WAS 104</b> Version 1.0 07/09		COPIES <input type="checkbox"/> PLANS <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TEAM			NOTES SEE REVERSE