

TEAM DEBRIEFING

1. INCIDENT NAME

2. OPERATIONAL PERIOD

3. ASSIGNMENT NUMBER

4. RESOURCE TYPE:

Search

5. TASKING SUMMARY

6. SEARCH EFFORTS

7. GAPS IN COVERAGE

8. PERTINENT INFORMATION

9. AREAS OF CONCERN/HAZARDS

10. RECOMMENDATIONS

11. TIME FIELDDED

12. TIME RETURNED

13. DEBRIEFER

14. DATE/TIME

WAS 110
Version 1.0 07/09

ATTACHMENTS

- DEBRIEF MAP(S)
- ORIGINAL BRIEFING DOCUMENT
- SUPPLEMENTAL DEBRIEFING FORMS
- OTHER _____

SUMMARY

- NO FURTHER ACTION REQUIRED
- ADDITIONAL TASKING REQUIRED