

NYS FEDERATION OF SAR TEAMS
DEBRIEFING FORM

INCIDENT NAME		DATE	CREW BOSS
OPERATIONAL PERIOD		TIME	CREW NUMBER AND TYPE
DATE OF ASSIGNMENT	START TIME		END TIME
DEBRIEFER	ASSIGNED AREA	CREW MEMBER ATTENDING	

HOW MUCH OF ASSIGNMENT DID YOU COMPLETE

WHAT WOULD YOU ESTIMATE YOUR COVERAGE TO BE

LOCATION OF ANY CLUES FOUND. WHAT IS THE CURRENT STATUS OF THE CLUE

DIFFICULTIES OR GAPS IN COVERAGE

HAZARDS OBSERVED IN AREA

PROBLEMS ENCOUNTERED WITH COMMUNICATIONS

SUGGESTIONS, IDEAS OR RECOMMENDATIONS FOR FUTURE PLANS OR ACTIONS