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| TEAM ASSIGNMENT DEBRIEFING | | TASK# | FOR OPERATIONAL PERIOD # |
| ASSIGNMENT # | TASK NAME: | | DATE COMPLETED: TIME COMPLETED: |
| TEAM NAME: | TEAM LEADER:: | DEBRIEFED BY (PLANNING): | |

EXPLAIN WHAT YOUR TEAM ACTUALLY DID (INCLUDE TIMES AND GPS COORDINATES IF AVAILABLE):

MAP ATTACHED (Y)

| | | |
|----------------|----------------|--------------------|
| ESTIMATED POD% | IF RESPONSIVE: | IF NON-RESPONSIVE: |
|----------------|----------------|--------------------|

DESCRIBE AND GIVE THE TIME AND LOCATION (GPS) OF ANY CLUES/ITEMS DISCOVERED:

CURRENT STATUS OF CLUES/ITEMS:

DESCRIBE DIFFICULTIES OR GAPS IN COVERAGE:

DESCRIBE ANY HAZARDS OR DANGERS IN SEARCH AREA(S)

SUGGESTIONS, IDEAS, RECOMMENDATIONS

TEAM LEADER SIGNATURE:

ICS 204A