

INCIDENT OBJECTIVES		TASK #:	PAGE # 1 OF 2
TASK NAME:		POLICE/BCAS FILE #:	DATE & TIME PREPARED:
FOR OPERATIONAL PERIOD #:	FROM: (DATE)	(TIME)	TO: (DATE) (TIME)
PREPARED BY (PLANNING):		APPROVED BY (INCIDENT COMMANDER):	

PRIORITY	OVERALL OBJECTIVES (SEE OPERATIONS PLAN 215 FOR SPECIFIC ASSIGNMENTS)
	Interview/Investigation
	Reduce Search Area
	Establish Communications Net
	Containment / Attraction
	Dog Search
	Trackers
	Ground Teams
	Convergent Volunteers

RESOURCES		TACTICS	ENVIRONMENT	ATTACHMENTS
<input type="checkbox"/> HASTY TEAM <input type="checkbox"/> TRACKING TEAM <input type="checkbox"/> VEHICLE TEAM <input type="checkbox"/> DOG TEAM <input type="checkbox"/> SOUND SWEEP TEAM <input type="checkbox"/> OPEN GRID TEAM <input type="checkbox"/> CLOSED GRID TEAM <input type="checkbox"/> BOAT <input type="checkbox"/> RAFT <input type="checkbox"/> SWIFT WATER RESCUE <input type="checkbox"/> MEDICAL <input type="checkbox"/> EVACUATION TEAM	<input type="checkbox"/> ROPE RESCUE TEAM <input type="checkbox"/> AVALANCHE TEAM <input type="checkbox"/> HELICOPTER <input type="checkbox"/> CASARA/PEP AIR <input type="checkbox"/> RCMP AIR <input type="checkbox"/> FOOD/SHELTER <input type="checkbox"/> OTHER SAR GROUPS <input type="checkbox"/> EVIDENCE SEARCH <input type="checkbox"/> RADIO RELAY/RPTR. <input type="checkbox"/> RESERVE RESCUE TEAM <input type="checkbox"/> BASE CAMP KIT <input type="checkbox"/> RESOURCE KIT <input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> TRACKING <input type="checkbox"/> HASTY SEARCH <input type="checkbox"/> SOUND SWEEP <input type="checkbox"/> DOG <input type="checkbox"/> OPEN GRID SEARCH <input type="checkbox"/> CLOSED GRID SEARCH <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> WEATHER <input type="checkbox"/> TEMPERATURE <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TERRAIN <input type="checkbox"/> ACCESS <input type="checkbox"/> AVALANCHE <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

INCIDENT ACTION PLAN COMPRISES INCIDENT OBJECTIVES AND ATTACHMENTS:				
ORGANIZATION CHART <input type="checkbox"/> #207	COMMUNICATIONS PLAN <input type="checkbox"/> #205	MEDICAL PLAN <input type="checkbox"/> #206	OPERATIONS PLAN <input type="checkbox"/> #215	ICS 202

RESPONSE URGENCY

The lower the numerical rating of the factor, the higher the relative urgency.

COMPLETED DATE & TIME:

FACTOR	RATING	
SUBJECT AGE		
Very Young	1	*
Very Old	1	*
Other	2-3	*
SUBJECT MEDICAL CONDITION		
Known or Suspected Injured, Ill or Mental Illness	1-2	*
Healthy	3	*
Known Fatality	3	*
NUMBER OF SUBJECTS		
One Alone	1	*
More Than One (Very Young, Very Old)	1-2	*
More Than One (Unless separation suspected)	2-3	*
SUBJECT EXPERIENCE PROFILE		
Not Experienced, Does Not Know Area	1	*
Not Experienced, Knows Area	1-2	*
Experienced, Not Familiar With Area	2	*
Experienced, Knows Area	3	*
WEATHER PROFILE		
Past And/Or Existing Hazardous Weather	1	*
Predicted Hazardous Weather, (8hrs or Less)	1-2	*
Predicted Hazardous Weather, (More Than 8hrs)	2	*
No Hazardous Weather Predicted	3	*
EQUIPMENT PROFILE		
Inadequate For Environment And Weather	1	*
Questionable For Environment And Weather	1-2	*
Adequate For Environment And Weather	3	*
TERRAIN/HAZARDS PROFILE		
Known Hazardous Terrain Or Other Hazard	1	*
Few or No Hazards	2-3	*
Consider Elapsed Time In Response Determination	FACTOR TOTAL	

*If Any Of The Factors Rate As A 1 Regardless Of Totals, The Search Requires The Highest Urgency.

RESPONSE DECISION						
8	10	12	14	16	18	20
HIGHEST URGENCY		INTERMEDIATE URGENCY				LOWEST URGENCY