

SEASAR First Notice – PERSON Page One

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Name of Missing Person	Date of Birth	Missing Person Cell #
Date Last Seen	Time Last Seen	Place Last Scene
Age	Height	Weight
Skin/Hair	Clothing	Shoes/Gear
Circumstances		
Health Concerns		
Safety Concerns		
Relevant History		
Tasking Agency Instructions		
Specialty Team Requested		
Requests of Tasking Agency		
Other		
Social media <input type="checkbox"/> Yes <input type="checkbox"/> No		

SEASAR First Notice – PERSON Page Two

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Missing Person Behavior Category and Notes

Contingencies (Weather, Dark, Convergent Volunteers Likely)

SEASAR First Notice – CIVIL EMERGENCY

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Circumstances
Request of SEASAR
Safety Concerns
Is there an Emergency Operations Centre?
Location of Emergency Operations Centre
Contact for Emergency Operations Centre
SEASAR Representative Requested for Emergency Operations Centre <input type="checkbox"/> Yes <input type="checkbox"/> No
Other

SEASAR First Notice – EVIDENCE

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Circumstances

Request of SEASAR

Safety Concerns

Instructions if Items Found

Location

Other

SEASAR Urgency Analysis

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Questions	Put a checkmark against the word or phrase which best describes the situation		
How many people?	Solo <input type="checkbox"/> Separated <input type="checkbox"/> Split Group <input type="checkbox"/>	Not known <input type="checkbox"/> Any other unknown <input type="checkbox"/>	Entire Group Missing <input type="checkbox"/>
How old are they?	All or mostly young <input type="checkbox"/> All or mostly elderly <input type="checkbox"/>	Not known <input type="checkbox"/> Any other unknown <input type="checkbox"/>	All adult <input type="checkbox"/>
Medical conditions?	Known ill or injured <input type="checkbox"/> Known medical condition <input type="checkbox"/>	Not known <input type="checkbox"/> Any other unknown <input type="checkbox"/>	Known fit and well <input type="checkbox"/>
Dressed for weather? Equipped for terrain?	All or mostly unprepared <input type="checkbox"/>	Not known <input type="checkbox"/> Any other unknown <input type="checkbox"/>	All or mostly prepared <input type="checkbox"/>
Familiar with area?	All or most not familiar <input type="checkbox"/>	Not known <input type="checkbox"/> Any other unknown <input type="checkbox"/>	All or most familiar <input type="checkbox"/>
Experienced in environment and conditions?	All or most with none <input type="checkbox"/>	Not known <input type="checkbox"/> Any other unknown <input type="checkbox"/>	All or most familiar <input type="checkbox"/>
Terrain?	Hazards <input type="checkbox"/> Navigation problems <input type="checkbox"/>	Not known <input type="checkbox"/> Any other unknown <input type="checkbox"/>	No hazards <input type="checkbox"/> No navigation problems <input type="checkbox"/>
Weather?	Past and present bad <input type="checkbox"/> Forecast bad <input type="checkbox"/>	Not known <input type="checkbox"/> Any other unknown <input type="checkbox"/>	Past and present good <input type="checkbox"/> Forecast good <input type="checkbox"/>
Number of checkmarks	One or more = Very High		

Urgency Rating	Very High	High	Low
Suggested Response	Urgent Response. Continue investigation	Respond immediately. Continue investigation.	Continue investigation. Prepare to respond.

SEASAR Scenario Analysis Record Sheet

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

No.	Scenario Details	Likelihood
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<p>LEGEND = Likelihood in the abbreviation you think best fits each scenario. VL = Very Likely L= Likely A = Average U = Unlikely VU = Very Unlikely</p>		

SEASAR Mission Risk Analysis

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Current Weather	Air Temp	Wind	Precipitation
Forecast Weather	Air Temp	Wind	Precipitation

Hazard	Describe	Likelihood (1 low - 5 high)	Severity (1 low – 5 high)	Total (Likelihood x Severity)	Mitigation
Animals (domestic)					
Animals (livestock)					
Animals (wild)					
Drugs (needles)					
General Public					
Insects					
Snakes					
Terrain (brush)					
Terrain (slippery)					
Terrain (steep)					
Terrain (tripping)					
Traffic					
Water (moving)					
Water (still)					
Water (ice surface)					
Weather (change)					
Weather (cold)					
Weather (hot)					
Weather (storms)					
Weather (wind)					
Other					
Other					
Other					
Other					

SEASAR Briefing Information Sheet

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Name of Missing Person	Date of Birth	Missing Person Cell #
Date Last Seen	Time Last Seen	Place Last Scene
Age	Height	Weight
Skin/Hair	Clothing	Shoes/Gear
Circumstances		
Health Concerns		
Safety Concerns		
Relevant History		

Current Weather	Temperature	Wind	Precipitation
Forecast Weather	Temperature	Wind	Precipitation
Volunteers on Scene	Family on Scene	Media on Scene	CISM
Required Team Equipment			
Required Personal Equipment			
CP Frequency	CP Phone	Drop Dead Time	Emergency Code
	403 928 1231		No Duff

SEASAR Briefing Medical Plan

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Emergency Medical Services 9-1-1	Select Nearest Resource	Best Route for Ground Ambulance
Medicine Hat Hospital * Anti-venom 403-529-8000 6665 Street SW Medicine Hat		
Bow Island Health Centre 403-545-3200 938 Centre Street Bow Island		
Brooks Health Centre * Anti-venom 403-501-3232 440 3 Street East, Brooks		
Taber Health Centre 4326 40 Avenue, Taber 403-223-7211		
Milk River Health Centre * Anti-venom 517 Centre Avenue, Milk River 403-647-3500		
Oyen (Big Country Hospital) 312 3 Street East, Oyen 403-664-4300		
Bassano Health Centre 608 5 Avenue, Bassano 403-641-6100		

Equipment	People with Advanced Medical Skills	Team or Location
Location of Trauma 1		
Location of Trauma 2		
Location of Trauma 3		
Location of AED		
Location of Hypo Pack 1		
Location of Hypo Pack 2		

SEASAR Team Brief/Debrief

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Team Name	Team Type	Call Sign
Gear Assigned Map <input type="checkbox"/> Radio (Ham) <input type="checkbox"/> Radio (FRS) <input type="checkbox"/> GPS <input type="checkbox"/> FLIR <input type="checkbox"/> Binoculars <input type="checkbox"/> Safety Briefing <input type="checkbox"/>	Members Lead _____ One _____ Two _____ Three _____ Four _____ Other _____	
Assignment Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
Team Report Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
Describe Gaps or Hazards in Search Area		
Improve Search By		

Clues	Status

SEASAR Team Brief/Debrief

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Team Name	Team Type	Call Sign
Gear Assigned Map <input type="checkbox"/> Radio (Ham) <input type="checkbox"/> Radio (FRS) <input type="checkbox"/> GPS <input type="checkbox"/> FLIR <input type="checkbox"/> Binoculars <input type="checkbox"/> Safety Briefing <input type="checkbox"/>	Members Lead _____ One _____ Two _____ Three _____ Four _____ Other _____	
Assignment Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
Team Report Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
Describe Gaps or Hazards in Search Area		
Improve Search By		

Clues	Status

SEASAR Team Brief/Debrief

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Team Name	Team Type	Call Sign
Gear Assigned Map <input type="checkbox"/> Radio (Ham) <input type="checkbox"/> Radio (FRS) <input type="checkbox"/> GPS <input type="checkbox"/> FLIR <input type="checkbox"/> Binoculars <input type="checkbox"/> Safety Briefing <input type="checkbox"/>	Members Lead _____ One _____ Two _____ Three _____ Four _____ Other _____	
Assignment Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
Team Report Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
Describe Gaps or Hazards in Search Area		
Improve Search By		

Clues	Status

SEASAR Team Brief/Debrief

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Team Name	Team Type	Call Sign
Gear Assigned Map <input type="checkbox"/> Radio (Ham) <input type="checkbox"/> Radio (FRS) <input type="checkbox"/> GPS <input type="checkbox"/> FLIR <input type="checkbox"/> Binoculars <input type="checkbox"/> Safety Briefing <input type="checkbox"/>	Members Lead _____ One _____ Two _____ Three _____ Four _____ Other _____	
Assignment Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
Team Report Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
Describe Gaps or Hazards in Search Area		
Improve Search By		

Clues	Status

SEASAR Team Brief/Debrief

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Team Name	Team Type	Call Sign
Gear Assigned Map <input type="checkbox"/> Radio (Ham) <input type="checkbox"/> Radio (FRS) <input type="checkbox"/> GPS <input type="checkbox"/> FLIR <input type="checkbox"/> Binoculars <input type="checkbox"/> Safety Briefing <input type="checkbox"/>	Members Lead _____ One _____ Two _____ Three _____ Four _____ Other _____	
Assignment Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
Team Report Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
Describe Gaps or Hazards in Search Area		
Improve Search By		

Clues	Status

SEASAR Team Brief/Debrief

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Team Name	Team Type	Call Sign
Gear Assigned Map <input type="checkbox"/> Radio (Ham) <input type="checkbox"/> Radio (FRS) <input type="checkbox"/> GPS <input type="checkbox"/> FLIR <input type="checkbox"/> Binoculars <input type="checkbox"/> Safety Briefing <input type="checkbox"/>	Members Lead _____ One _____ Two _____ Three _____ Four _____ Other _____	
Assignment Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
Team Report Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
Describe Gaps or Hazards in Search Area		
Improve Search By		

Clues	Status

SEASAR Team Brief/Debrief

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Team Name	Team Type	Call Sign
Gear Assigned Map <input type="checkbox"/> Radio (Ham) <input type="checkbox"/> Radio (FRS) <input type="checkbox"/> GPS <input type="checkbox"/> FLIR <input type="checkbox"/> Binoculars <input type="checkbox"/> Safety Briefing <input type="checkbox"/>	Members Lead _____ One _____ Two _____ Three _____ Four _____ Other _____	
Assignment Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
Team Report Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
Describe Gaps or Hazards in Search Area		
Improve Search By		

Clues	Status

SEASAR Team Brief/Debrief

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Team Name	Team Type	Call Sign
Gear Assigned Map <input type="checkbox"/> Radio (Ham) <input type="checkbox"/> Radio (FRS) <input type="checkbox"/> GPS <input type="checkbox"/> FLIR <input type="checkbox"/> Binoculars <input type="checkbox"/> Safety Briefing <input type="checkbox"/>	Members Lead _____ One _____ Two _____ Three _____ Four _____ Other _____	
Assignment Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
Team Report Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
Describe Gaps or Hazards in Search Area		
Improve Search By		

Clues	Status

SEASAR Team Brief/Debrief

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Team Name	Team Type	Call Sign
Gear Assigned Map <input type="checkbox"/> Radio (Ham) <input type="checkbox"/> Radio (FRS) <input type="checkbox"/> GPS <input type="checkbox"/> FLIR <input type="checkbox"/> Binoculars <input type="checkbox"/> Safety Briefing <input type="checkbox"/>	Members Lead _____ One _____ Two _____ Three _____ Four _____ Other _____	
Assignment Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
Team Report Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
Describe Gaps or Hazards in Search Area		
Improve Search By		

Clues	Status

SEASAR Team Brief/Debrief

Incident Name	Date	Time	D4H#
Completed by (name)	Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency	Agency Contact Name	Agency Contact Number	Agency File #
SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Team Name	Team Type	Call Sign
Gear Assigned Map <input type="checkbox"/> Radio (Ham) <input type="checkbox"/> Radio (FRS) <input type="checkbox"/> GPS <input type="checkbox"/> FLIR <input type="checkbox"/> Binoculars <input type="checkbox"/> Safety Briefing <input type="checkbox"/>	Members Lead _____ One _____ Two _____ Three _____ Four _____ Other _____	
Assignment Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
Team Report Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
Describe Gaps or Hazards in Search Area		
Improve Search By		

Clues	Status