

**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#
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Missing Person Behavior Category and Notes

Contingencies (Weather, Dark, Convergent Volunteers Likely)

**SEASAR First Notice – CIVIL EMERGENCY**

Incident Name	Date	Time	D4H#
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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

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SEASAR IC	Planning Section Head	Operations Section Head	Dispatch

Circumstances

Request of SEASAR

Safety Concerns

Instructions if Items Found

Location

Other

## SEASAR Urgency Analysis

<b>Incident Name</b>	<b>Date</b>	<b>Time</b>	<b>D4H#</b>
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<b>Agency</b>	<b>Agency Contact Name</b>	<b>Agency Contact Number</b>	<b>Agency File #</b>
<b>SEASAR IC</b>	<b>Planning Section Head</b>	<b>Operations Section Head</b>	<b>Dispatch</b>

<b>Questions</b>	<b>Put a checkmark against the word or phrase which best describes the situation</b>		
<b>How many people?</b>	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"/>
<b>How old are they?</b>	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"/>
<b>Medical conditions?</b>	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"/>
<b>Dressed for weather? Equipped for terrain?</b>	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"/>
<b>Familiar with area?</b>	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"/>
<b>Experienced in environment and conditions?</b>	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"/>
<b>Terrain?</b>	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"/>
<b>Weather?</b>	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"/>
<b>Number of checkmarks</b>	One or more = Very High		

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

## SEASAR Scenario Analysis Record Sheet

<b>Incident Name</b>	<b>Date</b>	<b>Time</b>	<b>D4H#</b>
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<b>No.</b>	<b>Scenario Details</b>	<b>Likelihood</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<p><b>LEGEND = Likelihood in the abbreviation you think best fits each scenario.</b>  <b>VL = Very Likely      L= Likely      A = Average      U = Unlikely      VU = Very Unlikely</b></p>		







**SEASAR Incident Action Plan – Search**

<b>Incident Name</b>	<b>Date</b>	<b>Time</b>	<b>D4H#</b>
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<b>Agency</b>	<b>Agency Contact Name</b>	<b>Agency Contact Number</b>	<b>Agency File #</b>
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<b>Search Objective</b>	<b>Task</b>	<b>Task Priority</b>	<b>Resource Assigned</b>	<b>Task Complete and Resource Debriefed</b>

## SEASAR Mission Risk Analysis

Incident Name	Date	Time	D4H#
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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#
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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#
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Emergency Medical Services 9-1-1	Select Nearest Resource	Best Route for Ground Ambulance
<b>Medicine Hat Hospital * Anti-venom</b> 403-529-8000 6665 Street SW Medicine Hat		
<b>Bow Island Health Centre</b> 403-545-3200 938 Centre Street Bow Island		
<b>Brooks Health Centre * Anti-venom</b> 403-501-3232 440 3 Street East, Brooks		
<b>Taber Health Centre</b> 4326 40 Avenue, Taber 403-223-7211		
<b>Milk River Health Centre * Anti-venom</b> 517 Centre Avenue, Milk River 403-647-3500		
<b>Oyen (Big Country Hospital)</b> 312 3 Street East, Oyen 403-664-4300		
<b>Bassano Health Centre</b> 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

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Team Name	Team Type	Call Sign
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<b>Assignment</b> Establish separation for: Object (size) <input type="checkbox"/> _____ Unresponsive Person <input type="checkbox"/> Responsive Person <input type="checkbox"/>		
<b>Team Report</b> Dispatched at _____ On Segment at _____ RTB at _____ POD _____ %		
<b>Describe Gaps or Hazards in Search Area</b>		
<b>Improve Search By</b>		

Clues	Status

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