

<b>TASK ASSIGNMENT</b>	<b>Team Name</b>		<b>Callsign</b>	
			<b>Incident Name / Number</b>	<b>Operational Period</b>

**Planning Section**

Type of Team	Name (Leader First)	Resource Name	Skill / Equipment	Briefing Summary
<input type="checkbox"/> Dog Team	1			<input type="checkbox"/> Overview <input type="checkbox"/> Weather <input type="checkbox"/> Clues <input type="checkbox"/> Subject Profile <input type="checkbox"/> Time Frame <input type="checkbox"/> Org. Chart <input type="checkbox"/> Family <input type="checkbox"/> Media <input type="checkbox"/> Subject Info.
<input type="checkbox"/> Hasty Team	2			
<input type="checkbox"/> Foot Team	3			
<input type="checkbox"/> Tracking Team	4			
<input type="checkbox"/> Grid Team	5			
<input type="checkbox"/> Vehicle Team	6			
<input type="checkbox"/> Horse Team	7			
<input type="checkbox"/> Mixed				
<input type="checkbox"/> Fixed Wing A/C				
<input type="checkbox"/> Helicopter				
<input type="checkbox"/> Boat / Amphib.				
<input type="checkbox"/> Technical Rock				
<input type="checkbox"/> Communications				

**Operations Section**

<b>Assignment Date</b>	<b>Estimated Departure Time</b>	<b>Actual Departure Time</b>	<b>Estimated Time in Segment</b>
<b>Radio Frequency</b>	<b>Briefed By</b>		<b>Reviewed By</b>

**Resource Assignment & Map**

Briefing Summary
<input type="checkbox"/> Tactics
<input type="checkbox"/> Terrain
<input type="checkbox"/> Maps
<input type="checkbox"/> Communications
<input type="checkbox"/> Rescue Plan
<input type="checkbox"/> Death Code
<input type="checkbox"/> Desired POD _____ %
<input type="checkbox"/> Pickup Time
<input type="checkbox"/> Safety
<input type="checkbox"/>