

CHECK-IN LIST

USE ONE SHEET PER AGENCY

5. AGENCY/TEAM

6. LIAISON NAME

7. AGENCY ADDRESS

8. AGENCY PHONE #

9. DISPATCH PHONE #

1. INCIDENT NAME

2. DATE/TIME

3. INCIDENT NUMBER

4. CHECK-IN LOCATION

T
CARD

RESOURCE

MEDICAL

SAR

SPECIALIST

DOG

OTHER QUALIFICATIONS
OR SPECIALTIES

INCIDENT
ASSIGNMENT

INDIVIDUAL'S NAME (PERSONNEL)
OR
DESCRIPTION (EQUIPMENT)

LBS.
WITH
FIELD
PACK

TIME
IN/
OUT

WHEN MADE

HNDHLD RADIO

MANDATORY
DEPART. TIME

PHYSICIAN
NURSE
EMT-ALS
EMT-BLS
FR

CLIMBER
FLD TEAM LDR
T1 SEARCHER
T2 SEARCHER

TRACKER
COMPUTER
ELT-PLB DF
HAM RADIO
OVERHEAD
INVESTIGATOR

TYPE & KIND



Colorado Search and Rescue Board

1/2004

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10. PREPARED BY

USE BACK FOR REMARKS OR COMMENTS

SAR DOG TYPE CLASSIFICATIONS

(ASTM F 1848-98)

TYPE I: SCENT DISCRIMINATING

TYPE II: NOT DISCRIMINATING

KIND A: AREA SEARCH

KIND B: AVALANCHE SEARCH

KIND C: CADAVER SEARCH

KIND D: DISASTER/
COLLAPSED STRUCTURE

KIND E: EVIDENCE SEARCH

KIND F: TRAILING SEARCH

KIND G: TRACKING SEARCH

KIND H: WATER SEARCH