## New Mexico Department of Public Safety Search and Rescue Office **OBSERVER REPORT**

Mission Number	Location	Date	Arrival Time	Departure Time	
Mission Initiator		Incident Cor	Incident Commander		
WISSION IIIIIatoi		incident coi	incluent commander		
Observations					
Areas of Concern					
Performance Interpretatio	n of Search and Re	scue Individual			
Name of SAR Person	n or ocaron and no	Scac marriada			
Position/ Title					
Availability					
Communication					
Delegation of Authority					
Documentation					
General Behavior					
Incident Coordination					
Operational Readiness					
People Skills					
Safety					
Stress Management					
Job Knowledge					
Observer Name	Address		Contact	Numbers	
ODSCIVEI INGILIE	Addiess		Contact	INUITIDELS	
Observer's Signature			Date		
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This Report Must Be Submitted to: Search and Rescue Resource Officer, Department of Public Safety, P.O. Box 1628, Santa Fe, NM 87504-1628