

<b>Team Debriefing</b>		Call sign	Incident Number	Op Period	Date
Resource Type:					
Assignment Summary					
Describe search efforts in assignment					
Describe portions you were unable to search					
Describe any clues, tracks, or sign located, or any pertinent trail interviews					
Describe any hazards or problems encountered					
Suggestions for further search efforts in or near your assignment					
Time entered	Time exited	Time spent	POD Summary:		
Debriefer		Date & Time	_____ % Responsive Subject		
			_____ % Unresponsive Subject		
			_____ % Clues		
Attachments:			Summary:		
<input type="checkbox"/> Debriefing Map <input type="checkbox"/> Original Briefing Document <input type="checkbox"/> Supplement Debriefing Forms <input type="checkbox"/> Other _____			<input type="checkbox"/> Nothing significant located <input type="checkbox"/> Useful information, needs review <input type="checkbox"/> Potential clues, needs urgent review <input type="checkbox"/> Assignment completed <input type="checkbox"/> Assignment not completed		