SEASAR First Notice – PERSON Page One

Social media

☐ Yes ☐ No

Incident Name	Date		Time		D4H#	
Completed by (name)	Complete	ed by (number)	Completed by (signa	ture)	Operational Period (10 hrs)	
Agancy	Agonsy C	ontact Name	Agency Contact Number		Agency File #	
Agency	Agency C	ontact Name	Agency Contact Nun	ibei	Agency rile #	
SEASAR IC	Planning	Section Head	Operations Section F	lead	Dispatch	
Name of Missing Person	_	Date of Birth		Missing D	erson Cell #	
Name of Missing Person		Date of Birth		IVIISSIIIR P	erson cen #	
Date Last Seen		Time Last Seen		Place Last	t Scene	
Age		Height		Weight	Weight	
Skin/Hair		Clothing		Shoes/Ge	ar	
Circumstances						
Health Concerns						
Treatm concerns						
Safety Concerns						
Relevant History						
Tasking Agency Instructions						
Consider Tooms Doorwoods						
Specialty Team Requested						
Requests of Tasking Agency						
Other						

SEASAR First Notice – PERSON Page Two

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

Missing Person Behavior Category and Notes	
Contingencies (Weather, Dark, Convergent Volunteers Likely)	

SEASAR First Notice – CIVIL EMERGENCY

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
Circumstances			
Dogwood of CEACAD			
Request of SEASAR			
Safety Concerns			
Is there an Emergency Operation	ns Centre?		
Location of Emergency Operation	ons Centre		
Contact for Emergency Operation	ons Centre		
SEASAR Representative Request	ed for Emergency Operations Co	entre 🔲 Yes 🔲 No	
Other	<u> </u>		

SEASAR Urgency Analysis

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
Questions	Put a checkmark against the wo	ord or phrase which best describes	s the situation
How many people?	Solo □	Not known 🗖	Entire Group Missing 🖵
	Separated	Any other unknown 🗖	
	Split Group 🗖	,	
	·		
How old are they?	All or mostly young 🗖	Not known 🗖	All adult 🗖
	All or mostly elderly 🗖	Any other unknown 🗖	
Medical conditions?	Kanasa illarini mad	Not known □	Known fit and well 🖵
iviedical conditions?	Known ill or injured 🗖		known fit and well 🗖
	Known medical condition	Any other unknown 🗖	
Dressed for weather?	All or mostly unprepared \Box	Not known □	All or mostly prepared \Box
Equipped for terrain?	, and an initiating an propared =	Any other unknown □	7 iii oi iiiostiy preparea 🗕
Equipped for terrain.		Any other unknown	
Familiar with area?	All or most not familiar	Not known 🗖	All or most familiar 🗖
		Any other unknown 🗖	
Experienced in environment	All or most with none 🗖	Not known 🗖	All or most familiar 🗖
and conditions?		Any other unknown 🗖	
Terrain?	Hazards 🖵	Not known □	No hazards 🖵
remain:	Navigation problems	Any other unknown	No navigation problems
	Navigation problems 🗖	Any other unknown	No navigation problems
Weather?	Past and present bad	Not known □	Past and present good
	Forecast bad	Any other unknown □	Forecast good
Number of checkmarks	One or more = Very High		
Urgency Rating	Very High	High	Low
Suggested Response	Urgent Response.	Respond immediately.	Continue investigation.

Continue investigation.

Prepare to respond.

Continue investigation

SEASAR Scenario Analysis Record Sheet

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

No.			Scenario Details			Likelihood
1.						
2.						
3.						
4.						
••						
5.						
J.						
6.						
7.						
8.						
9.						
10.						
	l F	GEND = Likelihood i	n the abbreviation you	think best fits each so	renario	
	VL = Very Likely	L= Likely	A = Average	U = Unlikely	VU = Very Unlik	ely

SEASAR Incident Action	Plan – Miss	ion Goal and Investigation				
Incident Name		Date	Time		D4H#	
Completed by (name)		Completed by (number)	Completed by (s	ignature)	Operational F	Period (10 hrs)
Agency		Agency Contact Name	Agency Contact	Number	Agency File #	
SEASAR IC		Planning Section Head	Operations Sect	ion Head	Dispatch	
					1	
Mission Goal				Operational Period (10 hours)		
				Start Time	End Ti	me
						T
Investigation Objective		Investigation Tasks		Task Priority	Resource Assigned	Task Complete and Resource Debriefed
Objective					Assigned	Resource Debileleu

SEASAR Incident Action Plan – Mission Goal and Containment/Attraction

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

Containment Attraction	Task	Task Priority	Resource Assigned	Task Complete and Resource Debriefed

SEASAR Incident Action Plan – Search

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

Search Objective	Task	Task Priority	Resource Assigned	Task Complete and Resource Debriefed

SEASAR Mission Risk Analysis

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

Current Weather	Air Temp	Wind	Precipitation
Forecast Weather	Air Temp	Wind	Precipitation

Hazard	Describe	Likelihood (1 low -	Severity (1 low – 5	Total (Likelihood	Mitigation
		5 high)	high)	x Severity)	
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					

SEASAR Briefing Information Sheet

Date	Time	D4H#
Completed by (number)	Completed by (signature)	Operational Period (10 hrs)
Agency Contact Name	Agency Contact Number	Agency File #
Planning Section Head	Operations Section Head	Dispatch
	Completed by (number) Agency Contact Name	Completed by (number) Completed by (signature) Agency Contact Name Agency Contact Number

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#
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

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

Incident Name	Date		Time		D4H#
			-		
Completed by (some)	Commiste	ad b /ab a\	Computated by (sign struct)		Operational Deviced (10 hys)
Completed by (name)	Complete	ed by (number)	Completed by (signature)		Operational Period (10 hrs)
Agency	Agency C	ontact Name	Agency Contact Num	ber	Agency File #
SEASAR IC	Planning	Section Head	Operations Section H	lead	Dispatch
Team Name		Team Type		Call Sign	
Coor Assigned		Members			
Gear Assigned Map □					
Radio (Ham)		One One			
Radio (FRS)		Two			
GPS		Three			
FLIR 🗖		Four			
Binoculars \Box		Other			
Safety Briefing					
Assignment Establish separation	on for: Obje	ect (size) 🚨 Un	responsive Person	Responsive	Person 🖵
Team Report Dispatched at	On S	egment at	RTB at POD	9/	, ,
		-S			
Describe Gaps or Hazards in Sea	rch Area				
Improve Search By					
Clues		Sta	atus		

In aid and Name -			DAILH		
Incident Name	Date		Time		D4H#
Completed by (name)	Complet	ed by (number)	Completed by (signa	ture)	Operational Period (10 hrs)
Agency	Agency (Contact Name	Agency Contact Nun	nber	Agency File #
SEASAR IC	Planning	Section Head	Operations Section I	Head	Dispatch
			- Cparameter Committee		
Team Name		Team Type		Call Sign	
Team rame		Team Type		cuii oigii	
Gear Assigned		Members			
Map Dodie (Ham)		Lead			
Radio (Ham)		One			
Radio (FRS) GPS G		Three			
FLIR 🔲		Four			
Binoculars \Box		Other			
Safety Briefing		Other			
Assignment Establish sep	aration for Obj	ect (size)	Unresponsive Person	Responsive	Person 🗆
Team Report Dispatched at	t On S	Togmont at	DTP at DOD	c	%
ream keport Dispatched at	t On 3	segment at	KTB at POD_	7	7 0
Describe Gaps or Hazards i	in Search Area				
Improve Search By					
Clues			Status		

Incident Name	Date		Time		D4H#
			-		
Completed by (some)	Commiste	ad b /ab a\	Computated by (sign struct)		Operational Deviced (10 hys)
Completed by (name)	Complete	ed by (number)	Completed by (signature)		Operational Period (10 hrs)
Agency	Agency C	ontact Name	Agency Contact Num	ber	Agency File #
SEASAR IC	Planning	Section Head	Operations Section H	lead	Dispatch
Team Name		Team Type		Call Sign	
Coor Assigned		Members			
Gear Assigned Map □					
Radio (Ham)		One One			
Radio (FRS)		Two			
GPS		Three			
FLIR 🗖		Four			
Binoculars \Box		Other			
Safety Briefing					
Assignment Establish separation	on for: Obje	ect (size) 🚨 Un	responsive Person	Responsive	Person 🖵
Team Report Dispatched at	On S	egment at	RTB at POD	9/	, ,
		-S			
Describe Gaps or Hazards in Sea	rch Area				
Improve Search By					
Clues		Sta	atus		

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Agency	Agency C	ontact Name	Agency Contact Number		Agency File #
SEASAR IC	Planning	Section Head	Operations Section H	lead	Dispatch
					<u> </u>
Team Name		Team Type		Call Sign	
Gear Assigned		Members			
Map					
Radio (Ham)		One One			
Radio (FRS)		Two			
GPS 📮		Three			
FLIR 🖵		Four			
Binoculars \Box		Other			
Safety Briefing					
Assignment Establish separation	on for: Obje	ect (size) 🚨 Un	responsive Person	Responsive	Person 🖵
Team Report Dispatched at	On S	egment at	RTB at POD	9/	/ 0
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					<u> </u>
Team Name		Team Type		Call Sign	
Gear Assigned		Members			
Map					
Radio (Ham)		One One			
Radio (FRS)		Two			
GPS 📮		Three			
FLIR 🖵		Four			
Binoculars \Box		Other			
Safety Briefing					
Assignment Establish separation	on for: Obje	ect (size) 🚨 Un	responsive Person	Responsive	Person 🖵
Team Report Dispatched at	On S	egment at	RTB at POD	9/	/ 0
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Safety Briefing					
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Team Name		Team Type		Call Sign	
Gear Assigned		Members			
Map					
Radio (Ham)		One One			
Radio (FRS)		Two			
GPS 📮		Three			
FLIR 🖵		Four			
Binoculars \Box		Other			
Safety Briefing					
Assignment Establish separation	on for: Obje	ect (size) 🚨 Un	responsive Person	Responsive	Person 🖵
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Team Name		Team Type		Call Sign	
Gear Assigned		Members			
Map					
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GPS 📮		Three			
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Binoculars \Box		Other			
Safety Briefing					
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					<u> </u>
Team Name		Team Type		Call Sign	
Gear Assigned		Members			
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Safety Briefing					
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Team Report Dispatched at	On S	egment at	RTB at POD	9/	/ 0
		-S			-
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Clues		St	atus		

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SEASAR IC	Planning	Section Head	Operations Section H	lead	Dispatch
					<u> </u>
Team Name		Team Type		Call Sign	
Gear Assigned		Members			
Map					
Radio (Ham)		One One			
Radio (FRS)		Two			
GPS 📮		Three			
FLIR 🖵		Four			
Binoculars \Box		Other			
Safety Briefing					
Assignment Establish separation	on for: Obje	ect (size) 🚨 Un	responsive Person	Responsive	Person 🖵
Team Report Dispatched at	On S	egment at	RTB at POD	9/	/ 0
		-S			-
Describe Gaps or Hazards in Sea	rch Area				
Improve Search By					
Clues		St	atus		