

TEAM DEBRIEFING	1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. ASSIGNMENT NUMBER
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4. RESOURCE TYPE

5. ASSIGNMENT SUMMARY

6. DESCRIBE EFFORTS IN ASSIGNMENT

7. DESCRIBE PORTIONS YOU WERE UNABLE TO GO TO

8. DESCRIBE ANY CLUES, TRACKS , OR SIGN LOCATED, OR ANY PERTINENT TRAIL INTERVIEWS

9. DESCRIBE ANY HAZARDS OR PROBLEMS ENCOUNTERED

10. SUGGESTIONS FOR FURTHER EFFORTS IN OR NEAR YOUR ASSIGNMENT

11. TIME ENTERED	12. TIME EXITED	13. TIME SPENT	14. P.O.D. SUMMARY <table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">H</td> <td style="text-align: center;">M</td> <td style="text-align: center;">L</td> <td></td> </tr> <tr> <td>_____ %</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____ %</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____ %</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">90%</td> <td style="text-align: center;">50%</td> <td style="text-align: center;">10%</td> <td></td> </tr> </table>		H	M	L		_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		90%	50%	10%	
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	90%	50%	10%																									
15. DEBRIEFER		16. DATE & TIME																										

ATTACHMENTS <input type="checkbox"/> DEBRIEFING MAP(S) <input type="checkbox"/> ORIGINAL BRIEFING DOCUMENT <input type="checkbox"/> SUPPLEMENTAL DEBRIEFING FORMS <input type="checkbox"/> OTHER _____	SUMMARY 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 <input type="checkbox"/>
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