

# SAR TEAM TASKING

Operation name:	Time:
Prepared by:	Date:

Team name:	Team type:	Task ID:
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Team leader:	Team member 3:
Team member 1:	Team member 4:
Team member 2:	Team member 5:

Map:

Tasking assignment: (use GSMEAC format)

Decision points:

Hazards and Risk Controls:

Previous or current search tasks in the area:

Communications (Refer to Comms Plan for additional information)		ICP Ph:
VHF Rptr(s):	VHF Smplx:	Grnd to Air:
HF Channel:	DAY	NIGHT
Times:		DAY

Additional information e.g transport:

Tasked by:	Approved:	Date/time:
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# TEAM TASKING SAFETY ASSESSMENT

**Safety objective:** Complete the task whilst ensuring the safety of all SAR personnel and the best possible outcomes for SAR subjects

Consider the hazards and risk controls listed on page 1. Now add any other applicable hazards and controls (that have not been identified/ documented elsewhere) here:

<b>Identify hazard:</b> Consider environment, equipment and human factors	<b>Risk controls:</b> Note the procedures or standards to be observed to maintain safety

**Pre-deployment Safety Checks – to be completed by the Team Leader with input from the whole team**

- Scenario** – The team understands the task ahead and person in control is identified.
- Environment and equipment** – Terrain, other activities in the area and weather have been assessed and hazards identified. Clothing and other equipment are suitable for safely undertaking the task.
- Ability** – The team is competent to safely complete the task.
- Risk controls** – Which safety standards apply and the other things we will do to reduce risk.
- Communications** – Communications (primary and secondary) are working. Channel details/phone numbers and scheduled times noted.
- Healthy and happy** – Everyone is fit, well and ready.
- Emergency preparedness** – Actions if things go wrong.
- Record and report** – Record when this discussion took place, who was present and any significant issues raised. Report incidents and accidents.
- Speak up** – If anyone feels that safety is being compromised at any point. Are there any questions?

**Note any issues raised during the Safety Checks:**

**Scheduled reporting and /or sign out times:**

The Team Leader must sign this form and carry it during the task (return it to the IMT after task).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_