

Task Briefing		Team #:		Time:			
Subject Name(s)							
S Age(s)							
S Description(s)							
S Clothes							
S Medical Conditions?							
S Despondent?							
Team Members							
Task Description							
Command Contact							
Team Briefing Checklist							
<input type="checkbox"/> Intro		<input type="checkbox"/> Task Briefing		<input type="checkbox"/> Training Levels			
<input type="checkbox"/> Searches of this type		<input type="checkbox"/> First Tasking Today?		<input type="checkbox"/> Injuries / Medical Conditions?			
<input type="checkbox"/> Time Constraints		<input type="checkbox"/> Gear/ Water & Food/ Batteries		<input type="checkbox"/> Secondary GPS			
<input type="checkbox"/> Flagging Tape		<input type="checkbox"/> Throw bag(s)		<input type="checkbox"/> PFD(s)			
<input type="checkbox"/> Primary Navigator		<input type="checkbox"/> Primary First Aider		<input type="checkbox"/> 5 Minute Regroup			
Pre Task Checklist							
<input type="checkbox"/> Cell Phone		<input type="checkbox"/> Cell Spare Battery		<input type="checkbox"/> Extra Gear / Flashlight			
<input type="checkbox"/> Coordinates Confirmed		<input type="checkbox"/> Coordinates GPS x2		<input type="checkbox"/> GPS Track Cleared			
<input type="checkbox"/> Waypoint Command		<input type="checkbox"/> Radio Check					
Task Time Log							
Transport:		Waypoint + Drop Off:		Radio + Start Task:			
Radio + @ Scene:		Radio + Stabilized:		Radio + Evacuation:			
Radio + End Task:		Radio + @ Command:					
Clue / Decision Point Log							
Time		Grid (+Waypoint)		Description			
Condensed SOAP Notes							
Time:		Name:		Age:		Contact:	
Chief Complaint:							
MOI:							
<input type="checkbox"/> Medical Conditions?		<input type="checkbox"/> Medications?		<input type="checkbox"/> Allergies?			
<input type="checkbox"/> Last Food & Water?		<input type="checkbox"/> Medical Alert?		<input type="checkbox"/> Full Secondary Assessment			
Secondary Conditions:							
Time	L of C (AVPU)	HR	RR	BP	Temp	Skin (CSM)	Pupils (PEARL)

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