Recovery Center Contro	ol No:	Press Hard	<u> </u>	Control No:
		BRIEFING F	ORM	
DATE:/	/TIME:	: AM / PM	SECTOR NUMBER:	TEAM NO:
TEAM LEADER:			VOL. REGISTR	ATION NUMBER:
ASSIGNMENT:	SEARCH TEAM:	_ [ SPECIAL TEAM:_	TYPE:	1
COMMUNICATI				
			RADIO / CHAN	FREQ
SITUATION OVI	ERVIEW:			
NAME OF MISSII WEATHER:	NG CHILD: DE TERRAIN: H	SCRIPTION: FLY AZARDS: SAFET	'ER: SITE LAST SE 'Y:	EEN:
			f his or her Volunteer Registration ically or emotionally prepared for	
RECOVERY CEN	ROSTER: TEAM TER CONTACT:	PHOTO:COMMUN MARKING TAPE:V IT:FLYER:W	WATCH: COMPASS:_	FLASHLIGHT:
INDIVIDUAL CH APPROPRIATE C		ER: SPECIAL EQUI	PMENT:	
MARK WITH PONEL. YOUR INV	DLICE TAPE. SECUE	RE AREA. RESTRICT S EFFORT IN NO WAY	ACCESS. CALL FOR AF	POTENTIAL EVIDENCE. PPROPRIATE PERSON- NORE OR VIOLATE ANY
BRIEFED BY:				
White copy - Analysis	Yellow copy -	Historian Pink co	ppy - Law Enforcement	Gold copy - Law Enforcement