

TEAM ASSIGNMENT DEBRIEFING Requesting Agency: Agencies Case #: Agency Contact: Contact number:		TASK#	FOR OPERATIONAL PERIOD #
ASSIGNMENT #		TASK NAME:	DATE COMPLETED: TIME COMPLETED:
K-9 TEAM NAME:	TEAM LEADER:	DEBRIEFED BY (PLANNING):	

EXPLAIN WHAT YOUR TEAM ACTUALLY DID (INCLUDE TIMES AND GPS COORDINATES IF AVAILABLE):

MAP ATTACHED (Y)

ESTIMATED POD%	IF RESPONSIVE:	IF NON-RESPONSIVE:
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DESCRIBE AND GIVE THE TIME AND LOCATION (GPS) OF ANY CLUES/ITEMS DISCOVERED:

CURRENT STATUS OF CLUES/ITEMS:

DESCRIBE DIFFICULTIES OR GAPS IN COVERAGE:

DESCRIBE ANY HAZARDS OR DANGERS IN SEARCH AREA(S):

COMMENTS & SUGGESTIONS:

TEAM LEADER SIGNATURE:

ICS 204A

REV 00/11/21