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

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| EXPLAIN WHAT YOUR TEAM ACTUALLY DID (INCLUDE TIMES AND GPS COORDINATES IF AVAILABLE):  MAP ATTACHED () |
| 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: |

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| DESCRIBE DIFFICULTIES OR GAPS IN COVERAGE: |

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

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| COMMENTS & SUGGESTIONS: |
| TEAM LEADER SIGNATURE: | **ICS 204A** |

REV 00/11/21