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| **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): | |

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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: |

|  |
| --- |
| 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