

CERT SEARCH AND RESCUE FORM

DATE _____ REPORT NUMBER _____

LOCATION _____ TIME _____

STRUCTURE DAMAGE

LIGHT _____ MEDIUM _____ HEAVY _____

UTILITIES: ON OFF

GAS _____ _____

ELECTRIC _____ _____

WATER _____ _____

TEAM LEADER _____

TEAM'S

DAMAGE FIRE SEARCH & RESCUE MEDICAL

DAMAGE	FIRE	SEARCH & RESCUE	MEDICAL

SAFETY GEAR ON _____

NUMBERS OF VICTIMS _____

NAMES OF VICTIMS:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

RMKS _____
