

# Wisconsin Search & Rescue Resource Survey

12/2/2009

## Team Specific Resource Information

Please remit to:

Elmer H. Anderson, PO Box 23, Mountain, Wi 54149 or to nicoletsearchteam@gmail.com

GROUP NAME:		DATE PREPARED:	
MAILING ADDRESS:		STATE:	ZIP:
		FIRST SUBMISSION: _____	
COUNTY:	NAME OF PERSON COMPLETING THIS FORM:	SIGNATURE:	
UPDATE: _____			

NOTE: This information will be maintained in a resource manual for use by the State of Wisconsin Emergency Management Agency, local & county law enforcement and emergency operations programs in Wisconsin, and where appropriate, other State, Federal SAR and emergency services resources in the Great Lakes region. Revised resource information may be submitted at any time. The resource manual will be maintained on the Nicolet Search Team Website for download.

### DISPATCH AND COMMUNICATIONS INFORMATION

1. HOW IS YOUR GROUP **INITIALLY** CONTACTED FOR A SEARCH?

Police / Fire Central dispatch or county emergency services       Pagers       Phone

Other means (explain): \_\_\_\_\_

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2. WHAT IS THE **PRIMARY** TELEPHONE NUMBER FOR CONTACTING YOUR GROUP FOR SAR INCIDENTS?

Add other pertinent information such as extensions, codes or persons to ask for:

(     )     -     \_\_\_\_\_

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3. WHAT IS THE **PRIMARY** RESPONSE AREA FOR YOUR GROUP?

\_\_\_\_\_

Other data:

- YES NO - Is your group restricted from responding to SAR incidents outside your primary service region?
- YES NO - Will your Group respond to any locality in Wisconsin?
- YES NO - Will your Group respond to neighboring States?

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4. WHAT IS YOUR GROUPS **BASIC** COMMUNICATION CAPABILITY?

\_\_\_\_\_

Other data:

- YES NO - Does your Group have a base station with a 30' or higher mast antenna?
- What is the output (in watts) or your base station? \_\_\_\_\_ YES NO - Is the base station field programmable?
- How many VHF radios does your Group have? \_\_\_\_\_ How many are field programmable? \_\_\_\_\_
- How many UHF radios does your Group have? \_\_\_\_\_ How many are field programmable? \_\_\_\_\_
- What are the primary frequencies your Groups uses?

Receive Mhz    PL Code            Transmit Mhz    PL Code            List other communications resources your Group may have:

1. \_\_\_\_\_

2. \_\_\_\_\_

## GROUP RESOURCES AND CAPABILITIES INFORMATION

1. BASED ON FEMA TYPING, PLEASE TYPE YOUR GROUP'S TYPE FOR A FULL TEAM RESPONSE:

2. DOES YOUR GROUP HAVE RESOURCES TO:

- YES NO - Operate AND fully staff a SAR incident command base including incident commander for at least one 12 hour shift?
- OR**
- YES NO - Provide trained staff to assist in one or more incident command functions? If YES, please list functions:

3. YES NO

IS YOUR GROUP ABLE TO PROVIDE A QUICK RESPONSE TEAM CONSISTING OF ONE (1) INCIDENT COMMANDER, PLUS ONE (1) EXPERIENCED STAFF PERSON AND 2 – 3 EXPERIENCED TEAM LEADERS TO: (A) EVALUATE A DEVELOPING SAR SITUATION; (B) PROVIDE GUIDANCE TO COUNTY OR STATE RESPONSIBLE AUTHORITIES AT THE SCENE; AND (C) PROVIDE INITIAL SERVICES AT MISSION BASE AND IN THE FIELD UNTIL OTHER SAR RESOURCES ARRIVE?

4. HOW MANY ACTIVE MEMBERS IN YOUR GROUP – DURING THE PAST FOUR YEARS – HAVE:

\_\_\_\_\_ COMPLETED A “MANAGING THE LOST PERSON INCIDENT” COURSE?

PLEASE LIST OTHER SAR SPECIFIC MANAGEMENT OR PLANNING COURSES – DURING THE PAST FOUR YEARS – ALONG WITH THE NUMBER OF GROUP MEMBERS THAT HAVE COMPLETED SUCH?

5. PLEASE RECORD THE NUMBER OF ACTIVE MEMBERS WHO HAVE COMPLETED THE FOLLOWING FEMA COURSES:

\_\_\_\_\_ IS 100 \_\_\_\_\_ IS 200 \_\_\_\_\_ IS 300 \_\_\_\_\_ IS 400 \_\_\_\_\_ IS 700 \_\_\_\_\_ IS 800 OTHER IS COURSES:

6. WHAT IS THE AVERAGE MOBILIZATION RESPONSE TIME (GETTING AN INITIAL TEAM ON THE ROAD) FOR YOUR GROUP?

\_\_\_\_\_ DURING REGULAR WORKING HOURS; AND \_\_\_\_\_ DURING THE NIGHT AND WEEKENDS

7. WHAT ARE THE SAR ACCREDITATION'S STANDARDS AND ORGANIZATIONS WHOSE STANDARDS THAT ARE USED BY YOUR GROUP FOR THE FOLLOWING QUALIFICATIONPS AND RATINGS? IF YOUR GROUP ACCREDITS YOUR OWN SAR RESOURCES, PLEASE IDENTIFY WHICH CATEGORY THOSE ARE.

Field team member: \_\_\_\_\_

Field team leader: \_\_\_\_\_

Technical (vertical) rescue team: \_\_\_\_\_

Man tracker: \_\_\_\_\_

Dog: \_\_\_\_\_

Dog handler for search dogs: \_\_\_\_\_

Horse team member: \_\_\_\_\_

Mission base (incident) staff: \_\_\_\_\_

Incident command: \_\_\_\_\_

8. PLEASE LIST GPS CAPABILITY ALONG WITH NUMBER OF UNITS AVAILABLE?

YES NO - DOES YOUR GROUP HAVE GPS > COMPUTER DATA TRANSFER CAPABILITY?

9. PLEASE LIST MEDICAL EQUIPMENT YOUR GROUP DEPLOYS WITH?

10. PLEASE LIST ALL TECHNICAL RESCUE EQUIPMENT THAT YOUR TEAM DEPLOYS WITH?

11. PLEASE LIST YOUR GROUPS COMPUTER CAPABILITIES, INCLUDING ANY **SAR SPECIFIC** SOFTWARE SUCH AS MAPTECH?

YES NO - IS YOUR TEAM COMPUTER SYSTEM NETWORK CAPABLE, HARD WIRE OR WIRELESS?

### **GROUP PERSONNEL RESOURCES INFORMATION**

1. HOW MANY INDIVIDUALS ARE ACTIVE MEMBERS OF YOUR GROUP WITH THE FOLLOWING CAPABILITIES? PLEASE INDICATE THE MOST ADVANCED QUALIFICATION THE INDIVIDUAL HAS. **DO NOT DUPLICATE ABILITIES...**

\_\_\_\_\_ Trainee without field member qualifications                      \_\_\_\_\_ Field team member                      \_\_\_\_\_ Field team leader  
\_\_\_\_\_ Man tracker                      \_\_\_\_\_ Dog handler for air scenting dog or tracking dog                      \_\_\_\_\_ Horse team member  
\_\_\_\_\_ Mission base incident staff                      \_\_\_\_\_ Incident commander

2. IN THE FOLLOWING CATEGORIES, PLEASE INDICATE THE TOTAL NUMBER OF TRAINED AND ACCREDITED PERSONS IN EACH CATEGORY. *IN THIS LISTING, A PERSON MAY BE COUNTED IN SEVERAL CATEGORIES.*

**SEARCH**    \_\_\_\_\_ Trainee                      \_\_\_\_\_ Field team member                      \_\_\_\_\_ Field team leader  
                  \_\_\_\_\_ Man tracker                      \_\_\_\_\_ Horse team member                      \_\_\_\_\_ SCUBA Diver  
                  \_\_\_\_\_ Dog handler / air scent – live find                      \_\_\_\_\_ Dog handler / air scent – cadaver  
                  \_\_\_\_\_ Dog handler / air scent - water                      \_\_\_\_\_ Dog handler / scent - other                      \_\_\_\_\_ Dog handler / tracking dog

**RESCUE**    \_\_\_\_\_ Semi-tech                      \_\_\_\_\_ Technical rock                      \_\_\_\_\_ High angle structure                      \_\_\_\_\_ Cave rescue (NCRC)  
                  \_\_\_\_\_ Building / collapsed structure                      \_\_\_\_\_ Swift water

**MEDICAL**    \_\_\_\_\_ SPR / Basic life support                      \_\_\_\_\_ Advanced first aider or First Responder                      \_\_\_\_\_ Wilderness EMT  
                  \_\_\_\_\_ EMT – Basic                      \_\_\_\_\_ EMT – Basic-IV                      \_\_\_\_\_ EMT – Intermediate                      \_\_\_\_\_ EMT – Paramedic  
                  \_\_\_\_\_ RN                      \_\_\_\_\_ MD

3. PLEASE LIST OTHER GROUP RESOURCES AND CAPABILITIES:

\_\_\_\_\_ Horses    \_\_\_\_\_ ATV's    \_\_\_\_\_ Snowmobiles    \_\_\_\_\_ Incident command vehicle / trailer    \_\_\_\_\_ Snowshoes

PLEASE LIST ANY AND ALL OTHER RESOURCES NOT COVERED AVAILABLE TO YOUR GROUP:

**OTHER GROUP INFORMATION**

THE FOLLOWING REQUESTS ARE A MORE INFORMAL REQUEST TO ESTABLISH SOME HISTORY AND BIOGRAPHY OF YOUR GROUP.

1. YEAR YOUR GROUP WAS FORMED.	2. COMBINED YEARS OF SEARCH EXPERIENCE OF YOUR GROUPS MEMBERS?	3. IS YOUR GROUP INCOPRORATED:
4. YOUR GROUPS WEB SITE ADDRESS.	5. NATIONAL ORGANIZATIONS YOUR GROUP IS AFFILIATED WITH.	6. DOES YOUR GROUP HAVE 501(c)(3) EXEMPTION?
8. GROUP OFFICER: NAME, TITLE, MAILING ADDRESS, CONTACT NUMBER, E-MAIL ADDRESS		
9. GROUP OFFICER: NAME, TITLE, MAILING ADDRESS, CONTACT NUMBER, E-MAIL ADDRESS		
10. GROUP OFFICER: NAME, TITLE, MAILING ADDRESS, CONTACT NUMBER, E-MAIL ADDRESS		
11. GROUP OFFICER: NAME, TITLE, MAILING ADDRESS, CONTACT NUMBER, E-MAIL ADDRESS		
12. GROUP OFFICER: NAME, TITLE, MAILING ADDRESS, CONTACT NUMBER, E-MAIL ADDRESS		
13. OTHER NOTABLE HISTORIC GROUP DATA.		