

## Task Report

FOR EMO USE ONLY

Date Received: \_\_\_\_\_ Task #: \_\_\_\_\_

Signed off as Complete by: \_\_\_\_\_ Date: \_\_\_\_\_

PA: Task File #: \_\_\_\_\_ SAR Group File #: \_\_\_\_\_

This form is to record activities for approved EMO training, maintenance and operational tasks. This report must be completed in full whenever EMO personnel (volunteers, contractors, etc.) funds or equipment are used during an EMO training, maintenance or operational task. It is imperative that all information be provided in an accurate accounting without prejudice. **\*\* Remember all SAR NGO participants MUST be registered**

**Please complete in detail all sections. Attach additional paper if required. Please type or clearly print in ink.**

Date: \_\_\_\_\_ Assigned EMO Task #: \_\_\_\_\_

Task Registration Form attached: Y / N Location of Task: Whitehorse

Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If this task was operational, how were you notified and when? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Man hours: \_\_\_\_\_

No. of SAR/YARA personnel: \_\_\_\_\_ No. of Non-SAR/YARA personnel: \_\_\_\_\_

Who was the lead agency? (RCMP, DND, local EMO, etc): \_\_\_\_\_

Task Description (please check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> Water Rescue            |
| <input type="checkbox"/> Avalanche Rescue       | <input type="checkbox"/> Flood Response          |
| <input type="checkbox"/> Lost Person            | <input checked="" type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fire Threat            |  |

Please give a detailed description of the task: \_\_\_\_\_

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

Equipment utilized in task: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any injuries or losses to personnel involved with this task? (If yes, provide details): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did this task result in injury or loss of life to the public? (If yes, provide details): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were any lives saved as a result of this task? No  Yes  (If so how many) NA

Estimated value of property damaged? NA

Estimated value of property saved? NA

Please summarise property losses. NA

Was task debriefed with all participants? No  Yes

Was Critical Incident Stress Debriefing utilized? No  Yes

Please outline any problems that were experienced on this task: None

What recommendations do you have to reduce similar problems in the future? NA

Were photographs or video tape used to record any part of this task? No  Yes  (If so who is the owner)

Name Phone #

Additional comments: No expenses incurred

Name: George Privett

Signature:

Attachments:

- |   |   |
|---|---|
| <input type="checkbox"/> Equipment Use Log                          | <input type="checkbox"/> Worker's Compensation Form |
| <input type="checkbox"/> Task Expense Report                        | <input type="checkbox"/> Photo(s)/Video Tape(s)     |
| <input type="checkbox"/> Task Registration Form                     | <input type="checkbox"/> Other: _____               |
| <input checked="" type="checkbox"/> Task Request/Authorization Form |   |