

USAR TEAM FACT SHEET

Team details to be uploaded in the VO before departure and given to RDC/UCC on arrival.



TEAM INFORMATION

A.0 Team-ID _____
 A.1 Team name _____ A.2 Home country _____
 A.3 Number of persons _____ A.4 Number of dogs _____

A.5 Team type **responding** Light Medium Heavy Other _____
 A.6 INSARAG Classification None Medium Heavy

Responding elements:

A.7 Technical Search yes no
 A.8 Canine search yes no
 A.9 Rescue yes no
 A.10 Medical yes no
 A.11 Hazmat detection yes no
 A.12 Structural engineers yes no Number
 A.13 RDC/OSOCC support yes no
 A.14 UC support yes no

A.15 Other capabilities _____
 A.16 Self-sufficiency (number of days) Water _____ days A.17 Food _____ days

A.18 Expected arrival date [DD-MMM]

A.19 Expected arrival time [hh:mm]

A.20 Point of arrival _____ A.21 Aircraft type _____

SUPPORT REQUIREMENTS

Transport for

B.1 Persons (number) _____ B.2 Dogs (number) _____
 B.3 Equipment (ton) _____ B.4 Equipment (cubic metres) _____

Supplies

B.5 Gasoline (litres per day) _____ B.7 Cutting Gas (cylinders) Type
 B.6 Diesel (litres per day) _____ Number
 B.8 Medical Oxygen No. _____ Size
 (cylinders) Size _____ B.9 BoO Space Requirement (m²) _____

B.10 Any other logistical needs _____

CONTACTS

c.1 Contact 1 Name		c.5 Contact 2 Name	
c.2 Mobile phone		c.6 Mobile phone	
c.3 Sat phone		c.7 Sat phone	
c.4 E-Mail		c.8 E-Mail	

c.9 Base of Operations Address (if known) _____

c.10 Radio Frequency (BoO) . MHz

(GPS coordinates normally in Datum WGS84)

c.11 BoO GPS coordinates (if known)

c.11 GPS Coordinates decimal format	<input type="text" value="±dd.ddd"/>	<input type="text" value="±ddd.ddd"/>
c.11 GPS Coordinates other formats		

Form completed by:

Name _____

Date

Title/Position _____

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Form guidance notes

A. TEAM INFORMATION

A.0	The national team number; 1,2, 3 for classified teams, 10, 11, 12 etc for unclassified teams.
A.1	Team name as known internationally or domestically
A.2	Team's country of origin
A.3	Total number of persons deployed
A.4	Total of number of dogs deployed
A.5	Type of team responding according to INSARAG guidelines
A.6	The official INSARAG External classification (IEC) level of the team, medium or heavy (if held)
A.7	Has the responding team deployed with technical search capability?
A.8	Has the responding team deployed with canine search capability?
A.9	Has the responding team deployed with rescue capability?
A.10	Has the responding team deployed with medical capability?
A.11	Has the responding team deployed with hazmat detection capability?
A.12	Has the responding team deployed with structural engineers? Give the number of engineers
A.13	Has the responding team got the capacity for establishing a provisional OSOCC/ RDC?
A.14	Has the responding team got the capacity for supporting a UC?
A.15	Detail any other capabilities e.g. own transportation, water rescue capability with boats etc.
A.16	Number of days with self-sufficiency of water supply.
A.17	Number of days with self-sufficiency of food supply.
A.18	Estimated arrival date to affected region - day as a number, month as 3 letters e.g. 13 APR
A.19	Estimated arrival time to affected region - 24hr clock using local time
A.20	Point of arrival to affected region (airport, city, port, etc)
A.21	Type of aircraft (model, size)
B.	SUPPORT REQUIREMENTS
B.1	Total number of people to be transported
B.2	Total number of dogs to be transported
B.3	Total weight of equipment expressed in ton to be transported
B.4	Total volume of equipment expressed in cubic metres to be transported
B.5	Gasoline requirement expressed in litres to be supplied daily expressed in litres
B.6	Diesel fuel requirement expressed in litres to be supplied daily expressed in litres
B.7	Cutting gas cylinders to be filled daily
B.8	Medical oxygen cylinders to be filled daily
B.9	Space requirement expressed in square meters for the location of the Base of Operations
B.10	Other logistical requirements
C.	CONTACT DETAILS
C.1	Name or title of Contact 1
C.2	Mobile phone number of Contact 1
C.3	Satellite phone number of Contact 1
C.4	E-Mail address of Contact 1
C.5	Name or title of Contact 2

C.6	Mobile phone number of Contact 2
C.7	Satelite phone number of Contact 2
C.8	E-Mail address of Contact 2
C.9	Location or address of Base of operations - if known
C.10	Radio Frequency (BoO) in MHZ
C.11	GPS coordinates of the Worksite, taken at the Worksite marking: Standard GPS format is: Map datum WGS84 If possible use decimal coordinates e.g. Lat \pm dd.ddd° Long \pm ddd.ddd° If another format is used then use the lower boxes and state the format used.