



# MCFRS Canine Call-Out Checklist for Search Liaison

Assigned Search Liaison: \_\_\_\_\_

Assigned by Spec Ops Staff: \_\_\_\_\_

### Incident information:

(Information from ECC or Spec Ops Staff. Search Liaison to call the requesting agency and verify this information)

Time of Request \_\_\_\_\_

Calling Party Name and Rank \_\_\_\_\_

Calling Party Jurisdiction \_\_\_\_\_

Calling Party Contact Number \_\_\_\_\_

Incident Location \_\_\_\_\_

COG Talkgroup \_\_\_\_\_

Incident Type (Circle one) Fire Explosion Water Rescue Collapse Wide-area Search

Other: \_\_\_\_\_

Type of K9 requested (Circle one) Live Find Human Remains Detection

Date and Time of Incident: \_\_\_\_\_

Other MCFRS resources requested: \_\_\_\_\_

Any other pertinent information from caller: \_\_\_\_\_

Time Verified: \_\_\_\_\_ Verifying person at requesting jurisdiction: \_\_\_\_\_

### Mission Acceptance:

Search Liaison Recommendation: \_\_\_\_\_  
ACCEPT DECLINE

Other MCFRS resources required: \_\_\_\_\_

Approved by: \_\_\_\_\_  
MCFRS Special Ops Staff Name @ Time ACCEPT DECLINE

**Please forward a copy of this completed checklist with your IS-214 and all Search Documentation to the Technical Rescue Battalion Office**



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List any unmet needs:

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## Response Coordination (START ICS-214 at this time):

Act as MCFRS Safety Officer

Type of Occupancy \_\_\_\_\_

Number of suspected missing \_\_\_\_\_

Searched before?  YES  NO Findings \_\_\_\_\_

HazMat check?  YES  NO Findings \_\_\_\_\_

Utilities: Who & How secured?

Gas \_\_\_\_\_

Electricity \_\_\_\_\_

Water \_\_\_\_\_

Checked by Structural Engineer?  YES  NO Name: \_\_\_\_\_

Prints available?  YES  NO

Go/No-Go areas: \_\_\_\_\_

Heavy Rescue Available?  YES  NO

HazMat check?

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	YES	NO	
Veterinarian available?	_____	_____	Name _____
Phone _____			Address _____
			_____
			_____

## Prepare On-Scene Documentation (Including Photos and Maps)

\_\_\_\_\_ Copies to **Requesting Agency**      \_\_\_\_\_ Forward to **MCFRS Special Operations Section** archive

## Closeout Tasks

\_\_\_\_\_ Ensure Decon is completed on scene

\_\_\_\_\_ Close Incident with ECC      Date & Time Closed: \_\_\_\_\_

Provide Incident Disposition to:

\_\_\_\_\_ **Special Ops Staff**

\_\_\_\_\_ **Shift Operations Chief**

\_\_\_\_\_ Coordinate Rehab/CISM

\_\_\_\_\_ POC for all 1<sup>st</sup> Reports of Injury

\_\_\_\_\_ Submit AAR (Including IS-214, Maps, & all other documentation)

Date Submitted: \_\_\_\_\_

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