

Radio Call	Frequency:	High Site:	DF Bearing:
Type of Comms:		Original	Relay
Time:	Date:	UCN:	Initials:

-- Initial SAR Check Sheet --

1. Position	<i>Type of Position:</i> [] Lat/Long		
	[] Loran Lines		
How determined?	[] Geographic Reference		
2. Number of Persons On Board	Adults:	Children:	Total:
3. Nature of Distress (if PIW complete additional PIW box below)			
4. Description of Vessel	Name:	Length:	Type:
	Make:	Color:	
5. Have all persons on board the vessel put on Personal Flotation Devices / adequate number of PFD's available? Y / N			

**** ADVISE REPORTING SOURCE OF INTENDED ACTIONS AT THIS TIME ****

6. Determine Initial Severity / Emergency Phase	
<input type="checkbox"/> Distress <input type="checkbox"/> Dispatch Resources / Activate SAR Alarm <input type="checkbox"/> Advise reporting source of Coast Guard's Actions <input type="checkbox"/> Issue Urgent Marine Information Broadcast (UMIB) <input type="checkbox"/> Brief Sector / District <input type="checkbox"/> Provide emergency instructions to vessel in distress <input type="checkbox"/> Complete additional check-sheets as situation dictates	<input type="checkbox"/> Uncertainty <input type="checkbox"/> Alert <i>Additional information is needed</i> <i>Complete one or more of the following:</i> <input type="checkbox"/> Supplemental Check-sheet <input type="checkbox"/> Overdue Check-sheet <input type="checkbox"/> Flare Sighting Check-sheet <input type="checkbox"/> MEDEVAC/MEDICO Check-sheet <input type="checkbox"/> Grounding Check-sheet <input type="checkbox"/> Mass Rescue Operation Supplemental Check sheet

Persons in the Water		
Number:	Description:	<input type="checkbox"/> PFD - type/color:
Time:		<input type="checkbox"/> Exposure Suit
Confirmed? []		<input type="checkbox"/> Light

**** Complete all of the above before shifting frequency; Complete below before hanging up phone ****

Reporting Source	
Name:	
Vessel Name:	
Call back number (with area code):	
[] cell phone	
[] radio / call sign: / MMSI:	
Address:	

On Scene Weather			
Wind	Seas	Swells	Visibility
Weather Type			

SUPPLEMENTAL SAR CHECKSHEET

V E S S E L	[] Document/Official Number [] State Registration		Communications Equipment [] VHF-FM [] HF [] DSC [] Other _____ [] Cellular: # Frequencies:
	Homeport	Flag	
	Usage	Hull Material	Navigation Equipment [] LORAN [] GPS [] OMEGA [] RADAR [] Fathometer [] Other:
	Prominent Features		Survival Equipment [] EPIRB Class/Type: _____ [] PFDs #s/Types: _____
	Cause of Incident		[] VDS/Flares [] Flashlight [] Raft/Lifeboat [] Dinghy/Skiff [] Food/Water [] Foul Wx Gear

P E O P L E	[] Owner [] Operator [] POB Name			[] Owner [] Operator [] POB Name		
	Address			Address		
	Phone			Phone		
	Age:	DOB:	Male/Female	Age:	DOB:	Male/Female
	[] Owner [] Operator [] POB Name			[] Owner [] Operator [] POB Name		
	Address			Address		
Phone			Phone			
Age:			Age:			
DOB:			DOB:			
Male/Female			Male/Female			

Additional Comments

A C T I O N	Communications Schedule	
	Start Time	Frequency
	Time Interval [] 15 min [] 30 min [] 60 min [] Other	
	Remarks	

Set and Drift [] Not a factor		
Set [] T [] M	Drift [] kts [] MPH	
[] DMB	Type	Freq
DMB	Inserted	Relocation
Time		
Position	N	N
	W	W

<p><u>SURVIVAL EQUIPMENT:</u></p> <p>PFDs: Y N UNK Flares: Y N UNK Flashlight: Y N UNK Dye: Y N UNK Mirror: Y N UNK Smoke Marker: Y N UNK Smoker: Y N UNK Spotlight: Y N UNK AUX electric power: Y N UNK Radar reflector: Y N UNK Drogue: Y N UNK Anchor: Y N UNK Anchor line: Y N UNK Food: Y N UNK Water: Y N UNK Raft: Y N UNK Description:</p> <p>Dinghy: Y N UNK Description:</p>	<p><u>OPERATOR:</u></p> <p>Address:</p> <p>Phone: ()</p> <p>POC/NOK:</p> <p>Phone: ()</p> <p>Experience with boat: Y N UNK Experience in area: Y N UNK Swimmer: GOOD FAIR POOR NON Clothing:</p> <p>Desc: HT: WT: Eyes: Hair: Race: Age:</p> <p><u>HEALTH:</u> GOOD FAIR POOR UNK <u>COMMITMENTS:</u></p>
<p><u>VEHICLE:</u></p> <p>Make: Model: License NR: Color: Trailer Lic: Color:</p> <p>SECOND VEHICLE: Make: Model: License NR: Color: Trailer Lic: Color:</p>	<p><u>PASSENGER:</u></p> <p>Address:</p> <p>Phone: ()</p> <p>POC/NOK:</p> <p>Phone: ()</p> <p>Experience with boat: Y N UNK Experience in area: Y N UNK Swimmer: GOOD FAIR POOR NON Clothing:</p> <p>Desc: HT: WT: Eyes: Hair: Race: Age:</p> <p><u>HEALTH:</u> GOOD FAIR POOR UNK <u>COMMITMENTS:</u></p>
<p><u>ADDITIONAL NOTES:</u></p>	<p><u>PASSENGER:</u></p> <p>Address:</p> <p>Phone: ()</p> <p>POC/NOK:</p> <p>Phone: ()</p> <p>Experience with boat: Y N UNK Experience in area: Y N UNK Swimmer: GOOD FAIR POOR NON Clothing:</p> <p>Desc: HT: WT: Eyes: Hair: Race: Age:</p> <p><u>HEALTH:</u> GOOD FAIR POOR UNK <u>COMMITMENTS:</u></p>
<p align="center">ACTION TAKEN BY COAST GUARD</p> <p>Confirm departure: Y N Confirm non-arrival: Y N UMIB: Y N</p> <p><u>EVALUATE WEATHER HISTORY ALONG INTENDED TRACK:</u> WIND: ____ / ____ SEAS: ____ / ____ VIS: ____ SEA TEMP: ____ F/C</p> <p>Initial EMERGENCY PHASE: UNCERTAINTY ALERT DISTRESS Initial action taken:</p>	

MEDICO / MEDEVAC CHECKSHEET

PATIENT INFORMATION

Name: _____ Age: _____ Sex: **M F** Nationality: _____

Type of injury (symptoms and location): _____

When/how injury occurred: _____

Medications administered (type and amount): _____

Previous medical history (including medications): _____

PATIENT VITAL SIGNS

Temp: _____ Airway: **OBSTRUCTED GURGLING OPEN**

B/P (Wrist/Neck): _____ Resp: **SHALLOW NORMAL DEEP NONE***

Pulse: **NORMAL WEAK POUNDING NONE***

* IF NO PULSE/RESP, IS CPR BEING CONDUCTED? **Y N** How long? _____

Conscious: **Y N** Ambulatory: **Y N** Eyes: **DILATED Y N**

Convulsions: **Y N** Signs of Shock: **Y N** REACTIVE **Y N**

Vomiting: **Y N** Bleeding: **Y N** EQUAL **Y N**

Tingling limbs: **Y N** Paralysis: **Y N**

Skin cond: **DRY NML CLAMMY** Skin color: **BLANCHED YLW NML BLUE RED**

First aid kit: **Y N** Treatment given: _____

Medical personnel: **DR RN EMT OTHER**

DIVING ACCIDENTS

Time of accident: _____

Total dives today: _____ Interval between dives: _____

Dive depth: _____ FT/M Dive duration: _____ Decompression: _____

Dives in last 24 HRS: **Y N** IF YES, when? _____

Dive depth: _____ FT/M Dive duration: _____ Decompression: _____

MISC INFORMATION

Vsl LPOC/Date: _____ Vsl NPOC/ETA: _____

Communications: **VHF-FM MF/HF CELLULAR** **FREQ/Number:** _____

O/S Weather: Wind: _____ / _____ Seas: _____ / _____ VIS: _____ Sea temp: _____ F/C

FLT Surgeon BRFD: [] YES [] NO MEDEVAC: [] BOAT [] HELO