

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

**-- Initial SAR Check Sheet --**

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

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

<b>6. Determine Initial Severity / Emergency Phase</b>	
<input type="checkbox"/> <b>Distress</b> <input type="checkbox"/> Dispatch Resources / Activate SAR Alarm <input type="checkbox"/> <i>Advise reporting source of Coast Guard's Actions</i> <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"/> <b>Uncertainty</b> <input type="checkbox"/> <b>Alert</b> <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**

<b>V E S S E L</b>	[ ] Document/Official Number [ ] State Registration		Communications Equipment [ ] VHF-FM [ ] HF [ ] DSC [ ] Other _____ [ ] Cellular: #
	Homeport	Flag	Frequencies:
	Usage	Hull Material	Navigation Equipment [ ] 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

<b>P E R S O N A L</b>	[ ] Owner [ ] Operator [ ] POB Name			[ ] Owner [ ] Operator [ ] POB Name		
	Address			Address		
<b>P E R S O N A L</b>	Phone			Phone		
	Age:	DOB:	Male/Female	Age:	DOB:	Male/Female
<b>P E R S O N A L</b>	[ ] Owner [ ] Operator [ ] POB Name			[ ] Owner [ ] Operator [ ] POB Name		
	Address			Address		
<b>P E R S O N A L</b>	Phone			Phone		
	Age:	DOB:	Male/Female	Age:	DOB:	Male/Female

Additional Comments

<b>A C T I O N S</b>	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