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 The lower half of second page of this form can be modified for local use as needed.
 Forward suggestions for revisions for statewide use to the Search and Rescue Council of New Jersey

RESOURCES

EQUIPMENT INVOLVED AND COSTS

<u>No.</u>	<u>Mi./Hrs</u>	<u>Costs</u>
_____ Helicopters	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____
_____ Fixed Wing	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____ (Attach all receipts)
_____ Ambulances	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____ (include fuel,
_____ 2WD Vehicles	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____ repairs, etc.)
_____ 4WD Vehicles	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____
_____ Power Boats	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____
_____ Snowmobiles	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____
_____ Horses	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____ Equipment <input style="width: 100px; height: 20px;" type="text"/>
_____ Dogs	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____ Cost <input style="width: 100px; height: 20px;" type="text"/>
_____	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____ Subtotal
_____	_____ <input type="checkbox"/> Mi <input type="checkbox"/> Hrs	_____

MANHOURS SUMMARY

Total no. of your personnel involved _____

Total man-hours expended by your unit _____

Total no. of ALL personnel involved _____

Total man-hours expended by ALL personnel _____

MISCELLANEOUS COSTS

Motel(s) _____

Food/Meals _____

Personal Equipment _____
 (Ropes, 1st aid, batteries, gloves, clothing, etc.)

Other misc. costs: _____
 (list on separate sheet)

Miscellaneous costs subtotal

Total Cost:

OTHER SAR UNITS INVOLVED

	<u>UnitName</u>	<u>No.</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____

MISSION REPORT
 PREPARED BY:

Name	Agency	Telephone	Date