



**PENNSYLVANIA SEARCH AND RESCUE COUNCIL
TEAM RESOURCE INFORMATION**

Team Name: _____

Email Address: _____

Date Prepared: _____

Team Mailing Address:			
Delegates Email:			
Alternate Delegates Email :			
Emergency Dispatch Telephone #:	()		
Team Business Telephone #:	()		
Your Name:		Email address:	

What region of PA is your team located? (see PSARC By-Laws for area borders)

East:	Central:	West:	Northwest:	Northeast:
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What regions of PA will your team respond to?

East:	Central:	West:	Northwest:	Northeast:	All:
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Will your team respond to neighboring states? ___ ___ No

Team Resources (Check if Appropriate and add available number if it is equipment)

Ground SAR:	K-9 SAR:	Vertical Rescue:	Urban SAR: (Collapsed Building)	NCRC: (Cave Rescue)
Water Rescue:	Horses:	4 x 4's:	ATV's:	AIR:
Mountain Bikes:	Snowmobiles:	Other:		

What is your teams' mobilization time? Days ___ (Hours) Evenings ___ (Hours)

- Are you and your team familiar with the New PSARC Team Levels? ___ Yes ___ No
- Do you know your team should be evaluated at a Level? ___ Yes ___ No
- Please list your teams Level (Level 1 to Level 5). _____
If you checked "No" to the above questions, more information will be sent to you shortly!
- Should the sub title "K-9" be added to your Team Level? ___ Yes ___ No
Ex. Level 3 K-9 (Team with K-9's), Level _____

What are the SAR accreditation standards used by your team for the below listed capabilities? Please list whose standards your team follows or the accrediting standard. If your team accredits your own SAR resources, please identify which categories those are. Example: DCNR, PSARC, State Fire Academy, Team, NASAR

- Field Team Member: _____
- Field Team Leader: _____
- Incident Staff: _____
- Incident Command: _____
- K-9 Air Scent Handler: _____
- K-9 Tracking Handler: _____
- K-9 HRD _____

- Other _____
- Other _____
- Other _____
- Other _____
- Other _____

How many members of your team have the following Status, only list their Highest Certifications:

- Trainee: _____
- Field Team Member: _____
- Field Team Leader: _____
- Incident Staff: _____
- Incident Command: _____
- K-9 Air Scent Handler: _____
- K-9 Tracking Handler: _____
- Other: _____
- Other: _____

Radio Capabilities

Does your team have handheld radios? Yes ___ No ___

Are they PSARC frequency compatible Yes ___ No ___

How many are available? _____

Does your team have a Mobile Radio? Yes ___ No ___

Are they PSARC frequency compatible (155.160/150.775)? Yes ___ No ___

How many are available? _____

**Please list any other important team info you feel
other agencies would benefit from knowing on a separate sheet**

Please list your teams Home Coordinates (for the PSARC Map)

I attest, with my signature below, that data provided on this form and any attachments is true and accurate to the best of my knowledge. If this form is being submitted electronically; pressing the submit button will act as a signature.

Date: _____ Signature: _____

Please submit to:
Your area Board Member or
PSARC@PSARC.org
Mailing address:
117 McMunn Ave
Pittsburgh, PA 15205