



# Pennsylvania Search & Rescue Council

## Team Resource Information

### Team Information

|                           |  |
|---------------------------|--|
| Team Name                 |  |
| Team Mailing Address      |  |
| Team Home Coordinates     |  |
| Team Email                |  |
| Team Business Phone #     |  |
| County Activation Phone # |  |

### Delegate Information

|                            |             |
|----------------------------|-------------|
| Primary Delegate Name      |             |
| Primary Delegate Email     |             |
| Primary Delegate Phone #   | (    )    - |
| Alternate Delegate Name    |             |
| Alternate Delegate Email   |             |
| Alternate Delegate Phone # | (    )    - |

### One Call Dispatch Information

|                            |             |
|----------------------------|-------------|
| One Call Dispatch Phone #1 | (    )    - |
| One Call Dispatch Phone #2 | (    )    - |
| One Call Dispatch Phone #3 | (    )    - |

### Regional / Response Area Information

|   |  |
|---|--|
| PA Home Region (See PSARC By-laws for areas)    | <input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Northwestern <input type="checkbox"/> Northeastern |
| What areas will team respond to? (For One-Call) | <input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Team will respond outside of PA                    |



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### Team Resource Information (Select if appropriate and provide available number)

#### Ground Support

- SarTech 1 # \_\_\_\_\_
- SarTech 2 # \_\_\_\_\_
- DCNR Field Team Leader # \_\_\_\_\_
- DCNR Field Team Member # \_\_\_\_\_
- Trainee (SarTech 3, non-certified personnel, etc.) # \_\_\_\_\_
- Other (specify) # \_\_\_\_\_

#### Certified K-9 Team

- Airscent # \_\_\_  Trailing # \_\_\_  HRD# \_\_\_  HRD WATER# \_\_\_

#### Certified Specialty

- Vertical # \_\_\_  Water # \_\_\_  Cave # \_\_\_  Urban (collapse) # \_\_\_

#### Equipment

- ATV # \_\_\_\_\_  Snowmobile # \_\_\_\_\_  Mountain Bikes # \_\_\_\_\_
  - Air # \_\_\_\_\_  Horses # \_\_\_\_\_  Other (describe) # \_\_\_\_\_
- Additional Equipment Info \_\_\_\_\_

### Accreditation Standards – provide only the standard used, such as NASAR, DCNR, PSARC, State Fire Academy, etc. Numbers of certified teams are in field above.

#### Personnel

- Ground Support \_\_\_\_\_
- Ground Support Leader \_\_\_\_\_
- Command Staff \_\_\_\_\_
- K9 Airscent \_\_\_\_\_
- K9 Trailing \_\_\_\_\_
- K9 Human Remains \_\_\_\_\_
- K9 HRD - Water \_\_\_\_\_
- Specialty (describe) \_\_\_\_\_



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## Team Resource Information

### Radio Capabilities

#### Radio

Does team have portable radios? Yes No # available \_\_\_\_\_

- PSARC frequency compatible (155.160/150.775) Yes No

Does your team have a mobile radio? Yes No # available \_\_\_\_\_

- PSARC frequency compatible (155.160/150.775) Yes No

**Please attach a separate sheet with any other important team information or resources available that would benefit other agencies or miscellaneous information relevant to your team.**

I attest, with my signature below, that data provided on this form and any attachment is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

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

Team Title: \_\_\_\_\_

**Please submit Resource Sheet annually to the PSARC Secretary:  
[secretary@psarc.org](mailto:secretary@psarc.org)**