



# 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	<input type="checkbox"/> SarTech 1 #_____
	<input type="checkbox"/> SarTech 2 #_____
	<input type="checkbox"/> DCNR Field Team Leader #_____
	<input type="checkbox"/> DCNR Field Team Member #_____
	<input type="checkbox"/> Trainee (SarTech 3, non-certified personnel, etc.) #_____
	<input type="checkbox"/> Other (specify) #_____
Certified K-9 Team	<input type="checkbox"/> Airscent #____ <input type="checkbox"/> Trailing #____ <input type="checkbox"/> HRD# ____ <input type="checkbox"/> HRD WATER# ____
Certified Specialty	<input type="checkbox"/> Vertical #____ <input type="checkbox"/> Water #____ <input type="checkbox"/> Cave #____ <input type="checkbox"/> Urban (collapse) #____
Equipment	<input type="checkbox"/> ATV #____ <input type="checkbox"/> Snowmobile #____ <input type="checkbox"/> Mountain Bikes #____
	<input type="checkbox"/> Air #____ <input type="checkbox"/> Horses #____ <input type="checkbox"/> 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:

[MelissaParker@LiamSAR.org](mailto:MelissaParker@LiamSAR.org)