

1.01 TASK REPORT

1.01.1 RELATED DOCUMENTS

- [1.01 Task Report Policy](#)
- [1.01 Task Report Form](#)

1.01.2 PROCEDURES

The following are the instructions for completion of the Task Report Form (see page 3 of 3).

- (1) Enter the task number for emergency and training tasks.
- (2) Enter file number from the requesting agency (RCC/RCMP/BCAS). The Rescue Coordination Centre (RCC), Victoria, issues the RCC number for air searches in support of DND or marine searches in support of DND and/or Canada Coast Guard. Other PEP Air activities are CASARA initiated and funded.
- (3) Enter the name of the organization/group.
- (4) Enter the EMBC Region in which the task has occurred.
- (5) Enter the area the incident occurred.
- (6) Enter the type of task – be descriptive.
- (7) Enter the date the task commenced.
- (8) Enter the time the first EMBC volunteer involvement started.
- (9) Enter the date the task completed.
- (10) Enter the time tasking or training was completed. This includes clean-up of equipment, return to group headquarters, and completion of initial administration and time devoted to debriefing.
- (11) Include all EMBC volunteers, both permanent and temporary.
- (12) "Number of Person Hours" is for statistics and is to be calculated, e.g., five volunteers for four hours equals twenty person hours.
- (13) "Other Response Personnel" includes but is not limited to, police, fire crews, ambulance crews, DND personnel, Coast Guard, and provincial and federal government employees.

(14)"Number of Person Hours" is for statistics and is to be calculated, e.g., five response personnel for four hours equals twenty person hours.

(15)Total number of subjects.

(16)Number of subjects injured.

(17)Number of subjects deceased.

(18)Numbers of subjects still lost and unaccounted for.

Note: Numbers at 16, 17, and 18 must equal number shown at 15.

(19)This section is for details of the training or emergency incident. Search logs, maps and such material can be attached where appropriate. This information is also used to verify claims submitted for reimbursement of lost/damaged equipment and WCB claims. The Task Leader must ensure all details are accurate and that equipment lost and/or damaged is included.

(20)Items listed in this area must show the type of equipment that was used on the task. Any equipment lost or damaged on the task should be listed here with details as shown. Details must also be provided describing how/why the equipment was lost or damaged.

(21)By signing this section the Task Leader is certifying the accuracy of the information supplied in the report; the name of the Task Leader must be printed under signature. This signature section can refer to signing authorities such as Regional Air Chief, Regional Radio Chief, Regional SAR representative and other responding provincial ministries. The report should be included in the complete task reimbursement package and should be forwarded to the EMBC Regional Manager for review and processing.

(22)Where applicable, the Emergency Program Coordinator, by signing, is providing additional certification on the accuracy of the information supplied in the report.

(23)On review, the EMBC Regional Manager will add such comments/recommendations as required.

(24)Signature of the Regional Manager.



1.01 PROCEDURES

Created: 1998 JUL 15
Revised: 2016 AUG 04



TASK REPORT FORM

Task Number: 1 RCC/RCMP/BCAS File Number: 2

A. TO BE COMPLETED BY TASK LEADER

Group: 3 Region: 4 Area: 5

Task Type: 6

Date Task Commenced: 7 Time Task Commenced: 8

Date Task Completed: 9 Time Task Completed: 10

Number of Registered Volunteers Involved: 11 Number of Person Hours: 12

Number of Other Response Personnel Involved: 13 Number of Person Hours: 14

Number of Victims: 15 Injured: 16 Fatalities: 17 Still Missing: 18

Details of Task (attach additional pages if required): 19

Equipment Used/Lost 20 Equipment Repair/Replacement Request attached - YES NO

Task Leader's Name: 21 Signature: _____ Date: _____

Where applicable
EP Coordinator's Name: 22 Signature: _____ Date: _____

B. TO BE COMPLETED BY PEP REGIONAL MANAGER

Comments/Recommendations: 23

Regional Manager Signature: 24 Date: _____