

Long Island Search and Rescue - Land Searcher Training Log

Search and Rescue Member: _____ Date of Training: __/__/20__ Log Number : _____

Start Time Training/Mission: _____ End Time Training/Mission: _____ Total Hours: _____

Conditions	Phase of Day	Precipitation	Woods	Underbrush	Ground
<input type="checkbox"/> Clear	<input type="checkbox"/> Dawn	<input type="checkbox"/> None	<input type="checkbox"/> Open	<input type="checkbox"/> Light	<input type="checkbox"/> Dirt
<input type="checkbox"/> Sunny	<input type="checkbox"/> Day	<input type="checkbox"/> Rain (inches) _____	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Sand
<input type="checkbox"/> Partly Cloudy	<input type="checkbox"/> Dusk	<input type="checkbox"/> Sleet	<input type="checkbox"/> Dense	<input type="checkbox"/> Heavy	<input type="checkbox"/> Gravel
<input type="checkbox"/> Overcast	<input type="checkbox"/> Night	<input type="checkbox"/> Snow	<input type="checkbox"/> Saplings	<input type="checkbox"/> Weeds	<input type="checkbox"/> Dry
		<input type="checkbox"/> Fog/Mist		<input type="checkbox"/> Field	<input type="checkbox"/> Muddy
		<input type="checkbox"/> Hail		<input type="checkbox"/> Swamp	<input type="checkbox"/> Wet
				<input type="checkbox"/> Grass	<input type="checkbox"/> Slushy
					<input type="checkbox"/> Frozen
					<input type="checkbox"/> Snow (inches) ____

Level of Training	Training/Mission Type	Training/Mission Type Continued
<input type="checkbox"/> Beginner	<input type="checkbox"/> Classroom (General Book work)	<input type="checkbox"/> Shelter Building
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Map & Compass Work	<input type="checkbox"/> Fire Building
<input type="checkbox"/> Advanced	<input type="checkbox"/> Pace Counts	<input type="checkbox"/> Patient Packaging
	<input type="checkbox"/> Man-Tracking	<input type="checkbox"/> CPR/First Aid
	<input type="checkbox"/> Route Search	<input type="checkbox"/> Ropes & Knots
	<input type="checkbox"/> Area Search	<input type="checkbox"/> Seminar _____
	<input type="checkbox"/> Land Navigation	<input type="checkbox"/> Table Top Exercise
	<input type="checkbox"/> GPS Work	<input type="checkbox"/> Call-Out _____
	<input type="checkbox"/> ICS training and/or application	<input type="checkbox"/> Tech Rescue BTRTF
	<input type="checkbox"/> Base work/Command Post	<input type="checkbox"/> Functional Exercise
	<input type="checkbox"/> Canine Flanker	<input type="checkbox"/> Full Scale Exercise
	<input type="checkbox"/> Communications	<input type="checkbox"/> Land Searcher Certification _____
	<input type="checkbox"/> USAR	<input type="checkbox"/> Specialty Course _____
	<input type="checkbox"/> Demonstrations/Fundraisers/Parades	<input type="checkbox"/> NYS DEC Basic
	<input type="checkbox"/> Online Classroom	<input type="checkbox"/> NYS DEC Searcher 1
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Fitness Test/General Fitness for SAR

Medical Safety Officer Only: Approval for member to participate today _____

Have you taken any medications today that will impair your ability to participate? Yes No

When did you last eat? _____ Do you feel OK today? Yes No

How many of hours of Sleep did you get? _____

Do you have at least 2 water sources with you today? Yes No

Do you have a snack? Yes No

Are you dressed appropriately in order to participate in today's training? Yes No

Vitals

BP _____/____

Pulse _____

Goal of Exercise/ Comments/ Goals for next training Map Attached



Member Signature

Trainer/Manager Signature