



URBAN SEARCH LOG

Incident Name: _____ Date: _____

Operational Period: _____ Completed By: _____

Team Name: _____ Team Call Sign: _____ Team Leader: _____

Street Name: _____ From: _____ To: _____

House #	Occupant Interviewed?	Name Of Occupants Interviewed	# Of Occupants	Phone Number	How Long At Home	Occupant Checks Home & Yard	SAR Checked Yard Y/N	Left Flyer Y/N	Comments - including any places to hide	Follow-Up Visit Required Y/N