



When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

Equipment/Personnel Deployment SITREP

Incident:		As at Date/Time:	
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EQUIPMENT

Type	Description	Assigned Location	Status	Contact

PERSONNEL

Location	Number <i>(Strike Team)</i>	Affiliation <i>(SRT/Dept. etc.)</i>	Assigned Task	Assigned Group	ETA/Deployed