



SAR Team Self-Assessment Tool

Land Search and Rescue (SAR) Team

Based on FEMA's Resource Typing Library Tool (RTLTL)
and National Resource Typing Standards

Version 1.0 – February 2026



Specialty Response Team Assessment Program



Specialty Response Teams (SRT) Program Self-Assessment Tool



Overview of the Tool's Purpose

This Self-Assessment Tool is designed to support specialty response teams in evaluating their operational readiness, capabilities, and alignment with FEMA's National Incident Management System (NIMS) resource typing definitions. By following a structured, objective review of personnel qualifications, equipment inventories, deployment logistics, and operational standards, this tool enables teams to measure their current capacity against nationally recognized benchmarks for each team type (Type II – Type I).

The primary goal is to provide a realistic snapshot of each team's strengths, identify areas for growth, and guide targeted improvements through an administrative assessment. These assessments inform planning, enhance interagency coordination, and support requests for mutual aid or deployment by state and federal agencies.

Purpose of the Self-Assessment Report and Assessors' Report

Teams will utilize the self-assessment reporting tool to provide the assessors with a complete view of their capabilities, denoting what typing level the team aspires to be administratively recognized as by the Florida Division of Emergency Management. During the Assessment, Assessors will review your documentation, cache, and other supporting documentation against the RTLT and other standards to provide a typing based on observation and assessment within the Assessor's Report. Note, this Assessment does not bar the Team from responding in their jurisdictions. The Assessment merely provides recognition or guidance based on administrative observations.

Assessment Presentation and Documentation

Teams will present their finished self-assessment during a scheduled evaluation session with assessors and peer reviewers. This session is intended to validate information, discuss discrepancies, and highlight best practices.

To support the assessment presentation:

Teams should have all supporting documentation readily available, including Position Task Books (PTBs) if available, training certificates, equipment inventories, deployment rosters, standard operating guidelines (SOGs), and mutual aid agreements.

Electronic or physical formats are acceptable, but documents should be clearly labeled and accessible to assessors.

Supporting materials help substantiate the team's claimed capabilities and ensure alignment with FEMA's typing and credentialing expectations. Supporting documents should be on hand for reference



Specialty Response Teams (SRT) Program Self-Assessment Tool



Section 1: Team Identification

This section provides foundational information about your team's identity, structure, and recent operational experience. Complete this section with clear and current data, as it establishes the context for your team's readiness and capabilities throughout the assessment. This information is critical for reviewers and assessors to validate alignment with FEMA Typing standards.

Please ensure that all information provided is accurate and current as of the date of the assessment. Supporting documentation, such as a current Typing Certificate (if issued by an authority), current or recent IAPs, or a clear Organizational Chart, is highly recommended for presentation during your assessment session.

Team Name: _____

Sponsoring Agency or Jurisdiction: _____

Team Point of Contact/Program Manager (Name, Title): _____

Phone Number: _____ Email Address: _____

Financial POC: _____

Phone Number: _____ Email Address: _____

Is your agency willing to deploy your team? Yes No

If yes, are you willing to deploy: County Statewide EMAC (Out-of-State) Federal

Does more than one agency contribute to the makeup of your team? Yes No

If yes, which agencies?

If your team consists of multiple agencies, which agency purchases and maintains your equipment?



Specialty Response Teams (SRT) Program Self-Assessment Tool



If your team consists of multiple agencies, who is the lead coordinating agency for the team?

Which agency has command/control over the team during an activation/callout/deployment?

How many deployment/callouts did your team have over the past 12 months ____?

SAR Team Typing Level (Select highest level of Typing you are seeking to be recognized as):

- Type II Type I

This Space Left Intentionally Blank



Section 2: Deployment/Activation/Callout History

Instructions:

This section captures a detailed summary of a recent Land Search and Rescue (SAR) Team deployment within the past 36 months (up to 3 deployments) that reflects the team's operational capabilities and alignment with FEMA's resource typing definitions. This information will help assessors evaluate the team's ability to mobilize, operate, and sustain technical rescue functions in a real-world incident environment.

Provide complete, verifiable details. Supporting documentation should be made available during the assessment (e.g., ICS 214 Unit Logs, deployment orders, mission rosters, After-Action Reports, or issued Mission Ready Package activations).

Recommended Supporting Documentation for Assessment Presentation:

- ✓ ICS 201/202 or IAP Assignment Pages
- ✓ ICS-204 Assignment List (Selected Operational Periods)
- ✓ ICS-214 Unit Logs (Selected Days)
- ✓ Deployment Roster
- ✓ Mission Ready Package Activation (if applicable)
- ✓ IAP (if applicable)
- ✓ Applicable Reports (Optional)

Recommended for the Presentation at Assessment Session:

- ✓ Organizational Chart (reflecting current team structure)
- ✓ Typing Certificate (if issued by state or federal authority)



Specialty Response Teams (SRT) Program Self-Assessment Tool



Deployment/Activation/Callout Report #1

Incident Name and report/Incident #: _____

Incident/Callout Location: _____

Deployment/Callout Date(s): From _____ to _____

Time: From: _____ To _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County: _____ State: _____

Sponsoring or Tasking Agency: _____

Deployment/Activation/Callout Type:

- Local / Mutual Aid Regional (Intrastate) State Activation (SERT/FDEM)
 Federal

Typing Level at Time of Deployment/Activation/Callout:

- Type II Type I

Deployment/Activation/Callout Type (Check all that apply):

- Wilderness Land Other _____

Deployment Metrics

Total Team Members Deployed: _____

Average Daily Operational Tempo:

- Single 12-hr Shift 24-hour Operations (including Split Shifts) Surge Periods Only

If surge, what is the Longest Continuous Operational Period: _____ hours



Specialty Response Teams (SRT) Program Self-Assessment Tool



Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team’s core SAR Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team’s actual performance and readiness in a mission environment consistent with its typing.

Example:

“(On this date/time), the Central County SAR Team deployed for 7 days to locate a lost hiker in the wilderness area outside of Central City.”

Deployment Narrative (Required):

DRAFT



Specialty Response Teams (SRT) Program Self-Assessment Tool



Deployment/Activation/Callout Report #2

Incident Name and report/Incident #: _____

Incident/Callout Location: _____

Deployment/Callout Date(s): From _____ to _____

Time: From: _____ To _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County: _____ State: _____

Sponsoring or Tasking Agency: _____

Deployment/Activation/Callout Type:

- Local / Mutual Aid
- Regional (Intrastate)
- State Activation (SERT/FDEM)
- Federal

Typing Level at Time of Deployment/Activation/Callout:

- Type II
- Type I

Deployment/Activation/Callout Type (Check all that apply):

- Wilderness
- Land
- Other _____

Deployment Metrics

Total Team Members Deployed: _____

Average Daily Operational Tempo:

- Single 12-hr Shift
- 24-hour Operations (including Split Shifts)
- Surge Periods Only

If surge, what is the Longest Continuous Operational Period: _____ hours



Specialty Response Teams (SRT) Program Self-Assessment Tool



Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team’s core SAR Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team’s actual performance and readiness in a mission environment consistent with its typing.

Example:

“(On this date/time), the Central County SAR Team deployed for 7 days to locate a lost hiker in the wilderness area outside of Central City.”

Deployment Narrative (Required):

DRAFT



Specialty Response Teams (SRT) Program Self-Assessment Tool



Deployment/Activation/Callout Report #3

Incident Name and report/Incident #: _____

Incident/Callout Location: _____

Deployment/Callout Date(s): From _____ to _____

Time: From: _____ To _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County: _____ State: _____

Sponsoring or Tasking Agency: _____

Deployment/Activation/Callout Type:

- Local / Mutual Aid
- Regional (Intrastate)
- State Activation (SERT/FDEM)
- Federal

Typing Level at Time of Deployment/Activation/Callout:

- Type II
- Type I

Deployment/Activation/Callout Type (Check all that apply):

- Wilderness
- Land
- Other _____

Deployment Metrics

Total Team Members Deployed: _____

Average Daily Operational Tempo:

- Single 12-hr Shift
- 24-hour Operations (including Split Shifts)
- Surge Periods Only

If surge, what is the Longest Continuous Operational Period: _____ hours



Specialty Response Teams (SRT) Program Self-Assessment Tool



Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team’s core SAR Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team’s actual performance and readiness in a mission environment consistent with its typing.

Example:

“(On this date/time), the Central County SAR Team deployed for 7 days to locate a lost hiker in the wilderness area outside of Central City.”

Deployment Narrative (Required):



Section 3: Administrative Compliance

This section verifies the administrative foundation necessary for your team’s deployment readiness, legal authorization, and grant eligibility (if applicable). Strong administrative compliance ensures that the team can be deployed swiftly and legally within the framework of mutual aid systems, while also maintaining alignment with ICS/NIMS standards and risk management practices.

All information should be supported by up-to-date documentation (See Section 1 for examples) and should reflect the team’s current organizational status. During the scheduled assessment, teams should be prepared to present supporting information as indicated.

Mutual Aid Agreements / Memorandums of Understanding (MOUs)

Does your team have signed mutual aid agreements or MOUs in place with neighboring jurisdictions, regional partners, or state agencies? If you have additional MOUs or other agreements, please add them to a separate document or sheet of paper and add them to the ReadyOP submission file or email them to the SRT CAP Assessment Team.

- Yes No In Progress

If yes, list the primary partners with whom agreements are active:

1. _____
2. _____
3. _____

Date of Most Recent MOU Review or Renewal: _____

Insurance Coverage and Legal Readiness

Does the team or sponsoring agency maintain insurance coverage for deployments?

- Yes No Unknown

Types of Coverage (Check all that apply):

- General Liability Workers’ Compensation Auto/Vehicle
 Professional Liability Volunteer Liability Self-Insured Other: _____

Carrier Name (if known or mark self-insured): _____



Specialty Response Teams (SRT) Program Self-Assessment Tool



Policies and Standard Operating Procedures (SOPs)

Does the team maintain written policies or SOPs related to the following items located in the table below? Space is provided to the Team to write in other examples that meet the item located in the table.

Area	Yes	No	In Progress
Program Governance and Succession Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credentialing, Identification, and Personnel Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training, PTB (where applicable), and Exercise Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deployment Operations Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobilization Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cache and Equipment Readiness Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance and Grant Compliance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications and Technology Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records, Data, and Public Information Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-Action Review and Improvement Planning SOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Assessment and Capability Evaluation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuity and Concept of Operations Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Specialty Response Teams (SRT) Program Self-Assessment Tool



Mutual Aid and Stakeholder Coordination Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Program Reporting Framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This Space Left Intentionally Blank



Section 4: Personnel

Instructions:

This section is designed to help SAR Teams evaluate their staffing levels against the FEMA/NIMS-typed minimum personnel requirements for Type II and Type I teams. The table provides a structured method to document your team’s capabilities and identify gaps or surpluses in personnel. The Team should include all participating members (inclusive of other chartered agencies) where appropriate.

How to Use the Table

Column	Description
Position	Lists nationally recognized RTLT-typed roles required on Land Search and Rescue Teams
Type III / II / I Columns	Indicate the minimum required personnel for each team type based on FEMA’s RTLT resource typing definitions.
Number of qualified personnel primarily assigned and rostered in this position	Enter the actual number of individuals on your current roster who are assigned and ready to serve in that position. Individuals must be deployable and not double-counted.

Staffing Strategy and Recommendations

- Teams aiming for reliable deployment coverage should strive for **2 to 3 times the minimum requirement** listed in the table for each position.
- This depth allows for personnel rotations, shift coverage during long operations, leave/vacancy coverage, and backup deployment capabilities.
- For high-demand roles (e.g., Land SAR Technician), deeper staffing is highly encouraged.

Disclaimer on Double Counting

Important: Each responder may only be counted **once** in the **"Assigned and Rostered "** column, even if they hold multiple certifications or fulfill several roles.

For example, a NIMS Type 2 Land SAR Technician who is also a qualified NIMS Type 2 Land SAR Team Leader should only be recorded once in their **primary assigned role**.

Minimum Totals by Team Type

At the bottom of the table, a **Totals Row** reflects the **minimum required number of personnel** for each Task Force type (Type II and Type I). Use this to quickly confirm if your team meets baseline compliance or needs to build roster strength in specific areas.



Specialty Response Teams (SRT) Program Self-Assessment Tool



Position Title	Type III	Type II	Type I	Number of qualified personnel primarily assigned and rostered in this position
National Incident Management System (NIMS) Type 1 Land Strike Team/Task Force Leader	NA	1	1	
NIMS Type 2 Land SAR Team Leader	NA	1	2	
NIMS Type 2 Land SAR Technician	NA	4	6	
Totals	NA	6	9	

Team Narrative (Optional):



Section 5: Equipment and Cache Readiness

This section assesses the team's alignment with FEMA's RTLT standards across the core equipment listed within the standard. Self-score each area using the scale below, and be prepared to reference inventory lists, cache photos, or live presentations during the assessment.

Scoring Key

- 3 – Fully meets standard – mission ready
- 2 – Substantially meets standard – minor gaps
- 1 – Partially meets – major gaps or dependencies
- 0 – Not Capable
- X – Not Applicable (NA)

Teams should use NA if an area being assessed does not apply to their Team's Assessment.

Equipment – General. Type II & I: Score: ____

Includes Equipment consistent with this resource's capabilities and needs, that meets or exceeds ASTM F2209: Standard Guide for Training of Level I Land Search Team Member and Mountain Rescue Association (MRA) Policy 105.1

Equipment – Victim Extraction Systems. Type I: Score: ____

Includes a litter basket or similar and a patient tie-in system

Equipment – Personal Protective Equipment (PPE): Type II-I: Score: ____

Includes Minimum PPE consistent with this resource's capabilities and needs, that meets or exceeds ASTM 2209: Standard Guide for Training of Level I Land Search Team Member

Equipment – Communications. Type II & I: Score: ____

Portable and mobile intra-team communications, portable radio with ground-to-air capability, charger for devices, handheld Global Positioning System (GPS) unit, two-way handheld radio, and mobile phone(s)



Specialty Response Teams (SRT) Program Self-Assessment Tool



Team Narrative (Optional):

This Space Left Intentionally Blank



Specialty Response Teams (SRT) Program Self-Assessment Tool



Equipment Gap Identification

The following chart allows Team members to identify gaps in equipment needs and forecast costs associated with the need.

Equipment Need Description	Units Needed	Unit Cost	Cost

This Space Left Intentionally Blank



Section 6: Operational and Support Capabilities Self-Assessment

Use the scale below to evaluate your team's capability to perform core SWAT functions across technical disciplines. Assessors will use these responses, along with documentation and observation, to verify mission readiness. Base your self-assessment on actual equipment, personnel, and validated training.

Scoring Key

- 3 – Fully meets standard – mission ready
- 2 – Substantially meets standard – minor gaps
- 1 – Partially meets – major gaps or dependencies
- 0 – Not Capable
- X – Not Applicable (NA)

Teams should use NA if an area being assessed does not apply to their Team's Assessment.

Type II SAR Teams

Performs search, rescue, and recovery: Score: ____

Capability: SAR Teams perform search, rescue, and recovery operations in a) land environments, b) Weather conditions not including snow or slippery ice conditions, c) Yosemite Decimal System (YDS) classes 1-2 terrain

Standard: ASTM F2209: Standard Guide for Training of Level I Land Search Team Member, 2014, ASTM F2890: Standard Guide for Hazard Awareness for Search and Rescue Personnel, 2023, and MRA, Policy 105.1: National Compliancy Guideline, 2015

Work with Canine Teams: Score: ____

Capability: May work with canine teams

Standard: ASTM F2209: Standard Guide for Training of Level I Land Search Team Member, 2014, ASTM F2890: Standard Guide for Hazard Awareness for Search and Rescue Personnel, 2023, and MRA, Policy 105.1: National Compliancy Guideline, 2015

Renders first aid, if certified: Score: ____

Capability: First aid to include CPR, automated external defibrillator (AED) or medical responder care

Standard: ASTM F2209: Standard Guide for Training of Level I Land Search Team Member, 2014, ASTM F2890: Standard Guide for Hazard Awareness for Search and Rescue Personnel, 2023, and MRA, Policy 105.1: National Compliancy Guideline, 2015



Specialty Response Teams (SRT) Program Self-Assessment Tool



Understands basic rope techniques: Score: ____

Capability: Basic rope rescue.

Standard: ASTM F2209: Standard Guide for Training of Level I Land Search Team Member, 2014, ASTM F2890: Standard Guide for Hazard Awareness for Search and Rescue Personnel, 2023, and MRA, Policy 105.1: National Compliancy Guideline, 2015

Type I SAR Teams, include all of Type 2 PLUS:

Performs search, rescue, and recovery: Score: ____

Capability: a) In wilderness environments, b) weather conditions, including snow flurries and slippery ice surfaces, and c) YDS terrains 1-3

Standard: ASTM F2209: Standard Guide for Training of Level I Land Search Team Member, 2014, ASTM F2890: Standard Guide for Hazard Awareness for Search and Rescue Personnel, 2023, and MRA, Policy 105.1: National Compliancy Guideline, 2015

Drone Capability: Do you have the capability within the team? Yes No

Do you require the assistance of another team? Yes No

Situational Awareness: Score: ____

Capability: Provides situational awareness by transmitting real-time or near-real-time imagery, data, or verbal assessment, using multiple technologies, such as photogrammetry, live video, thermal imaging, and LiDAR, to enhance the Common Operating Picture (COP), planning functions, and Incident Action Plan (IAP) development.

Standard: 14 CFR Part 107, 14 CFR Part 91, F.S. 934.50, ASTM F2890, NSARC CISAR Addendum

Equipment: Multi-rotor and/or fixed-wing sUAS, data connectivity systems (such as LTE/5G modem), satellite connectivity systems (such as Starlink), PPE, and radio communications

Interior/Technical Search: Score: ____

Capability: Uses appropriate sUAS platforms to conduct interior and/or confined space searches in cooperation with other search and rescue resources. Communicates findings using multiple technologies, including verbal assessment, live video, thermal imaging, or LiDAR

Standard: F.S. 934.50, ASTM F2890, NSARC CISAR Addendum

Equipment: Interior capable multi-rotor sUAS, data connectivity systems (such as LTE/5G modem), video encoder/streaming system, PPE, radio communications



Specialty Response Teams (SRT) Program Self-Assessment Tool



Aerial Coordination: Score: ____

Capability: Coordinates with the Air Operations Branch, other assigned aviation resources (sUAS and manned), and incident command to ensure safe and effective aviation operations that meet incident objectives. Ensure compliance with FAA regulations, state and local statutes and regulations, airspace requirements, and airspace authorizations, including coordinating with the FAA Systems Operations Support Center.

Standard: 14 CFR Part 107, 14 CFR Part 91, F.S. 934.50, NSARC CISAR Addendum, SERT Air Operations Branch Standard Operating Guide, FEMA RTL

Equipment: Laptop, data connectivity systems (such as LTE/5G modem), domain awareness systems (including ADSB-in, UAS Remote ID and data visualization), satellite connectivity systems (such as Starlink), radio communications, Aviation VHF radio

This space left intentionally blank



Specialty Response Teams (SRT) Program Self-Assessment Tool



Section 7: Training

This section is to be utilized to review and validate the Team’s current and historic training credentials. Use the scale below to evaluate your team’s training credentials to assess your mission readiness.

ICS/NIMS Training Compliance

Has the team documented completion of the required ICS/NIMS training for all deployable members?

- Yes No Partial/In Progress

Is there a training matrix, tracker, or internal record that can be provided upon request? If yes, what tool?

- Yes No If Yes, what platform _____

Check all levels of ICS/NIMS training tracked across the team:

- IS-100 IS-200 IS-700 IS-800
 ICS-300 ICS-400 Position-Specific (FEMA NIMS 509)
 Other (specify): _____

SAR-Specific Training Compliance

Has the team documented completion of the required NIMS training for all deployable members?

- Yes No Partial/In Progress

Is there a training matrix, tracker, or internal record that can be provided upon request? If yes, what tool?

- Yes No If Yes, what platform _____

Check all levels of SAR-specific training tracked across the team:

- _____
- _____
- _____
- _____
- _____



Specialty Response Teams (SRT) Program Self-Assessment Tool



Instructions for the Training Improvement Plan Table

Enter the number of team members who are currently trained and ready for each position, followed by the additional number you plan to have trained in the next thirty-six (36) months. Use the notes column to explain any gaps, upcoming training, or special considerations. This helps identify current strengths and where additional training may be needed.

Position Title	Training Goal 36 months	Notes	Cost

This Space Left Intentionally Blank



Section 8: Exercises Evaluation

This section captures the team’s recent operational testing through exercises, focusing on those that were evaluated and resulted in actionable improvement plans. It supports readiness validation for all team types and encourages continuous improvement through After-Action Review (AAR) processes.

Teams should report activities from the past 36 months and be prepared to present documentation if requested during the assessment.

Self-Assessment Metrics

Engagement Type	Count (Past 3 Years)	Evaluated?	AAR/IP Completed?	Notes or Key Lessons Applied
Full-Scale Exercises (FSE)		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Functional Exercises (FE)		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Tabletop Exercises (TTX)		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Seminar		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Workshop		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Games		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Drill		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

Team Narrative (Optional):



Specialty Response Teams (SRT) Program Self-Assessment Tool



Exercise After Action/Improvement Plan Table

The following table allows teams to self-identify any issues and corrective action activities for the team's exercises.

Issue	Corrective Action	Anticipated Completion Date	Cost (leave blank if none)

This Space Left Intentionally Blank



Specialty Response Teams (SRT) Program Self-Assessment Tool



Section 9: Improvement Plan Roll-Up

The assessed team should roll up any noted items in Sections 2, 5, 7, 8, and any associated costs for review.

Section	Issue/Gap/Shortfall	Corrective Action	Anticipated Completion Date	Cost



Section 10: Supplemental Information

This section provides an opportunity for the team to highlight additional capabilities, cost factors, and surge resources not captured elsewhere in the assessment. It supports strategic planning, funding justification, and deployment readiness documentation for local, state, or federal missions.

Please complete each subsection below. Supporting materials may be attached or referenced.

Recommended for the Presentation at Assessment Session

- ✓ Capability letters or team highlight one-pagers
- ✓ Cost estimate worksheet or assumptions summary
- ✓ Photos or short summaries of surge assets
- ✓ Supporting MOUs or specialty team agreements

Unique Capabilities or Surge Resources

Describe any specialized assets, personnel, or configurations that extend beyond standard FEMA's RLT typing or give your team added mission flexibility.

Examples include deploying a SAR Team to rescue or recover a lost hiker over a 7-day period while utilizing aerial assets to spot the lost hiker.

Estimated Daily Deployment Cost

Provide the estimated average cost to deploy and sustain the team per day. This estimate may include personnel, lodging, meals, equipment use, vehicle costs, contracted services, and support trailers.

Type III: Estimated Daily Cost: \$_____

Team Size this Estimate Reflects: _____ personnel

Type II: Estimated Daily Cost: \$_____

Team Size this Estimate Reflects: _____ personnel

Type I: Estimated Daily Cost: \$_____

Team Size this Estimate Reflects: _____ personnel



Specialty Response Teams (SRT) Program Self-Assessment Tool



Team Narrative (Optional):

DRAFT

This Space Left Intentionally Blank



Section 11: Certification Statement

This section must be completed by the Agency Administrator, Chief of Police or Sheriff, Fire Chief or Program Manager. The purpose of this statement is to affirm the accuracy and completeness of the responses provided throughout the assessment.

The certification reflects that the team has conducted a fair and honest review of its capabilities, readiness, and administrative standing, and that the information submitted may be used by oversight authorities to support planning, funding, or mutual aid coordination.

Recommended for the Presentation at Assessment Session

- ✓ Signed certification statement on agency letterhead (digital or printed)
- ✓ Original may be submitted as a scanned PDF or attached to the assessment package
- ✓ Authorized signatory must be a designated Agency Administrator, Chief of Police or Sheriff, Fire Chief or Program Manager

Certification Statement

I hereby certify that the information provided in this assessment is accurate to the best of my knowledge and reflects the current operational status of the team identified herein. I acknowledge that this self-assessment will be used as part of a formal review process and may be referenced during planning, coordination, and deployment activities.

Team Name: _____

Sponsoring Agency: _____

Name of Certifying Official: _____

Title: _____

Phone: _____ Email: _____

Signature: _____

Date: _____