

KENT COUNTY GROUND SEARCH AND RESCUE	KCSD INCIDENT #	DATE PREPARED: TIME PREPARED:
--	------------------------	--------------------------------------

SECTOR LADDER SHEET #1	INITIAL CONSENSUS PARTICIPANT FORM
-------------------------------	---

PARTICIPANT INFORMATION

NAME	
AGENCY	
RANK / TITLE	
TELEPHONE #	
SAR TRAINING (CHECK ONLY ONE)	<input type="checkbox"/> KCRACES Qualified SARM <input type="checkbox"/> SARM Course Certified <input type="checkbox"/> Other Course <input type="checkbox"/> None

INITIAL CONSENSUS RANKINGS

DESCRIPTOR	WRITE THE SEGMENT OR REGION LABELS IN THE BOXES BELOW	SCORE
Very Likely		9
In Between		8
Fairly Likely		7
In Between		6
Average		5
In Between		4
Fairly Unlikely		3
In Between		2
Very Unlikely		1

CERTIFICATION

I have completed this form and the assessment has been made to the best of my training, experience, and ability.

SIGNATURE	
-----------	--