

**Illinois Search and Rescue Council
CONSENSUS PARTICIPANT**

DATE PREPARED:	TIME PREPARED
PREPARED BY:	INCIDENT #:

PARTICIPANT INFORMATION

NAME	
AGENCY	
RANK/TITLE	
PHONE	
SAR TRAINING (Check One Only)	<input type="checkbox"/> ISARC 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	