|  |
| --- |
| SCAT TEAM LOGISTICS for date Issued: Date/Time |
| Team | Staff |  | Survey Area  | Mission | Logistical Arrangements | Time |
| SCAT Team #1 | Team Lead | Name/ Phone No. | *Place Name*Segment number(s) |  |  |  |
| Federal |  |
| State |  |
| Other? |  |
| SCAT Team #2 | Team Lead |  | *Place Name*Segment number(s) |  |  |  |
| Federal |  |
| State |  |
| Other? |  |
| SCAT Team #3 | Team Lead |  | *Place Name*Segment number(s) |  |  |  |
| Federal |  |
| State |  |
| Other? |  |
| SCAT Team #4 | Team Lead |  | *Place Name*Segment number(s) |  |  |  |
| Federal |  |
| State |  |
| Other? |  |

**Mission Codes**

**RECON =** Reconnaissance Survey (air/ground)

**SCAT** = Standard Shoreline Oiling AssessmentSurvey

**PTA** = Post Treatment Assessment

**SIR** = Shoreline Inspection Report Survey

**OLS** = OPS Liaison Support

**BP** = Beach Profile survey

**MON** = Monitoring

**PM** = Photo-Monitoring

**Time**

Enter scheduled time for each logistics action