RANGE CONTROL LIFESAVER PROCEDURE

For use of this form, see AR 385-63 and FH Reg 40-20; the proponent agency is DPTMS.

RECORD INFORMATION AND TAKE ACTION OUTLINED BELOW. STAY ON THE NET UNTIL THE MISSION IS COMPLETE.

SECTION I - INITIAL INFORMATION

1. REPORTED BY:	2. UNIT:
3. TIME CALL RECEIVED:	4. LOCATION OF INJURED: PK

5. NATURE OF INJURY AND CONDITION OF PATIENT:

A. _____

B. _____

C. _____

D.

6. SPECIAL MEDICAL EQUIPMENT NEEDED:

SECTION II - REQUESTING LIFESAVER

INSTRUCT THE PERSON REQUESTING LIFESAVER TO STAND BY.

7. NOTIFY GRAY AAF TOWER (HOTLINE) TIME:	8. NAME:
9. NOTIFY FLIGHT FOLLOWING (HOT LINE) TIME:	10. NAME:
11. NOTIFY HOSPITAL FM (OR TELEPHONE) TIME:	12. NAME:

SECTION III - REQUESTOR

CONTACT REQUESTOR FOR THE FOLLOWING INFORMATION:

13. LANDING SITE HAZARDS:

14. HOW IS LOCATION MARKED?

SECTION IV - MARKS AND HAZARDS

NOTIFY PILOT HOW LOCATION IS MARKED AND IF ANY HAZARDS EXIST

15. AIRCRAFT NUMBER:	16. ARRIVED SITE:	17. DEPARTED SITE:	18. ARRIVED HOSPITAL:

SECTION V - CAUSE OF INJURY

IF CAUSE OF INJURY OR ACCIDENT INVOLVES WEAPON OR AMMUNITION MALFUNCTION, NOTIFY THE FOLLOWING:

19. WEAPONS INSPECTOR TIME:	20. NAME:
21. AMMUNITION INSPECTOR TIME:	22. NAME:

SECTIION VI - COC

NOTFY COC (EAC TELEPHONE 266 OR STANDARD TELEPHONE 254-287-2506/2520)

23. TIME:	24. NAME:
25. DATE:	26. RECEIVED BY (Grade and Signature):

SECTION VII - REMARKS

21. REMARKS: