

This form is to be completed and sent to the helicopter company that will be providing medivac support

Company Name:	Report Date:
Company Contact:	Licensee:
Company Phone #:	Prime:
Onsite Supervisor:	Supervisor Phone #:
Project Start Date:	Project End Date:
Site Contact Person Name(s):	

Geographical Area:	Block #:
Latitude:	Longitude:

Primary Radio Channels and Frequencies:	
Name:	Frequency:
Name:	Frequency:
Name:	Frequency:

Helicopter instructions when arriving onsite:	
<i>ETV onsite:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Spine Board and Stretcher onsite:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Block map provided:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Heli evac site and / or Helipads identified on map:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Harvesting Method: <input type="checkbox"/> Conventional <input type="checkbox"/> R/W <input type="checkbox"/> Heli <input type="checkbox"/> Other:	
Number of crew onsite:	Level of First Aid Onsite:

“Always contact the helicopter company to communicate changes or when the project is finished.”

Notes:
