

Date: _____
Time: _____

EMERGENCY MEDICAL SERVICES HELICOPTER AMBULANCE REQUEST

CAUTION: EMS Helicopters do not usually carry extrication equipment or personnel trained in these procedures. If needed, order these resources following normal Dispatch protocols.

INJURY INFORMATION

- A. Number of patients to be transported: _____
- B. Is patient(s) able to walk? YES NO
- Explanation: _____

INCIDENT SITE INFORMATION

- C. Forest / Agency: _____
- D. Location of Helispot:
 Twn: _____ Rge: _____ Sec: _____ ¼ Sec: _____
 Latitude: _____ ° ' " x Longitude: _____ ° ' "
 VOR: _____ Bearing: _____ ° Distance: _____ nm
- E. Is Helispot Complete? YES NO.
 If not, estimated time of completion: _____
- F. Conditions at Helispot:
 Windspeed: _____ Direction: _____ Temperature: _____
 Elevation: _____ msl Visibility: _____
- G. Terrain Factors: _____
- H. Helispot size and condition: _____
- I. Other Aircraft operating in area:
 Aircraft #: _____ AM Frequency: _____ FM Frequency: _____
 Aircraft #: _____ AM Frequency: _____ FM Frequency: _____
 Aircraft #: _____ AM Frequency: _____ FM Frequency: _____

RADIO FREQUENCIES

- J. Helispot Frequency: _____ AM FM
- K. Incident Frequencies:
 Air-to-Air Frequency: _____ AM FM
 Air-to-Ground Frequency: _____ AM FM
 Other Frequency: _____ AM FM
 Use/Contact: _____
- L. Administrative Unit Frequency: _____ AM FM

GROUND CONTACT INFORMATION

- M. Contact person at Helispot: _____
- N. Qualified Helitack personnel on site? YES NO
- O. Proximity of Helispot to injury site: _____
- P. Contact person with injured party(s): _____
 Radio Frequency: _____ AM FM