

B.4. Comprehensive Contingency Response Log For HEMS Operation

INCIDENT LOG FORM			
PRIMARY ACTIVATION			
#	Activity	Details, If Applicable	Time/Stamp
1.	Emergency Call/Identification		
2.	Calling Entity:		
3.	ROUTINE / DISTRESS / URGENCY:	<input type="checkbox"/> ROUTINE <input type="checkbox"/> DISTRESS (PAN PAN) <input type="checkbox"/> URGENCY (MAY DAY)	
4.	ERP Activation Time:		
5.	Inform OCC Supervisor		
6.	Line Officer		
7.	ATC / AREA CONTROL / ARTCC / FSS		
8.	Flight Following Station, If Applicable		
9.	Diversion Aerodrome		
10.	OCC (RPM / Medivac)		
11.	POC (ADNOC- OFFSHORE AVIATION TEAM)		
SECONDARY ACTIVATION			
1.	FDTC		
2.	Line Office, Secondary HEMS a/c		
3.	Pilot 1 Call time:		
4.	Pilot2 Call time:		
5.	RPM OCC medical crew ETA, If required		
6.	Secondary Helicopter Fuel		
7.	Secondary a/c start up time		
8.	Communication of ATD & ETA to (RPM / Medivac) OCC		
9.	Communication of ATD & ETA to (ADNOC AVIATION TEAM) OCC		
NSAR ACTIVATION		ACTIVATION SUGGESTED: YES / NO	
1.	OCC supervisor		
2.	Inform ADNOC POC		
3.	Inform RPM POC		
Remarks:			
End of Checklist			
Name and Signature:		Date:	