i-DRONE

Data recording sheet – Landing Site

Form B

Unique Identification Code:

State	District	Centre	District	Centre	Sortie No
	Take-Off		Landing		

1. Site Particulars: *To be filled by the Drone Operator at the Landing Site*

1.1	State Name	State Code	1.2	District Name	District Code
	Manipur	1		Bishnupur	1
	Nagaland	2		Tamenglong	2
	Andaman & Nicobar	3		Churachandpur	3
	Other (_____)	9		Imphal West	4
				Mokokchung	5
				Tuensang	6
				North & Middle	7
				South Andaman	8
				Nicobar	9
				Other (_____)	99

1.3	Centre Name	Centre Code	Centre Name	Centre Code
	District Health centre, Bishnupur	1	CHC-Diglipur	13
			Aerial Bay RV	14
	PHC-Karang	2	PHC-Kishori Nagar	15
	PHC-Nungba	3	PHC-Kalighat	16
	PHC-Khoupum	4	Jagannath Dera RV	17
	CHC-Churachandpur	5	Government Hospital-Mayabunder	18
	PHC-Phayeng	6	Hanspuri RV	19
			New PHC-Billyground Cutbert Bay	20
	District Hospital Mokokchung	7	PHC-Rangat	21
	PHC-Sabangya	8	PHC-Kadamtala	22
	PHC-Longkhum	9	PHC-Wimberleygunj	23
	District Hospital Tuensang	10	Shoal Bay RV	24
	CHC-Longkhim	11	Jirkatang Camp Number 7	25
	Shamator Hospital	12	Health and Wellness Centre-Ferrargunj	26
			CHC-Kamorta_Nancowrie	27
			GPS Tapong	28
			Subcentre-VikasNagar_Daring	29
			Teressa	30
			Chowra	31
			Other (_____)	99

Sortie number [ ]

Date [ ][ ] [ ][ ] [ ][ ][ ][ ]

Time [ ][ ] [ ][ ] | AM | PM |

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2	**Landing Particulars:** *To be filled by the Drone Operator at the Landing Site.*

2.1	Landing Time (Hrs: Min: AM/PM)	:

2.2   Vehicle travelled in the scheduled path   :   Yes   No

2.3   If no, sate the details   :

2.4   Vehicle landed at schedule place   :

2.5   If no, state the reason   :

2.6   Distance covered (km)   :

2.7   Time travelled (Hrs: Min)   :

2.8   Speed of flight (m/s)   :

2.9   Altitude of flight (m)   :

2.10   Weather Condition at the take-off site

     a. Cloud cover (%)   :

     b. Visibility range (in meters)   :

     c. Smog/fog   :   Yes   No

     d. Sunlight   :   Yes   No

     e. Lightning   :   Yes   No

     f. Thunder   :   Yes   No

     g. Precipitation (%)   :

     h. Environmental temperature (°C)   :

     i. UV Index   :

     j. Wind speed and direction (mph)   :

     k. Humidity (%)   :

3	**Drone particulars:** *To be filled by the Drone Operator/pilot at the Landing site*

3.1   Drone firm: TATA
     DAY BEST
     Other
     (_____)

3.2   Name of drone pilot and the in-charge
for Take-Off   :

3.3   Whether Drone damaged?   Yes   No

3.4   If yes, provide the details   :

3.5   Battery capacity   :

3.6	Does the remaining battery is enough to reach the Site A?	Yes	No
3.7	Digital Data Collected during drone flight?	Yes	No

3.8   If yes,

	a. GNSS	: Yes	No
	b. Flight Dynamics	: Yes	No
	c. Vibration	: Yes	No
	d. Others	:	

3.9	Drone contain VCB?		
3.10	If yes, given to healthcare worker?	: Yes	No

3.11   I certify that the drone was <u>without VCB</u> or <u>contained only VCB (Tick any one)</u> and does not contain any other prohibited material.

Signature of the Drone Operator:
Date and Time

4.	**Vaccine particulars:** *To be filled by the healthcare worker at the cold chain room*		
4.1	Does Drone carry Vaccine Carrier Box (VCB)?	Yes No	If yes, go to 4.2 If no, skip this section
4.2	Name of VCB Examiner	:	
4.3	Entry time of the VCB into the centre (Hrs: Min: AM/PM)	:	
4.4	VCB Examination		
	a. Weight of VCB box (kg)	:	
	b. Temperature inside VCB (°C)	:	
	c. Is VCB in good condition?	Yes	No
	d. Does appropriate Gel/Ice packs placed?	Yes	No
	e. Any leakage/puncture in Gel/Ice packs?	Yes	No
	f. Does digital temperature logger is placed inside of the VCB and on?	Yes	No
	g. Does vaccines were inside of the VCB?	Yes	No
	h. Total number of vaccine vials in the VCB	:	
	i. Any physical damage to the vials?	Yes	No
	j. Leakage observed?	Yes	No
	k. If yes, how many vials	:	

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l. Time of removing and placing vaccines into the cold storage at the Landing site (Hrs Min: AM/PM) :

m. Does the VCB contained real vaccines? Yes If yes, go to 4.5
No If no, go to 4.11

4.5	Name of the vaccine	:	Covishield Covaxin Others (_____)
4.6	Labels on vaccine vials are intact	:	Yes No
4.7	Batch number of vaccines	:	
4.8	Expire date of the vaccine (Date. Month. Year)	:	
4.9	State of vaccine	:	Clear Turbid Others (_____)
4.10	Whether properly entered in the register?		Yes No

4.11 I certify that the_____vials of (Dummy/Covaxin/Covishield/Other) vaccines were inside of the VCB. Also, I certify that the VCB does not contain any other prohibited material.

Signature of the Healthcare Worker:
Date and Time

5	**Comments from Landing Site:** *To be filled by the Drone Operator*

5.1	Whether the drone reached the landing point safely?	Yes	No	If Yes skip 5.3
5.2	If no, state the reason			
5.3	Any others information	:		

6	**Verification by the ICMR Team** *To be filled by the ICMR Drone Team at the Landing Site*

6.1	The above said information were verified.	Yes	No
6.2	Signature of the ICMR Drone Team Member:		
	(Name/Date/Time):		