

Data recording sheet – Take-Off Site

Form A

Unique Identification Code:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

State

District

Centre

District

Centre

Sortie No

Take-Off

Landing

1. Site Particulars: To be filled by the healthcare worker at the cold chain room

| | | | | | |
|-----|-----------------------------------|-------------|-----------------------------|----------------|---------------|
| 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 | |
| | PHC-Karang | 2 | Aerial Bay RV | 14 | |
| | PHC-Nungba | 3 | PHC-Kishori Nagar | 15 | |
| | PHC-Khoupum | 4 | PHC-Kalighat | 16 | |
| | CHC-Churachandpur | 5 | Jagannath Dera RV | 17 | |
| | PHC-Phayeng | 6 | Government Hospital- | 18 | |
| | | | Mayabunder | | |
| | | | Hanspuri RV | 19 | |
| | | | New PHC-Billyground | 20 | |
| | | | Cutbert Bay | 21 | |
| | District Hospital Mokokchung | 7 | PHC-Rangat | 22 | |
| | PHC-Sabangya | 8 | PHC-Kadamtala | 23 | |
| | PHC-Longkhum | 9 | PHC-Wimberleygunj | 24 | |
| | District Hospital Tuensang | 10 | Shoal Bay RV | 25 | |
| | CHC-Longkhim | 11 | Jirkatang Camp Number 7 | 26 | |
| | Shamator Hospital | 12 | Health and Wellness Centre- | 27 | |
| | | | Ferrargunj | | |
| | | | CHC-Kamorta_Nancowrie | 28 | |
| | | | GPS Tapong | 29 | |
| | | | Subcentre-VikasNagar_Daring | 30 | |
| | | | Teressa | 31 | |
| | | | Chowra | 32 | |
| | | | Other (_____) | 99 | |

Sortie number

Date

Time

AM

PM

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2. Vaccine particulars: *To be filled by the healthcare worker at the cold chain room*

- 2.1 Will Drone carry Vaccine Carrier Box (VCB)? Yes No If yes, go to 2.2
If no, skip this section
- 2.2 Name of the VCB preparation in-charge :
- 2.3 Time of initiation of the VCB preparation :
(Hrs: Min: AM/PM)
- 2.4 VCB Preparation
- a. Is VCB in good condition? Yes No
- b. Does Gel/Ice packs are properly placed? Yes No
- c. Does digital temperature logger is placed inside of the VCB and on? Yes No
- d. Vaccines are placed inside of the box Yes No
- e. Vaccines vials are in good condition? Yes No
(If no, it must be replaced)
- f. Number of vaccine vials placed in the :
VCB
- g. Temperature inside the box (°C) :
- h. Whether vaccine box is sealed properly? Yes No
- i. Weight of VCB box (kg) :
- j. Does the VCB contained real vaccines? Yes No If yes, go to 2.5
If no, go to 2.11
- 2.5 Name of the vaccine : Covishield
Covaxin
Others (_____)
- 2.6 Labels on vaccine vials are intact Yes No
- 2.7 Batch number of vaccines :
- 2.8 Expire date of the vaccine (Da. Mon. Yr) :
- 2.9 State of vaccine : Clear
Turbid
Others
(_____)
- 2.10 Whether properly entered in the register? Yes
No
- 2.11 Time of completion of the Vaccine Carrier Box preparation (Hr: Min: AM/PM) :

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- 2.12 I certify that the _____ vials of (Dummy/Covaxin/Covishield/Other (____)) vaccines were placed inside of the VCB and the VCB does not contain any other prohibited material.

Signature of the Healthcare Worker :

Date and Time :

3 Drone particulars: To be filled by the Drone Operator/pilot at the Take-Off 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 ATC Clearance received for flying drone? Yes No
- 3.4 All necessary forms/sheets placed inside the drone as per DGCA norms? Yes No
- 3.5 Whether the drone will carry the Vaccine carrier Box (VCB) ? Yes No
- 3.6 If yes, VCB loaded time into the drone (Hr: Min: AM/PM) :

4 Flight particulars: To be filled by the Drone Operator at the Take-Off Site.

- 4.1 Distance to be covered (km) :
- 4.2 Expected time of delivery :
- 4.3 Details of landscape covers: Human inhabitant Yes No
Forest Yes No
Water bodies Yes No
Restricted areas Yes No
Sensitive areas Yes No
Others Yes No
(_____)
- 4.4 Pre-flight parameters were checked? Yes No
- 4.5 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) :

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- i. UV Index :
- j. Wind speed and direction (mph) :
- k. Humidity (%) :
- 4.6 Time of Take-Off (Hrs: Min: AM/PM) :
- 4.7 I certify that the drone flight without VCB or contained only VCB (Tick any one) was initiated from the Take-off site. The drone did not contain any other prohibited material.
- Signature of the Drone Operator :
Date and Time
- 4.8 Unexpected events happened : Yes No If No, go to 6.1

5 Unexpected events: To be filled by the Drone Operator at the Take-Off Site if the drone is lost or accident

- 5.1 Distance travelled (km) :
- 5.2 Time travelled (Hrs: Min) :
-
- 5.3 Speed of travel (m/s) :
- 5.4 Time of crash/loss (Hrs: Min: AM/PM) :
- 5.5 Location of crash/loss Place (Name) :
- 5.6 Coordinate of the location : Longitude -
Latitude -
- 5.7 Details of landscape of the incidence/accident/loss :

| | | |
|------------------|-----|----|
| Human inhabitant | Yes | No |
| Forest | Yes | No |
| Water bodies | Yes | No |
| Restricted areas | Yes | No |
| Sensitive areas | Yes | No |

 Others ()
- 5.8 Damage to :

| | | |
|------------------|-----|----|
| Human inhabitant | Yes | No |
| Forest | Yes | No |
| Water bodies | Yes | No |
| Restricted areas | Yes | No |
| Sensitive areas | Yes | No |

 Others ()
- 5.9 Type of interruption :

| | | |
|-----------------------|---|------------|
| Technical failure | 1 | If 1, 5.10 |
| External interruption | 2 | If 2, 5.11 |

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- 5.10 Technical failure due to
- | | | |
|--------------------|-----|----|
| Battery | Yes | No |
| Communication loss | Yes | No |
| Software fault | Yes | No |
| Hardware fault | Yes | No |
| Others (_____) | | |
- 5.11 External failure due to
- | | | |
|------------------------|-----|----|
| Humans | Yes | No |
| Birds | Yes | No |
| Buildings/Towers/Trees | Yes | No |
| Extreme weather | Yes | No |
| Others (_____) | | |
- 5.12 Whether tried to returned to the take-off point before loss/incident/accident ?
- 5.13 If yes, details :
- 5.14 Total number of sorties in this route :
- 5.15 Number of failures at this route :
- 5.16 Number of failure by this drone in the study :
- 5.17 Departure time of the rescue team to the site (Hr: Min: AM/PM) :
- 5.18 Whether informed to DGCA/AAI/ATC regarding the loss/accident? Yes No
- 5.19 If place of incident/accident undetected, state the reason :
- 5.20 Signature of the Drone Operator :
Date and Time :

6 Comments from take-off Site: To be filled after take-off by the Drone Operator

- 6.1 Does drone take-off at the scheduled time? Yes No If Yes skip 6.3
- 6.2 If no, state the reason
- 6.3 Any others information :

7. Verification by the ICMR Team To be filled by the ICMR Drone Team at the Take-off Site

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