



Trinity Medical Management Job Sheet Update Form

Medic: _____

Date: _____

Rig: _____

To be completed and emailed to Trinity within first 2 days of hitch

☐

NO CHANGES. JOB SHEET IS 100% ACCURATE

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THE FOLLOWING CHANGES NEED TO BE MADE:

Coordinates:

Degrees/Minutes/Seconds

DD:

MM

SS

North/South

West/East

DD:

MM

SS

Decimal Degrees

DD.DDDD

N/S

DD.DDDD

W/E

GPS

DDD

MM.MMMM

N/S

DDD

MM.MMMM

W/E

Project Number: _____

Facility Type: _____

Block: _____

Trinity Personnel: _____

Trinity Personnel: _____

OIM 1: _____

OIM 2: _____

Company Man 1: _____

Company Man 2: _____

Contracting Company: Name: _____ Phone: _____

Address: _____



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Crew Boat Dock: Name: _____ Phone: _____

Address: _____

Crew Heliport: Name: _____ Phone: _____

Address: _____

Rig Manager: Name: _____ Phone: _____

Satellite Phone: _____

SPECIAL INSTRUCTIONS (Company is requesting a particular med-evac company, etc):
