**SITE BRIEFING REPORT**

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| **Site Name:** |  | **OTM Responsible:** |  |
| **Site Location (GPS)** |  | **Number of Dependents (approx.)** |  |
| **Commander:** |  | **Commanders Contact Numbers:** |  |
| **Sub Stations:** |  | **Commander email Address:** |  |

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| --- | --- |
| **Important Contacts:** |  |

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| **Type of Operation** |  |

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| **Helicopter Operations** |  |

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| **Hospitals & Clinics** | Next to the |

|  |  |
| --- | --- |
| **Meal Times:** |  |

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| **CICPA Ambulance:** |  |

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| **Refueling / Washing** |  |

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| **Laundry:** |  |

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| **Site Summary** |
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