## 010521 NIGHT BRISBANE OPCEN BRIEF



## QUEENSLAND AMBULANCE SERVICE OPERATIONS BRIEF V2.11.1



|                      |       | BRISBANE                 |
|----------------------|-------|--------------------------|
| SHIFT:               | NIGHT | <b>DATE</b> : 01/05/2021 |
| ocs:                 |       |                          |
| ocs:                 |       |                          |
| CDS (Clinical):      |       |                          |
| CDS (Tactical):      |       | (1000-2200)              |
| CDS (State):         |       | <<< VACANT >>>           |
| OC:                  |       |                          |
| SENIOR OPS SUPER(S): |       | MNT / MST                |
| OPS SUPER(S):        |       | MNT / MST                |

|          |       | Shift Re            | port (Any issues/items of interest fo                      | r noting that do not fit into another cat | tegory or req | uire further | · elaborat | ion)      |                   |
|----------|-------|---------------------|--|---|---------------|--------------|------------|-----------|-------------------|
| Entry    | Time  | Acute/PTS           | Issue  | Action/Case Information                   | Entered<br>By | Incident     | Unit       | LASN      | Station/<br>OpCen |
| 1        | 19:07 |                     | BCP Print  | For Information only                      |               | 14228876     | 501131     | OPCENS    | Brisbane          |
| 2        | 19:13 | 1 //('III  <b>=</b> | MNT UNITS DOWN 8 MST DOWN<br>11 CREWS DOWN                 | For Information only                      |               |              |            | OPCENS    | Brisbane          |
| 3        | 20:35 | ACUTE               | 2 X CODE 1'S 14 X 2A'S 2 X 2B'S 7<br>X2C'S 1 X 3B 4 X 4B'S | For Information only                      |               |              |            | OPCENS    | Brisbane          |
| 4        | 21:23 | ACUTE               | 1 X CODE 1 19 X 2A'S 3 X 2B'S 8 X<br>2C'S 1 X 4A           | For Information only                      |               |              |            | OPCENS    | Brisbane          |
| 5        | 21:43 | ACUTE               | PSDU Advised SEQ Esculated to Moderate as of 2130          | For Information only                      |               |              |            | MST / MNT | Brisbane          |
| 6        | 23:01 | ACUTE               | 4 X CODE 1 20 X 2A'S 6 X 2B'S 4 X<br>2C'S 1 X 3A 4 X 4A'S  | For Information only                      |               |              |            | OPCENS    | Brisbane          |
| 7        | 23:40 | ACUTE               | 7 X CODE 1'S 36 X 2A'S 7 X 2B'S 7<br>X 2C'S 4 X 4B'S       | For Information only                      |               |              |            | OPCENS    | Brisbane          |
| 8        | 00:44 | ACUTE               | 10 X CODE 1'S 35 X 2A'S 7 X 2B'S 9<br>X 2C'S 5 X 4B'S      | For Information only                      |               |              |            | OPCENS    | Brisbane          |
| 9        | 01:40 | ACUTE               | 3 X CODE 1'S 29 X 2A'S 7 X 2B'S 9<br>X 2C'S 6 X 4B'S       | For Information only                      |               |              |            | OPCENS    | Brisbane          |
| 10       | 03:16 | ACUTE               | 4 X CODE 1'S 27 X 2A'S 3 X 2B'S 6<br>X 2C'S 9 X 4B'S       | For Information only                      |               |              |            | OPCENS    | Brisbane          |
| 11       | 05:00 | ACUTE               | 2 x CODE 1'S 16 X 2A'S 1 X 2B 7 X<br>2C'S 7 X 4B'S         | For Information only                      |               |              |            | OPCENS    | Brisbane          |
| 12       |       |                     |  |   |               |              |            |           |                   |
| 13       |       |                     |  |   |               |              |            |           |                   |
| 14       |       |                     |  |   |               |              |            |           |                   |
| 15       |       |                     |  |   |               |              |            |           |                   |
| 16<br>17 |       |                     |  |   |               |              |            |           |                   |
| 18       |       |                     |  |   |               |              |            |           |                   |
| 19       |       |                     |  |   |               |              |            |           |                   |
| 20       |       |                     |  |   |               |              |            |           |                   |

|          | HOSPITAL STATUS LOG         |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|----------|-----------------------------|-------------------|-------------------|-----------------|-----------------|-------------------|--------------|----------------|--|--|--|--|
| Hospital | Status/<br>Escalation Level | Date<br>Initiated | Time<br>Initiated | Date<br>Changed | Time<br>Changed | Time On<br>Status | Initiated By | Action/Outcome |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |
|          |                             |                   |                   |                 |                 |                   |              |                |  |  |  |  |

| Unit            | LASN          | Incident       | Time      | al Incidents/Issues (M.C.I.s, QAS vehicle accidents, cas<br>Activity/Description | Action/Outcome                         | Entered E |
|-----------------|---------------|----------------|-----------|--|--|-----------|
| Jine            | LACIT         | molaciit       | 111110    | Activity/Description   | Action/Outcome                         | Lintorca  |
|                 |               |                |           |  |  |           |
|                 |               |                |           |  |  |           |
|                 |               |                |           |  |  |           |
|                 |               |                |           |  |  |           |
|                 |               |                |           |  |  |           |
|                 |               |                |           | any Significant Patient Care/Clinical Issues (high acui                          | · · · · · · · · · · · · · · · · · · ·  |           |
| Unit            | LASN          | Incident       | Time      | Activity/Description   | Action/Outcome                         | Entered   |
|                 |               |                |           |  |  |           |
|                 |               | +              |           |  |  |           |
| -               |               |                |           |  |  |           |
|                 |               | +              |           |  |  |           |
| <del></del>     |               |                | !         |  | 1                                      | !         |
|                 | Cardia        | c Arrest – Hov | w many o  | out of hospital cardiac arrests were attended and were t                         | hey transported with ROSC?             |           |
| Unit            | LASN          | Incident       | Time      | Activity/Description   | Action/Outcome                         | Entered   |
| 1245,           |               |                |           | UNCONSCIOUS -  | SITREP: CPR IN PROGRESS. ASYSTOLIC     |           |
| 06205           | MNT           |                | 22:23     | QPS ON SCENE   | ARREST. SIGNAL 4 POST RESUS            |           |
|                 |               |                |           | Q. 0 0 1 0 0 1 1 1   | ATTEMPT AT SCENE.                      |           |
| )6047,<br>)1459 | MST           |                | 22:03     | DECEASED.  | SIGNAL 4 AT SCENE.                     |           |
| 71439           |               |                |           |  |  |           |
|                 |               |                |           |  |  |           |
|                 |               | +              |           |  |  |           |
| <u> </u>        |               | _              | 1 1       |  | •                                      | <u> </u>  |
| We              | ere there any | activations of | First Res | sponder Groups/Honorary Station personnel and were                               | there any issues associated with this? |           |
| Unit            | LASN          | Incident       | Time      | Activity/Description   | Action/Outcome                         | Entered   |
|                 |               |                |           |  |  |           |
|                 |               |                |           |  |  |           |
|                 |               |                |           |  |  |           |
|                 |               |                |           |  |  |           |
|                 |               |                | Did OA    | S assist/Was QAS Assisted by any other jurisdictions?                            | i o NSW/DNG/NT oto                     |           |
| Unit            | LASN          | Incident       | Time      | Activity/Description   | Action/Outcome                         | Entered   |
| Offic           | LASIN         | Incluent       | Tille     | Activity/Description   | Action/Outcome                         | Lintered  |
| 1               |               | +              | + +       |  |  |           |
|                 |               |                |           |  |  |           |

## **Back To Main Page**

|       | How many cases were upgraded or downgraded during the shift?  LASN Incident Coded Altered To Reason for Alteration? Callback Conducted? Outcome |       |            |                        |                       |           |  |  |  |  |  |  |
|-------|---|-------|------------|------------------------|-----------------------|-----------|--|--|--|--|--|--|
| LASN  | Incident  | Coded | Altered To | Reason for Alteration? | Callback Conducted?   | Outcome   |  |  |  |  |  |  |
| LACIT | molache   | Ocaca | Altered 10 | Reason for Attendion.  | Guilback Goliaactea : | - Cutoomo |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |
|       |   |       |            |                        |                       |           |  |  |  |  |  |  |

|            |      |                    | St   | affing Issues | (Late Log Ons/               | Late Shift Sta     | arts)          |  |            |
|------------|------|--------------------|------|---------------|------------------------------|--------------------|----------------|--|------------|
| Officer(s) | Unit | Station /<br>OpCen | LASN | Shift Start   | Logged On /<br>Started Shift | Early /<br>Late by | Authorised By? | Reason Needed or Given /<br>Operational Impact | Entered By |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  | +          |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  | +          |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |
|            |      |                    |      |               |                              |                    |                |  |            |

|                             | Paramedic Occupational Violence Incident |                      |                                       |                          |  |  |   |  |            |  |  |
|-----------------------------|--|----------------------|---------------------------------------|--------------------------|--|--|---|--|------------|--|--|
| Incident                    | Time                                     | Officer(s) Involved  | LASN                                  | Station                  | Incident Information                     | Type of Occupational Violence              | Description                                   | Notifications<br>OS, SOS, PSDU, OCM        | Entered By |  |  |
|                             |  |                      |                                       |                          |  |  |   |  |            |  |  |
| QPS<br>Notified<br>(YES/NO) | Time QPS<br>Notified                     | Attending Supervisor | Peer Support / Priorty One Activation | Caution Note<br>Accuracy | Further Caution Note Actions<br>Required | Call Back Actions Taken<br>(If Applicable) | OCS Emailed CAD Report and Audio Files to OCM | Dot Point Summary Sent<br>(If Appropriate) | t to OCM   |  |  |
|                             |  |                      |                                       |                          |  |  |   |  |            |  |  |
|                             |  |                      |                                       |                          | Comments (Essential Additional           | Information)                               |   |  |            |  |  |
|                             |  |                      |                                       |                          |  |  |   |  |            |  |  |

|                             | Paramedic Occupational Violence Incident |                      |                                       |                          |  |  |   |  |            |  |  |  |
|-----------------------------|--|----------------------|---------------------------------------|--------------------------|--|--|---|--|------------|--|--|--|
| Incident                    | Time                                     | Officer(s) Involved  | LASN                                  | Station                  | Incident Information                     | Type of Occupational Violence              | Description                                   | Notifications OS, SOS, PSDU, OCM               | Entered By |  |  |  |
|                             |  |                      |                                       |                          |  |  |   |  |            |  |  |  |
| QPS<br>Notified<br>(YES/NO) | Time QPS<br>Notified                     | Attending Supervisor | Peer Support / Priorty One Activation | Caution Note<br>Accuracy | Further Caution Note Actions<br>Required | Call Back Actions Taken<br>(If Applicable) | OCS Emailed CAD Report and Audio Files to OCM | Dot Point Summary Sent to OCM (If Appropriate) |            |  |  |  |
|                             |  |                      |                                       |                          |  |  |   |  |            |  |  |  |
|                             |  |                      |                                       |                          | Comments (Essential Additional           | Information)                               |   |  |            |  |  |  |
|                             |  |                      |                                       |                          |  |  |   |  |            |  |  |  |
|                             |  |                      |                                       |                          |  |  |   |  |            |  |  |  |

|       |          |                    |        |                   |              | PEER SUPPORT ACTIVATION | NS                   |                           |             |            |
|-------|----------|--------------------|--------|-------------------|--------------|-------------------------|----------------------|---------------------------|-------------|------------|
| Time  | Incident | Officer/s Involved | LASN   | Station/<br>OpCen | ID Number(s) | Incident Information    | Action Taken/Outcome | Follow-Up Action required | Reported To | Entered By |
| 01:07 |          |                    | OPCENS | Brisbane          | 36534        | Pt Deceased             |                      |                           | MNT PSO     |            |
|       |          |                    |        |                   |              |                         |                      |                           |             |            |
|       |          |                    |        |                   |              |                         |                      |                           |             |            |
|       |          |                    |        |                   |              |                         |                      |                           |             |            |
|       |          |                    |        |                   |              |                         |                      |                           |             |            |
|       |          |                    |        |                   |              |                         |                      |                           |             |            |
|       |          |                    |        |                   |              |                         |                      |                           |             |            |
|       |          |                    |        |                   |              |                         |                      |                           |             |            |

|      | WORKPLACE HEALTH & SAFETY (Not Relating to Paramedic Occupational Violence) |                    |      |                   |              |                      |                      |                           |             |            |  |  |  |
|------|---|--------------------|------|-------------------|--------------|----------------------|----------------------|---------------------------|-------------|------------|--|--|--|
| Time | Incident  | Officer/s Involved | LASN | Station/<br>OpCen | ID Number(s) | Incident Information | Action Taken/Outcome | Follow-Up Action required | Reported To | Entered By |  |  |  |
|      |   |                    |      |                   |              |                      |                      |                           |             |            |  |  |  |
|      |   |                    |      |                   |              |                      |                      |                           |             |            |  |  |  |
|      |   |                    |      |                   |              |                      |                      |                           |             |            |  |  |  |
|      |   |                    |      |                   |              |                      |                      |                           |             |            |  |  |  |
|      |   |                    |      |                   |              |                      |                      |                           |             |            |  |  |  |
|      |   |                    |      |                   |              |                      |                      |                           |             |            |  |  |  |

|      | REPORTABLE FATIGUE SCORES (>5) |         |      |                   |           |               |                      |                           |             |            |  |  |  |
|------|--------------------------------|---------|------|-------------------|-----------|---------------|----------------------|---------------------------|-------------|------------|--|--|--|
| Time | Shift                          | Officer | LASN | Station/<br>OpCen | ID Number | Fatigue Score | Action Taken/Outcome | Follow-Up Action required | Reported To | Entered By |  |  |  |
|      |                                |         |      |                   |           |               |                      |                           |             |            |  |  |  |
|      |                                |         |      |                   |           |               |                      |                           |             |            |  |  |  |
|      |                                |         |      |                   |           |               |                      |                           |             |            |  |  |  |
|      |                                |         |      |                   |           |               |                      |                           |             |            |  |  |  |
|      |                                |         |      |                   |           |               |                      |                           |             |            |  |  |  |
|      |                                |         |      |                   |           |               |                      |                           |             |            |  |  |  |

|      |      |                       |                 | C           | OMPLAINTS                |                            |         |            |
|------|------|-----------------------|-----------------|-------------|--------------------------|----------------------------|---------|------------|
| Time | LASN | Complainant's<br>Name | Phone<br>Number | Description | Action Taken/Reported To | Further Action<br>Required | Summary | Entered By |
|      |      |                       |                 |             |                          |                            |         |            |
|      |      |                       |                 |             |                          |                            |         |            |
|      |      |                       |                 |             |                          |                            |         |            |
|      |      |                       |                 |             |                          |                            |         |            |
|      |      |                       |                 |             |                          |                            |         |            |
|      |      |                       |                 |             |                          |                            |         |            |
|      |      |                       |                 |             |                          |                            |         |            |
|      |      |                       |                 |             |                          |                            |         |            |
|      |      |                       |                 |             |                          |                            |         |            |
|      |      |                       |                 |             |                          |                            |         |            |
|      |      |                       |                 |             |                          |                            |         |            |

|      | FALSE CALLS |          |                     |                            |                              |                  |                            |            |  |  |
|------|-------------|----------|---------------------|----------------------------|------------------------------|------------------|----------------------------|------------|--|--|
| Time | LASN        | Incident | Callers<br>Phone No | Callers Name As per<br>CLI | Address of Caller As Per CLi | Incident Address | Stated<br>Problem/Incident | Entered By |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |
|      |             |          |                     |                            |                              |                  |                            |            |  |  |

|      | Aeromedical Response Requests (Notification / Activation / Escalation Matrix) |                     |      |                 |                    |                                 |  |                          |     |                                  |                         |  |
|------|---|---------------------|------|-----------------|--------------------|---------------------------------|--|--------------------------|-----|----------------------------------|-------------------------|--|
| Time | Incident  | MPDS<br>Determinant | Code | Primary/<br>IFT | Approved<br>Yes/No | Provide details on all requests | Enter the reason given for declining/deviation of the aeromedical resource | Requesting<br>Supervisor | sos | Escalation<br>Process<br>Enacted | SOS Escalation Comments |  |
|      |   |                     |      |                 |                    |                                 |  |                          |     |                                  |                         |  |
|      |   |                     |      |                 |                    |                                 |  |                          |     |                                  |                         |  |
|      |   |                     |      |                 |                    |                                 |  |                          |     |                                  |                         |  |
|      |   |                     |      |                 |                    |                                 |  |                          |     |                                  |                         |  |
|      |   |                     |      |                 |                    |                                 |  |                          |     |                                  |                         |  |
|      |   |                     |      |                 |                    |                                 |  |                          |     |                                  |                         |  |
|      |   |                     |      |                 |                    |                                 |  |                          |     |                                  |                         |  |
|      |   |                     |      |                 |                    |                                 |  |                          |     |                                  |                         |  |
|      |   |                     |      |                 |                    |                                 |  |                          |     |                                  |                         |  |

|                           | Were any PTS cases required to be handed over to Acute and was there any impact on Acute? |  |  |        |                    |  |  |  |  |  |
|---------------------------|---|--|--|--------|--------------------|--|--|--|--|--|
| Incident LASN Coding Time |   |  |  | Reason | Operational Impact |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |
|                           |   |  |  |        |                    |  |  |  |  |  |

| 3rd Party Trip Information |      |                 |      |    |        |         |                  |             |            |  |
|----------------------------|------|-----------------|------|----|--------|---------|------------------|-------------|------------|--|
| Authorisation No.          | LASN | Officer Name(s) | From | То | Reason | Company | Company Auth No. | Quoted Cost | Entered By |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |
|                            |      |                 |      |    |        |         |                  |             |            |  |

