

HELICOPTER USAGE PRE-PLAN

Instructions:

1. Complete the helicopter pre-plan information (SAR Group, helicopter company(s) information, SAR manager names)
2. Submit to EMBC Regional Office for approval.
3. This document should be reviewed and updated annually.

Date: _____

SAR GROUP: _____

Approved SAR Managers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Helicopter training

- Helicopter Awareness # members _____ Last training completed _____
- Helicopter Hover Entry/Exit # members _____ Last training completed _____
- Class D Helicopter Rescue # members _____ Last training completed _____

Helicopter Company Information: (To Request Helicopter USAGE ONE HOUR MAXIMUM)

Helicopter Company: _____

Helicopter Type(s): _____

Contact: _____

Bus: _____

Cell: _____

Helicopter Company: _____

Helicopter Type(s): _____

Contact: _____

Bus: _____ Cell: _____

Helicopter Company: _____

Helicopter Type(s): _____

Contact: _____

Bus: _____ Cell: _____

Pre-Plan Approved by EMBC Regional Manager

Name

Region

Date

EMBC ONLY:		
1. Air Carrier on BCWS list (if yes, skip step 2)	Yes	No
2. Minimum information from 2.11 Annex reviewed	Yes	No