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: ________________________________
Pre-Plan Approved by EMBC Regional Manager

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<tr>
<th>Name</th>
<th>Region</th>
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Date

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<th>EMBC ONLY:</th>
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<tbody>
<tr>
<td>1. Air Carrier on BCWS list (if yes, skip step 2)</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>2. Minimum information from 2.11 Annex reviewed</td>
<td>Yes</td>
<td>No</td>
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