

# Mission Staff Assistant Training Guide

#### **Contents**

MSA SQTR
Familiarization and Preparatory Tasks
Advanced Tasks
Relevant Forms

The Specialty Qualification Training Record (SQTR) included in this document can be found at:

https://ntc.cap.af.mil/es/sqtrs/sqtrs.cfm

Tasks included in this document were extracted from the <u>Mission Base Task Guide 11 April 2005</u> found at the Operations Support Education and Training web page at:

http://www.capmembers.com/emergency services/operations support/education and training/

Civil Air Patrol Forms included in this document are available at:

http://members.gocivilairpatrol.com/forms publications regulations/forms pdf.cfm

ICS Forms included in this document are available at:

http://www.training.fema.gov/EMIWeb/IS/ICSResource/ICSResCntr Forms.htm



Note: NIMS G193 is no longer available. The equivalent training is IS-700.a, available at

http://training.fema.gov/emiweb/is/is700a.asp

| SPECIALTY QUALIFICATION TRAINING RECORD (SQTR) <u>Mission Staff Assistant</u>           |                                 |                                     |  |  |  |
|---|---------------------------------|-------------------------------------|--|--|--|
| NAME (Last, First, MI)  | CAPID                           | DATE ISSUED                         |  |  |  |
| Item  | equisites  Date Complete        | ed                                  |  |  |  |
| Qualified GES   |                                 |                                     |  |  |  |
| The above listed member has completed the required prere                                | <u></u>                         | on staff assistant specialty.       |  |  |  |
| UNIT/WING/REGION COMMANDER OR<br>AUTHORIZED DESIGNEE'S SIGNATURE                        | DATE                            |                                     |  |  |  |
| Familiarization an  | d Preparatory Training          | Evaluator's CAPID and               |  |  |  |
| Task Complete NUMS C403 or equivalent   |                                 | Date Completed                      |  |  |  |
| Complete NIIMS G193 or equivalent Complete Task P-2006 Demonstrate knowledge of the mis | sion staff                      |                                     |  |  |  |
| assistant responsibilities  The above listed member has completed the required famile   | iarization and preparatory tr   | aining requirements for the mission |  |  |  |
| staff assistant specialty qualification and is authorized to semissions.                | erve in that specialty while su | pervised on training or actual      |  |  |  |
| UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE                           |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |
|   |                                 |                                     |  |  |  |

MSA SQTR MAR 04 OPR/ROUTING: DOS

|   | Advanced Training                               |  |
|---|---|--|
|   | _   | Evaluator's CAPID and                      |
| Task Complete Task P-0101 Demonstrate the ability to ke   | oon a log                                       | Date Completed                             |
| Complete Task P-2002 Demonstrate the ability to es  |   |  |
| visitors at mission sites   | oort digintarioo aria                           |  |
| Complete Task P-2003 Demonstrate the ability to pr  | ocess incoming                                  |  |
| resources for use on the mission  |   |  |
| Complete Task P-2005 Demonstrate collection and   | updating of incident                            |  |
| status information Complete Task L-0001 Basic Communications Proc   | oduros for ES                                   |  |
| Operations  | edules for ES                                   |  |
| Complete Basic Communications User Training   |   |  |
| Complete the appropriate portion of CAPT 117, Em  | ergency Services                                |  |
| Continuing Education examinations   |   |  |
| The above listed member satisfactorily participated a mission number                                      | xercise Participation as a mission staff assist | ant trainee under my direct supervision on |
| QUALIFIED SUPERVISOR'S SIGNATURE  | DATE  |  |
| QUALITIED SOF ERVISOR'S SIGNATURE   | DATE  |  |
| The above listed member satisfactorily participated a mission number                                      | as a mission staff assist                       | ant trainee under my direct supervision on |
| QUALIFIED SUPERVISOR'S SIGNATURE  | DATE  |  |
|   |   |  |
| The above listed member has completed the require authorized to serve in that specialty on training or ac |   |  |
| UNIT/WING/REGION COMMANDER OR   | DATE  |  |
| AUTHORIZED DESIGNEE'S SIGNATURE   | DATE  |  |
| THE THE PERIOD OF CHARACTER   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| MSA SQTR, MAR 04 PAGE 2   |   |  |

# Familiarization and Preparatory Training Tasks

### **NIMS Training Requirements**

NIMS Training is required in addition to the tasks of the SQTR. The IS- courses may be completed online. The ICS- courses must be completed in-person.

Online NIMS training is available at the the link specified in the following table:

| IS-100 | http://training.fema.gov/EMIWeb/IS/IS100A.asp |
|--------|---|
| IS-200 | http://training.fema.gov/EMIWeb/IS/IS200A.asp |
| IS-700 | http://training.fema.gov/EMIWeb/IS/is700a.asp |
| IS-800 | http://training.fema.gov/EMIWeb/IS/IS800b.asp |

The following table indicates the required courses for each emergency services specialty:

|                                      |           | NIM       | S Traini   | ng Requ    | uired     |           |
|--------------------------------------|-----------|-----------|------------|------------|-----------|-----------|
|                                      | IS<br>100 | IS<br>200 | ICS<br>300 | ICS<br>400 | IS<br>700 | IS<br>800 |
| Incident Commander (Any)             | x         | х         | х          | х          | х         | х         |
| Operations Section Chief             | х         | х         | х          | *          | х         | х         |
| Planning Section Chief               | x         | х         | х          | *          | х         | х         |
| Logistics Sectoin Chief              | х         | х         | х          | *          | х         | х         |
| Finance/Administration Section Chief | x         | х         | х          | *          | х         | х         |
| Air Operations Branch Director       | х         | х         | х          |            | х         | х         |
| Ground Branch Director               | х         | х         | х          |            | х         | х         |
| SAR/DR Mission Pilot                 | х         | х         |            |            | х         |           |
| Transport Mission Pilot              | х         |           |            |            | х         |           |
| Mission Observer                     | х         |           |            |            | х         |           |
| Mission Scanner                      | х         |           |            |            | х         |           |
| Ground Team Leader                   | х         | х         |            |            | х         |           |
| Ground Team Member (Any)             | х         |           |            |            | х         |           |
| Urban Direction Finding Team         | х         |           |            |            | х         |           |
| Information Officer                  | х         | х         | х          | *          | х         | х         |
| Flight Line Supervisor               | х         | х         |            |            | х         |           |
| Flight Line Marshaller               | х         |           |            |            | х         |           |
| Communications Unit Leader           | х         | х         | х          |            | х         | х         |
| Mission Radio Operator               | х         |           |            |            | х         |           |
| Mission Safety Officer               | х         | х         | х          | х          | х         | х         |
| Liaison Officer                      | х         | х         | х          | х          | х         | х         |
| Mission Chaplain                     | х         | х         |            |            | х         |           |
| Mission Staff Assistant              | х         |           |            |            | х         |           |
| Critical Incident Stress Team        | х         |           |            |            | х         |           |
| ARCHER Operator                      | х         |           |            |            | х         |           |
| Airborne Photographer                | х         |           |            |            | х         |           |
| SDIS Operator                        | х         |           |            |            | х         |           |
| General Emergency Services           |           |           |            |            |           |           |

<sup>\* -</sup> ICS-400 is recommended but not required.

When the exam for an online course is successfully completed, an email will be sent to you containing a link to the course completion certificate, a PDF document, which you can download.

Follow these instructions for registering credit for having taken the course:

- 1. Download the PDF.
- 2. Print it and turn it in to your administrative, personnel or emergency services officer (or squadron commander) for inclusion in your CAPF114 folder in your personnel records.
- 3. Log on to eServices
  - a) Click on "My Operations Qualifications/National Reports.
  - b) Click on "Emergency Services".
  - c) Click on the "Single-Person Achievement" tab.
  - d) Find the approprate achievement and click on "Edit".
  - e) Enter the date shown on your certificate and click "Update".
  - f) Logoff eServices.
- 4. Email the PDF (or show the printed copy) it to your squadron commander so that he/she can validate the eServices entry you just made as soon as practical.

# P-2006 DEMONSTRATE KNOWLEDGE OF MISSION STAFF ASSISTANT RESPONSIBILITIES

#### **CONDITIONS**

You are a new member on a mission, and are assigned as an assistant to the mission staff.

#### **OBJECTIVES**

- 1. Understand the job of the Mission Staff Assistant (MSA) and how to accomplish it.
- 2. Have the ability to support the mission by accomplishing various support functions such as recording resources and updating status charts.
- 3. Assist in controlling mission base confusion by escorting visitors to the correct staff member.

#### TRAINING AND EVALUATION

#### **Training Outline**

- 1. The Mission Staff Assistant serves a much needed function at the mission base by providing support to the staff members. Although considered an entry-level position where many new members get their first experience on a mission, it is a position of importance to the successful completion of the mission.
- a. The MSA needs to understand the basic functions of the staff positions and organization of the mission staff. This is accomplished through training in Incident Command System (ICS) 100 and 200.
  - b. The MSA needs to understand the common responsibilities as outlined in ICS 200.
- c. When a MSA is assigned a position they have not had experience in before, they must feel free to ask for guidance from their supervisor.
- 2. The MSA may be assigned to any of number of mission tasks, they may be an assistant to a staff member, they may be assigned to collect sign in information, prepare reports, post status information or keep other mission data posted or updated. These are all important tasks even though a new MSA may not immediately see the relevance of them. The MSA must insure that all personnel and resources get signed into the mission and that the information is legible. Reimbursement and insurance depends on this information.
- a. Sign In. There are two methods of signing personnel and resources into a mission, manual and computerized. For the computerized method, the MSA will need instruction from someone who is familiar with the particular system being used. However, the MSA must be competent in the manual methods in the event the computerized system is not available. There are a number of CAP and ICS Forms with which the MSA needs to be familiar.
  - 1. ICS Form 211. Check membership and CAPF 101 qualifications.
  - 2. ICS Form 214 is used to register aircraft and vehicles.
- b. Status Boards. There are several status boards at a mission base that the MSA may be task to keep updated. These boards are used to track the status aircraft, ground teams, or other activities. These boards must be kept accurate and current. These boards are used to determine if an activity are overdue. An organization chart, ICS Form's 209 and/or news releases may be posted and need periodic updating.
- c. Other Data. The MSA may be assigned to assist in other functions that require the collection or dissemination of important information.
- 1. Financial data. The MSA may be ask to compute the amount of money expended on a training mission or to be accounted to different task numbers on a disaster mission. On a training mission a certain amount of funds are assigned for that mission. Aircraft flight times, communications expenses, and fuel for aircraft and vehicles must be tracked so the allocated amount is not exceeded. On disaster missions, there may be more than one task number that different mission events need to be tracked against. This information can be obtained from the Finance Section Chief or the Plans Section Chief.
- 2. Reports. Depending on the type of mission, there are various reports required. As the MSA you may be ask to collect some of this data and assist in developing the reports. Be sure to coordinate the information with the Plans Section before providing it to anyone else.

P-2006 5-APR-04

- 3. One of the important positions the new MSA may be assigned to is the escorting of visitors to the mission base. This may be an assigned function, or mat come about as a result of being handling the sign in duties where people first arrive at the mission base. Some of these visitors will require special attention, and since the MSA might be the first person to meet them, he/she needs to understand what to do in each case. There are three types of visitors who the MSA might be the first to meet: the casual visitor, the relative(s) of the person or persons in distress, and the news media.
- a. Casual visitors. If you determine that someone just wants to see what the CAP is doing and are not relatives or news media, lead them to the Information Officer. Determine if the IO wants you to remain to further escort the visitor.
- b. Relatives. Be on the lookout for relatives of those in distress, special care must be taken with these individuals. If this is a search mission they will want to be helpful and participate. They will want to be around the mission base to observe what is going on. It is an unfortunate event when they overhear a discussion between members of the search team who may be speculating on the outcome of the mission. Whenever you identify a relative, take them immediately to the Information Officer or the Chaplain if one is available. Do not let yourself be drawn into a discussion about the mission.
- c. News media. The News Media can be a help or a problem for the mission. Getting certain information out to the public will often assist in accomplishment of the mission objectives. However, some information is best kept within the mission staff. You may be asked to assist the IO in setting up a tour of the mission base for the media. You may, as the sign in person be the first to meet media who have arrived at the base unannounced. Always take the media to the IO without answering any of their questions. They may try to get information from you or other members on the mission. Be polite, but do not allow this. ONLY the IO or Incident Commander will release information to the media.

#### **Additional Information**

More detailed information on this topic is available in the Mission Base Reference Text and ICS 200 manuals.

#### **Evaluation Preparation**

**Setup:** Find a location that is suitable for the student to describe what their responsibilities are as an MSA. Have common tools of MSAs available to allow them to demonstrate as necessary.

**Brief Student:** Refer to above text to determine if the student understands their responsibilities accordingly.

#### **Evaluation**

| <u>P</u> 6 | Performance measures  |   | <u>ults</u> |
|------------|---|---|-------------|
| 1.         | Properly describe how to sign in a member and their vehicle in to a mission.  | Р | F           |
| 2.         | Properly describe how to post mission information to status boards.   | Р | F           |
| 3.<br>res  | Properly describe what types of visitors MSAs may be asked to escort, and any special sponsibilities when doing so. | Р | F           |
| 4.         | Properly describe what other functions MSAs may be utilized for.  | Р | F           |

Student must receive a pass on all performance measures to qualify in this task. If the individual fails any measure, show what was done wrong and how to do it correctly.

P-2006 5-APR-04

# **Advanced Training Tasks**

#### L-0001 BASIC COMMUNICATIONS PROCEDURES FOR ES OPERATIONS

#### **CONDITIONS**

You are a member of the CAP mission staff performing a task in which the use of a radio is necessary.

#### **OBJECTIVES**

Properly operate a CAP radio.

#### TRAINING AND EVALUATION

#### **Training Information Outline**

- 1. From time to time, duties may require the use of a CAP radio. This is not a difficult task, but does require some knowledge of operating procedures and equipment.
- 2. You should be able to demonstrate the following skills:
  - a. Demonstrate the proper method to contact another station.
  - b. Demonstrate knowledge of call signs.
  - c. Demonstrate knowledge of basic prowords.
  - d. Demonstrate ability to operate basic radio equipment.
  - e. Demonstrate knowledge of prohibited practices.
  - f. Demonstrate knowledge of National communications policies.
  - g. Demonstrate knowledge of local operating practices.
  - h. Demonstrate knowledge of region, wing, and local policies.

#### **Additional Information**

Additional information is available in CAPR 100-1 Vol. 1 and the "Radiotelephone Procedures Guide."

#### **Evaluation Preparation**

**Setup:** The student is provided with a basic radio (volume, squelch, channel controls) and asked to communicate with another station. At least one radio will be needed for this exercise. The pro-words "roger," "over," "out," affirmative," should be used. The exchange should go through several transmissions with questions and answers. Prohibitive practices, such as "chit chat," should be used or discussed.

**Brief Student:** The student is at mission base and has been assigned the task of reporting when the director of the local office of emergency management arrives for his/her tour of the facility.

I\_-0001 31-JAN-01

#### **Evaluation:**

|    | <u>Performance measures</u>   | Resu | <u>ılts</u> |
|----|---|------|-------------|
| 1. | Listen before transmitting  | P    | F           |
| 2. | Demonstrate calling procedures including call signs                                   | P    | F           |
| 3. | Demonstrate use/understanding of basic prowords                                       | P    | F           |
| 4. | Demonstrate understanding of radio equipment including finding local repeater/simplex | P    | F           |

Student must receive a pass on all performance measures to qualify in this task. If the individual fails any measure, show what was done wrong and how to do it correctly.

L-0001 31-JAN-01

# P-2002 DEMONSTRATE THE ABILLITY TO ESCORT DIGNITARIES AND VISITORS AT MISSION SITES

#### CONDITIONS

You are a new member on a mission, and are assigned to the check in area. At this position you will probably be the first CAP mission staff member a visitor or news media person will see.

#### **OBJECTIVES**

- 1. Understand how to treat visitors, victim family members and dignitaries.
- 2. Understand how to handle members of the news media.

#### TRAINING AND EVALUATION

#### **Training Outline**

- 1. As a MSA, you might be the first person to meet a visitor, news media representative, family member or dignitary when they arrive at the mission base. You may be assigned to some other duty and be asked to assist the Chaplain or Information Officer to escort visitors around the mission base. The Information Officer (IO) or the Incident Commander (IC) are the only ones who should be releasing information about the mission. Some information and conversations around the mission base should not be made available to non-CAP members.
- a. Casual visitors: If you determine that someone just wants to see what the CAP is doing and that they are not a relative or news media, lead them to the Information Officer. Determine if the IO wants you to remain to further escort the visitor.
- b. Victim family members: Be on the lookout for relatives of those in distress. Special care must be taken with these individuals. If this is a search mission they will want to be helpful and participate. They will want to be around the mission base to observe what is going on. It is an unfortunate event when they overhear a discussion between members of the search team who may be speculating on the outcome of the mission. Whenever you identify a relative, take them immediately to the Information Officer or the Chaplain if one is available. Do not let yourself be drawn into a discussion about the mission.
- c. Dignitaries: If a dignitary arrives at your location, such as an upper level law enforcement official, a County or State Emergency Management Official or political official, take them to the mission IO.
- 2. The News Media can be a help or a problem for the mission. Getting certain information out to the public will often assist in accomplishment of the mission objectives. However, some information is best kept within the mission staff. You may be asked to assist the IO in setting up a tour of the mission base for the media. You may, if working the signing in of personnel, be the first person to meet media who have arrived at the base unannounced. Always take the media to the IO without answering any of their questions. Be courteous, but ONLY the IO or Incident Commander will release information to the media.
- a. The media will try often try to get information from you or other members on the mission, do not allow this. Be polite and respond, "I am not sure. I will take you to the IO that has that information," or "I don't have that information, the IO will be able to help you." Don't say, "No comment," or "I am not allowed to talk about it." Discourage the media from taking pictures or video until after they have met with the IO.
- b. Do not answer any questions and don't allow the media to ask questions of any mission personnel before introducing them to the mission IO. Once again, be polite. We are trying to be sensitive to the family of the victim and protect the integrity of the search- not hide anything.
- c. You may be ask to assist the IO in setting up a tour of the mission base for the media. Follow the instructions given you by the IO.

#### **Additional Information**

More detailed information on this topic is available in the Mission Staff Reference Text.

#### **Evaluation Preparation**

**Setup:** Use a table and chair to simulate the sign in location at a mission base.

P-2002 5-APR-04

**Brief Student:** Tell the student that they are manning the sing in desk and that a non-member has approached their location. Play the part of different visitors.

#### **Evaluation**

| <u>P</u> 6 | erformance measures   | <u>Resu</u> | <u>ılts</u> |
|------------|---|-------------|-------------|
| 1.         | Does the student take the appropriate actions for each type of visitor?   | Р           | F           |
| 2.         | Does the student understand whom the only members authorized to release information regarding the mission is?         | Р           | F           |
| 3.         | Does the student understand he/she is representing CAP and politeness and professionalism is important to their duty? | Р           | F           |

Student must receive a pass on all performance measures to qualify in this task. If the individual fails any measure, show what was done wrong and how to do it correctly.

P-2002 5-APR-04

# P-2003 DEMONSTRATE THE ABILITY TO PROCESS INCOMING RESOURCES FOR USE ON MISSIONS

#### **CONDITIONS**

You are a new member, and are assigned to sign in the resources for the mission.

#### **OBJECTIVES**

- 1. Understand the resource sign in process at a mission.
- 2. Know how to process resources and maintain resource data.

#### TRAINING AND EVALUATION

#### **Training Outline**

- 1. Why do we need to check in resources and what procedures are available? As was outlined in Incident Command System 200 training, it is important that all resources be properly singed into the mission. This is necessary so that the Planning Section can have visibility over the assets available for assignment. It is also necessary to ensure that the member is covered by insurance and so they get verification for participation in the ES specialty.
- a. Automated check in systems: Some Wings utilize automated check in systems such as the Mission Management Utilities (MMU). If an automated system is in use in your Wing, you will need to be trained in its use. This is best done in a training environment outside of a real or training mission. Since automated systems differ in their use and capabilities, details will not be provided here. Arrangements can be made through your Wing Management Information Systems Officer for this type of training.
- b. Manual Check in procedures: Even in Wings where an automated data system is in use, the Mission Staff Assistant (MSA) must understand the manual procedures in the event the automated system becomes unavailable. A Wing may be using the ICS Form 211 and instructions for its use can be found in the ICS Forms catalog or in the Mission Staff Reference Text. Other Wings may be using the old CAP Form 103 for sign in purposes. Aircraft and vehicle resources will be signed in on CAP Form 121.
- 2. What needs to be checked in and what qualifications need to be verified? Normally the items that the MSA assistant will need to verify at time of check in are limited to membership, Emergency Services (ES) qualifications, and CAP drivers license if driving a CAP vehicle. If an automated system such as the MMU is being used, the computer verifies this information. Should you have any question as the credentials of the individual, contact the Resource Unit Leader or your supervisor. Some Wings may require additional information to be verified at check in.
  - a. Membership: Ensure the member has a current membership card or other proof of current membership.
- b. ES Qualifications: Ensure that the member has a current CAP Form 101 and is current for the position they are signing in for. If the member is in training for the position, he/she should have their CAP Form 101T with them.
  - c. If the person is driving a CAP vehicle, check to see if he/she and a valid CAP drivers license.

#### **Additional Information**

More detailed information on this topic is available in the Mission Staff Reference Text.

#### **Evaluation Preparation**

**Setup:** Provide a table and forms to simulate the sign-in location at a mission.

**Brief Student:** Brief the student that they are in charge of the sign in process and represent yourself as several different members to sign in.

P-2003 5-APR-04

#### **Evaluation**

| <u>P</u> | Performance measures   |   | <u>ults</u> |  |
|----------|--|---|-------------|--|
| 1.       | Did the student check the correct credentials?               | Р | F           |  |
| 2.       | Did the student correctly sign in the aircraft and vehicles? | Р | F           |  |

Student must receive a pass on all performance measures to qualify in this task. If the individual fails any measure, show what was done wrong and how to do it correctly.

P-2003 5-APR-04

# P-2005 DEMONSTRATE COLLECTION AND UPDATING OF INCIDENT STATUS INFORMATION

#### **CONDITIONS**

You are a new member on a mission, and are assigned to assist in the collection and display of mission data/information.

#### **OBJECTIVES**

- 1. Know what information needs to be collected, why, and where it comes from.
- 2. Understand what information needs to be displayed and how.

#### TRAINING AND EVALUATION

#### **Training Outline**

- 1. What information needs to be collected and why? The following are examples of information you may be ask to collect as a Mission Staff Assistant.
- a. Resource status data: The primary source of this information comes from the sign in process as outlined in task S-0422. Other information you may be ask to gather for the staff to use may include what teams or aircrews are ready for assignment or are already assigned. If a team or aircrew goes to lunch, when are they expected back? This information is used by the Plans and Operations Sections to develop assignments for the next few hours. If you are assigned this job, you are working in the Plans Section, Resources Unit.
- b. Operations data: The operations data you may be ask to collect might include what aircrews or ground teams are on assignment, when they were dispatched or took off, when they are expected to return or reach their destination, and miles driven or hours flown. All of this kind of information or data is found in the Operations Section. The Operations Section uses this information to track resource utilization, and to know when each group is to return. This information is also used to spot overdue teams or crews. The Information Officer uses the information for media releases to let the public and other interested parties know how the mission is progressing or CAP's part in support of another agencies operations. The Finance Section uses the information for tracking costs and for reimbursement purposes.
- c. Financial data: As noted above, the basic information comes from the Operations Section. There are two situations where the information becomes important other than just providing justification records for the reimbursement of aircraft time and fuel and the fuel expenditures for vehicles.
  - 1. On an Air Force approved/funded training mission, a specified amount is provided for that mission number. On a training mission, the flight times for getting the aircrews to the mission must be obtained to determine the maintenance costs and cost of fuel added to determine the inbound cost. The fuel costs expended by Ground Teams and Staff coming the mission must be determined as well. These two costs are then doubled to provide the estimate of funds expended to get to and from the training mission. Once these are subtracted from the total amount of funds assigned to the mission, you have the amount that can be used for the training activities. As the training progresses you may be asked to provide the current estimate of funds expended so that Operations and Planning know when activities must be suspended to prevent going over the assigned limit.
  - 2. On a disaster relief mission, Requests For Assistance (RFA) will normally arrive with a specified maximum funding amount on it. This amount must not be exceeded. CAP may receive several RFAs with different task numbers/fund cites on them. In this case, costs must be separated out to match the RFA number. You may be ask to provide projected costs for future operations and this information will have to be developed with the assistance of the Plans Section.
- d. Incident status information: Incident status information is concerned with the collection of what has been accomplished and what needs to be accomplished. What grids or areas have been searched and to what effectiveness. This information is gleaned from debriefing reports from the Operations Section and is gathered and collated in the Plans Section.
- 2. What information needs to be displayed and how? There are two methods for displaying information, manual and automated. Some information is displayed openly so that it is readily available for anyone to see, while other information is for use by the Mission Base Staff and wider dissemination is at their discretion. As a MSA, you may be asked to help display the information. It is important that the displays be accurate and as current as possible. Some information is displayed on status boards even when automated systems are in use.

P-2005 5-APR-04

- a. Resource Data: Resource data is normally maintained only on paper or in the automated system. However in some cases the numbers of aircrews or ground teams assigned or available may be noted on a board.
- b. Operations data: Operations data is displayed on hard copy forms that must be kept for the reasons mentioned in paragraph 1. The information may also be displayed on wall charts where visibility of critical data can be monitored by operations personnel. It is of the utmost importance that this data is current and correct at all times.
- c. Financial data: Financial data is normally kept in hard copy or some Wings use electronic spreadsheets. If kept electronically, be sure to print a hard copy for mission records.
- d. Incident status information: Incident status information is normally more sensitive in nature and not usually on display where to the general public. Situation information such as clues and areas covered are usually plotted on status maps. Release of status information will only be made through the Information Officer or the Incident Commander. Accuracy of status information is important.

#### **Additional Information**

More detailed information on this topic is available in the Mission Base Reference Text.

#### **Evaluation Preparation**

**Setup:** Use information from an actual mission package.

**Brief Student:** Tell the student that they are to collect different types of information and post it to the correct form or wall display if available. Some evaluator assistance may be given.

#### **Evaluation**

| Performance measures  |   |   |
|---|---|---|
| 1. Provide the student with several CAF Forms 104 and 109 and have the student collect and post the information. Can the student locate and post? | Р | F |
| 2. Using flight and ground information, have the student collect financial data using the procedures of that particular Wing.                     | Р | F |
| 3. Have the student collect resource information on members and resources for presentation to the Plans Section.                                  | Р | F |

Student must receive a pass on all performance measures to qualify in this task. If the individual fails any measure, show what was done wrong and how to do it correctly.

P-2005 5-APR-04

#### P-0101 KEEP A LOG

#### **CONDITIONS**

You have been assigned to keep a log on a mission, and must log the actions of your unit, section or team on the ICS Form 214 for use during debrief after the mission.

#### **OJECTIVES**

Correctly maintain a log of actions during an incident.

#### TRAINING AND EVALUATION

#### **Training Outline**

- 1. When working an incident, staff members are required to maintain a log of all significant actions. This is important for record keeping of the accomplishments and setbacks, determining search effectiveness during debriefing, and as a legal record of CAP actions amongst many other things.
- 2. The mission log is started once a unit or section is opened and maintained until personnel are called in and at home safely to the incident commander. A separate log should be maintained for each varying unit or section that is assigned to the incident, and subordinate units at varying levels will normally also keep a log. This log is turned in with the debriefing paperwork and becomes part of the official mission record.
- 3. The following actions are always recorded in the log:

#### FOR GROUND OPERATIONS

- a. Departure and return times to mission base.
- b. Routes taken to and from the search area.
- c. Times of entering and leaving search areas.
- d. Any time the search line changes direction.
- e. Times/locations of clue detections or witness interviews.
- f. Time/location of find.
- g. Time/Location of communications checks.
- h. Any event or action related to the team's ability to complete the sortic requirements (natural hazards encountered, injuries to team members, etc.).
  - i. Encounters or instructions from local authorities.
  - j. Encounters with the media.
  - k. Mileage/Flight time at key intersections, when leaving pavement, at other key locations, etc.

P-0101 17-MAR-04

- 1. Time of distress beacon or other emergency signal acquisition.
- m. Times distress beacon located and silenced. Also, if available, include the name(s) and organization(s) of person(s) involved in silencing the distress beacon, the manufacturer, serial number, dates of manufacture and battery expiration, vehicle information (type, vehicle registry, description), and the name of the owner.
  - n. Personnel assignments to and from the team/unit.

Note: This log (ICSF 214) may be kept as an attachment to the CAPF 109

#### FOR AIRCREW OPERATIONS

- a. Briefing details
- b. Names of crew members
- c. Engine start time
- d. Take Off time
- e. Communications checks
- f. Time beginning assigned grid or route
- g. Time departing grid or route
- h. Significant weather, turbulence, other
- i. Time of landing
- j. Time of engine shutdown
- k. Crew changes if any

Note: this log (ICSF 214) may be kept as an attachment to the CAPF 104

#### FOR MISSION BASE STAFF OPERATIONS

- a. Time/date unit or log started or activated
- b. Name of unit, supervisor, and individual keeping the log
- c. Notes from initial briefing
- d. Time and noted from staff meetings
- e. Significant events, actions taken, direction received or provided
- 4. For each log entry, the log keeper writes down the following on the ICSF 214:

P-0101 17-MAR-04

- a. The time.
- b. The event taking place (see list above)
- c. Mileage and/or location as appropriate.
- d. Name of individual annotating the log each time there is a change.

#### **Additional Information**

More detailed information on this topic is available in each emergency services reference text.

#### **Evaluation Preparation**

*Setup:* Prepare narrative of 10 events/actions and times. Provide the individual with the list, a pen, and an ICS Form 214.

**Brief Student:** Tell the student that he is the log keeper for his unit, and that the 10 events listed in the narrative have occurred. Tell him to log the events/actions on the on team log form.

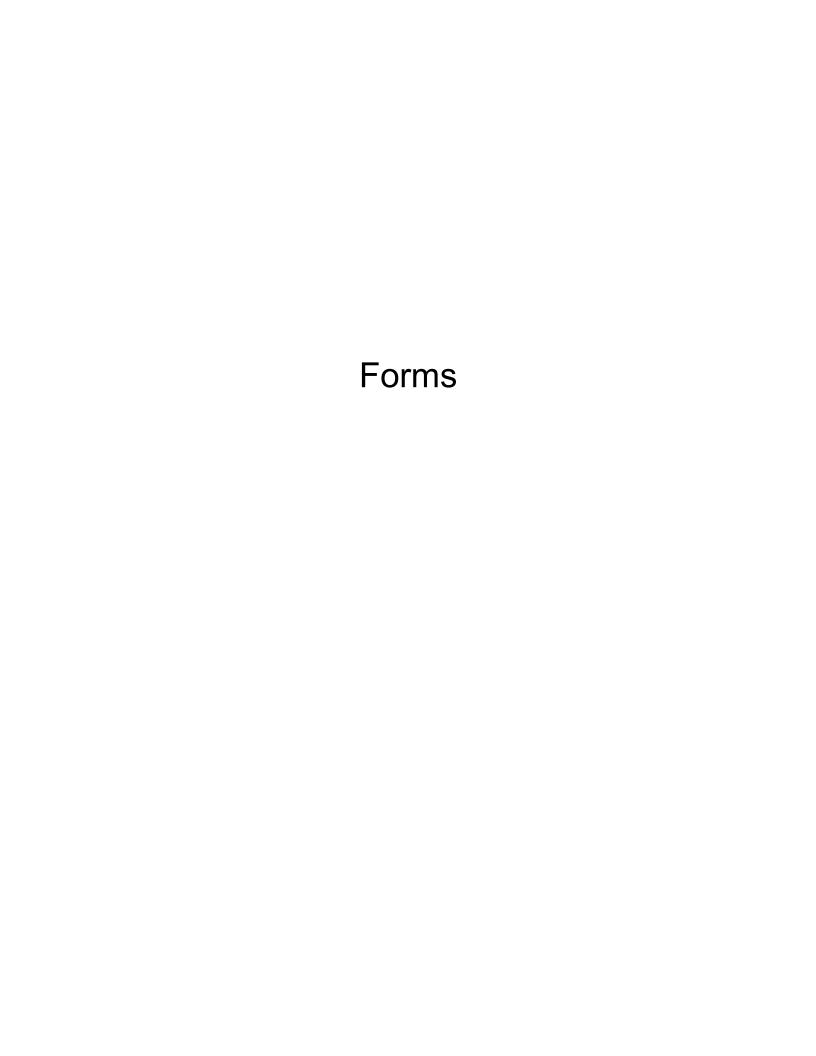
*Note:* this evaluation can be accomplished during a training exercise by observing the events taking place and checking the log to see that they are properly annotated.

#### **Evaluation**

| Performance measures                            | Resul | <u>ts</u> |
|---|-------|-----------|
| For each of the 10 events/actions, the student: |       |           |
| 1. Logs the time and event                      | P     | F         |
| 2. Writes legibly and completely                | P     | F         |

Student must receive a pass on all performance measures to qualify in this task. If the individual fails any measure, show what was done wrong and how to do it correctly.

P-0101 17-MAR-04



|                                      | EMERGENC      | Y NOTIFICATION  | ON DATA                |             |                          |
|--------------------------------------|---------------|-----------------|------------------------|-------------|--------------------------|
|                                      | PERSO         | NAL INFORMAT    | ION                    |             |                          |
| LAST NAME                            | FIRST NAME    | MI              | CAP RANK               |             | CAPID                    |
| ADDRESS                              |               |                 | CITY                   |             | STATE AND ZIP CODE       |
|                                      | CIVIL AIR PA  | TROL UNIT INFO  | RMATION                |             |                          |
| UNITE CHARTER NO.   UNITE            | E NAME        | <del></del>     | INTEL OCATION          | 1 (0:1      | G )                      |
| UNIT CHARTER NO. UNIT                | ΓNAME         |                 | UNIT LOCATION          | N (City and | State)                   |
| UNIT COMMANDER'S NAME                |               |                 | CAP RANK               | TELEP       | HONE (Weekdays)          |
|                                      |               |                 |                        | AC:         | NO.                      |
| ADDRESS                              |               |                 |                        | TELEP       | HONE (Nights & Weekends) |
|                                      |               |                 |                        | AC:         | NO.                      |
|                                      | PERSON TO NOT | TIFY IN CASE OF | EMERGENCY              |             |                          |
| NAME (Mr., Mrs., etc.)               |               | RELATIO         | NSHIP                  | TELEP       | HONE (Weekdays)          |
|                                      |               |                 |                        | AC:         | NO.                      |
| ADDRESS                              |               | TELEPHO<br>AC:  | NE (Nights & We<br>NO. | ekends)     | CELL PHONE               |
|                                      | EMERGENC      | Cut here        | ON DATA                |             |                          |
|                                      | PERSO         | NAL INFORMAT    | ION                    |             |                          |
| LAST NAME                            | FIRST NAME    | MI              | CAP RANK               |             | CAPID                    |
| ADDRESS                              |               |                 | CITY                   |             | STATE AND ZIP CODE       |
|                                      | CIVIL AIR PA  | TROL UNIT INFO  | ORMATION               |             |                          |
| UNIT CHARTER NO. UNIT                | г наме        |                 | UNIT LOCATION          | N (City and | State)                   |
|                                      |               |                 |                        |             |                          |
| UNIT COMMANDER'S NAME                |               |                 | CAP RANK               | TELEP       | HONE (Weekdays)          |
|                                      |               |                 |                        | AC:         | NO.                      |
| ADDRESS  TELEPHONE (Nights & AC: NO. |               |                 |                        |             |                          |
|                                      | PERSON TO NOT | TIFY IN CASE OF | EMERGENCY              | •           |                          |
| NAME (Mr., Mrs., etc.)               |               | RELATIO         | NSHIP                  | TELEP       | HONE (Weekdays)          |
| ADDRESS                              |               | TELEPHO<br>AC:  | ONE (Nights & We       |             | CELL PHONE               |

OPR/ROUTING: LMM

#### EMERGENCY MEDICAL DATA

| PERSONAL PHYSICIAN   | PHONE      |
|--|------------|
| PHYSICIAN'S ADDRESS  | CITY       |
| BLOOD TYPE   |            |
| PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medicati | ons, etc.) |
|  |            |
|  |            |
| CAP FORM 60, DEC 03 REVERSE  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
| EMERGENCY MEDICAL I  | DATA       |
| PERSONAL PHYSICIAN   | PHONE      |
| PHYSICIAN'S ADDRESS  | CITY       |
| BLOOD TYPE   |            |
| PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medicati | ons, etc.) |
|  |            |
|  |            |

CAP FORM 60, DEC 03 REVERSE

| DEBRIEFING INFORMATION  |       |              |                 |    |                  |      |              |  |
|---|-------|--------------|-----------------|----|------------------|------|--------------|--|
| ☐Flight Plan Clos   | sed   | ATD          | АТА             | Т  | ach Start        | Tacl | n End        |  |
| Hobbs Start   | Hob   | bs To/From   | Hobbs in Area   | Н  | lobbs Total      | Hob  | bs End       |  |
| Fuel Used (Gal)   | Oil U | Jsed (Qt)    | Fuel & Oil Cost |    | Receipt #        | ı    | ☐ Wing Paid  |  |
| Summary   |       |              |                 |    |                  |      |              |  |
| Results/Deliverable   |       |              |                 |    |                  |      |              |  |
| Remarks  Sortio Effectiveness   |       |              |                 |    |                  |      |              |  |
| Sortie Effectiveness Successful Marginal Unsuccessful Not Flown Not Required  Reason (if not successful) Weather Aircraft Maintenance Equipment Failure Crew Unavailable Customer Cancellation Other  Attachments & Documentation AIF ORM Matrix AIF ARCHER Log CAPF 104a SAR Results Worksheet CAPF 104b Reconnaissance Summary ICSF 214 Unit Log Receipts Other |       |              |                 |    |                  |      |              |  |
| DEBRIEFING OFFICERS   |       |              |                 |    |                  |      |              |  |
| Debriefing  |       | (Name & CAPI |                 |    | e & Date Debrief |      |              |  |
| CAP FORM 104, A   | UG 0  | 9 C          | PR/ROUTING: I   | 00 | F                | AGE  | 4 OF 4 PAGES |  |

| MISSIC   | N F      | LIGHT I        | PLAN/BR       | IEFI | NG FORM                            |   | ACKING NUMBER                    |  |  |
|--|----------|----------------|---------------|------|------------------------------------|---|----------------------------------|--|--|
|  |          | N              | MISSION DA    | TA S | ECTION                             |   |                                  |  |  |
| Mission Num  | ber      | Mission Nan    | Mission Symb  | ol   | Mission Date                       |   |                                  |  |  |
|  | MAN      | IFEST, QL      | JALIFICATIO   | NS 8 | AIRCRAFT                           | DET   | AILS                             |  |  |
|  |          | Name & CAP     |               |      | □ МР □ТМІ                          | P 🔲 N   |                                  |  |  |
| Crew Membe   | er / Pas | ssenger 1 (Na  | ame & CAPID)  |      | MCP   M<br>  COM   II<br>  MO   MS | MCP       MP       TMP       MFC         COM       IFR       Night       WS         MO       MS       ADIS       AP         HRO       LES       Trainee       Other |                                  |  |  |
|  |          | - ,            | ame & CAPID)  |      | ☐ MO ☐ MS                          | S A   |                                  |  |  |
| Crew Membe   | er / Pas | ssenger 3 (Na  | ame & CAPID)  |      |                                    | s □LI   | DIS  AP ES  ARCHOPR ainee  Other |  |  |
|  |          |                | ame & CAPID)  |      |                                    | S 🗆LI   | DIS  AP ES  ARCHOPR ainee  Other |  |  |
| Crew Membe   | er / Pas | ssenger 5 (Na  | ame & CAPID)  |      |                                    | S □LI   | DIS  AP ES  ARCHOPR ainee  Other |  |  |
| Crew Membe   | er / Pas | ssenger 6 (Na  | ame & CAPID)  |      |                                    | S 🗆LI   | DIS  AP ES  ARCHOPR ainee  Other |  |  |
| Crew Membe   | er / Pas | ssenger 7 (Na  | ame & CAPID)  |      |                                    | S 🗆 LI  | DIS  AP ES  ARCHOPR ainee  Other |  |  |
| Crew Contac  | t (Pho   | ne, E-mail, et | c.)           |      |                                    |   |                                  |  |  |
| Tail Number  |          | llsign         | Туре          |      | (Knots) Colo                       | r/Desc  | ription                          |  |  |
| Fuel (In Hours)  Aircraft & Aircrew Equipment  Transponder VOR DME Autopilot GPS  CAP FM Radio Tactical Repeater Becker DF L-Tronics D  Home Base  ARCHER Airborne System ARCHER Ground Station  Digital Camera ADIS Satellite Phone |          |                |               |      |                                    |   |                                  |  |  |
|  |          |                | Kit Life Raft |      |                                    |   |                                  |  |  |
|  | Briofo   | r (Name & CA   | RELEASING     | OFF  |                                    | Officer   | (Name & CAPID)                   |  |  |
| ☐ Phone<br>Briefing  | Dileiei  | (INAITIE & CF  | ΛΓΙ <i></i> Ι |      | Flight Release                     | Onicer  | (Name & CAPID)                   |  |  |

CAP FORM 104, AUG 09 OPR/ROUTING: DO PAGE PREVIOUS EDITIONS WILL NOT BE USED AFTER 30 SEP 09 PAGE 1 OF 4 PAGES

| BRIEFING INFORMATION  |            |             |         |               |          |                      |                     |  |  |
|-----------------------|------------|-------------|---------|---------------|----------|----------------------|---------------------|--|--|
| WMIRS Sortie #        | WMIRS      | Sortie Typ  | е       |               | WM       | IRS Sortie C         | Objective           |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| WMIRS Area of Op      | erations   | Dep. Airpo  | ort     | Dest. Airport |          | ETD                  | ETE                 |  |  |
|                       | 0.00.0     | _ op.,p.    |         | 2007          |          |                      |                     |  |  |
|                       |            |             |         |               |          | <u> </u>             |                     |  |  |
| Base Telephone        |            |             | Base    |               |          | requencies<br>Ground |                     |  |  |
|                       |            |             | Dase    |               | AII/     | Jiouria              | All/All             |  |  |
| Base Callsign         |            |             |         |               |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| Required Radio Ch     | ecks & C   | ontacts     |         |               | <u> </u> |                      | i                   |  |  |
| rtoquirou rtadio on   |            | omadio      |         |               |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| Other Aircraft in Are | ea (Locat  | ion & Calls | sign)   | Ground T      | eam      | ıs in Area (L        | ocation & Callsign) |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| Sortie Objectives     |            |             |         |               |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| 0 ( 0 1               |            |             |         |               |          |                      |                     |  |  |
| Sortie Deliverables   |            |             |         |               |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| Actions To Be Take    | an On Oh   | iactivas 8  | Delive  | rahlas        |          |                      |                     |  |  |
| Actions to be take    | JII OII OD | jedives a   | DCIIVC  | iabics        |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| Route Of Flight       |            |             |         |               |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| Altitude Assignmen    | t 9 Doots  | iotiono     |         | Aironood      | Evn      | ected & Res          | triations           |  |  |
| Ailliude Assignmen    | i a resii  | ICUOIIS     |         | Alispeeu      | ⊏xp      | ecieu & Res          | uncuons             |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| Aircraft Separation   | (Adjoinin  | g Areas)    |         |               |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| Emergency / Altern    | ate Field  | S           |         |               |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| Military Low Altitude | o Trainin  | n Poutos    |         |               |          |                      |                     |  |  |
| Williary Low Allitud  | e mannin   | y Noules    |         |               |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
| Hazards To Flight     |            |             |         |               |          |                      |                     |  |  |
|                       |            |             |         |               |          |                      |                     |  |  |
|                       |            | Weat        | ther (C | urrent & Fore | cast     | )                    |                     |  |  |
| Current Local         |            |             | nt En F |               |          |                      | rea of Operations   |  |  |
|                       |            | -           |         |               |          |                      |                     |  |  |
| Forecast Local        |            | Forec       | ast En  | Route         |          | Forecast             | Area of Operations  |  |  |
| . STOOGOL EOOGI       |            | . 0.00      | LII     |               |          | . 5.00031            | sa or oporations    |  |  |
|                       |            | i           |         | 0.15          |          | i                    |                     |  |  |
| CAP FORM 104, A       | UG 09      | (           | UPR/R   | OUTING: DO    | )        |                      | PAGE 2 OF 4 PAGES   |  |  |

| BRIEFING INFORMATION CONTINUED    |   |                            |  |  |  |  |  |  |  |  |
|-----------------------------------|---|----------------------------|--|--|--|--|--|--|--|--|
| ☐ Flight Plan Required            | ☐ Flight Plan Filed                     | ☐ Flight Plan Opened       |  |  |  |  |  |  |  |  |
| ORM Matrix Complete               | Risk Assessment ☐ Low ☐ Moderate ☐ High | ☐ Risk Assessment Approval |  |  |  |  |  |  |  |  |
| Special Instructions (Including F | Risk Mitigation Procedures)             |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   | CREW NOTES                              |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |
|                                   |   |                            |  |  |  |  |  |  |  |  |

CAP FORM 104, AUG 09 OPR/ROUTING: DO PAGE 3 OF 4 PAGES

#### **INSTRUCTIONS FOR COMPLETION OF CAP FORM 104, AUG 09**

**GENERAL INFORMATION**: This CAPF 104 has been designed to be printed on standard 8.5" by 11" paper, and folded in half so that crews can easily use them in the cockpit, attached to kneeboards. Crews will be able to complete them online in WMIRS and print out the form or save it in WMIRS as well. When using the online WMIRS version certain sections will only be available when appropriate. For example, crews will not be allowed to update briefing sections post flight.

**PAGE 1**: TRACKING NUMBER: This will be automatically defaulted as the sortie number from WMIRS when using the WMIRS version, but can be replaced with a unique number determined by the mission staff when using WMIRS or the offline versions.

MISSION DATA SECTION: This section will be automatically filled from WMIRS when using the WMIRS version, or can be manually filled offline. Details will be provided by the mission staff to fill this section appropriately offline. Sorties cannot be flown on multiple mission numbers, mission, names, or mission symbols. Though sorties could be flown over multiple dates, the data block provided will be filled with the starting date of the sortie.

MANIFEST, QUALIFICATIONS, AND AIRCRAFT DETAILS: Most of this section is self explanatory. All crew members or passengers must be identified clearly. When using the WMIRS version, most data will be filled in automatically, and non-CAP passengers or crew members will be clearly identified so that a CAPF 9 can be completed when required, and to be sure appropriate authorizations have been received prior to flight release. The Mission Pilot will also have to be appropriately qualified in order to be slotted as such in the WMIRS version, but the mission staff will have to check this status by hand when working offline. Planners using the WMIRS version will be able to search for personnel that meet needed criteria for crew positions. The blocks are to be completed with the qualifications needed and a member must be selected that meets that criteria; the blocks are not meant to indicate all qualifications a member holds. Most aircraft information will be automatically completed based on prior entries in WMIRS and other NHQ databases, but can be updated on the form or in offline versions as necessary. The acronyms and abbreviations for crew qualifications are listed below for quick reference:

ADIS = Aerial Digital Imaging System Operator

AP = Airborne Photographer ARCHOPR = ARCHER Operator

ARCHTRK = ARCHER Trac Technician

COM = Commercial Pilot

HRO = Highbird Radio Operator

IFR = Instrument Flight Rated Pilot

LES = Law Enforcement Screened (CD Qual.)

MCP = Mission Check Pilot

MFC = Mountain Flying Certification

MO = Mission Observer
MP = Mission Pilot

MS = Mission Scanner

Night = Pilot is current to fly at night

TMP = Transport Mission Pilot WS = Water Survival

RELEASING OFFICERS: This section is used to record the personnel releasing the sortie, noting phone briefings for remote dispatch when necessary. The WMIRS version will only allow appropriately qualified personnel to be input into these fields. Within WMIRS, the briefer is required to be at least an AOBD trainee, and a qualified FRO must be listed for the FRO block; care must be taken when briefing crews offline that qualified personnel are used. Signatures are not required in these blocks.

**PAGE 2**: BRIEFING INFORMATION: Though most information is self explanatory, details will likely vary from sortie to sortie. Where possible the data available will be automatically filled in the WMIRS version. The WMIRS version will also provide links and other tools in order to assist crews with selecting airports, determining weather, etc. Some of this data could be sensitive, and must be treated with appropriate handling procedures. Much of this data also focuses crew planning on potential safety issues, and must be carefully considered and planned.

**PAGE 3**: BRIEFING INFORMATION CONTINUED: This section is used to track flight plan requirements for the crew, and risk management and assessment. Special instructions and measures required to mitigate identified risks are also documented in this section.

CREW NOTES: This is mainly additional space for the crew to note any items that were not already covered in the briefing or that additional space was needed for, and also for crews to document key facts while in flight or for debriefers post flight. Within WMIRS crews will be able to make both text notes as well as attach pictures in this section.

**PAGE 4**: DEBRIEFING INFORMATION: This section is used to note what actually happened during the sortie. Sorties are flown for intended purposes and objectives, and this section allows the debriefing officers to document if those properly as well as note issues for other crews with similar assignments in the future. Care should be taken to properly document what was accomplished; if results and success or failure are not properly documented then the sortie might as well not have been flown. When attachments or other documentation are necessary, they should be attached to this form by the crew and turned in to their debriefer. In order to facilitate total electronic processing of mission documentation in the future, this section will also have links to be able to link to or scan and attach documentation and attachments for the sortie as well.

DEBRIEFING OFFICERS: This section is used to note who de-briefed the crew, when, and if it was done remotely over the phone. WMIRS will document completion automatically, and only allow personnel that are at least AOBD trainees or higher to be used as debriefers. Once the debriefing is listed as complete, data within the WMIRS version cannot be changed, but additions will be allowed after the fact, with dates and times annotated.

|                      | FLIGHT OPERATIONS LOG        |          |                    |           |               |                      |     |     |     |     |            |          |
|----------------------|------------------------------|----------|--------------------|-----------|---------------|----------------------|-----|-----|-----|-----|------------|----------|
|                      | MISSION NUM                  | MBER     | MISSION BAS        | SE        |               | DATE                 |     |     |     |     | PAGE       | OF PAGES |
| SORTIE<br>NUMBE<br>R | A/C<br>NUMBER<br>AND<br>TYPE | CREW     | COMM<br>CAPABILITY | HOME BASE | AREA ASSIGNED | RANGE<br>IN<br>HOURS | ETE | ATD | ETA | ATA | TIME FLOWN |          |
|                      | NUMBER:                      | PILOT:   |                    | PILOT:    |               |                      |     |     |     |     |            |          |
|                      | TYPE:                        | NO. OBS: | ELT-DF             | A/C:      |               |                      |     |     |     |     |            |          |
|                      | NUMBER:                      | PILOT:   |                    | PILOT:    |               |                      |     |     |     |     |            |          |
|                      | TYPE:                        | NO. OBS: | ELT-DF             | A/C:      |               |                      |     |     |     |     |            |          |
|                      | NUMBER:                      | PILOT:   |                    | PILOT:    |               |                      |     |     |     |     |            |          |
|                      | TYPE:                        | NO. OBS: | ELT-DF             | A/C:      |               |                      |     |     |     |     |            |          |
|                      | NUMBER:                      | PILOT:   |                    | PILOT:    |               |                      |     |     |     |     |            |          |
|                      | TYPE:                        | NO. OBS: | ELT-DF             | A/C:      |               |                      |     |     |     |     |            |          |
|                      | NUMBER:                      | PILOT:   |                    | PILOT:    |               |                      |     |     |     |     |            |          |
|                      | TYPE:                        | NO. OBS: | ELT-DF             | A/C:      |               |                      |     |     |     |     |            |          |
|                      | NUMBER:                      | PILOT:   |                    | PILOT:    |               |                      |     |     |     |     |            |          |
|                      | TYPE:                        | NO. OBS: | ELT-DF             | A/C:      |               |                      |     |     |     |     |            |          |
|                      | NUMBER:                      | PILOT:   |                    | PILOT:    |               |                      |     |     |     |     |            |          |
|                      | TYPE:                        | NO. OBS: | ELT-DF             | A/C:      |               |                      |     |     |     |     |            |          |
|                      | NUMBER:                      | PILOT:   |                    | PILOT:    |               |                      |     |     |     |     |            |          |
|                      | TYPE:                        | NO. OBS: | ELT-DF             | A/C:      |               |                      |     |     |     |     |            |          |
|                      | NUMBER:                      | PILOT:   |                    | PILOT:    |               |                      |     |     |     |     |            |          |
|                      | TYPE:                        | NO. OBS: | ELT-DF             | A/C:      |               |                      |     |     |     |     |            |          |
|                      |                              | 407      | -                  |           | !             |                      |     |     |     |     |            |          |

| NOT TO B       | E USED BY RE                           | GION OR        | WING TO SUBI                         | MIT EX    | (PENS     | ES TO NA     | ATIONAL HE       | EADQUARTER          | RS                  |                   |                    |           |   |
|----------------|--|----------------|--------------------------------------|-----------|-----------|--------------|------------------|---------------------|---------------------|-------------------|--------------------|-----------|---|
|                | fer to Web Mission Inf                 |                | <u> </u>                             |           |           |              |                  |                     |                     |                   |                    |           |   |
|                | _                                      |                | AP MEMBER EX                         | _         | _         |              |                  |                     |                     |                   |                    |           |   |
| For instruct   | tions and help,                        | place mous     | se pointer on tria                   | angles    | (red).    |              |                  | _                   |                     |                   |                    |           |   |
| 1. Mission Nur | nber:                                  |                |                                      |           |           | Start Da     | ate (dd/mmm/yy): |                     | Stop                | Date (dd/mmm/yy   | ):                 | _         |   |
| 2. Type Missio | n:                                     | SAR/DR         | EVAL/TRI                             | NG        | CD        | HLS          | 3. Claimant (S   | See Instructions on | Reverse)            |                   |                    | _         |   |
|                |  | OTHER          |                                      |           |           |              |                  |                     |                     |                   |                    |           |   |
| 4A. Mailing Ad | ldress:                                |                | Check here                           | if new ad | Idress    |              | <u>-</u>         |                     |                     | 4B. Phone Num     | ber and E-Mail Add | iress:    |   |
|                |  |                |                                      |           |           |              |                  |                     |                     | 1                 |                    |           |   |
|                |  |                |                                      |           |           |              |                  |                     |                     |                   |                    |           |   |
| 5 Invoice (Pet | er to Instructions):                   |                | FIN                                  | AL        |           | PARTI        | AL               |                     |                     |                   |                    |           |   |
| A. DATE        | B. TYPE ACFT                           | C. ACFT        | D. ACFT                              | E. ACFT   | ,         | F. HOURS     | G. HOURLY        | H. ACFT             | I. FUEL AND         | J. LODGING &      | к. сомм/           | L. SUB    |   |
| (dd/mmm/yy)    | OR VEH                                 | HP             | ID/VEH ID OR                         | VEH OW    |           | FLOWN/       | RATE ACFT        | COST                | OIL COST            | PER DIEM          | OTHER COST         | TOTAL     |   |
| (dd/mmm/yy)    | MAKE/MODEL                             | nr nr          |                                      |           | 1         | -            |                  |                     |                     |                   |                    | -         |   |
|                | MAKE/MODEL                             |                | LICENSE                              | Corp      | Mbr       | NO. MILES    | MINOR MX         | CLAIMED             | CLAIMED             | COST CLAIMED      | CLAIMED            | CLAIMED   |   |
|                |  |                |                                      |           |           |              |                  |                     |                     |                   |                    |           | - |
|                |  |                |                                      |           |           |              |                  |                     | •                   |                   |                    |           | - |
|                |  |                |                                      |           |           |              |                  |                     |                     |                   |                    |           | - |
|                |  |                |                                      |           |           |              |                  |                     |                     |                   |                    |           | - |
|                |  |                |                                      |           |           |              |                  |                     |                     |                   |                    |           | - |
|                |  |                |                                      |           |           |              |                  |                     |                     |                   |                    |           |   |
|                |  |                |                                      |           |           |              |                  |                     |                     |                   |                    |           |   |
| TOTAL CLAIMED  | BY CATECORY                            |                |                                      |           |           |              |                  | 6. ACFT COST        | 7. FUEL/OIL         | 8. L & PD         | 9. OTHER           | 10. TOTAL |   |
| TOTAL CLAIMED  | BI CATEGORT                            |                |                                      |           |           |              |                  | 6. ACFT COST        | 7. FUEL/OIL         | 0. L & PD         | 9. OTHER           | IU. TOTAL |   |
| 11 CERTIEI     | CATIONS The ner                        | tios signing i | in Blocks 11A and                    | 11B or    | rocnor    | cible for th | 0.000112011.001  | d validity of the f | osto regited in the |                   | _                  | 1         |   |
|                | •                                      |                | s shall not claim c                  |           | -         |              | -                | -                   |                     |                   |                    |           |   |
|                | ng documentation<br>sation is prohibit | -              | S Shall hot Claim C                  | osis on   | the CA    | -r iuo ii ex | penses are bei   | ing reimbursed ii   | om anomer sour      | Je.               |                    |           |   |
|                |  |                | AMOUNTS PAID V                       | VERE E    | OP DAR    | TICIDATION   | I IN THE LISTE   | DUSAE               | SIGNATURE           | AND DATE          |                    |           |   |
|                |  |                | REFLECT HOURS                        |           |           |              |                  |                     |                     | AND DATE          |                    |           |   |
|                |  |                | ase print/type name                  |           |           |              |                  | 7.1.12 7011 011121  |                     |                   |                    |           |   |
|                |  |                |                                      |           |           | ·            |                  |                     | 01011471105         | 4 N D D 4 T E     |                    |           |   |
| _              | -                                      |                | HE AMOUNTS PAID                      |           | -         | _            | -                |                     | SIGNATURE           | AND DATE          |                    |           |   |
|                |  |                | REFLECT HOURS<br>ase print/type name |           | •         |              | IEL/OIL USED,    | AND /OR OTHER       |                     |                   |                    |           |   |
|                | FOR PRESENTING FR                      | •              |                                      | , polow s | -ignatult | ·· <i>)</i>  |                  |                     | CRIMINAL DENIA      | LTY FOR PRESENTI  | NG EDALIDLII ENT O | N AIM     |   |
| _              |  |                | NITED STATES THE SU                  | JM OF FIV | /E TO TEN | ١            |                  |                     | -                   | ORE THAN TEN THO  |                    |           |   |
|                |  |                |                                      |           |           |              |                  |                     |                     | E YEARS IN PRISON |                    |           |   |
| UNITED STATES  |  |                |                                      |           |           |              |                  | (APPLICABLE TO      | O ALL SIGNATORIES   | 3)                |                    |           |   |

## INSTRUCTIONS FOR COMPLETING THE CAPF 108 Consult with CAP-USAF/SE; other safety discussions with NHQ SE staff.

- · All pilots flying on USAF authorized reimbursable missions MUST SUBMIT appropriate documentation to the wing showing aircraft flown, ownership, and flying time even if no individual claim for reimbursement is made. This information is required for statistical purposes.
- This documentation and appropriate receipts must be submitted to the wing not later than 15 days after the close of the mission.
- · Wings must prepare a consolidated mission **WMIRS** CAPF 108 through WMIRS to the National Operations Center not later than **30** days after the close of the mission.
- BLOCK 1. Enter mission number and mission inclusive dates. Add sequential alpha character to adjustment claims.
- BLOCK 2. Check the appropriate block for the type mission, one block only! If "Other," describe.
- BLOCK 3. For individual list full name and CAPID. For unit list charter number, i.e., GLR-MI-051.
- BLOCKS 4A & 4B. Enter appropriate mailing address, phone number and e-mail address for entry in block 3.
- BLOCK 5. Check the appropriate block to identify if this is a partial or the final claim for the mission (block 1).

  NOTE: A separate line entry must be made for each aircraft/vehicle unitized.
- BLOCK 5A. Enter date expense incurred (as shown on receipt).
- BLOCK 5B. Enter the type of aircraft or vehicle make and model.
- BLOCK 5C. Enter aircraft horsepower (hp).
- BLOCK 5D. Enter the aircraft registry number or, for corporate-owned vehicles (COV), the vehicle identification number or, for private-owned vehicles (POV), the vehicle license plate number corresponding to 5B.
- BLOCK 5E. Check appropriate block to identify entry in 5B.
- BLOCK 5F. Enter aircraft hours(hobbs) flown or number of miles driven for entry in 5B.
- BLOCK 5G. Enter the hourly aircraft minor maintenance rate for aircraft type entered in 5B. Reference current rates published in CAPR 173-3.
- BLOCK 5H. Multiply the entry in 5F by 5G and enter the result.
- BLOCK 51. Enter the amount claimed for the entry in 5B and attach original receipt(s).
- BLOCK 5J. Enter amounts claimed for lodging and per diem costs and attach original receipt(s).
- BLOCK 5K. Enter amounts claimed for communications cost, aircraft oxygen service, authorized TDY expenses, etc., and attach original receipt(s).
- BLOCK 5L. Enter the sum of 5H through 5K as appropriate.
- BLOCK 6. Enter the total of column H.
- BLOCK 7. Enter the total of column I.
- BLOCK 8. Enter the total of column J.
- BLOCK 9. Enter the total of column K.
- BLOCK 10. Enter the total of entries in blocks 6 through 9 OR total of column 5L (both should be equal).
- BLOCKS 11 Read, print/type name, sign and date.

CAP FORM 108, APR 07 Corrected Copy Reverse

| GROUND                       | TEAM              | Mission Number |                    | Missi        | on Base         | Team Le      | ader's Name (L             | ast, Fir | rst)            |  |
|------------------------------|-------------------|----------------|--------------------|--------------|-----------------|--------------|----------------------------|----------|-----------------|--|
| CLEARA                       | NCE               | Date           |                    | Tm L<br>Call | dr Radio        | Destinati    | on                         | Sortie   | Number          |  |
| VEHICLI                      | E                 |                |                    |              |                 |              | •                          |          |                 |  |
| Make                         | Туре              | License        | Radio              | o Call       | Start           | Mileage      | Ending Mile                | eage     | Freq. Available |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
| Wing Assign                  | Other Eq          | uipmen         | ıt                 |              |                 |              | •                          |          |                 |  |
| TEAM M                       | EMBERS            | <del>-</del>   |                    |              |                 |              |                            |          |                 |  |
| PRINT Last                   | Name, First In    | itial          | I                  | ES Qual      | ification       |              | Personal Equipment         |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
| BRIEFIN                      |                   |                |                    |              |                 |              | _                          |          |                 |  |
| Primary Assi<br>(describe in | gnment<br>detail) | Time           | Team Reached Area  |              |                 |              | Grid Numbers/Area          |          |                 |  |
|                              |                   |                | Team reaction rica |              |                 |              | BRIEFING CHECKLIST         |          |                 |  |
|                              |                   |                |                    |              |                 |              | Base Radio Capability, VHF |          |                 |  |
|                              |                   |                |                    |              |                 |              | UHF Freq.                  |          |                 |  |
|                              |                   |                |                    |              |                 |              | Base Call                  |          |                 |  |
|                              |                   |                |                    |              |                 |              | Base Phone Numbers(s)      |          |                 |  |
|                              |                   |                |                    |              |                 |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              | Restricted Areas           |          |                 |  |
|                              |                   |                |                    |              |                 |              | Search Airc                |          | ıd              |  |
|                              |                   |                |                    |              |                 |              | Radio Call                 |          |                 |  |
|                              |                   |                |                    |              |                 |              | Target Sigh                | ting Ac  | ctions          |  |
| T D' 11D                     |                   |                | D 1                | 1.4          |                 | 0.1          |                            |          |                 |  |
| In Field Reas                | ne Tean           | n Reach        | ed Area_           |              | Other Agen      |              |                            |          |                 |  |
|                              |                   |                |                    |              | Weather Current |              |                            |          |                 |  |
|                              |                   |                |                    |              |                 |              | Expected 2                 | 24 hrs   |                 |  |
| 0.1.1                        |                   |                |                    |              |                 |              | Other                      |          |                 |  |
| Code word                    |                   |                | <u> </u>           |              |                 | 1            |                            |          |                 |  |
| ETD                          |                   | ATD            |                    |              | ET              |              |                            | ATA      |                 |  |
| Signature of                 | Briefing Office   | er             |                    |              | Sig             | gnature of T | eam Leader                 |          |                 |  |

| Clouds             | Clear     | Scattered        | Broken          | Overcast      | Debriefing Checklis                      | t                                |
|--------------------|-----------|------------------|-----------------|---------------|--|----------------------------------|
| recipitation       | None      | Rain             | Scattered       | Snow          | ELT Signals<br>Old Wreckage              | Landmarks<br>Possible Targets    |
| ight<br>Conditions | Bright    | Dull             | Near Dark       | Night (%moon) | Ground Activity Aircraft                 | Search Hazards<br>Communications |
| isibility          | > 10 mile | > 5 mile         | > 1 mile        | < 1 mile      | Other Ground Team<br>Recommendations for |                                  |
| errain             | Flat      | Rolling<br>Hills | Rugged<br>Hills | Mtns          | Probability that Targ                    | get was in Area                  |
| Ground Cover       | Open      | Moderate         | Heavy           | Other         |  |                                  |
| Vind Speed         | Calm      | <u>≤</u> 10 mph  | ≤ 20 mph        | ≤ 30 mph      |  |                                  |
|                    |           |                  |                 |               |  |                                  |
|                    |           |                  |                 |               |  |                                  |

## ICS Form 211

|                                  | INC                  | IDEN | IT CH                               | ECK-IN LIS                            | ST           | 1. Incide             | ent Name                |                     |                        |                         | 2. C               | heck-In Loc                      | ation (comp   | olete a | ll that apply)     |                              |                               | 3. Date/Tim          | ne                            |
|----------------------------------|----------------------|------|-------------------------------------|---------------------------------------|--------------|-----------------------|-------------------------|---------------------|------------------------|-------------------------|--------------------|----------------------------------|---------------|---------|--------------------|------------------------------|-------------------------------|----------------------|-------------------------------|
| ☐ Pers<br>☐ Engii<br>☐ Helic     | nes                  |      | Check<br>Handc<br>Dozers<br>Aircraf | rew \_ \N                             | /lisc.       |                       |                         |                     |                        |                         |                    | Base                             | ☐ Camp        | □ Si    | taging Area        | ☐ ICP Restat                 | ☐ Helibase                    |                      |                               |
|                                  | Check-In Information |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
| List Pe<br>List equip     Agency | ment by              |      |                                     | gency & Name -C<br>mat:<br>I.D. No/Na | Orde         | ler/Request<br>Number | 6.  Date/ Time Check-In | 7.<br>Leader's Name | 8. Total No. Personnel | 9.<br><u>Man</u><br>Yes | <u>ifest</u><br>No | 10.  Crew or Individual's Weight | 11.<br>Home I |         | 12. Departure Poin | 13.<br>t Method of<br>Travel | 14.<br>Incident<br>Assignment | Other Qualifications | Sent to<br>RESTAT<br>Time/Int |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       |                         |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  |                      |      |                                     |                                       |              |                       | -                       |                     |                        |                         |                    |                                  |               |         |                    |                              |                               |                      |                               |
|                                  | Page                 | e    | of                                  |                                       | 17. Prepared | by (Name              | and Position)           | Use back for re     | emarks or con          | ments                   |                    |                                  |               |         |                    |                              |                               |                      |                               |

| UNIT                     | LOG         | 1. Incident Name                   | 2. Date Prepared | 3. Time Prepared      |
|--------------------------|-------------|------------------------------------|------------------|-----------------------|
| 4. Unit Name/Designators | ;           | 5. Unit Leader (Name and Position) |                  | 6. Operational Period |
| 7.                       |             | Personnel Roster                   | r Assigned       |                       |
| Nar                      | ne          | ICS Position                       |                  | me Base               |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
| 8.                       |             | A ativity Lag                      |                  |                       |
| o.<br>Time               |             | Activity Log  Major Eve            | ente             |                       |
| 11110                    |             | Major Eve                          | , inc            |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
|                          |             |                                    |                  |                       |
| 9. Prepared by (Name and | d Position) |                                    |                  |                       |
| o Toparoa by (Harris and | . John 11   |                                    |                  |                       |

|                    | JPPORT VEHICLI          |                        |               | 1. Incident N | lame               | 2. Date Prepared | 2. Date Prepared |          |                   | 3. Time Prepared |          |  |  |
|--------------------|-------------------------|------------------------|---------------|---------------|--------------------|------------------|------------------|----------|-------------------|------------------|----------|--|--|
| (Us                | e separate sheet for ea | ch vehicle category)   |               |               | ·                  |                  |                  |          |                   |                  |          |  |  |
| Vehicle Category:  |                         | Buses                  | Dozers        |               | Engines            |                  | Pickups/Sedar    | ns 🗌     | Tende             | ers 🗌            | Other    |  |  |
|                    | 1                       |                        |               | Veh           | nicle/Equipment In | formation        |                  |          |                   |                  |          |  |  |
| Resource Order No. |                         |                        |               |               | 0 " 0"             |                  | Vehicle License  |          |                   | 5.               | <b>-</b> |  |  |
| "E" Number         | Incident ID No.         | Vehicle Type           | Venic         | le Make       | Capacity Size      | Agency/Owner     | Rig Number       | Location |                   | Relea            | ase Time |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          | $\longrightarrow$ |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
|                    |                         |                        |               |               |                    |                  |                  |          |                   |                  |          |  |  |
| Page               | _of                     | 5. Prepared by (Ground | Support Unit) |               | 1                  |                  | 1                | 1        |                   |                  |          |  |  |

ICS 218 NFES 1341



## **MISSION REGISTRATION**

(Be prepared to show CAP ID card, driver's licenses, 101 card when turning in this form.)

Date:

| Personal Information           |  |   |                        |   |
|--------------------------------|--|---|------------------------|---|
| Last Name:                     | First Name:  | Rank:   | CAP ID:                | Unit # (REG-WG-UNIT):                             |
| CAP Drivers License:           | Exp:   | State Drivers License   | <b>:</b> :             | Exp:  |
| Pilot License:                 | Exp:   | Telephone Num:  |                        | Age (cadet only):                                 |
| CAPF 60 Yes No M               | lember will be sent to Logistics E                                   | Base (OOS) until information of                               | can be verified in WM  | U, Staple copy of form 60 to this form.           |
| ☐ I PLAN TO FILE FOR REIMBU    | IRSEMENT   |   |                        |   |
| Qualification Information      |  |   |                        |   |
| CAPF 101 Yes No                | (RUL will verify qualifications o member is in training for qualific |   | for each qualification | n is current. Place $f T$ after qualification if  |
| ☐ Incident Commander           |  | Mission Chaplain  |                        | Ground Team Member                                |
| ☐ Agency Liaison               |  | Air Branch Director   |                        | UDF Member  |
| ☐ Finance/ Admin Sectio        | on Chief 🗌 🤇   | Fround Branch Director  |                        | Flight Line Supervisor                            |
| ☐ Planning Section Chief       | f 🗌 (  | Communications Unit Lead                                      | der                    | Flight Line Member                                |
| ☐ Logistics Section Chief      | f 🗌 S  | SAR/DR Mission Pilot  |                        | Mission Radio Operator                            |
| ☐ Operations Section Ch        | nief 🗌 N   | Mission Observer  |                        | Mission Staff Assistant                           |
| Liason Officer                 |  | Mission Scanner   |                        | GES ONLY  |
| ☐ Mission Safety Officer       |  | Ground Team Leader  |                        |   |
| For GTL or Mission Pilots of   |  | ou member of a complete a ou and your team are preassigned fo |                        |   |
| Other names of air crew / tean |  |   |                        | 2.  |
| 3.                             | 4.   | ·   | 5.                     |   |
| Status (This section complete  | ed by Resource Unit Leader at  | mission)  |                        |   |
| OOS Logistics Ba               | ise  | Off Base  | He                     | ome   |
| Available OPS Staging Area:    | Ground   | Air 🗌   | R                      | UL Staging area:                                  |
| Assigned Staff (po             | osition)   | A/C   |                        | GT  |
| Previous assignments this m    | ission   |   |                        |   |
| Duty Start Time: D             | Outy End Time: (For A  | ircrews the time left or returned to                          | ·                      | day, for all others time put on available status) |