

Project Name

Instructions for Eastern Region MASP

Pages 1-16 require total completion for regional office and state office review and approval signatures (page 1 through aerial hazard analysis and map). For all Rx MASPs, the Rx Burn Unit Tables (pages 17-19) are also required to be completed for review and approval. Pages 20-27, which includes, pilot information, flight following, frequencies, MTR's, MOA's, crash rescue and medivac plans, may be completed as information becomes available. Users may utilize additional forms as needed in this document's appendices. Partial completion of these pages is recommended during the submission process and all pages **shall** be completed prior to mission start.

Mission Planning sheets (appendix) will be conducted for the day of mission details. FRAT or GAR risk assessment tools will be used to ensure day of risk is equal to or less than the what is established for the approved plan.

RISK MATRIX INSTRUCTIONS

Risk assessment processes and risk decision approvals follow the guidelines set forth in the Interagency Aviation Risk Management Workbook, aka the "yellow book," National Aviation Safety Management System Guide, and the Operation Risk Management Guide. The risk outcomes on the risk assessment matrix have been incorporated into the risk assessment worksheet's drop-down menus. Risk Assessment Category (RAC) outcomes are categorized as follows:

Low	Moderate	High	Extremely High
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In no case will the overall risk of the mission be less than the highest specific factor. (Example: One extremely high, one high, and two moderate threats results in an extremely high risk assessment category outcome).

SIGNATURES

Route all MASP's through the Zone Aviation Officer or Aviation Manager for Regional Office review. Signature blocks on page 2 are listed in the order required for MASP approval. The MASP's will be routed back down through the Zone Aviation Officer or Aviation Manager for line officer approval.

The Regional Aviation Safety Officer (RASO) and the Aviation Officer will sign with digital signatures. Line officer signatures may sign with a wet signature or digital signature at their discretion.

RETENTION AND FILING OF PLAN

MASPs that have been reviewed by the Regional Office will remain in Pinyon and archived by fiscal year. These plans are accessible by the Regional Office, State Office, Unit/Forest Aviation Officers, and select aviation managers.

Unit:	Low	Moderate	High	Extremely High
Sub-Unit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Agency(s) Participating in Project Mission</u>				<u>Calendar Year</u>	
FS <input type="checkbox"/> BLM <input type="checkbox"/> NPS <input type="checkbox"/> FWS <input type="checkbox"/> BIA <input type="checkbox"/> STATE <input type="checkbox"/> OTHER <input type="checkbox"/>					
<u>Aircraft Type</u>					
Fixed	Rotor	UAS	Anticipated Start Date	Anticipated End Date	MASP Objectives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Training Resource Incident LEI Mission
Please add your name and title below				Signature Only RAO/LO need to sign	Date
Prepared by:					
Reviewed by: (Zone FAO) Unit Level:					
Reviewed by HOS:					
Reviewed by UAS PM:					
Reviewed by: (REQUIRED) RASO:					
Reviewed By: (REQUIRED) RAO:					
Approved by: (Final) Line Officer:					

*** Participant's qualifications and responsibilities shall be verified and discussed during daily briefing***

<u>Aviation Manager (IAW IAT Guide):</u>	<u>Alternate Aviation Manager (IAW IAT Guide):</u>
<u>Mission Name</u>	
<u>Mission Description:</u>	
<u>Mission Objectives:</u>	
<u>Aircraft Justification For Mission:</u>	

Aircraft Information:

Check all that apply, if name is unknown, add information as it becomes available

Leave text fields blank if unknown

All cooperators require an annual approval letter onboard except DOJ aircraft

Cooperator:

Agency:

Vendor:

Military:

Other:

Rotor Wing:

Type One:

Type Two:

Type Three:

Document additional requirements beyond standard typing in aircraft justification and on the resource order (wire strike protections system, performance capabilities, equipment, etc.).

Fixed Wing:

Single Engine

Multi-Engine

Document mission needs for turbine, twin-engine, air conditioning, high or low wing, pressurized cabin, radio package, etc. in the aircraft justification section and on the resource order.

UAS:

Fixed Wing:

Rotor Wing:

Aircraft Make and Model: If unknown, add information as it becomes available or utilize the Mission Planning Sheet. All information shall be filled out prior to mission start.

Unknown CWN/OnCall:

Unknown EU:

Vendor:

FAA Registration #:

Make:

Model:

Carded for Mission:

Card Expiration Date:

Aircraft Color Scheme:

CWN helicopter information attained after hiring process, ensure CWN inspection sheet has been completed.

Procurement and Cost Information: Check unknown if unable to provide accurate or estimated information.

Procurement Type:

Unknown:

Estimated Flight Hour Cost:

Unknown:

Estimated Flight Hours:

Unknown:

Estimated Miscellaneous Cost(s):

Unknown:

Charge Code:

Unknown:

- Risk assessment must be completed prior to mission approval
- Risk assessment hazards shall be reassessed prior to starting the mission, see FRAT/GAR
- Ensure appropriate management level for approval
- See the National Aviation Safety Management System Guide, Yellow Book, and ORM guide for additional guidance with Risk Assessments
- This Risk Assessment does not negate the requirement to complete a FRAT/GAR prior to flight.

RISK ASSESSMENT MATRIX		PROBABILITY				
		Likelihood of Mishap if Hazard is Present				
		Almost Certain (Continuously experienced)	Likely (Will occur frequently)	Possible (Will occur several times)	Unlikely (Improbable; but has occurred in the past)	Rare (Remotely possible; but highly improbable)
SEVERITY Consequence if Mishap Occurs	Catastrophic (Death, Loss of Asset, Mission Capability or Unit Readiness)	Extremely High	Extremely High	Extremely High	High	Medium
	Critical (Permanent Disabling Injury or Damage, Significantly Degraded Mission Capability or Unit Readiness)	Extremely High	Extremely High	High	Medium	Medium
	Moderate (Non-Permanent Disabling Injury or Damage, Degraded Mission Capability or Unit Readiness)	High	High	Medium	Low	Low
	Negligible (Minimal Injury or Damage, Little or No Impact to Mission Capability or Unit Readiness)	Medium	Medium	Low	Low	Low

RAC Value	Risk Category	Action Required
Extremely High	Extremely High	Stop, Immediate Correction
High	High	Consider Stopping, Urgent Correction
Moderate	Moderate	Corrective Attention Needed
Low	Low	Possible Acceptance

Appropriate Management Level for Operational Risk Decisions		
Risk Level	Fire	Mission
Extremely High	Incident Commander or Operations Sections Chief	Line Officer
High	Incident Commander or Operations Sections Chief	Line Officer
Moderate	Air Operations Branch Director	Project Aviation Manager
Low	Base Manager	Helicopter or Flight Manager

System Being Evaluated:		Pre-Mitigation				Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level

System Being Evaluated:		Pre-Mitigation				Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level

System Being Evaluated:		Pre-Mitigation				Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level

System Being Evaluated:		Pre-Mitigation				Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level
Final UAS Risk Assessment		Final Helicopter Risk Assessment			Final Fixed Wing Risk Assessment			

Prepared by

Date completed

Forest Aerial Hazard Map

Aerial Hazard Analysis and map: Provide an analysis of aerial hazards surrounding the mission area in this box, e.g. towers, wires, sloping terrain, dust, proximity to airports, confined landing zones, etc. Replace the blue box below with a hazard map or include map at the end of the MASP.

Wire strike prevention addressed, and other hazards are identified (*None in the flying area*)

MAP OF PROJECT/MISSION: Maps specific to identified training sites shall be attached to Mission Planning Sheets and include aerial hazard analysis.

Zone/District Hazard Map

Aerial Hazard Analysis and map: Provide an analysis of aerial hazards surrounding the mission area in this box, e.g. towers, wires, sloping terrain, dust, proximity to airports, confined landing zones, etc. Replace the blue box below with a hazard map or include map at the end of the MASP.

Name of Zone/District

Zone/District Hazard Map

Aerial Hazard Analysis and map: Provide an analysis of aerial hazards surrounding the mission area in this box, e.g. towers, wires, sloping terrain, dust, proximity to airports, confined landing zones, etc. Replace the blue box below with a hazard map or include map at the end of the MASP.

Name of Zone/District

MOA/MTR Information

MOA/MTR Name	Lower Limit	Upper Limit	Activation

Hours

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Communications

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Contact

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MOA/MTR Name	Lower Limit	Upper Limit	Activation

Hours

--

Communications

--

Contact

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MOA/MTR Name	Lower Limit	Upper Limit	Activation

Hours

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Communications

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Contact

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Aviation Officer or Aviation Manager will coordinate Temporary Flight Restrictions (TFR) with dispatch if needed.

MOA/MTR Information

MOA/MTR Name	Lower Limit	Upper Limit	Activation

Hours

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Communications

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Contact

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MOA/MTR Name	Lower Limit	Upper Limit	Activation

Hours

--

Communications

--

Contact

--

MOA/MTR Name	Lower Limit	Upper Limit	Activation

Hours

--

Communications

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Contact

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MOA/MTR Information

MOA/MTR Name	Lower Limit	Upper Limit	Activation

Hours

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Communications

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Contact

--

MOA/MTR Name	Lower Limit	Upper Limit	Activation

Hours

--

Communications

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Contact

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MOA/MTR Name	Lower Limit	Upper Limit	Activation

Hours

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Communications

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Contact

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Aircraft Performance Planning:

The pilot is responsible for the accurate completion of load calculations and performance planning. Trained personnel shall ensure that aircraft scheduled are capable of performing the mission(s) safely and within the capabilities of the aircraft selected. The helicopter or flight manager shall ensure that manifests, load calculations, weight & balance are completed properly using accurate environmental and aircraft data. Reference NWCG Standards for Helicopter Operations (NSHO chapter 7).

Personal Protective Equipment: Always refer back to current ALSE, NSHO, and manual direction

Type of Operation- Check applicable boxes that may apply to mission or mission	Personnel protective equipment requirements
Rotor Wing Ground Operations	Fire resistant clothing, hard hat w/chin strap or approved flight helmet or other approved model, fire resistant and/or leather gloves, all leather boots, eye protection, hearing protection. Refer to the Interagency Aerial Ignition Guide for additional ground operation requirements.
Rotor Wing	Fire resistant clothing, approved flight helmet, hard hat w/chin strap, fire resistant and/or leather gloves, approved leather or flight boots, eye protection, hearing protection. Additional personnel restraints needed in the helicopter pending type of mission. Refer to appropriate guides. Charter flights, (non-agency-controlled mission), shall comply with 14 CFR 135 requirements.
Doors Off Flight(s) See appendix	Personnel will remain seated and inside fuselage during all flights, approved secondary restraint harness for doors off flights (only for PLDO, HRAP, HRSP, Aerial Photography, IR Operator, ACETA Gunner, Cargo Letdown, Short Haul Spotter, Cargo Free Fall Operations in type 3 helicopter) Refer to appropriate guides
Cargo Free Fall Operations	Fire resistant clothing, approved flight helmet, fire resistant and/or leather gloves, all leather boots, eye protection, hearing protection. Additional qualifications, compliance with rotorcraft manual and approved restraint requirement apply. Refer to SHO chapter eleven for additional details.
Fixed Wing	Refer to current IASG, ALSE, 5700 manual and OPM-6 direction for PPE requirements.

Helicopter or Fixed Wing Pilot Information: Fixed wing: use "other" box and state approved mission(s). Any unknown information shall be added after signature approvals. All personnel shall be qualified for mission or designated as a trainee with appropriate oversight. Only P1 Expiration Date required.

<u>Pilot Name (P1): PIC Primary</u>	<u>Pilot Phone Number:</u>
<u>VO Name (P2): Co-Pilot/Relief</u>	<u>Pilot Phone Number:</u>
<u>Pilot Carded for Mission:</u>	<u>Pilot Card (P1) Expiration Date:</u>
	<u>Pilot Card (P2) Expiration Date:</u>
Low-Level Recon & Survey P1 <input type="checkbox"/> P2 <input type="checkbox"/> Helitack-Passenger Transport P1 <input type="checkbox"/> P2 <input type="checkbox"/> External Load (Belly Hook) P1 <input type="checkbox"/> P2 <input type="checkbox"/> Water-Retardant Delivery P1 <input type="checkbox"/> P2 <input type="checkbox"/> Longline VTR (150') P1 <input type="checkbox"/> P2 <input type="checkbox"/> Snorkel: VTR <input type="checkbox"/> Mirror <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> Mountainous Terrain Flying P1 <input type="checkbox"/> P2 <input type="checkbox"/> Aerial Ignition (PSD) P1 <input type="checkbox"/> P2 <input type="checkbox"/> Aerial Ignition (Torch) P1 <input type="checkbox"/> P2 <input type="checkbox"/> Rappel Operations P1 <input type="checkbox"/> P2 <input type="checkbox"/> Cargo Letdown P1 <input type="checkbox"/> P2 <input type="checkbox"/> Snow Operations (Deep Snow) P1 <input type="checkbox"/> P2 <input type="checkbox"/> Hoist P1 <input type="checkbox"/> P2 <input type="checkbox"/>	Designated "Pilot Trainer" P1 <input type="checkbox"/> P2 <input type="checkbox"/> "Trainee Only" Pilot P1 <input type="checkbox"/> P2 <input type="checkbox"/> Short Haul LE <input type="checkbox"/> SAR <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> Float Operations (Fixed) P1 <input type="checkbox"/> P2 <input type="checkbox"/> Platform Landings-Offshore P1 <input type="checkbox"/> P2 <input type="checkbox"/> Vessel Landings P1 <input type="checkbox"/> P2 <input type="checkbox"/> NVG Operations P1 <input type="checkbox"/> P2 <input type="checkbox"/> ACETA Net Gun (All ACETA) P1 <input type="checkbox"/> P2 <input type="checkbox"/> ACETA Eradication P1 <input type="checkbox"/> P2 <input type="checkbox"/> ACETA (Herding) P1 <input type="checkbox"/> P2 <input type="checkbox"/> ACETA Darting-Paintball P1 <input type="checkbox"/> P2 <input type="checkbox"/> STEP P1 <input type="checkbox"/> P2 <input type="checkbox"/> Other <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/>

UAS Pilot Information: Only P1 Expiration Date required.

<u>Pilot Name (P1): PIC Primary</u>	<u>Pilot Phone Number:</u>
<u>VO Name (P2): Co-Pilot/Relief</u>	<u>Pilot Phone Number:</u>
<u>Pilot Carded for Mission:</u>	<u>Pilot Card (P1) Expiration Date:</u>
	<u>Pilot Card (P2) Expiration Date:</u>
UAS Basic Remote Pilot P1 <input type="checkbox"/> P2 <input type="checkbox"/>	
UAS P (Fire) P1 <input type="checkbox"/> P2 <input type="checkbox"/>	
UAS Aerial Ignition (PSD) P1 <input type="checkbox"/> P2	
BLOS/ELOS UAS P1 P2	

Flight Following And Frequencies:

Flight Following Method: AFF Radio (Local or GACC aircraft desk)
 FAA Flight Plan: (Agency-owned or agency contracted aircraft mission)
 FAA Flight Plan: (Charter aircraft non-agency controlled mission)

Zone/District	Name	Com Type	RX	TX	Tone Guard RX/TX

Vendor Name:	Aircraft Model:	Aircraft Make:	FAA#:
Aviation Manager:	Date:	Pilot:	Date:

Participants Name	Position	Training Expiration Date

- Crash Rescue Plan developed for specific mission
- Copy of Appendix given to pilots for day of brief

Medical/Crash Rescue

1. Project Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:

Medical/Crash Rescue

1. Project Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:

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Medical/Crash Rescue

1. Project Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:

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Medical/Crash Rescue

1. Project Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:

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