

## Instructions for Rotor/Fixed-wing MASP

Pages 1-7 require total completion for regional office and state office review and approval signatures (page 1 through aerial hazard analysis and map). Pages 8-10, 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 B) 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 (page 11) have been incorporated into the risk assessment worksheet's drop-down menus. Risk Assessment Category (RAC) outcomes are categorized as follows:

<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Extremely High</b>
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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 Unit 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 Unit Aviation Officer or Aviation Manager for line officer approval.

The Regional Aviation Safety Manager (RASM) and the Aviation Officer/Manager 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.

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

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

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

<p><u>Project Aviation Manager Name</u> (IAW IAT Guide):</p>	<p><u>Alternate Project Aviation Manager Name</u> (IAW IAT Guide):</p>
<p><u>Project Name</u></p>	
<p><u>Description and Location:</u></p>	
<p><u>Objectives:</u></p>	
<p><u>Aircraft Justification:</u></p>	

<p><b><u>Aircraft Information:</u></b>  <b>Check all that apply, if name is unknown, add information as it becomes available</b>  <b>Leave text fields blank if unknown</b>  <b>All cooperators require an annual approval letter onboard except DOJ aircraft</b></p>			
<b>Cooperator:</b>		<b>Agency:</b>	
<b>Vendor:</b>		<b>Military:</b>	
<b>Other:</b>			
<b>Rotor Wing:</b>	Type One:	Type Two:	Type Three:
<p><b>Document additional requirements beyond standard typing in aircraft justification and on the resource order (wire strike protections system, performance capabilities, equipment, etc.).</b></p>			
<b>Fixed Wing:</b>	Single Engine	Multi-Engine	
<p><b>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.</b></p>			
<b>UAS:</b>	(Appendix D)	<b>Fixed Wing:</b>	<b>Rotor Wing:</b>
<p><b><u>Aircraft Make and Model:</u></b> If unknown, add information as it becomes available or utilize the Mission Planning Sheet. All information shall be filled out prior to mission start.</p>			
Unknown CWN/OnCall:		Unknown EU:	Vendor:
FAA Registration #:		Make:	Model:
Carder for Mission:		Card Expiration Date:	
Aircraft Color Scheme:			
<p>CWN helicopter information attained after hiring process, ensure CWN inspection sheet has been completed.</p>			
<p><b>Procurement and Cost Information:</b> Check unknown if unable to provide accurate or estimated information.</p>			
<b>Procurement Type:</b>		<b>Estimated Flight Hour Cost:</b>	
<b>Estimated Flight Hours:</b>		<b>Estimated Miscellaneous Cost(s):</b>	
<b>Charge Code:</b>			



**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**

<b>Type of Operation- Check applicable boxes that may apply to mission or mission</b>	<b>Personnel protective equipment requirements</b>
<b>Rotor Wing Ground Operations</b>	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. <b>Refer to the Interagency Aerial Ignition Guide for additional ground operation requirements.</b>
<b>Rotor Wing</b>	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. <b>Refer to appropriate guides. Charter flights, (non-agency-controlled mission), shall comply with 14 CFR 135 requirements.</b>
<b>Doors Off Flight(s)</b> See appendix A	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) <b>Refer to appropriate guides</b>
<b>Cargo Free Fall Operations</b>	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. <b>Refer to SHO chapter eleven for additional details.</b>
<b>Fixed Wing</b>	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.

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

**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)

Forest - FM Receive:	FM Transmit:	RX: TX:
A/G - FM Receive:	FM Transmit:	RX: TX:
A/G - FM Receive:	FM Transmit:	RX: TX:
A/G - FM Receive:	FM Transmit:	RX: TX:
Project - FM Receive:	FM Transmit:	RX: TX:
AM Receive:	AM Transmit:	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

### MOA/MRT 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

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

### MOA/MRT 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

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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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### MOA/MRT 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

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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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- 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 (Remotely possible but not probable)	Rare (Improbable; but has occurred in the past)
SEVERITY Consequence if Mishap Occurs	Catastrophic (Death, Loss of Asset, Mission Capability or Unit Readiness)					
	Critical (Permanent Disabling Injury or Damage, Significantly Degraded Mission Capability or Unit Readiness)					
	Moderate (Non-Permanent Disabling Injury or Damage, Degraded Mission Capability or Unit Readiness)					
	Negligible (Minimal Injury or Damage, Little or No Impact to Mission Capability or Unit Readiness)					

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













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

Prepared by

Date completed

**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.

**BOUNDARY/LAND OWNERSHIP MAP:**

For UAS Operations add Lat/Long Coordinates and elevation

Coordinates and elevation

**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.

**Insert additional maps below**

**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.



Georeferenced burn unit maps and potential helispots will be provided prior to any missions involving a particular unit (s). Helispots will require manager approval as site conditions may be changed. If the burn is to occur within 5 nautical miles from an airport or 25 nautical miles from a navigational aid (VOR) dispatch will contact the FAA to issue a NOTAM D prior to the start of the burn per the burn plan. High level reconnaissance of the project area will be completed prior to implementation. Dispatch will ensure airspace deconfliction plan has been documented and communicated. General aviation air will be dealt with by see and avoid procedures and checking for NOTAMs. Pilots and crew should monitor local VHF-AM frequencies. Lastly, pre- and post-project briefings will be conducted with aircrew, pilots, aviation managers, and, to the maximum extent possible, the Zone FAO to address any issues or concerns. It is highly encouraged for aircraft managers to forward documented debriefs to the Zone FAO.

Aerial hazards associated with RX PSD operations consist of 1) Ground-based hazards including towers (Radio, Cell, water, etc;) and transmission/electrical lines. 2) Airspace conflicts with other aircraft. To minimize hazards associated with ground-based hazards, a minimum flight altitude of 500' AGL or greater should be achieved when aircraft is not conducting firing sequences (does not include turns outside unit firing boundary/chutes closed). This would pertain to ferry to and from project site, unit recon (when possible), and recon of general area around the burn. Low level recon (below 500' AGL) may be necessary over the burn unit to identify control lines and other ground features to successfully complete the project. Prior to low level recon, aerial ignition crews must consult applicable maps (FAA sectionals, Forest Hazard Maps, Project Maps, etc.) to determine ground-based hazards within the area of operation. Effort should be made to minimize time in/exposure to the low-level flight, whenever possible.

Burn Unit locations and applicable helispots are located in tables 1 and 2 below.

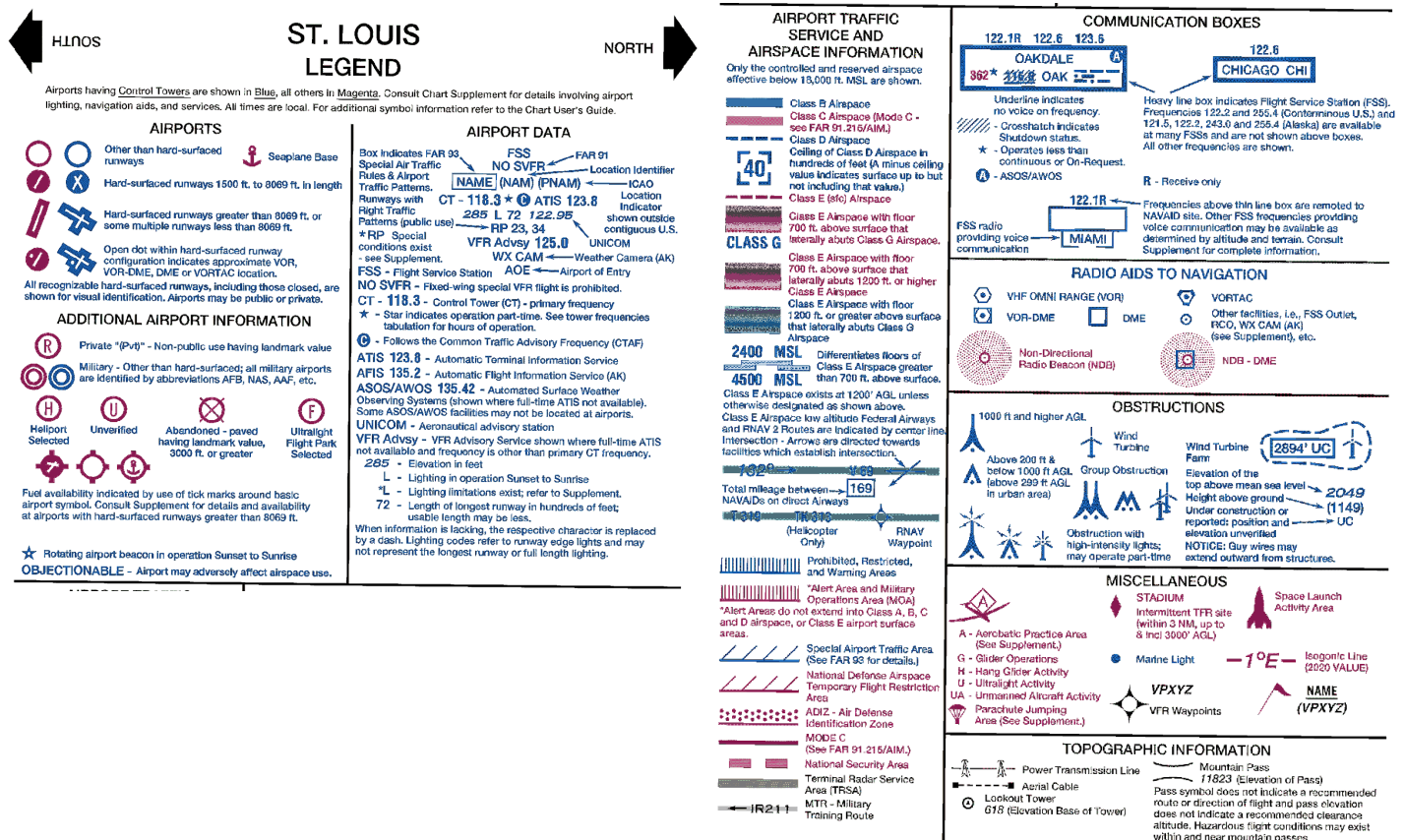


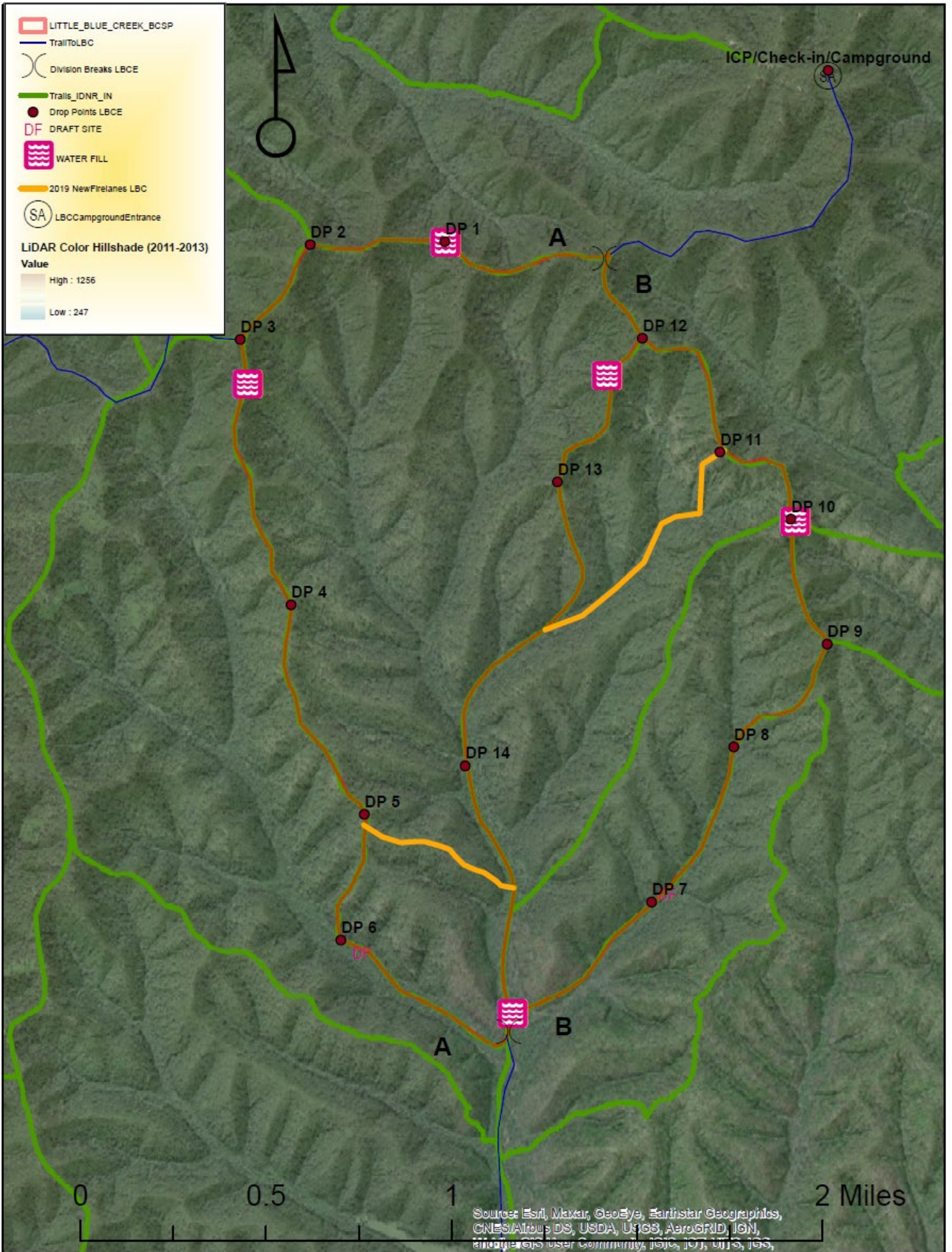
Table 1.) Burn Unit, Lat/Long, Applicable Helispot

Burn Unit	Lat/Long	Applicable Helispot(s)
Little Blue Creek	39° 7.435' x -86° 15.758'	BCSP Airstrip
Winkler	39° 1.717' x -86° 16.653	Lake Tarzan Dam Maumee Field Laney Acres Grissom Airport (BFR)
Combs – Lincoln Back	39° 1.285' x -86° 17.695'	Lake Tarzan Dam Maumee Field Laney Acres Grissom Airport (BFR)
Squirrel Town	38° 58.992' x -86° 16.889'	Lake Tarzan Dam Maumee Field Laney Acres Grissom Airport (BFR)
Mitchell Creek	38° 17.841' x -86° 37.019'	U-38 Dam French Lick Airport (FRH)
Blue Otter (in progress)	38° 17.66' x -86° 29.501'	Old Felker French Lick Airport (FRH)
Boone Creek	38° 8.286' x -86° 28.629'	Roehm Mill Creek Perry County Airport (TEL)
Boone Creek North (in progress)	38° 9.07' x -86° 27.983'	Roehm Perry County Airport (TEL)
Rattlesnake North and South	38° 4.96' x -86° 34.974'	Saddle Lake Dam Perry County Airport (TEL)
Ash House	38° 4.051' x -86° 33.938'	Saddle Lake Dam Perry County Airport (TEL)
Rock House	38° 3.36' x -86° 34.537'	Saddle Lake Dam Perry County Airport (TEL)

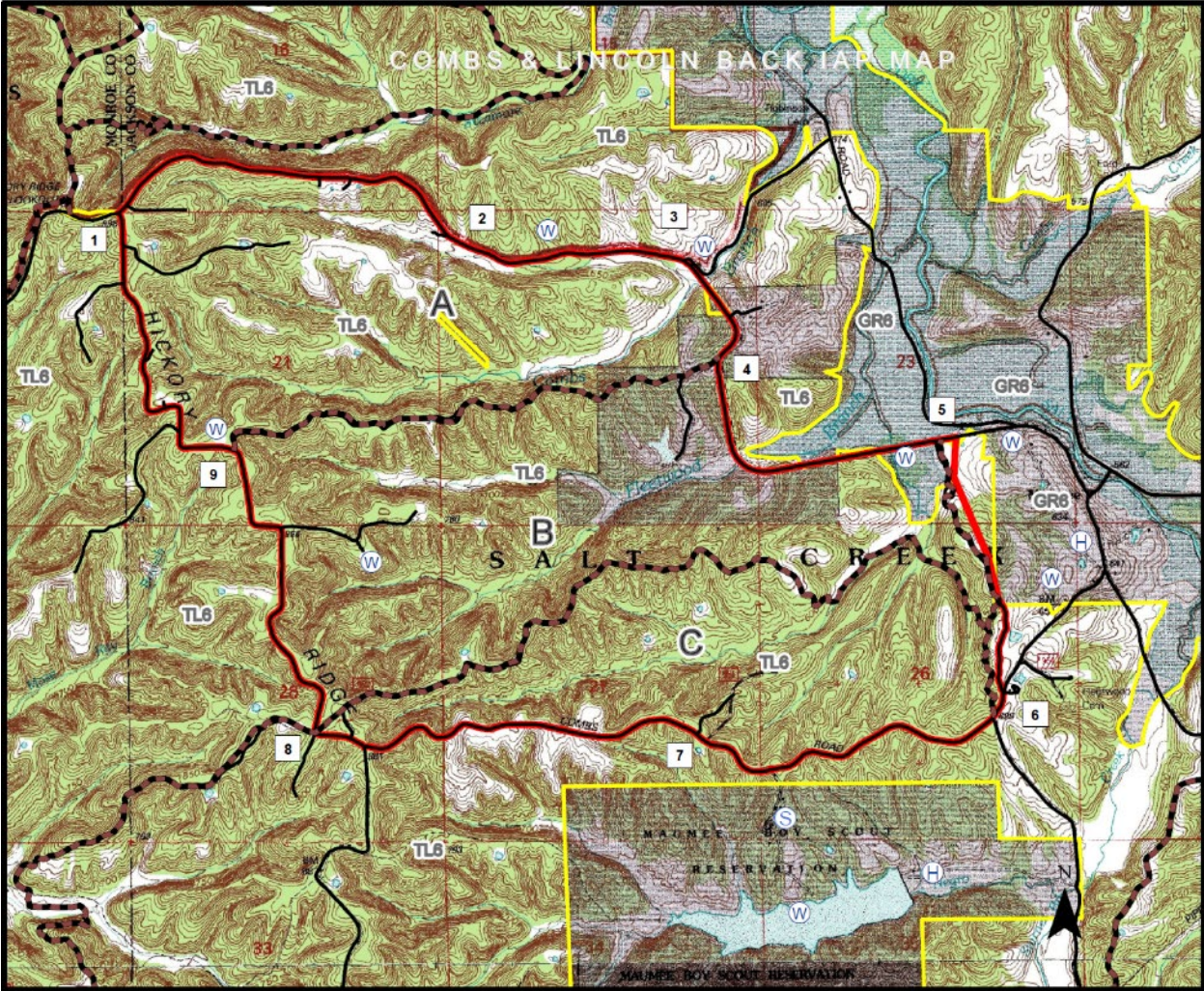
Table 2.) Helispots (should be approved by manager prior to use as conditions may have changed)

Helispot Name	Description	Lat/Long
BCSP Airstrip (inactive)	Old airstrip at Brown County SP	39° 9.681' x -86° 13.099'
Tarzan Dam	Top of lake dam	39° 0.212' x -86° 16.35'
Maumee Field	Field below Lake Tarzan dam	39° 0.229' x -86° 16.213'
Laney Acres	Mowed lawn with road access	38° 58.979' x -86° 12.971'
Bedford (Grissom Airport)	General aviation airport	BFR
U-38 Dam	Top of U-38 Lake dam	38° 17.832' x -86° 40.516
French Lick Airport	General aviation airport	FRH
Roehm	Harvested agricultural field	38° 8.692' x -86 28.97'
Perry County Airport	General Aviation Airport	TEL
Mill Creek	Field with road access	38° 10.009' x -86° 28.04'
Indian Lake Dam	Top of lake dam	38° 11.424' x -86° 39.344'
Celina Lake Dam	Top of lake dam	38° 10.805' x -86 37.694'
Saddle Lake Dam	Top of lake dam	38° 3.863' x -86° 39.915'



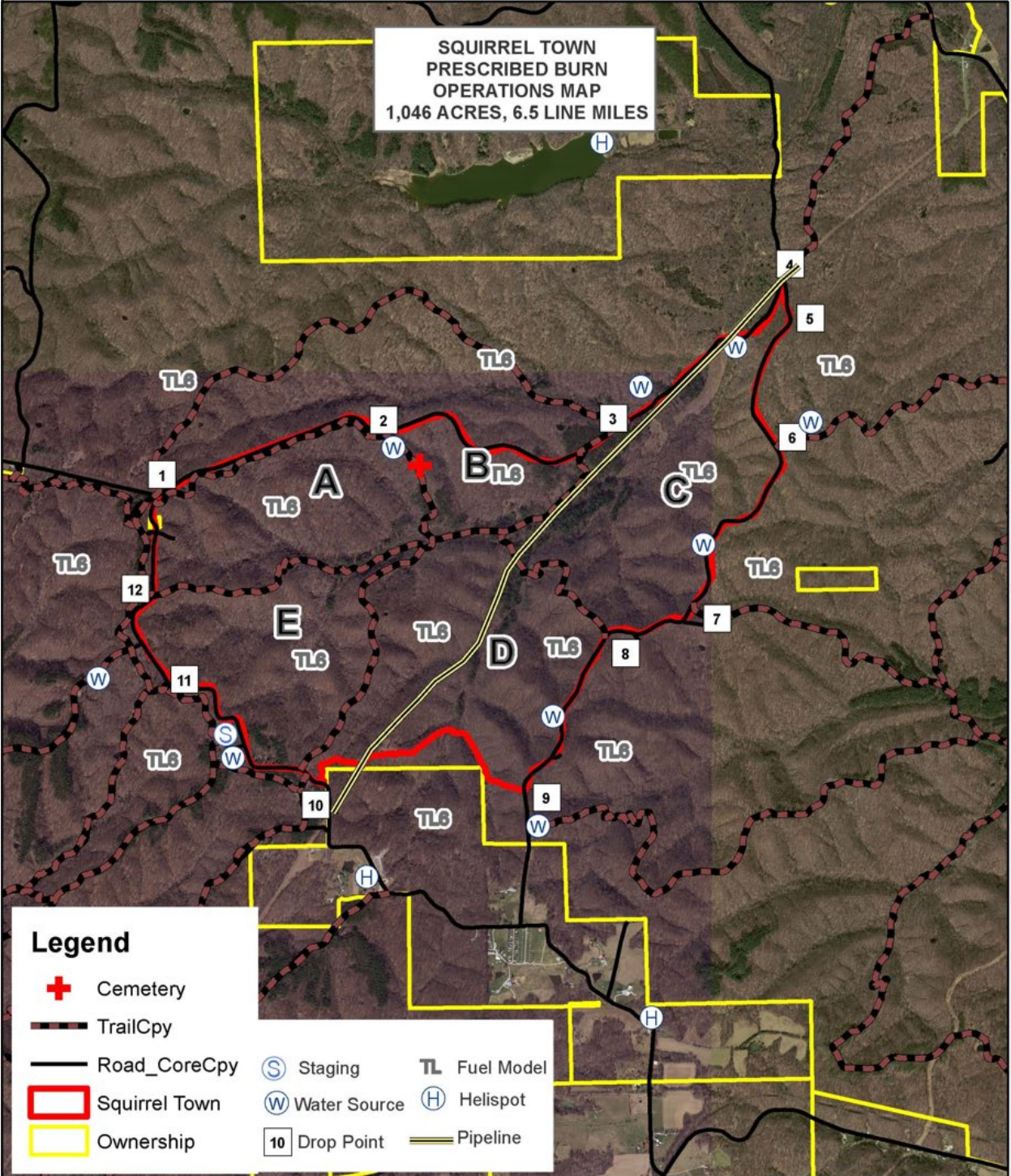








**SQUIRREL TOWN  
PRESCRIBED BURN  
OPERATIONS MAP**  
1,046 ACRES, 6.5 LINE MILES



**Legend**

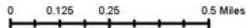
- + Cemetery
- TrailCpy
- Road\_CoreCpy
- Squirrel Town
- Ownership
- S Staging
- W Water Source
- H Helispot
- 10 Drop Point
- TL Fuel Model
- Pipeline



**SQUIRREL TOWN  
PRESCRIBED BURN**  
Hoosier National Forest  
Brownstown RD

T7N R2E Pt. Sec. 34,35, & 36  
T6N R2E Pt. Sec. 2,3,4,10, & 11  
Lawrence & Jackson County

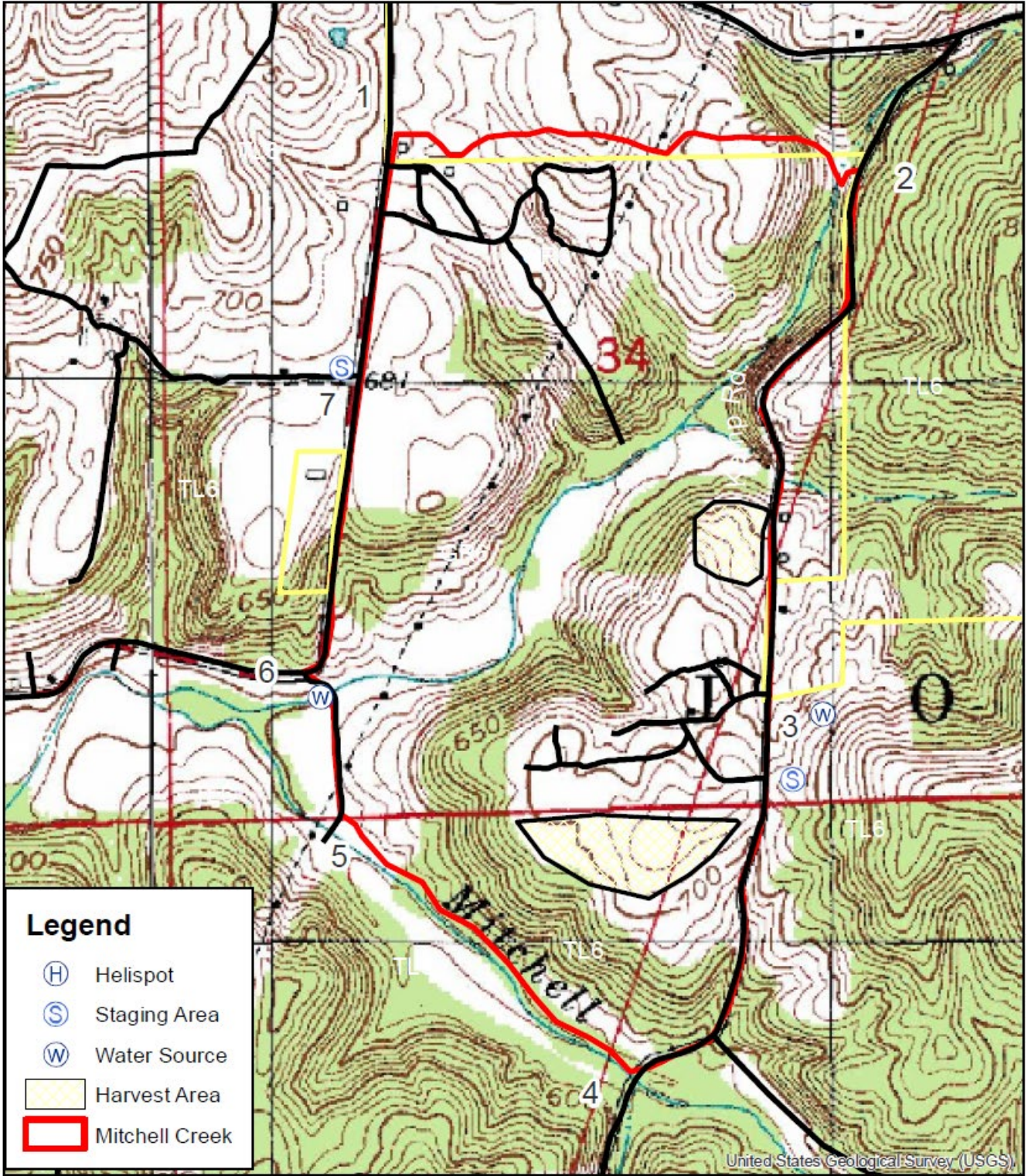
Original data compiled from multiple source data and may not meet National Mapping Accuracy Standards. For specific data source information contact the Hoosier National Forest. No warranty is made to the contents or accuracy of the data.



T. Severson 02/21/2019

Created Using ArcGIS





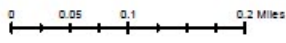
**Legend**

- (H) Helispot
- (S) Staging Area
- (W) Water Source
- Harvest Area
- Mitchell Creek

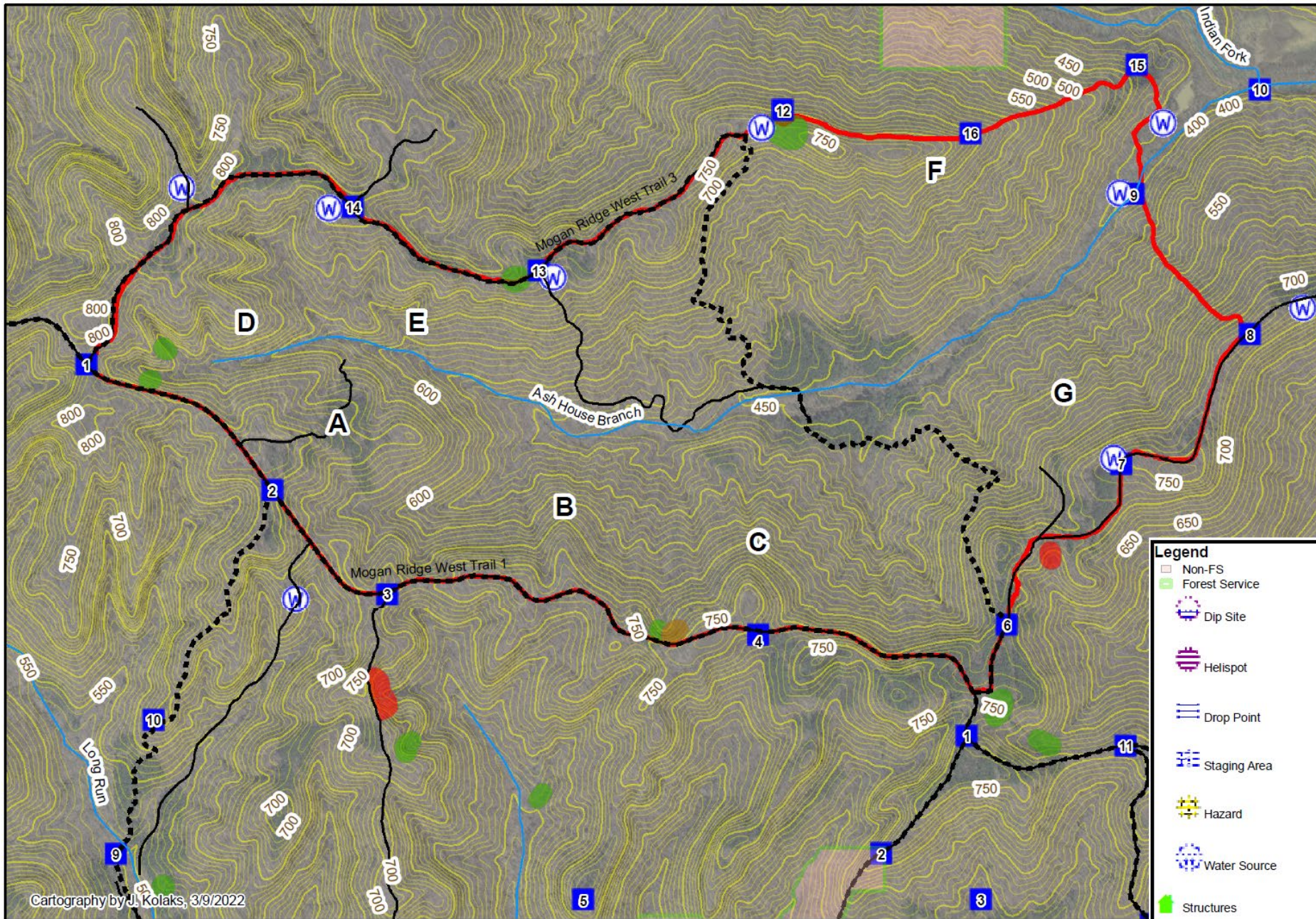
Hoosier National Forest  
 Tell City Ranger District  
 Crawford County, Indiana  
 T2S/R2W Pt. Sec. 34  
 T3S/R2W Pt. Sec. 3

**Mitchell Creek Burn Unit  
 Topographic Map  
 3.0 Line Miles  
 288 Acres**

Original data compiled from multiple source data and may not meet National Mapping Accuracy Standards. For specific data source information contact the Hoosier National Forest. No warranty is made to the contents or accuracy of the data.







Cartography by J. Kolaks, 3/9/2022

**Legend**

- Non-FS
- Forest Service
- Dip Site
- Helispot
- Drop Point
- Staging Area
- Hazard
- Water Source
- Structures

**Resource Consideration**

- Do Not Burn
- Do Not Burn, Mow, or Dig
- Do Not Mow or Dig
- Do Not Dig
- Ash House



Hoosier National Forest  
Tell City Ranger District  
Perry County, IN

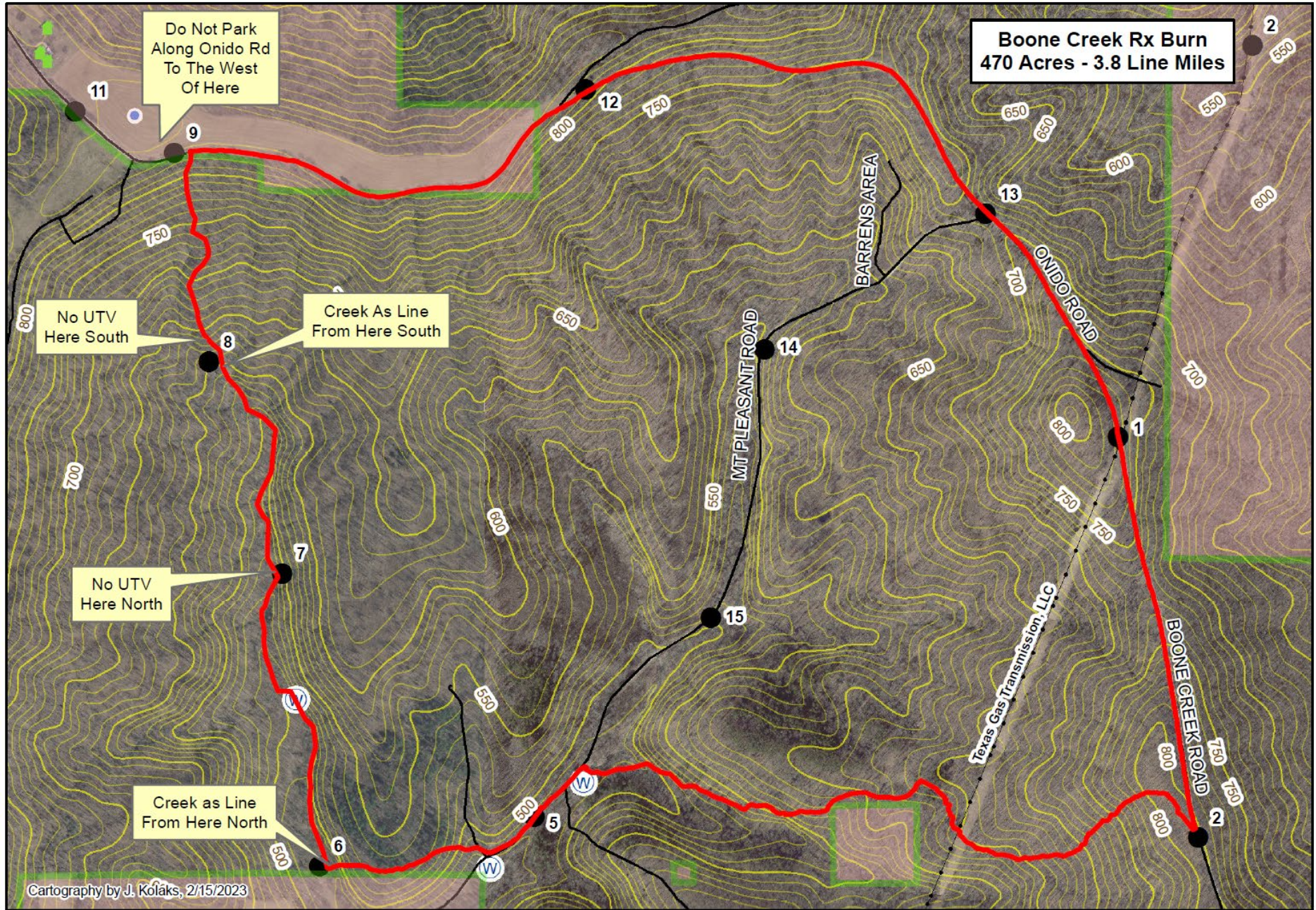
0 0.25 0.5 Miles

Original data compiled from multiple source data and may not meet National Mapping Accuracy Standards. For specific data source information contact the Hoosier National Forest. No warranty is made to the contents or accuracy of the data.



**Ash House Rx Burn**  
**983 Acres - 6.22 Line Miles**

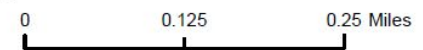




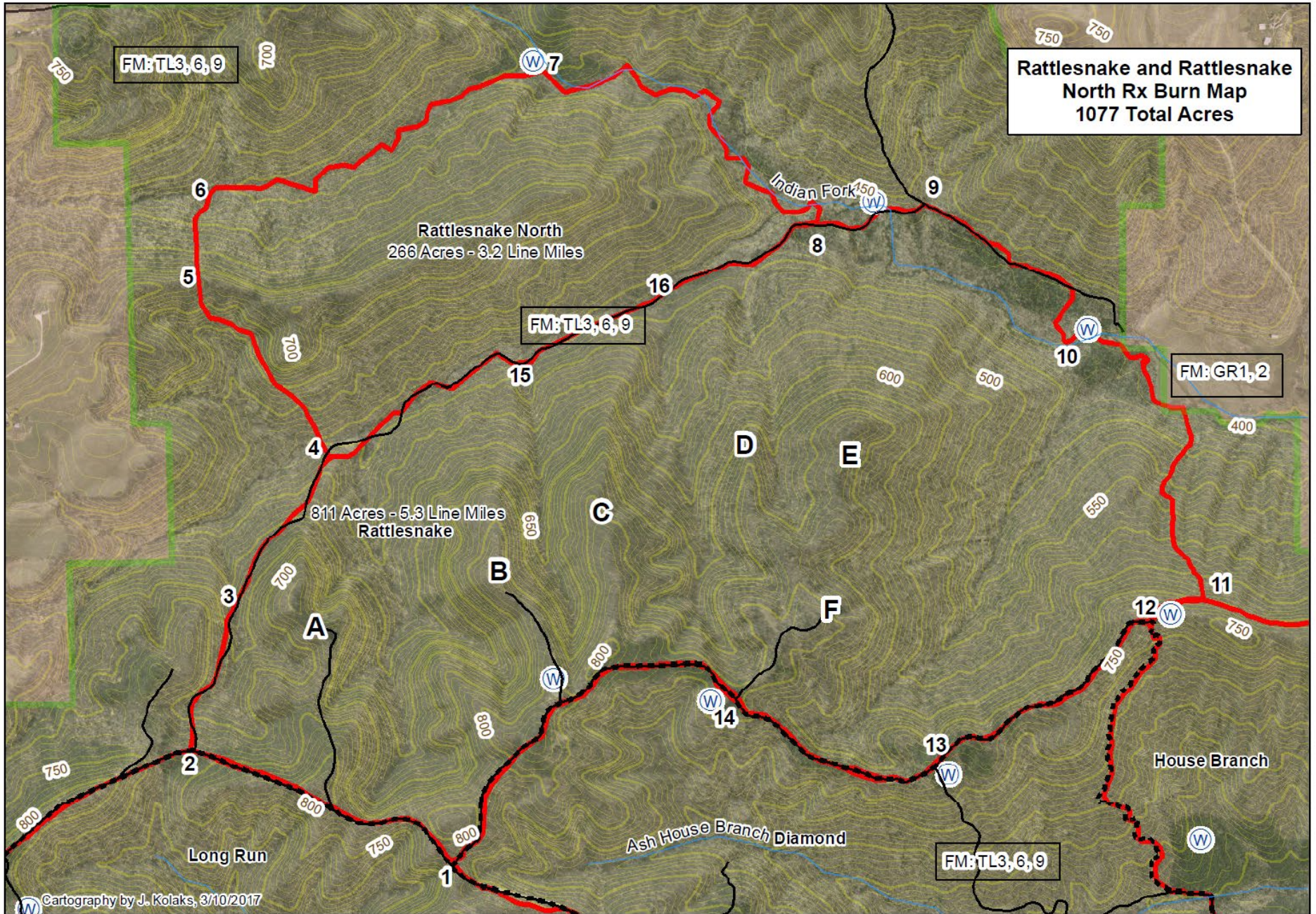
Hoosier National Forest  
Tell City Ranger District  
Crawford and Perry County, IN

Legend	
	BooneCreek
	DropPoints
	Water Source
	Helispot
	Non-FS
	Forest Service
	Structures
	Roads
	Transmission Powerline
	Underground Pipeline

Original data compiled from multiple source data and may not meet National Mapping Accuracy Standards. For specific data source information contact the Hoosier National Forest. No warranty is made to the contents or accuracy of the data.







**Rattlesnake and Rattlesnake North Rx Burn Map  
1077 Total Acres**

FM: TL3, 6, 9

Rattlesnake North  
266 Acres - 3.2 Line Miles

FM: TL3, 6, 9

811 Acres - 5.3 Line Miles  
Rattlesnake

FM: GR1, 2

FM: TL3, 6, 9

Cartography by J. Kolaks, 3/10/2017



Hoosier National Forest  
Tell City Ranger District  
Perry County, IN

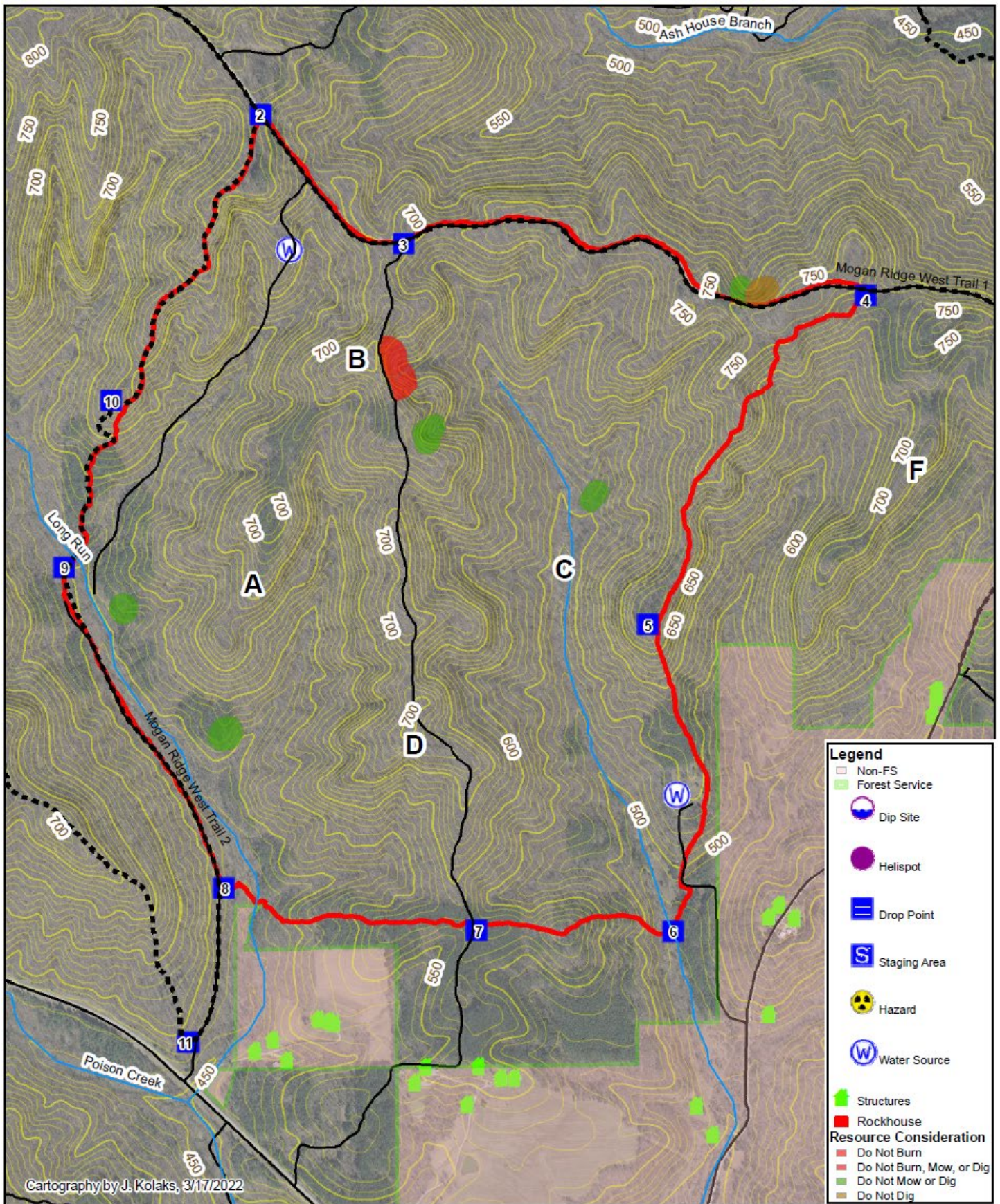
**Legend**

- Mogan Ridge Burn Units
- NON-FS
- FOREST SERVICE
- Trail routes
- Roads
- W Water Source

Original data compiled from multiple source data and may not meet National Mapping Accuracy Standards. For specific data source information contact the Hoosier National Forest. No warranty is made to the contents or accuracy of the data.

0 0.25 0.5 Miles





**Legend**

- Non-FS
- Forest Service
- Dip Site
- Helispot
- Drop Point
- S Staging Area
- Hazard
- W Water Source
- Structures
- Rockhouse

**Resource Consideration**

- Do Not Burn
- Do Not Burn, Mow, or Dig
- Do Not Mow or Dig
- Do Not Dig



Hoosier National Forest  
Tell City Ranger District  
Perry County, IN

0 0.125 0.25 Miles

Original data compiled from multiple source data and may not meet National Mapping Accuracy Standards. For specific data source information contact the Hoosier National Forest. No warranty is made to the contents or accuracy of the data.

**Rockhouse Rx Burn**  
**605 Acres - 4.5 Line Miles**



## Medical/Crash Rescue

<b>1. Project Name:</b>	<b>2. Operational Period:</b> Date From: _____ Time From: _____	Date To: _____ Time To: _____
-------------------------	--------------------------------------------------------------------	----------------------------------

<b>3. Medical Aid Stations:</b>			
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

<b>4. Transportation (indicate air or ground):</b>			
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

<b>5. Hospitals:</b>							
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

<b>6. Special Medical Emergency Procedures:</b>
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**Post Operational De-brief / After action Review Notes:**

Perform a post mission/post project debrief with participants. Capture pertinent feedback that may help in planning for the next project, reinforce those events and actions that made the project a success, and identify areas where improvement can be made to enhance efficiency and safety. Note any additional hazards that may be identified in the Risk assessment section.

# Crash Rescue/Medivac Supplement

The Forest Dispatch (Hoosier Dispatch) will activate the 2023 Interagency Aviation Mishap Response Plan (IAMRP) & Region 9 Aviation Mishap Initial Response checklist if the aircraft fails to meet radio check-in or Automated Flight Following requirements. The two aforementioned plans are found in the Forest Aviation Plan. Hoosier Dispatch will also initiate search and rescue using known available resources at their disposal.

Automated Flight-Following (AFF): Aircraft shall be equipped with AFF technology and pilots/dispatch shall be capable and proficient in the use of AFF. AFF shall be used according to Agency and Forest Policy as outlined in the 2023 Interagency Mobilization Guide, chapter 24.3.1 AFF Procedures.

**General Instructions (in the event of an incident): Mission site duties and actions to be coordinated through dispatch in accordance with local search & rescue (SAR) and emergency crash rescue plan(s). These items will be discussed and recorded during the daily safety briefing.**

Specified crash rescue duties will be assigned to ground operations personnel each day before flights of any kind. Crash rescue and first aid equipment will be located near the helicopter operations site, and equipment's location made known to all personnel. Information and instructions will be sent/received through the local dispatch office or communications.

EMT(s) on site: YES  NO

Names:

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

First responder(s) on site: YES  NO

Names:

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Available medivac helicopter(s)? YES  UNKNOWN

**\*Unknown: Select if medivac helicopter is not to be ordered for the mission or incident prior to need. The helicopter will be ordered on demand through the dispatch process. Dispatch will provide medivac ship call sign or tail number, including capabilities and contact information. \***

Medivac helicopter on site? YES  NO

Level of care medivac helicopter personnel can provide: ALS      BLS <input type="checkbox"/> Unknown <input type="checkbox"/>	
FAA Tail #(s) <a href="#">Click here to enter text.</a>	Contact Information: <a href="#">Click here to enter text.</a>
Hoist/Rappel/Extraction Capable?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Check all that apply:    Hoist <input type="checkbox"/> Rappel <input type="checkbox"/> Short Haul <input type="checkbox"/>	

Additional medical information attached? YES  NO

<b>MEDICAL FACILITY</b>  Perry County Memorial Hospital	<b>Name/Location/Helipad Information</b>  8885 State Rd., 237, Tell City, IN  812-547-7011  ground level concrete pad 55' x 55'	<b>Helipad</b>  YES <input checked="" type="checkbox"/>  NO <input type="checkbox"/>
<b>Latitude</b>  37° 58.11'	<b>Longitude</b>  -86° 43.97'	<b>Contact Freq.</b>  IHERN: Tx/Rx 155.3400 PL 210.7

<b>MEDICAL FACILITY</b>  IU Health Paoli Hospital	<b>Name/Location/Helipad Information</b>  642 Hospital Rd, Paoli, IN  812-723-2881  ground level concrete pad 40' x 40'	<b>Helipad</b>  YES <input checked="" type="checkbox"/>  NO <input type="checkbox"/>
<b>Latitude</b>  38° 34.068	<b>Longitude</b>  -86° 28.560	<b>Contact Freq.</b>  Tx/Rx 155.3400 PL 210.7

<b>MEDICAL FACILITY</b>  IU Health Bedford	<b>Name/Location/Helipad Information</b> 2900 16th Street, Bedford, IN  812-275-1200  ground level concrete pad 40' x 40'	<b>Helipad</b> YES <input checked="" type="checkbox"/>  NO <input type="checkbox"/>
<b>Latitude</b>  38° 51.489'	<b>Longitude</b>  -86° 30.759'	<b>Contact Freq.</b>  Tx/Rx 155.3400 PL 210.7

<b>MEDICAL FACILITY</b>  IU Health Bloomington	<b>Name/Location/Helipad Information</b> 2651 Discovery Pkwy, Bloomington, IN  812-353-5252  ground level concrete pad 65' x 65'	<b>Helipad</b> YES <input checked="" type="checkbox"/>  NO <input type="checkbox"/>
<b>Latitude</b>  39° 10.700'	<b>Longitude</b>  -86° 30.092'	<b>Contact Freq.</b>  Tx/Rx 155.3400 PL 210.7

<b>MEDICAL FACILITY</b>  Schneck Medical Center	<b>Name/Location/Helipad Information</b> 411 W Tipton St., Seymour, IN  812-522-2349  ground level concrete pad 60' x 60'	<b>Helipad</b> YES <input checked="" type="checkbox"/>  NO <input type="checkbox"/>
<b>Latitude</b>  38° 57.288'	<b>Longitude</b>  -85° 53.603'	<b>Contact Freq.</b>  Tx/Rx 155.3400 PL 210.7

<b>MEDICAL FACILITY</b>  Memorial Hospital	<b>Name/Location/Helipad Information</b> 800 W 9th St, Jasper, IN  812-996-2345  ground level concrete pad 60' x 60'	<b>Helipad</b> YES <input checked="" type="checkbox"/>  NO <input type="checkbox"/>
<b>Latitude</b>  38° 23.637'	<b>Longitude</b>  -86° 56.442'	<b>Contact Freq.</b>  Tx/Rx 155.3400 PL 210.7

<b>NEAREST BURN FACILITY</b>  University of Louisville Burn Center	<b>Name/Location/Helipad Information</b>  530 S Jackson, Louisville, KY  502-562-3000  ground level concrete pad 60' x 60'	<b>Helipad</b> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Latitude</b>  38° 14.857'	<b>Longitude</b>  85° 44.615'	<b>Contact Freq.</b> Tx/Rx 155.3400 PL 210.7

<b>NEAREST BURN FACILITY</b>  Eskenazi Health Richard M. Fairanks Burn Center	<b>Name/Location/Helipad Information</b>  530 S Jackson, Louisville, KY  502-562-3000  50' x 50' roof top rated to 12,000'	<b>Helipad</b> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Latitude</b>  N 39° 46.670'	<b>Longitude</b>  86° 11.088'	<b>Contact Freq.</b> Tx/Rx 155.3400 PL 210.7