**Helicopter Request Form**

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| Version No: V 8.2 | Effective Date: 23/04/2015 |
| TCAA Tasking Line (Air Desk) | 08454 130983 |
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| **RETRIEVAL TEAM REQUEST**  **RETRIEVAL TEAM DETAILS (TCAA TO COMPLETE)**   |  |  | | --- | --- | | TCAA Annual Task Number |  | | Request Date and Time |  | | Task Date and Time |  | | Clinical Partner Team Name |  | | Point of Contact Name |  | | Point of Contact Tel No |  | | CPT Case Ref Number |  | | Infectious Patient? |  | | Clinical Flight Restrictions? |  |   **RETRIEVAL TEAM TASK**   |  |  | | --- | --- | | CPT Pick-up Point |  | | Pick-up Time |  | | Referring Hospital |  | | Receiving Hospital |  | | CPT Drop-off Point |  |   **RETRIEVAL TEAM PASSENGERS, EQUIPEMENT & BAGGAGE**   |  |  | | --- | --- | | Lead Passenger Name |  | | Lead Passenger Mob Tel |  | | Lead Passenger Weight (Kg) |  | | Lead Passenger Helmet Size |  | | Passenger 2 Name |  | | Passenger 2 Weight (Kg) |  | | Passenger 2 Helmet size |  | | Passenger 3 or Parent Name |  | | Passenger 3 Weight |  | | Passenger 3 Helmet size |  | | Cabin Equipment/Bags (kg) |  | | Patient Weight + equipment in Babypod (Kg) |  |   **RETRIEVAL TEAM CABIN EQUIPMENT**   |  |  |  | | --- | --- | --- | | Stretcher (✓) |  | 15Kg | | Bridge (✓) |  | 33Kg | | Babypod System (✓) |  | 20Kg | | Nitric Tray System (✓) |  | 11Kg | | Cabin Syringe Pumps 5+6 (✓) |  | 3Kg | | Oxylog 3000 / 3000 plus (✓) |  | 5Kg |   **RETRIEVAL TEAM CARGO BAY EQUIPMENT**   |  |  | | --- | --- | | Cargo Bay Equipment/Bags (Kg) |  | | TCAA Clip Deck (✓) (15Kg) |  | | CPT Clip Deck (✓) (15Kg) |  |   **MED AIR, O2 GASES REQUIRED BY RETRIEVAL TEAM**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Air (✓) | Full (1280) |  | ¾  (960L) |  | ½  640L |  | | 02 (✓) | Full 2400L |  | ¾  1800L |  | ½  1200L |  |   **Notes** | **AIRDESK ONLY TO COMPLETE**   |  |  | | --- | --- | | Min. 1 x CPT AETC? (Y/N) |  | | PUP HLS OFFER |  | | REF HOSP HLS OFFER |  | | RX HOPS HLS OFFER |  | | DOP HLS OFFER |  | | LAST DECISION TIME TCAA to CPT |  | | LAST DECISION TIME CPT TO TCAA |  | | TIME OFFER PASSED TO CPT |  | | CPT Decision Time |  | | Task Confirmed? (Y/N) |  | | All HLS Booked? (Y/N) |  | | Endurance from Base |  |   **REQUEST OUTCOME ( ‘✓’ AS REQUIRED)**   |  |  |  |  | | --- | --- | --- | --- | | **AS REQUESTED:** |  | **ALTN PLAN OFFERED:** |  | | CANX: Weather |  | Declined: EQR |  | | CANX: Pilot FDP |  | Declined: Weather |  | | CANX: Sched. Maint. |  | Declined: Clinical |  | | CANX: UnSched. Maint. |  | Declined: Beds |  | | CANX: Equip. Issue |  | Declined: No Night HLS |  | | Incident Report filed? |  | Declined: Priority Msn |  |   **POST TASK AIRDESK ONLY TO COMPLETE**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Aircraft T/O Time | | | |  | | | Aircraft PUP LDG Time | | | |  | | | Aircraft PUP T/O Time | | | |  | | | Aircraft REF Hosp LDG Time | | | |  | | | CPT ARRIVE REF Hosp Unit Time | | | |  | | | CPT DEPART REF Hosp Unit Time | | | |  | | | CPT BACK at Aircraft Time (REF Hosp) | | | |  | | | Aircraft REF Hosp T/O Time | | | |  | | | Aircraft RX Hosp LDG Time | | | |  | | | Patient flight time | | | |  | | | CPT ARRIVE RX Hosp Unit Time | | | |  | | | CPT DEPART RX Hosp Unit Time | | | |  | | | CPT BACK at Aircraft Time (RX Hosp) | | | |  | | | Aircraft RX Hosp T/O Time | | | |  | | | Aircraft DOP LDG Time | | | |  | | | Aircraft DOP T/O Time | | | |  | | | Aircraft Off-Task Time | | | |  | | | Total Flight Time | | | |  | | | SRP No | | | |  | | | Pilot Discretion? Y/N | | | |  | | | Aircraft Bags Opened? | | | |  | | | Aircrew Initials: | Capt. |  | Co-Pilot | |  |   **EQUIVALENT ROAD TRANSFER TIMES AIRDESK ONLY TO COMPLETE**   |  |  |  | | --- | --- | --- | | Est. Road Time & mileage to REF Hosp |  |  | | Total Time at REF Hosp |  |  | | Est. Road Time & mileage to RX Hosp |  |  | | Total Time at RX Hosp |  |  | | Est. Road Time & mileage back to base |  |  | | Total Road Transfer Time & mileage |  |  | |