

**FIGURE - F**

<b>RESCUE AND SURVIVAL QUESTIONNAIRE</b>																																																						
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Rate/Rank:	Mishap Category:																																																					
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<p><b>1. Conditions Prevailing at Survival/Rescue Site:</b></p> <p>a. Temperature/Winds/Waves (if widely variable, give range):            Water Temp: _____ deg F      Air Temp: _____ deg F            Surface Wind: _____ kts      _____ deg            Wave Height: _____ ft      _____ deg (mag)      Wave Freq: _____ per min</p> <p>b. Terrain: <i>(Check appropriate box)</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Open Ground</td> <td><input type="checkbox"/> Woods/Jungle</td> <td><input type="checkbox"/> Mountains</td> </tr> <tr> <td><input type="checkbox"/> Desert</td> <td><input type="checkbox"/> Water</td> <td><input type="checkbox"/> Ice/Snow</td> </tr> <tr> <td><input type="checkbox"/> Swamp</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> <p>c. Weather: <i>(Check appropriate box)</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Clear</td> <td><input type="checkbox"/> Overcast</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Sleet</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>		<input type="checkbox"/> Open Ground	<input type="checkbox"/> Woods/Jungle	<input type="checkbox"/> Mountains	<input type="checkbox"/> Desert	<input type="checkbox"/> Water	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Swamp	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Clear	<input type="checkbox"/> Overcast	<input type="checkbox"/> Fog	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Sleet	<input type="checkbox"/> Hail	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown																																			
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<p><b>2. Time Lapse Sequence for Actual Rescue Vehicles/Personnel:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">Actual Time (24)hour Local Clock</th> <th rowspan="2">Elapsed Time from Mishap</th> <th colspan="4">Light Conditions (X)</th> </tr> <tr> <th>Dawn</th> <th>Day</th> <th>Dusk</th> <th>Night</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Rescue personnel notified</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">Rescue vehicle departed</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">This individual located by rescue personnel</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">This individual physically reached by rescue vehicle personnel</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">This individual actually in rescue vehicle or rescue attempt abandoned</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">Rescue completed (Person returned to station, hospital, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Actual Time (24)hour Local Clock	Elapsed Time from Mishap	Light Conditions (X)				Dawn	Day	Dusk	Night	Rescue personnel notified							Rescue vehicle departed							This individual located by rescue personnel							This individual physically reached by rescue vehicle personnel							This individual actually in rescue vehicle or rescue attempt abandoned							Rescue completed (Person returned to station, hospital, etc.)						
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<p><b>3. Time this Individual Spent:</b></p> <p>a. In water: _____ hrs      _____ min</p> <p>b. In raft: _____ hrs      _____ min</p> <p>c. On land: _____ hrs      _____ min      (unsheltered and/or exposed)</p>																																																						

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<p><b>4. Personnel/Vehicles Performing Rescue:</b></p> <p>a. Vehicle Performing Actual Pickup of This Person:            Organization: _____ Type/Model: _____            Location When Alerted: _____            Duty When Alerted: _____            Distance to Victim(s) (miles): _____ straight line _____ actual miles traveled.</p> <p>b. SAR Report Information: SAR Report Attached <input type="checkbox"/> Yes <input type="checkbox"/> No            Report # _____ Available from: _____</p> <p>c. Did Rescue Personnel Leave Vehicle to Assist in Rescue: <input type="checkbox"/> Yes <input type="checkbox"/> No            If yes, how: <input type="checkbox"/> Jumped <input type="checkbox"/> Lowered by Hoist <input type="checkbox"/> Descended Line/Ladder/Net  <input type="checkbox"/> Into Water/Onto Ground (no jump) <input type="checkbox"/> Other _____</p>	
<p><b>5. Personnel/Vehicles Assisting/Attempting Rescue:</b></p> <p>Organization: _____ Type/Model: _____            Problems: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain in remarks)  <b>List</b> additional vehicles participating/standing by in remarks or attach additional sheet.</p>	
<p><b>6. Rescue Alerting Means (use numbers to show sequence):</b></p> <p><input type="checkbox"/> Witnessed    <input type="checkbox"/> Crash Phone    <input type="checkbox"/> Other Telephone    <input type="checkbox"/> Radio MAYDAY Call  <input type="checkbox"/> Survival Radio    <input type="checkbox"/> Other Radio Report    <input type="checkbox"/> Radar Surveillance    <input type="checkbox"/> Overdue Report to SAR  <input type="checkbox"/> Airborne Rapid Relay    <input type="checkbox"/> Visual Signaling Equipment    <input type="checkbox"/> Survivor Report    <input type="checkbox"/> Loss of Radio Contact  <input type="checkbox"/> Smoke/Fire/Crash Scene    <input type="checkbox"/> Audio Signaling Equipment    <input type="checkbox"/> Other (describe) _____</p>	
<p><b>7. Alerting Communications Problems :</b></p> <p><input type="checkbox"/> Poor Radio Reception    <input type="checkbox"/> Telephone Line Busy    <input type="checkbox"/> Poor Radio Discipline    <input type="checkbox"/> Acft Radio/Iff Eqpt Inop  <input type="checkbox"/> Poor Radio Procedures    <input type="checkbox"/> Language Problems    <input type="checkbox"/> Incompatible Radio Frequency    <input type="checkbox"/> None  <input type="checkbox"/> Other    <input type="checkbox"/> IFF</p>	
<p><b>8. Delays in Departure of Rescue vehicle(s):</b></p> <p><input type="checkbox"/> Vehicle Operator Not Available    <input type="checkbox"/> Vehicle Not Ready    <input type="checkbox"/> Vehicle Crew Not Available  <input type="checkbox"/> Communication Breakdown    <input type="checkbox"/> Completing Previously Assigned Duties  <input type="checkbox"/> Lack of Information on Crash Site    <input type="checkbox"/> Nature of Terrain    <input type="checkbox"/> Nature of Terrain  <input type="checkbox"/> None    <input type="checkbox"/> Other _____</p>	

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<p><b>9. Rescue Vehicle Problems En Route:</b></p> <p> <input type="checkbox"/> Headwind    <input type="checkbox"/> Poor Visibility    <input type="checkbox"/> High Sea State    <input type="checkbox"/> Mechanical Problems    <input type="checkbox"/> Nature of Terrain  <input type="checkbox"/> Rescuers Lost    <input type="checkbox"/> Weather    <input type="checkbox"/> Other Obstructions (fences, etc.)    <input type="checkbox"/> None  <input type="checkbox"/> Other (specify) _____         </p>			
<p><b>10. Problems in Locating Individual or Keeping Individual in Sight:</b></p> <p> <input type="checkbox"/> Heavy Seas    <input type="checkbox"/> Trees    <input type="checkbox"/> Fog/Clouds    <input type="checkbox"/> Precipitation    <input type="checkbox"/> Darkness    <input type="checkbox"/> Radio Interference  <input type="checkbox"/> Loss of Radio/Radar Contact    <input type="checkbox"/> Inadequate/Improper Search    <input type="checkbox"/> Confusion Due to Other Lights  <input type="checkbox"/> Malfunction of Directional Equipment    <input type="checkbox"/> Lack of Correct Information on Location of Survivor  <input type="checkbox"/> Inability to Visually Distinguish Survivor from Terrain    <input type="checkbox"/> Survivor's Failure to Use Signaling Equipment  <input type="checkbox"/> None    <input type="checkbox"/> Other (specify) _____         </p>			
<p><b>11. Rescue Equipment Used:</b> <i>(use numbers to show sequence)</i></p> <p> <input type="checkbox"/> Rescue Strap    <input type="checkbox"/> Seat    <input type="checkbox"/> Cargo Net    <input type="checkbox"/> Rope    <input type="checkbox"/> Life Ring    <input type="checkbox"/> Basket    <input type="checkbox"/> Boom Net  <input type="checkbox"/> Davit    <input type="checkbox"/> Raft    <input type="checkbox"/> Webbing Cutters    <input type="checkbox"/> Grapnel    <input type="checkbox"/> Boarding Ladder    <input type="checkbox"/> Makeshift Carrier/Support  <input type="checkbox"/> First Aid Equipment    <input type="checkbox"/> Forest Penetrator    <input type="checkbox"/> Helicopter Platform    <input type="checkbox"/> Stretcher  <input type="checkbox"/> Cable Cutter    <input type="checkbox"/> Helicopter Rescue Boom    <input type="checkbox"/> Knife/Axe/Saw    <input type="checkbox"/> Billy Pugh Net  <input type="checkbox"/> Other (describe) _____         </p>			
<p><b>12. Survival Problems Encountered by This Person:</b> <i>(number in the sequence experienced)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Inadequate Flotation Gear  <input type="checkbox"/> Lack of Signaling Equipment  <input type="checkbox"/> Entanglement  <input type="checkbox"/> Entrapment in Aircraft  <input type="checkbox"/> Unfamiliar with Equipment  <input type="checkbox"/> Incapacitated by Injury  <input type="checkbox"/> Exposure (Heat, Cold, Sunburn)  <input type="checkbox"/> Weather  <input type="checkbox"/> Darkness  <input type="checkbox"/> Hampered by Helo Downwash  <input type="checkbox"/> Thirst  <input type="checkbox"/> Insects, Snakes, Animals, etc.  <input type="checkbox"/> Proximity to Ship (_____ Yards)  <input type="checkbox"/> None                 </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Inadequate Cold Weather Gear  <input type="checkbox"/> Lack of Other Equipment  <input type="checkbox"/> Dragging  <input type="checkbox"/> Unfamiliar with Procedure  <input type="checkbox"/> Confused, Dazed, Disoriented  <input type="checkbox"/> Poor Physical Condition  <input type="checkbox"/> Fatigue  <input type="checkbox"/> Topography(Swamps, Mountains, Deserts, etc.)  <input type="checkbox"/> Thrown Out of Raft  <input type="checkbox"/> Problem Boarding Rescue Vehicles  <input type="checkbox"/> Hunger  <input type="checkbox"/> Sharks  <input type="checkbox"/> Hampered by Injuries  <input type="checkbox"/> Other(Describe) _____                 </td> </tr> </table>		<input type="checkbox"/> Inadequate Flotation Gear <input type="checkbox"/> Lack of Signaling Equipment <input type="checkbox"/> Entanglement <input type="checkbox"/> Entrapment in Aircraft <input type="checkbox"/> Unfamiliar with Equipment <input type="checkbox"/> Incapacitated by Injury <input type="checkbox"/> Exposure (Heat, Cold, Sunburn) <input type="checkbox"/> Weather <input type="checkbox"/> Darkness <input type="checkbox"/> Hampered by Helo Downwash <input type="checkbox"/> Thirst <input type="checkbox"/> Insects, Snakes, Animals, etc. <input type="checkbox"/> Proximity to Ship (_____ Yards) <input type="checkbox"/> None	<input type="checkbox"/> Inadequate Cold Weather Gear <input type="checkbox"/> Lack of Other Equipment <input type="checkbox"/> Dragging <input type="checkbox"/> Unfamiliar with Procedure <input type="checkbox"/> Confused, Dazed, Disoriented <input type="checkbox"/> Poor Physical Condition <input type="checkbox"/> Fatigue <input type="checkbox"/> Topography(Swamps, Mountains, Deserts, etc.) <input type="checkbox"/> Thrown Out of Raft <input type="checkbox"/> Problem Boarding Rescue Vehicles <input type="checkbox"/> Hunger <input type="checkbox"/> Sharks <input type="checkbox"/> Hampered by Injuries <input type="checkbox"/> Other(Describe) _____
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<p><b>14. Individual's Physical Condition:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">During Rescue <i>(Check one)</i></th> <th style="width: 20%;">After Rescue <i>(check one)</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">1. Fully Able to Assist</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">2. Partially Able to Assist</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">3. Immobile or Unconscious</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">4. Fatal on Recovery-Due to Injuries</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">5. Fatal on Recovery-Drowned</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">6. Recovered Alive-Died From Injuries</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">7. Lost During Rescue Attempt-Apparently Injured or Drowned</td> <td></td> <td></td> </tr> </tbody> </table>			During Rescue <i>(Check one)</i>	After Rescue <i>(check one)</i>	1. Fully Able to Assist			2. Partially Able to Assist			3. Immobile or Unconscious			4. Fatal on Recovery-Due to Injuries			5. Fatal on Recovery-Drowned			6. Recovered Alive-Died From Injuries			7. Lost During Rescue Attempt-Apparently Injured or Drowned		
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