

**AEROMED 1 2 3 4 5
PR EVENT CHECKLIST**

FLIGHT OPERATIONS

(ALL LINES MUST BE COMPLETED)

Date of request: _____

Person taking request: _____

Requestor name/contact number: _____

Nature of request: _____

Date/Time to arrive/location: _____

Total flight time committed: _____

If passengers, # and approx. total weight: _____

Ground contact/LZ information:
(I.E. wires, trees, dirt/grass, paved, etc)

Communication (freq. etc): _____

MANAGEMENT SECTION

Can we remain in service?? Yes No

If dedicated, what time to go out of service: _____ AM PM

Target Audience: _____

County/Agency Involved: _____

Subject Matter (Choose one) Pathfinder Inservice
PR Other

Comments: _____

APPROVED BY: _____

Placed in emscharts outreach: By: _____