

# APPENDIX B: AIRCREW FORMS

## MISSION INFORMATION SHEET

Mission # \_\_\_\_\_

Total Hobbs Time: \_\_\_\_\_

Name

Phone number

Safety Officer \_\_\_\_\_

\_\_\_\_\_

Admin \_\_\_\_\_

\_\_\_\_\_

Air Ops Officer \_\_\_\_\_

\_\_\_\_\_

Briefing Officer \_\_\_\_\_

\_\_\_\_\_

Debriefing \_\_\_\_\_

\_\_\_\_\_

Local FRO \_\_\_\_\_

\_\_\_\_\_

### Object of Search

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Results

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

CAP-MAS