

SAAF Aerial Request Form

CHIEF DIRECTORATE DISASTER MANAGEMENT AND FIRE & RESCUE SERVICES

TEL: 082 456 7182 or 073 995 1609 or 081 756 4483

FAX: 086 246 4177

DATE:		ORGANISATION / SERVICE		Reference			
1. ASSISTANCE REQUESTED - PERSON BY NAME							
ORGANISATION / DISTRICT MUNICIPALITY							
CONTACT TEL. OR FAX No.				ACCOUNT FOR :			
2. ASSISTANCE REQUIRED FROM:		CITY/PGWC	TMNP	CN/MTO/ WOF	SANDF		DATE REQ
AERIAL FIRE FIGHTING (SEE 11)					YES	NO	
TROOPING, No. OF FIRE FIGHTERS/HANDLERS TO BE AIRLIFTED (HAZMAT Form 1)					YES	NO	No.
RECONNAISSANCE - SPOTTER					YES	NO	ONLY
FIXED WING BOMBER					YES	NO	No.
EQUIPMENT REQUIRED TO BE TRANSPORTED (HAZMAT Form 1)					YES	NO	Kg
3. LOCATION OF FIRE INCIDENT							
FIRE COMMAND NAME:				MAP No. [1:50 000] REF. NUMBER:			
PLACE NAME:							
LZ [JOC BRIEFING SITE]							
POSITION [LAT & LONG]		° S	° E	° W			
4. EXTENT OF FIRE - SITUATION REPORT:							
FDI YELLOW OR ABOVE	YES	NO	SUFFICIENT WATER SUPPLIES AVAILABLE			YES	NO
GROUND TEAMS DEPLOYED	YES	NO	FLYING CONDITIONS SUITABLE			YES	NO
SUFFICIENT DAYLIGHT HOURS	YES	NO	VISIBILITY SUFFICIENT FOR AERIAL OPS?			YES	NO
DISASTROUS POTENTIAL	YES	NO	WILL USE REDUCE SPREAD/SEVERITY			YES	NO
POTENTIAL THREAT:	LIFE	YES	NO	PROPERTY	YES	NO	ENVIRONMENT
5. VEGETATION OR TERRAIN TYPE - MOUNTAIN CATCHMENT AREA YES NO							
VEGETATION:				TERRAIN:			
6. FIRE/HAZMAT INCIDENT HAZARD POTENTIAL: (WEATHER CONDITIONS ON SCENE)							
VISIBILITY			CLOUD			WIND	
7. PROXIMITY & TYPE OF WATER SOURCE (Type & distance from fire)							
DAM	Km	RIVER	Km	SEA	Km	CANAL	Km
							OTHER

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8. LIAISON OFFICERS (Name & Telephone Number)					
INCIDENT CMDR		Tel:	AIR ATTACK BOSS		Tel:
FIRE BOSS		Tel:	DUTY OFFICER		Tel:
9. FUEL ORDERED/ARRANGED				YES	NO
ORDERED BY:			SENT TO:		
10. AIR to GROUND COMMUNICATIONS	Type & frequency AERIAL PORTABLE/MOBILE AVAILABLE YES NO			Are radios required?	YES NO No.
11 DISPATCH PROCEDURES – AIRCRAFT NUMBERS REQUIRED PERIOD REQUIRED					
LARGE (Mi8) <input type="checkbox"/>	MEDIUM (B205) <input type="checkbox"/>	LIGHT (Alouette) <input type="checkbox"/>	NUMBER <input type="checkbox"/>	HRS <input type="checkbox"/>	POTTER <input type="checkbox"/>
LOCAL PROCEDURE WoF AIRCRAFT	1. Actuate aircraft when locally approved or by City of Cape Town.		2. Confirm automatic Spotter actuated by WoF.		
12 APPROVAL: NDMC	NDMC APPROVAL _____ DATE _____ REFERENCE NUMBER _____ DATE _____				
OTHER PROCEDURE PROVINCIAL AREA SANDF AIRCRAFT	1. Request approval from Province as per protocol. 2. Once approval confirmed by Province immediately actuate response for other aircraft/ SANDF. 3. Immediately actuate Spotter response.				
13. AUTHORISATION (VALID FOR ONE DAY ONLY)					
NAME: (Print) _____ DESIGNATION: _____ SIGNATURE: _____					
DATE: _____ TIME: _____					