



AIR SUPPORT

King County SAR Mission Planning Sheet			
Mission Name:		Date:	Agency:
POC:		KCCase #	DEM#
Phone#		Radio FREQ:	
Basic Details:			
LAT :		LONG:	ELEV:
ROUTE:			
From:	TO:		ETA:
CREW:			
NAME:	SERIAL#:	POSITION:	
ADDITIONAL:			
WX On Scene:			
Ceiling:	Visibility:	Winds:	Temp:
NOTIFICATIONS:			
RADIO:			
SUPERVISOR:			
MRO:			
OTHER:			
CHECKS:			
WX:		W&B:	
PPC:		SAT PHONE:	
TFR'S		OTHER:	
REMARKS:			