別記第１号様式（第５関係）

　令和　　年　　月　　日

運航管理責任者　防災航空センター所長　殿

要請者職氏名　　　　　　　　　　　　　　　印

担当者職氏名

　　　　　　　　　　　　　　　　　　　　　　電話，ＦＡＸ

鹿児島県消防・防災ヘリコプター緊急運航要請書

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| 1 | 災害種別 | | | (1) 災害応急　(2) 救　急　(3) 火災防ぎょ　(4) 救　助　(5) 広域応援等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 活動内容 | | | 傷病者搬送　　　救助　　　捜索　　　空中消火 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他（　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 発生時間 | | | 令和 | |  | | 年 | | | |  | | | | 月 | | | |  | | | | 日 | | | （ | | |  | | | ） | | |  | | 時 | | | |  | | | | 分(頃) | | |
| 4 | 発生場所等 | | | （医療機関名 | | | | | | | 市・町・村 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 番地 | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） | | | | | | | |
| 5 | 現地の気象 | | | 天候 | |  | | | | 風向 | | | | |  | | | | | | | 風速 | | | | | | |  | | | | | m/s | | | 気温 | | | | | | |  | | | | ℃ |
| 視界 | |  | | | | ㎞ | | | 雲高 | | | | | |  | | | | | ｍ | | | | （ | | |  | | | | | | | | | 警報・注意報） | | | | | | | | |
| 6 | 空輸区間（ﾍﾘﾎﾟｰﾄ又は場外離着陸場） | | | ～ ～ ～ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 現場指揮者 | | | 所属・職氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 無線の呼出名称 | | | 呼出名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 無線の使用周波数 | | | □ | 防災相互波（158.35MHz） | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | 消防波 | | | | □ | | | 主 運 用 波 ３（鹿児島県割当） | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | □ | | | 統　制　波　１ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | □ | | | 統　制　波　２ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | □ | | | 統　制　波　３ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| □ | その他 | | | | （ | | |  | | | | | | | | | | | | | | | | | | | | | | | ） | |  | | | | | | | | | | | |
| 10 | 傷病者搬送の場合 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (1)傷 　病　 者 | | | 氏名 | |  | | | | | | | | | | | | | | 年齢 | | | | |  | | | | | | 歳 | | | 性別 | | | | 男・女 | | | | | | | | | | |
| 住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | |  | | | | | | | | | | | | | | 年齢 | | | | |  | | | | | | 歳 | | | 性別 | | | | 男・女 | | | | | | | | | | |
| 住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2)傷病者の症状 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 脈拍 | |  | | 呼吸 | | | | | |  | | | | 体温 | | | | |  | | | | | | | 血液型 | | | | | |  | | | 血圧 | | | | | | ／ | | | |
| (3)感染症の有無 | | | 感染症 | | | 有 | | (感染症名 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | ） | | 無 | | | |
| (4)同乗者 | | 医師 | 氏名 | |  | | | | | | | | | | | | | | 年齢 | | | | | |  | | | | | | 歳 | | | 性別 | | | 男・女 | | | | | | | | | | |
| 医療機関名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護師 | 氏名 | |  | | | | | | | | | | | | | | 年齢 | | | | | |  | | | | | | 歳 | | | 性別 | | | 男・女 | | | | | | | | | | |
| 医療機関名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 関係者 | 氏名 | |  | | | | | | | | | | | | | | 年齢 | | | | | |  | | | | | | 歳 | | | 性別 | | | 男・女 | | | | | | | | | | |
| 傷病者との関係 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (5) | 医療機関への  搬送方法 | | 救急車所属・呼出名称： | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 使用周波数 | | | | | □ | | | 主　運　用　波　３ ・統制波　１・２・３ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | □ | | | その他（ | | | | | | | | |  | | | | | | | | | | | | | | | | | ） | | |  | | | | | | | |
| (6)受入医療機関 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 11 | 必要資機材 |  |
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| 12 | 他航空機への  活動要請 |  |
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| 13 | その他必要事項 |  |
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| 14 | 災害の概況 |  |
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| ※　要請を必要とする理由，要請する活動の内容，受入体制を記載すること。 | | |
| （救助の場合，事故の原因，状況，人数等を記載すること。） | | |