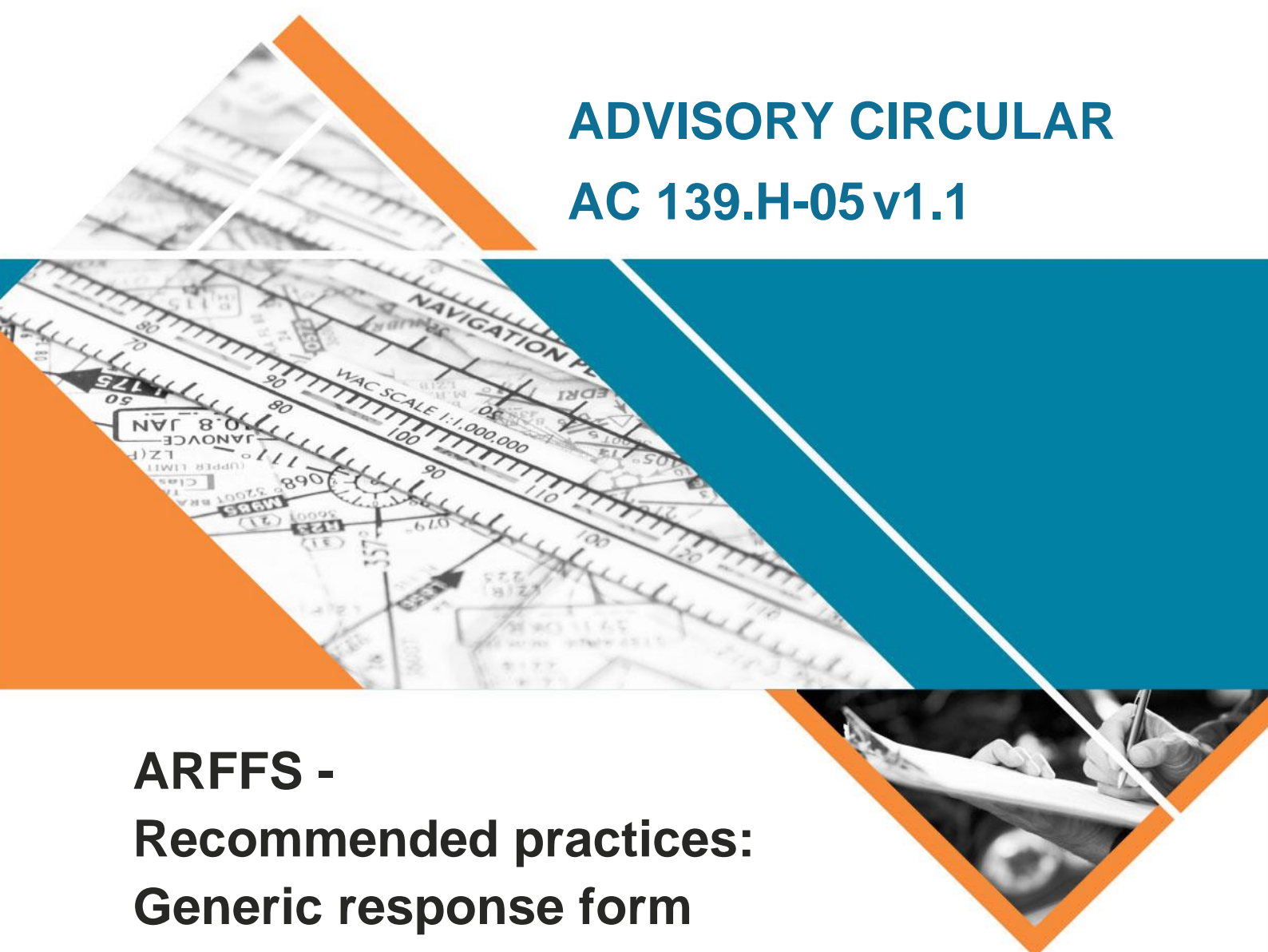




ADVISORY CIRCULAR

AC 139.H-05 v1.1



ARFFS - Recommended practices: Generic response form

Date November 2022

File ref D22/433559

Advisory circulars are intended to provide advice and guidance to illustrate a means, but not necessarily the only means, of complying with the Regulations, or to explain certain regulatory requirements by providing informative, interpretative and explanatory material.

Advisory circulars should always be read in conjunction with the relevant regulations.

Purpose

This AC provides guidance and information to aerodrome operators and ARFFS providers at aerodromes where aerodrome rescue and fire fighting services are provided or required.

The recording of ARFFS responses is to provide either an electronic or paper based reporting system to assist in accident investigation, coronial inquiry and local statistical information.

The information provided on the AC is considered essential. The format however can be incident type specific, electronic or paper form and designed to suit local requirements.

For further information

For further information, contact CASA's Personnel Licensing, Aero and Air Nav Standards (telephone 131 757).

Status

This version of the AC is approved by the Branch Manager, Flight Standards.

Note: Changes made in the current version are not annotated. The document should be read in full.

Version	Date	Details
v1.1	November 2022	Administrative review only.
(0)	April 2003	Initial AC.

Unless specified otherwise, all subregulations, regulations, Divisions, Subparts and Parts referenced in this AC are references to the *Civil Aviation Safety Regulations 1998 (CASR)*.

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1 Reference material

1.1 References

Legislation

Legislation is available on the Federal Register of Legislation website <https://www.legislation.gov.au/>

Document	Title
MOS 139, subpart H. Ref; Chapter 28	

GENERIC RESPONSE FORM FOR ARFFS

<u>Generic Data for all Responses</u>				REPORT NUMBER:
Time of Call		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Location for response	Runway <input type="text"/> <input type="text"/>	Building No	<input type="text"/> <input type="text"/> <input type="text"/>	Grid Ref <input type="text"/> <input type="text"/> Other <input style="width: 100px;" type="text"/>
Response	Staff <input type="text"/> <input type="text"/>	Staff Names	<input type="text"/>	Vehicles <input type="text"/> <input type="text"/> <i>NOTE: Response staff names to recorded</i>
3 rd Party response	Called	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrived	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Weather	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Bad <input type="checkbox"/>	Wet <input type="checkbox"/>

ACFT Crash	Call Sign	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	POB	<input type="text"/> <input type="text"/> <input type="text"/>	DG's Yes/No	<input type="checkbox"/>
Incident	Call Sign	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	POB	<input type="text"/> <input type="text"/> <input type="text"/>	DG's Yes/No	<input type="checkbox"/>
ABLDG	Call Sign	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	POB	<input type="text"/> <input type="text"/> <input type="text"/>	DG's Yes/No	<input type="checkbox"/>
Fuel Spillage	Call Sign	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bay	<input type="text"/> <input type="text"/>	<i>NOTE 1: CASA to be advised of DG on ACFT involved in any incident.</i>	
Hijack	Call Sign	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bay	<input type="text"/> <input type="text"/>		
Bomb Threat	Call Sign	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bay	<input type="text"/> <input type="text"/>		

BLDG Fires and Other ARFFS Responses										
Alarms:	Alarm Type:	Manual	<input type="text"/> <input type="text"/>	AFA	<input type="checkbox"/>	Sprinkler	<input type="checkbox"/>	Deluge	<input type="checkbox"/>	
First Aid:	Number of Injured	<input type="text"/> <input type="text"/> <input type="text"/>	General	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	Patient Name/s	<input type="text"/>	AMBC Called	<input type="checkbox"/>
Bomb Threat:	Time of detonation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Police Called	<input type="checkbox"/>						
Hazchem:	UN Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name of Substance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Other:	Grass Fire	<input type="checkbox"/>	Vehicle Accident	<input type="checkbox"/>	Water Supply	<input type="checkbox"/>	Escort	<input type="checkbox"/>	<i>NOTE: Hazchem response staff to be recorded</i>	