WMAO / IC Worksheet

Duty MAO: _____

Date and Time Mission Received (Zulu): _____

AFRCC Mission Number: _____

OES Mission Number: _____

AFRCC / OES Controller's Name: _____

Mission Opening Time (Zulu): _____

Type of Mission: _____
ELT, Aircraft, OES, PLB, etc

General Location: _____

Time IC Accepted: (Zulu) _____

IC Name: _____

Notes: _____

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MAO's, please e-mail or fax page one of this worksheet to your Group WMAO Coordinator within 24 hrs of your duty completion.

CAWG Form 18 Jan 05

Time: _____

Latitude: _____

Longitude: _____

Time: _____

Latitude: _____

Longitude: _____

Time: _____

Latitude: _____

Longitude: _____

Time: _____

Airborne Reports:

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Other Info:

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