AFTTP 3-4 AIRMAN'S MANUAL



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RELEASABILITY: Attachment 2, Quick Reference Cards has no distribution or releasability restrictions when separated from this publication electronically or for print.

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QRC 4.1 TROOP LEADING PROCEDURES (TLP)

Step 1: Receive the Mission

Step 4: Start Necessary Movement

Step 5: Conduct Reconnaissance Step 6: Complete the Plan

Step 2: Issue a Warning Order Step 3: Make a Tentative Plan

Step 7: Issue the Complete Order Step 8: Supervise and Refine

ORC 4.2 METT-TC

- Mission—The task, together with the purpose, that clearly indicates the action to be taken
- Enemy—Strength, location, tactical mobility, capabilities, vulnerabilities. and probable courses of action (COA)
- Troops—Number, type, capabilities, and condition of available friendly troops and support
- Time—Time available (train/prepare, mission) • Terrain/Weather—Consider the effects of manmade and natural terrain in
- conjunction with the weather on friendly and enemy operations
- Civil Consideration—Immediate impact of noncombatants, manmade infrastructure an areas, structures, capabilities, organizations, and people and events (ASCOPE)

QRC 4.3 OPERATION ORDER (OPORD)

Paragraph 1: Situation

Paragraph 2: Mission

Paragraph 3: Execution

Paragraph 4: Administration and Logistics

Paragraph 5: Command and Control

QRC 4.4 WARNING ORDER (WARNORD) Tentative Time Schedule

Conduct Roll Call Brief the Situation Brief the Mission

Special Instructions/Tasks/Equipment Weapons/Ammo/Equipment (common to all)

(JFAK)

Litter/Sked

Field dressings

QRC 4.5 PRE-COMBAT CHECKS (PCC)/PRE-COMBAT **INSPECTIONS (PCI)**

INDIVIDUAL

Map/compass/protractor/DAGR Packing list Pen/pencil/paper Dog tags & ID card Spare batteries (all equipment) Glasses/watch 20 feet 550 cord (minimum) Individual combat equipment (ICE) Lighter Kevlar (helmet) Water source D-Bag/C-Bag Camouflage (self/equipment) Weapon system & cleaning kit Flex cuffs Weapons cleaning kit ALL equipment tied down/secured 7X magazines & ammunition Function check equipment & weapons Grenades secure (as applicable) Mission brief Hearing protection ROF card NVD w/head harness & helmet mount MEDEVAC/FOD 9-Line Flashlight (white/red lenses)

LEADER

Convoy briefing card Communications Chalk cards Map/compass/protractor Rinoculars DAGR (all way points loaded)

MEDICAL/CLS/AID & LITTER Chem lights (blue & IR) for dust off CLS bag/med kit/Joint First Aid Kit Flashlight (red/white lenses)

COMMUNICATION

Book of DA 7656, Tactical Combat

Casualty Care (TCCC) Card

Operational equipment (SINCGARS, PRC-152, etc.) Frequencies/COMSEC/preset card (freq hopping) Serviceable antennas (short/long whip) Spare batteries/electrical tape/wire DAGR/PLGR

Two operational handsets (waterproofed/attached) Logs/pen/paper

9-Line request/report (MEDEVAC, EOD, and C-UAS)/Call-for-Fire card

QRC 5.1 VEHICLE SEARCH

Visual Search (Prior to Physical Contact)

Step 1: From a predetermined distance, instruct the vehicle driver to: turn lights on/off, flash high beams, turn blinkers/hazards on/off, turn wipers on/off, honk horn, lower/raise windows if electronic, open/close sun roof if electronic.

Step 2: Conduct an exterior 360 degree visual search. This may reveal indicators that an improvised explosive device (IED) was placed on the vehicle

(e.g., license plate/registration inconsistent, vehicle carrying a heavy load/ weighted down, loose wires exposed from compartments, and blacked out windows).

Step 3: If available, have a military working dog (MWD) search the vehicle.

Visual Search (Physical Contact/Conducting the Search)

Step 1: Instruct the driver and all occupants to dismount the vehicle. Place them in a staging area to shield them from observing the search.

Step 2: Initiate a systematic and thorough search. What you do on one side of the vehicle, you must do on the opposite side.

Step 3: Use search mirrors and flashlights to search all areas of the vehicle (e.g., the doors, trunk, engine compartment, passenger compartment, glove box, center console, gas cap area, and under the vehicle). Be sure to also search the fluid reservoirs and gas tanks. If necessary, use a dipstick to inspect.

Step 4: If available, utilize ION scanning equipment.

Step 5: If an IED or suspicious item is discovered at any time during the search, clear the area, initiate a minimum cordon using QRC 14.1 5-Cs, detain the vehicle occupants, and contact security forces immediately.

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QRC 5.2 INDIVIDUAL USE OF FORCE CONSIDERATIONS

Step #1: Decide if there is a threat.

Step #2: Decide on the level of force needed to neutralize objective(s).

Step #3: Use force objectively reasonable in intensity, duration, and magnitude based upon the circumstances to counter the threat.

Step #4: Continuously assess whether your objective has been achieved

QRC 5.3 DEFENSIVE PROCEDURES

Step #1: Shout (audible communications)

Step #2: Show (hand and arm signals/visual aids)

Cton #2: Chara (abraically area above on datain the threat)

Step #3: Shove (physically push, shove, or detain the threat)

Step #4: Shoot (warning shots, if authorized)

Step #5: Shoot (deadly force)

FPCON

QRC 5.4 FORCE PROTECTION CONDITION (FPCON)

This condition applies when a general global threat

NORMAL	of possible terrorist activity exists and warrants a routine security posture. At a minimum, access control will be conducted at all DOD installations and facilities.
FPCON ALPHA	This condition applies when there is an increased general threat of possible terrorist activity against personnel or facilities, the nature and extent of which are unpredictable, and circumstances do not justify full implementation of FPCON BRAVO measures. However, it may be necessary to implement certain measures from higher FPCONs measures resulting from intelligence received or as a deterrent. The measures in this FPCON must be capable of being maintained indefinitely.
FPCON BRAVO	Applies when an increased or more predictable threat of terrorist activity exists. Sustaining BRAVO measures for a prolonged period may affect operational capability and military-civil relationships with local authorities.
FPCON CHARLIE	Applies when an incident occurs or intelligence is received indicating that some form of terrorist action or targeting against personnel or facilities is likely. Prolonged implementation of CHARLIE measures may create hardship and affect the activities of the unit and its personnel.
FPCON DELTA	Applies in the immediate area where a terrorist attack has occurred or when intelligence has been received that terrorist action against a specific location or person is imminent. FPCON DELTA is usually declared as a localized condition. FPCON DELTA measures are not intended to be sustained for an extended duration.

	A 111 0 4	Troundary 2010			
	QRC 6.1 PHONETIC ALPHABET				
Letter		Phonetic	Spoken As		
	Δ	ΔΙΕΔ	ΔΙ_ΕΔΗ		

COMMUNICATE

В	BRAVO	<u>BRAH</u> -VOH	
С	CHARLIE	<u>CHAR</u> -LEE	
D	DELTA	<u>DELL</u> -TAH	
E	ECHO	ECK-OH	
F	FOXTROT	<u>FOKS</u> -TROT	
G	GOLF	GOLF	

GOLF GOLF HOH-TELL

HOTEL INDIA

I J JULIETT Κ **KILO** L LIMA M

AFTTP 3-4

Н

Ν 0

Р

Q

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S

Т

U

V

W

Χ

Υ

Z

MIKE **NOVEMBER OSCAR**

PAPA QUEBEC **ROMEO**

SIERRA TANGO

UNIFORM

VICTOR

WHISKEY

X-RAY

YANKEE

ZULU

NOTE: The underlined portion of the spoken word is the emphasized letter or syllable.

WISS-KEY

FORM VIK-TAH

ECKS-RAY

YANG-KEY

ZOO-LOO

IN-DEE-AH

JEW-LEE-ETT

KEY-LOH

LEE-MAH

MIKE

NO-VEM-BER

OSS-CAH

PAH-PAH

KEH-BECK

ROW-ME-OH

SEE-AIR-RAH TANG-GO

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YOU-NEE-FORM or OO-NEE-

QRC 6.2 PHONETIC NUMBERS

Number	Spoken As	
0	ZE- ROH	
1	WUN	
2	TOO	
3	TREE	
4	<u>FOW</u> -ER	
5	FIFE	
6	SIX	
7	<u>SEV</u> -UN	
8	AIT	
9	<u>NINE</u> -ER	

Number Example	Spoken As	
44	<u>FOW</u> -ER <u>FOW</u> -ER	
500	FIFE <u>ZE</u> - ROH <u>ZE</u> - ROH	
7,000	<u>SEV</u> -UN <u>ZE</u> - ROH <u>ZE</u> - ROH <u>ZE</u> - ROH	
16,000	WUN SIX <u>ZE</u> - ROH <u>ZE</u> - ROH <u>ZE</u> - ROH	
144,899	144,899 WUN <u>FOW</u> -ER <u>FOW</u> -ER AIT <u>NINE</u> -ER <u>NINE</u> -ER	

COMMUNICATE

QRC 6.3 LACE REPORT

L—Liquid (anything that keeps troops hydrated)

C—Casualty (any deaths/injuries/missing)

A—Ammo (any type of munitions)

E—Equipment (vehicles/weapons/gear)

Example of a LACE Report:

Equipment:

Liquid: Red (5 canteens left out of 10)

Ammo: Yellow (20 magazines left out of 30)

Casualty: Green (no casualties)

Green (all operational)

Can sustain—resupply needed soon

80% to 100% of original load—good to continue

ORC 6.4 SALUTE

S = Size—# hostile forces_

A = Activity—Report any activity ___

L = Location—Report grid/direction
U = Unit/Uniform—Report designators

T = Time—Time cited____

E = Equipment—Weapons/vehicles _

Example of a S-A-L-U-T-E Report: "Six enemy soldiers, running away from the command post, heading towards the flightline. Uniforms solid green fatigues—possibly Republic Guards. Time was 0230 Zulu. Equipment: AK-47 rifles, backpacks and gas

Republic Guards. Time was 0230 Zulu. Equipment: AK-47 rifles, backpacks and gas mask being carried."

QRC 7.1 WEAPON SAFETY

- Treat all weapons as loaded.
- · Never point a weapon at anything you do not intend to shoot.
- Keep your weapon on SAFE until you are ready to fire (unless directed otherwise).
- Keep your finger off the trigger until sights are on target and you are ready to fire.
- Positively identify your target, be aware of what is around and behind the target.
- Never engage in horseplay while handling weapons.

QRC 7.2 M16A2 RIFLE/M4 CARBINE CLEARING

- 1. Safety—Attempt to place selector lever on SAFE.
- Magazine—Remove magazine from weapon by pressing magazine catch (button).
- 3. **Chamber**—Visually inspect the chamber and receiver area.
- a. If bolt is locked to the rear, visually inspect chamber.
 b. If bolt is in forward position, push in on bottom of bolt catch as you pull
 - charging handle all the way to rear. After bolt has been locked back, push charging handle back to full forward position.
- c. Allow bolt to go forward by pressing upper portion of bolt catch.
- 4. **Safety**—Check to make sure selector lever is on SAFE.

QRC 7.3 M9 PISTOL CLEARING

- Safety—Hold the pistol in your right hand and move the decocking/safety lever down to the SAFE position (red dot not showing).
 Magazine—Press the magazine release button and remove the magazine.
- Magazine—Press the magazine release button and remove the magazine.
- Chamber—Grasp the slide with your left hand, cupping your palm over the ejection port.
- 4. Rotate weapon slightly to the right and fully retract slide to the rear.
- Catch ejected round (if present) and with slide fully to rear, push slide stop up; allow slide to move forward until captured by slide stop, locking slide to rear.
- 6. Visually inspect the chamber and receiver area to ensure no ammunition is present.

QRC 7.4 M16A2 RIFLE/M4 CARBINE LOADING

- 1. Clear weapon.
- 2. Insert magazine.
- 3. Ensure magazine is seated by pulling downward on magazine.

QRC 7.5 M16A2 RIFLE/M4 CARBINE FIRING

- Pull charging handle fully to the rear and release (do not ride bolt forward).
- 2. Place selector lever on SEMI/BURST, as needed.
- 3. Aim and shoot by pressing trigger.

QRC 7.6 M16A2 RIFLE/M4 CARBINE RELOADING

- 1. Remove magazine from weapon by pressing magazine catch (button).
 2. Insert new magazine; pull downward to ensure magazine is seated.
- 3. Release bolt to forward position by pressing top of bolt catch.

NOTE: Left handed shooters use trigger finger or support hand to press bolt catch.

QRC 7.7 M16A2 RIFLE/M4 CARBINE UNLOADING

- 1. Safety—Attempt to place selector lever on SAFE.
- Magazine—Remove magazine from weapon by pressing magazine catch (button).
- 3. Chamber—Visually inspect the chamber and receiver area. If bolt is locked to the rear, visually inspect chamber. If bolt is in forward position, push in on bottom of bolt catch as you pull charging handle all the way to rear. After bolt has been locked back, push charging handle back to full forward position.
- 4. Safety—Check to make sure selector lever is on SAFE.

QRC 7.8 M9 PISTOL LOADING

- 1. Clear pistol (pistol on SAFE with slide locked rearward).
- 2. Insert a loaded magazine.
- 3. Press down on slide stop to send slide forward.
- 4. Place decocking/safety lever up in FIRE position (red dot showing).

WARNING: Pistol is now ready to fire.

QRC 7.9 M9 PISTOL FIRING

If there is a need and an Airman is authorized to fire, the weapon will be drawn, marksmanship fundamentals applied, and trigger pressed.

QRC 7.10 M9 PISTOL RELOADING

- 1. Press the magazine release button and remove the magazine.
- 2. Insert new loaded magazine.3. Press down on slide stop to send slide forward.
- 4. Pistol is ready to fire.

QRC 7.11 M9 PISTOL UNLOADING

- Safety—Hold the pistol in your right hand and move the decocking/safety lever down to the SAFE position (red dot not showing).

 Magazine. Press the magazine release button and remove the magazine.
- Magazine—Press the magazine release button and remove the magazine.
 Chamber—Grasp the slide with your left hand, cupping your palm over
- the ejection port.
- 4. Rotate weapon slightly to the right and fully retract slide to the rear.5. Catch ejected round (if present) and with slide fully to rear, push slide
- stop up, allow slide to move forward until captured by slide stop, locking slide to rear.

 6. Visually inspect the chamber and receiver area to ensure no ammunition
- Visually inspect the chamber and receiver area to ensure no ammunition is present.

QRC 7.12 M16A2 RIFLE/M4 CARBINE IMMEDIATE ACTION

Assess Position of Bolt: • If bolt is fully forward then apply Immediate Action.

- If bolt is not fully forward then apply Remedial Action.

Immediate Action

- 1. Roll magazine in toward centerline of body.
- 2. Tap upward on magazine and pull down to ensure it is seated.
- 3. Charge and observe ejection port for: · Ejection of empty casing or live
 - round (continue with Immediate Action).
 - · If obstruction in chamber proceed to Remedial Action.
- Readv to fire if necessarv.
- 5. If weapon fails to fire, then apply Remedial Action.

Remedial Action

- 1. Clear Weapon-Place selector lever on SAFE (if possible).
- 2. Lock bolt to rear.
- 3. Remove magazine.
- 4. Clear Stoppage/Malfunction—Remove live rounds, empty cases or obstructions causing stoppage. · Insert fingers into magazine well of
- weapon to remove stuck cases. WARNING: The possibility exists for the bolt
- to release during clearing. Use caution when inserting fingers inside the weapon. · Charge weapon rapidly three times to
 - clear chamber
- 5. Reload—Insert a new magazine.
- 6. Charge weapon to chamber a round.
- 7. Ready to fire if necessary.

ORC 7.13 M9 PISTOL IMMEDIATE ACTION

Slide Fully Forward:

- 1. Ensure the decocking lever/safety is in the fire (up) position.
- 2. **Tap**—Firmly tap on bottom of magazine to ensure it is fully seated and locked in place.
- 3. Rack-Pull slide fully to the rear and
- release. 4. Fire—Squeeze the trigger.
- 5. If weapon still fails to fire:
 - a. Unload and load weapon with new magazine and attempt to fire.
 - b. If the pistol still does not fire, replace the ammunition.
 - c. If the pistol still does not fire, clear/ unload the pistol and turn in for inspection/ repair.

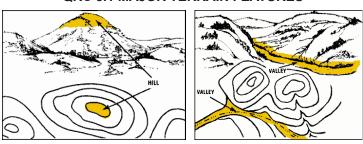
Slide NOT Seated Fully Forward: 1. Attempt to seat slide:

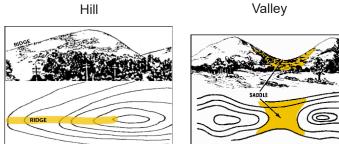
- - a. Remove finger from the trigger. b. Attempt to push forward with the heel of the non-shooting hand.
- 2 If slide will not seat:
 - a. Place on safe.
 - b. Remove magazine.
 - c. Lock slide to the rear
 - d. Inspect chamber and bore and remove any obstructions. e. Load using another magazine
 - and attempt to fire.
- 3 If slide still does not seat: a. Clear/unload the pistol and turn
 - in for inspection/repair.

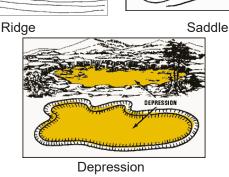


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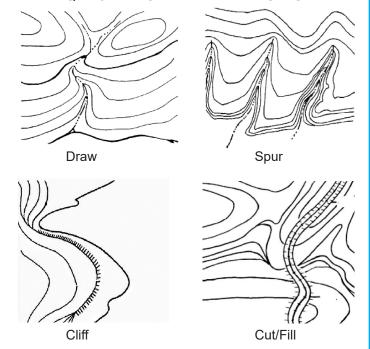
QRC 8.1 MAJOR TERRAIN FEATURES



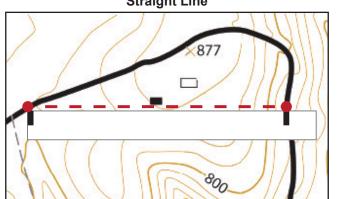




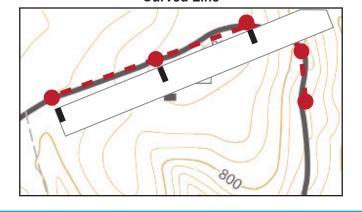
QRC 8.2 MINOR TERRAIN FEATURES



QRC 8.3 DETERMINING DISTANCE Straight Line



Curved Line



QRC 8.4 TRIANGULATION

Intersection

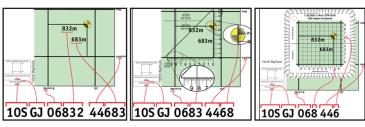
- 1. Orient the map using the compass.
- 2. Locate and mark your position on the map.
- 3. Determine the magnetic azimuth to the unknown position using the compass.
- 4. Convert the magnetic azimuth to grid azimuth.
- 5. Draw a line on the map from your position on this grid azimuth.
- 6. Move to a second known point and repeat steps 1, 2, 3, 4, and 5.
- 7. The location of the unknown position is where the lines cross on the map. Determine the grid coordinates to the desired accuracy.

Resection

- 1. Orient the map using the compass.
- 2. Identify two or three known distant locations on the ground and mark them on the map.
- 3. Measure the magnetic azimuth to one of the known positions from your location using a compass.
- 4. Convert the magnetic azimuth to a grid azimuth.
- 5. Determine the back azimuth.
- Using a protractor, draw a line for the back azimuth on the map from the known position back toward your unknown position.
- 7. Repeat steps 3, 4, 5, and 6 for the other positions.
- The intersection of lines is your location. Determine the grid coordinates to the desired accuracy.

QRC 8.5 USING MGRS

- Military Grid Reference System (MGRS) is a system of 1,000 meter grids (both North and South of the equator) and is typically used as the installation grid map.
- When all of the coordinates you are working with are localized within the same 100,000 meter square identifier, it is permissible to drop the Grid Zone Designator and the 100,000 meter square id.



The Grid Zone Designator
The 100 000 meter ID (Gri

GJ The 100,000 meter ID (Grid Square)

06832 The East/West position44683 The North/South position

MGRS Coordinate	Accuracy	
10S GJ 06832 44683	1 meter square	
10S GJ 0683 4468	10 meter square (Typical PAR team accuracy)	
10S GJ 068 446	100 meter square	
10S GJ 06 44	1,000 meter or 1 kilometer square*	
10S GJ 0 4	10,000 meter or 10 kilometer square	
10S GJ	100,000 meter or 100 kilometer square	
*1,000 Grid lines – typical of Installation Grid Map		

QRC 8.6 DEAD RECKONING

· Break down the grid coordinate.

MCDS Crid Zone

AFTTP 3-4

• Look for the grid zone, then 100,000 meter sg ID, then grid box.

Example 18TWK2827

Crid Day

MIGING GITA ZOTIE	squared ID	GIIG BOX	
18T	WK	2827	

- For grid coordinates that have 6- or 8-digits, bring protractor to the left side of the grid box.
 Draw line to connect your points and bring the center of your protractor to
- your first point.

 Look at the degree line (inner track) on your protractor that intersects the line you have drawn in the direction to your next point. This is your grid
- azimuth.Use the declination diagram to convert the grid azimuth to magnetic azimuth using the G-M angle on your map.
- Use your compass and follow the degree (red number) from of your magnetic azimuth to your next destination.

QRC 9.1 REACT TO ENEMY CONTACT

- · Seek nearest cover.
- Return fire (known or suspected enemy location).
- Team leaders control fire by using fire commands.
- Report enemy situation (number/positions).
- · Maintain contact (visual/verbal) with team members.
- Squad leader moves to team in contact and makes an assessment of the situation.
 - Can squad move out to engagement area?
 - Can squad gain and maintain suppressive fire?
 - Location of enemy.
 - Size of enemy.
 - Vulnerable flanks.
 - Covered/concealed flanking routes.
- Squad leader determines course of action (COA), (e.g., break contact, attack).
- · Report situation to flight leader.

ORC 9.2 REACT TO INDIRECT FIRE

- Any squad member detecting incoming (whistle/explosion) gives alert: "INCOMING"
- All squad members seek cover in the prone position.
- After indirect fire impacts, squad leader gives the direction and distance to move
- · Squad runs out of impact area in the direction and distance indicated.
- · Consolidate and reorganize.

QRC 9.3 REACT TO AMBUSH

Near:

- Within hand grenade range—35 meters.
- · Airmen in the kill zone (without orders):
 - Return fire immediately.
 - Seek nearest available cover.
 - Assume prone position.
- Throw concussion, fragmentary, or smoke grenades.
- After explosion of grenades, assault through ambush using fire and movement.
- · Airmen not in the kill zone:
 - Identify enemy location.
 - Place accurate suppressive fire.
 Shift fire as assault begins.
- Airmen in kill zone continue to assault to eliminate ambush or until contact is broken
- Consolidate and reorganize.

Far:

- · More than 50 meters.
- · Airmen in the kill zone (without orders):
- Return fire immediately.
- Seek cover and concealment.
- Suppress enemy (overwatch).
- Squad leader assesses situation.
 Determine COA (flank).
- Determine COA (flank).
 Airmen not in contact:
- Move along covered and concealed route.
- Assault enemy on weak flank.
- Suppress enemy (overwatch).
- Overwatch Airmen continue to suppress, shift/cease fire as bounding team
- enters sector.Bounding team continues to assault through enemy.
- Consolidate and reorganize once contact is broken.

ORC 9.4 REACT TO SNIPER

- · Sniper fire is difficult to locate.
- Bound back to cover (team leader calls out direction and distance).
- Utilize smoke (if available) to mask teams location and movement.
- Once enemy's location becomes known either:
 Place well aimed fire on enemy location.
 - Stay clear of enemy area.

QRC 9.5 BREAK CONTACT

- Squad leader orders: "BREAK CONTACT".
- Squad leader designates a support element and a maneuver element.
- Squad leader issues distance and direction or a terrain feature for the maneuver element
- Supporting element suppresses enemy position.
- Maneuver uses smoke to mask movement
- Takes up overwatch position.
- Begins to suppress enemy.
- Squad leader directs support element to break contact.
- Support element uses smoke to screen movement.
 - Takes up overwatch position.
- Squad continues to bound away until contact is broken.
- · Consolidate/reorganize.

QRC 10.1 ROLLOVER PROCEDURES

Egress Procedures

- Work as a team, communicate with driver, know how to get out, and use combat locks safely.
- · Brace one hand.
- · Unfasten seat belt with opposite hand.
- Slide out of seat.
- · Orient to the door.
- · Unlock and open door.
- Get out of vehicle (first person provides cover to exit).
- · Report mishap.

Crew Responsibilities

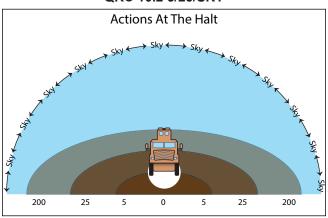
- Driver—Release accelerator, attempt to steer in the direction of rollover.
- Vehicle Commander—Left hand pulls gunner into vehicle, hold in place.
 Gunner—Slips out of gunner's seat, retract into cab of vehicle, keep hands
- inside of the vehicle away from turret.
- Other Crewmembers—Assist pulling gunner into vehicle and hold.
 All—Shout "ROLLOVER, ROLLOVER, ROLLOVER," plant feet firmly on
- floor, tuck head into chest, and brace.

 Leaders must evaluate the risk of locking versus unlocking combat locks
- Leaders must evaluate the risk of locking versus unlocking combat locks for a mission.
- If crossing body of water, ensure combat locks are disengaged prior to crossing.

Post Rollover

- Turn off motor.
- Assist in exiting.Provide security.
- Check for fire
- Account for crewmembers.
- · Asses injuries/provide first aid.
- · Recover equipment, weapons/ammunition, and sensitive items.
- · Assist in recovery of vehicle.

QRC 10.2 5/25/SKY



ORC 12.1 NERVE AGENT

- · Some may have fruity smell or strong odor, others may be odorless.
- Symptoms can be immediate and lethal.
- · May be inhaled, ingested, or absorbed.
- · Affects central nervous system.
- · May be a solid, liquid, or gas.

Symptoms

- · Pinpointing of pupils and muscular twitching.
- Dimness of vision and runny nose.
- · Tightness of chest and difficulty in breathing.
- · Excessive sweating, drooling, nausea and vomiting.
- · Involuntary urination and defecation. · Convulsions, coma, and death.
- Intermittent cumulative exposures to very low amounts can lead to the same ultimate effect as a single exposure to a higher amount.

- · Use nerve agent autoinjectors when experiencing symptoms.
- · Seek medical attention as soon as possible after any exposure or as soon as symptoms appear.
- · Wear individual protective equipment (IPE) (mission-oriented protective posture [MOPP] 4), or as directed
- Practice contamination avoidance and expedient decontamination.
- · Flush eyes and open wounds with water and protect from further contamination.
- · Decontaminate skin with reactive skin decontamination lotion (RSDL).
- Take Pyridostigmine Bromide tablets (P-Tabs) as directed.

QRC 12.2 BLISTER AGENT

- May have garlic smell or fishy/musty odor, may also be odorless.
- · May be solid, liquid, or gas.
- · Affects eyes, respiratory tract, and skin.
- · May be lethal.
- Incapacitation may last for days.

Symptoms

- Symptoms may be immediate or delayed in action.

 May course stinging consetion upon
- May cause stinging sensation upon contact
- · Blisters any tissue it contacts.
- Can cause: red, watering eyes; blurred vision; light sensitivity; blindness
- Sweaty groin and armpits are more susceptible to blister agents.

- Seek medical treatment immediately, after any exposure or as soon as symptoms appear.
- Wear individual protective equipment (IPE) (mission-oriented protective posture [MOPP] 4), or as directed.
- Avoid contaminated surfaces, if possible.
- Practice contamination avoidance and operational decontamination.
- Decontaminate skin with reactive skin decontamination lotion (RSDL).

ORC 12.3 CHOKING AGENT

- Phosgene smells like newly cut grass, newly mown hay or green corn.
- Generally irritate the mucous membranes and can lead to dyspnea and pulmonary edema of delayed onset.
- Inhalation is the most important route of entry in a battlefield.
- · Affect central and peripheral airways.
- · May be a liquid or gas.

Symptoms

- Central effects: eye and airway irritation dyspnea.
- Peripheral effects: chest tightness and delayed pulmonary edema.

- Seek medical attention as soon as possible after any exposure or as soon as symptoms appear.
- Wear individual protective equipment (IPE) [mission-oriented protective posture (MOPP) 4], or as directed.
- Decontaminate skin with reactive skin decontamination lotion (RSDL).
- Flush eyes and open wounds with water and protect from further contamination.
- · Move to fresh air
- Use copious water irrigation.

QRC 12.4 BLOOD AGENT

- The odor of cyanide may be faint (bitter almonds). · Cyanide is readily absorbed through the eyes.
- Inhalation is the usual route of exposure in a battlefield.
- · Affects the central nervous system (CNS) and the heart.
- · May be a solid, liquid or gas.

Symptoms

- · Respiratory and cardiovascular collapse.
- · Causes effects within seconds and death within minutes in unprotected personnel.

Protection

- · Seek medical attention as soon as possible after any exposure or as soon as symptoms appear.
- · Wear individual protective equipment (IPE) (mission-oriented protective posture [MOPP] 4), or as directed.
- Practice contamination avoidance and expedient decontamination.
- · Flush eyes and open wounds with water and protect from further contamination.
- · Skin decontamination is usually not necessary because the agents are highly volatile.

QRC 12.5 TOXIC INDUSTRIAL MATERIALS (TIM)

- · May be any hazardous chemical, biological, or radiological material used for industrial purposes.
- · May consume all the oxygen in the air.
- The most important action is immediate evacuation outside the hazard's path (if feasible). The protective mask, ensemble, and military standard collective protection filters are not designed to provide protection from TIMs
- If evacuation is impractical, implement shelter-in-place procedures.

QRC 12.6 BIOLOGICAL AGENTS

- · Include viruses, bacteria, fungi, and toxins.
- May be found as liquid droplets, aerosols, dry powder, and/or microscopic.
- Routes of entry include skin (cuts, abrasions, and mucous membranes), ingestion, or respiratory tract.
- · Effects may not be seen for days after exposure.
- · Symptoms vary greatly depending on agent.

Symptoms

- Flu like symptoms.
- · Respiratory distress.
- · Coughing, chest pain/tightness.
- · Difficulty swallowing/speaking.
- · Weakness.
- Sudden onset of fever, chills, or headache
- · Abdominal pain.
- Itching or rash.

- Seek medical treatment immediately, if you suspect exposure.
- Immunizations.
- · Good personal hygiene:
- -Wash hands often
- -Clean and cover cuts, abrasions, etc.
- Only use approved food and water sources.
- · Self-monitor for symptoms.

QRC 12.7 BIOLOGICAL AGENT TYPES (1 of 3)

	BACTERIA			
Agent	Incubation	Symptoms	Transmission	Treatment/ Prophylaxis
Inhala- tional Anthrax	Typically: 1 to 6 days. Full range: 1 day to 6 weeks.	Flu-like symptoms (fe- ver, dry cough, fatigue, weakness), respiratory distress.	Inhalation; no direct person- to-person transmis- sion.	Anthrax vaccine and antibiotics.
Botulism	Typically: 12 to 36 hours. Full range: 2 hours to several days.	Drooping eyelids, blurred or double vision, dry mouth, difficulty swallowing or speaking, weakness, respiratory difficulty.	Inhalation; ingestion of contaminated food or water; no person-to-person transmission.	Antitoxin.
Pneu- monic Plague	Typically 2 to 4 days Full Range: 1 to 6 days.	Sudden onset of high fever, chills, headache, muscle aches, cough, chest pain, respiratory distress; gastrointestinal symptoms may occur.	Inhalation; person- to-person transmis- sion likely if not treated.	Antibiotics.
Tularemia (pneu- monic)	Typically 3 to 6 days. Full range: 1 to 21 days.	Sudden onset of fever, headache, weakness, nonproductive cough, chest tightness.	Inhalation; person- to-person transmis- sion likely if not treated.	Antibiotics.
Glanders	Typically 10 to 14 days. Full range: 1 to 21 days.	Onset of symptoms may be abrupt or gradual. Respiratory tract disease can produce fever (usually >102°F), rigors, sweats, muscle pain, headache, productive or nonproductive cough and chest pain.	It spreads to humans by inocu- lation of abraded or lacerated skin, ingestion of contaminated food or water, or by inhalation.	No vaccines are currently available.
Q-Fever	Incubation period is estimated at 1 to 5 weeks (10 to 17 days is most typical).	Historically, up to 60% of acute infections show no clinical sign of disease. In natural outbreaks, 40% develop a non to specific flu to like illness, which can include severe headache, joint and/or muscle pain, and fever.	Humans acquire Q to fever primar- ily by inhaling the aerosolized organism.	Vaccination.

QRC 12.7 BIOLOGICAL AGENT TYPES (2 of 3)

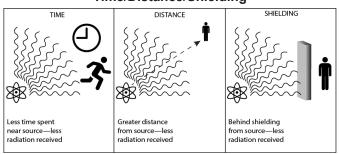
VIRUS				
Agent	Incubation	Symptoms	Transmis- sion	Treatment/ Prophylaxis
Smallpox	Typically 12 to 14 days. Full range: 7 to 19 days.	High fever and muscle pain, vomiting, head- ache and backache followed several days later by rash and skin lesions (typically more lesions on face and extremities).	Direct contact or inhalation if aerosolized weapon; person- to-person trans- mission possible beginning with occurrence of rash.	Vaccination.
Venezu- elan Equine Encephalitis (VEE)	Typically 2 to 6 days	Generalized malaise, spiking fevers, rigors, severe headache, pho- tophobia, and muscle pain.	Inhalation if aerosolized weapon; direct person-to-per- son transmission has never been documented	Vaccination.
Viral Hemor- rhagic Fever (VHF)	Vary from hours to days	VHF are illnesses characterized by fever and bleeding problems. Symptoms often include redness of the face and chest, red dots, bleeding from nose and mouth, swelling, dizziness, and fainting. Fatigue, muscle pain, headache, vomiting, and bloody diarrhea occur frequently.	Inhalation if aerosolized weapon; spread to human by aerosolized excreta or environmental contamination, direct contact with the infected rodents or mosquitoes; no person to to to person transmission	Vaccination

QRC 12.7 BIOLOGICAL AGENT TYPES (3 of 3)

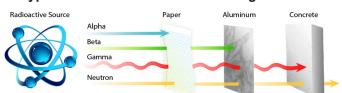
TOXIN				
Agent	Incubation	Symptoms	Transmis- sion	Treatment/ Prophylaxis
Botulinum	12 to 36 hours	Symptoms usually begin with cranial nerve palsies, including ptosis (drooping eyelids), blurred vision, diplopia (double vision), dry mouth and throat, dysphagia (difficulty swallowing), and dysphonia (voice impairment).	Inhalation if aero- solized weapon; ingestion of im- properly prepared or canned foods. Contaminated foods or water sources.	No vaccines are currently available.
Staphylococcal Enterotoxin B (SEB)	1 to 12 hours	Ingested: nausea, vomiting, abdominal cramps, and/or diarrhea. Inhaled: high fever, chills, headache, malaise, myalgia, and nonproductive cough.	Inhalation if aerosolized weapon; ingestion of improperly pre- pared or canned foods. Contami- nated foods or water sources. No person-to-person transmission.	No vaccines are currently available.
Ricin	4 to 72 hours	4 to 8 hrs: Fever, chest tightness, cough, dyspnea, nausea, abdominal pain, anuria, dilation of pupils, headache and arthralgias. 18 to 24 hrs: Airway necrosis and pulmonary capillary leak resulting in pulmonary edema. 36 to 72 hrs: Severe respiratory distress and death from hypoxemia.	Inhalation if aero- solized weapon; Contaminated foods or water sources. No person-to-person transmission.	No vaccines are currently available.
T-2 Mycotoxins	Minutes to hours	Exposure causes skin pain, itching, redness, and blister. Effects on the airway include nose and throat pain, nasal discharge, itching and sneezing, difficulty breathing, wheezing, chest pain, and bloody cough.	Ingestion, inhala- tion or contact if aerosolized weapon. No person-to-person transmission.	No vaccines are currently available. Decontaminate exposed skin with soap and water.

QRC 12.8 RADIOLOGICAL MATERIAL

Time/Distance/Shielding



Types and Characteristics of Ionizing Radiation



CONDITION

SIGNAL

ALARM

QRC 12.9 ATTACK WARNING SIGNALS

for Chemical, Biological, Radiological, Nuclear (CBRN) Medium and High Threat Areas

ACTIONS

/ (=/ (i (i))	CONDITION	710110	0.0.07.2
GREEN	ATTACK IS NOT PROBABLE	- MOPP 0 or as Directed - Normal Wartime Condition - Resume Operations - Continue Recovery Actions	VOICE ANNOUNCE- MENT
YELLOW	ATTACK IS PROBABLE IN LESS THAN 30 MINUTES	- MOPP 2 or as Directed - Protect and Cover Assets - Go to Protective Shelter or Seek Best Protection with Overhead Cover	VOICE ANNOUNCE- MENT
RED	AIR: AIR ATTACK IS IMMINENT OR IN PROGRESS GROUND: GROUND FORCES ATTACK IS IMMINENT OR IN PROGRESS	AIR: - Seek Immediate Protection with Overhead Cover - MOPP 4 or as Directed - Report Observed Attacks GROUND: - Take Immediate Cover - MOPP 4 or as Directed - Defend Self and Position - Report Activity	AIR: WAVERING SIREN GROUND: BUGLE CALL - "TO ARMS"
BLACK	ATTACK IS OVER; CBRN CONTAMI- NATION AND/OR UXO HAZARDS ARE SUSPECTED OR PRESENT	- MOPP 4 or as Directed - Perform Self-Aid/Buddy Care - Remain Under Overhead Cover or within Shelter Until Directed Otherwise	STEADY SIREN
NOTE: Alarm signals may vary depending on location (e.g., Osan AB, ROK has Alarm Blue instead of Red). See local instructions for further guidance. Attack warning signals will not apply for contingency situations involving TIM.			

QRC 12.10 EMERGENCY NOTIFICATION SIGNALS

Warning	If You Hear	This Indicates	Individual Actions
Disaster	3-5 Minute Steady Tone	A Disaster/Incident is Imminent or in Progress	Be Alert Take Cover or Evacuate to Safety Follow Instructions Account for Personnel
Attack	3-5 Minute Wavering Tone	An Attack/Hostile Act is Imminent or in Progress	Be Alert Execute Security Measures Follow Instructions Account for Personnel
Shooter	Lockdown Lockdown (Location) Lockdown (Phrase Repeats 3 Times)	Active Shooter Incident is in Progress	Remain Clam Implement Lockdown Procedures Based on Your Location
All Clear	Voice Announcement	Immediate Disaster or Threat has Ended	Remain Alert Account for Personnel Reports Hazards, Injuries, and Damage

ORC 12.11 SIMPLIFIED CHEMICALLY CONTAMINATED OBJECT RULE

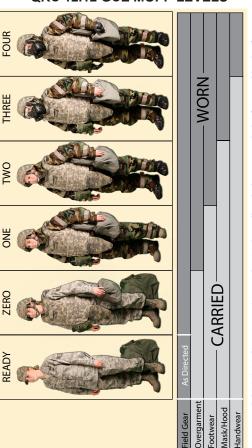
Small Object. Resources that have 10-square meters or less of metal and/ or glass surfaces. Examples include aerospace ground equipment (AGE), munitions trailers, munitions, and vehicles such as pick-up trucks, high mobility multipurpose wheeled vehicles (HMMWV), and one and one-half ton stake-bed trucks

Large Objects. Resources that have more than 10-square meters of metal and/or glass surfaces. Examples include 44-passenger buses, fuel trucks, P-19 fire trucks, and all aircraft.

Time from Attack	Small Object Large Object		
0-1 hour	MOPP 4 in All Zones		
1-3 hours	MOPP 4 within <10 feet	MOPP 4 within Identified Zone(s)	
3-24 hours		MOPP 4 within <50 feet	

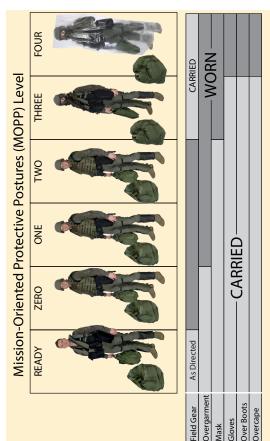
Mission-Oriented Protective Postures (MOPP) Level

QRC 12.12 GCE MOPP LEVELS



GCE/Field Gear Marking: Using M-9 or olive drab tape, mark the front and back of helmet/hood, the right breast area of the CPO coat, and front and back of body armor with service, rank, first and last name.

*QRC 12.13 AIRCREW MOPP LEVELS



Aask

QRC 12.14 MOPP TRANSITION POINT PROCEDURES

Increase in MOPP

- Notify unit control center (UCC) of your location/arrival at transition point.
- If contaminated, decontaminate hands, feet, and outer garment.
 Put on required mission-orient-
- ed protective posture (MOPP) gear.
- Do buddy check/self-check.
- Contact UCC with status and request permission to proceed into new zone.



Decrease in MOPP

- Refer to CCA Decision Matrix Quick Reference Card (QRC 12.17).
- Check yourself and your buddy for contamination (containination control area [CCA] processing may be required). Refer to CCA Decision Matrix Quick Reference Card.
- Notify UCC of your location/arrival at transition point and status.
- Proceed through transition point or CCA as directed.
- Decontaminate gloves, boots, equipment, etc. with M295 or troughs, if provided.
- Contact UCC with status and request permission to proceed.
- •One person at a time can reduce to new MOPP.
- Notify UCC once you have processed through the transition point.

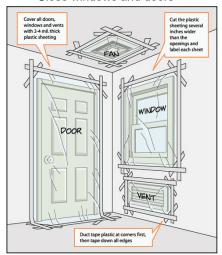
QRC 12.15 SHELTER-IN-PLACE

Recommended Supplies

- Duct Tape
- Plastic Sheeting
- Water
- Towels
- Batteries
- · Flash light
- · Battery operated radio

Recommended Measures

- Shut off HVAC
- · Close windows and doors



NOTE: Covering windows, doors, and vents with plastic and turning off HVAC only applies to hazardous vapor environments.

- **QRC 12.16 CONTAMINATION AVOIDANCE** Prioritize which assets are placed under cover based on the mission criticality of the asset
- Place assets beneath an overhead cover when they are not in use.
- · If overhead cover is unavailable, wrap or cover assets with at least one layer of barrier material such as repellent plastic sheets, canvas, tarpaulins, or specialized chemical, biological, radiological, and nuclear (CBRN) protective covers.
- · Wind can cause havoc on covers. Ensure barrier material is tightly secured and roll excess material beneath the asset
- M8 paper will be secured to the resource being protected and each layer of barrier material to assist with determining if the contamination has penetrated any of the lavers.



Material folded under to prevent pooling

- Remove and replace the covering if a single sheet of contaminated barrier material protected the contaminated assets. These tasks must be accomplished within 6 hours of initial contamination. The handlers must carefully roll the material so the contaminated side rolls to the inside. Dispose of the material as contaminated waste.
- · Personnel must remove the outer layer and replace it as time permits if a double or triple sheet of plastic or canvas protected the contaminated assets.



QRC 12.17 CCA DECISION MATRIX

Do I need to go through a	Contamination Control Area (CCA)	?
Situation	Description of Residual Hazard	CCA?
Direct contact with liquid on suit (positive M9)	High contact and vapor; suit in jeopardy	Yes
Direct contact with liquid on suit (negative M9)	Unknown contact, limited vapor, suit in jeopardy	Yes
Direct contact with liquid contaminated asset (positive M9)	Unknown contact, limited vapor, and suit jeopardization	Yes
Known exposure to vapors in contaminated area > 4 hours	Limited vapor	Yes
Known exposure to vapors in contaminated area < 4 hours	Minute vapor concentration levels	No
Direct contact with asset exposed to vapors (negative M8)	Minute vapor concentration levels	No
Direct contact with liquid (boots only); transited through grass within 5 hours from declaration of Alarm Black	Limited contact (neutralized if boot troughs were used)	No
Direct contact with liquid (boots only); transited through, on, or over concrete/asphalt within 2 hours from declaration of Alarm Black	Limited contact (neutralized if boot troughs were used)	No
No exposure	None	No

QRC 12.18 CHEMICAL, BIOLOGICAL, AND RADIOLOGICAL (CBR) and UNEXPLODED EXPLOSIVE ORDNANCE (UXO) HAZARD MARKERS (1 of 2)

Standard Markers



Name of Agent (if known)



Yellow Background with Red Lettering



Back of Surface Marker Facing Contamination



Name of Agent (if known)
Date and Time of Detection

BIOLOGICAL Blue Background with Red Lettering



Back Surface of Marker Facing Contamination



Date and Time of Reading
Date and Time of Burst (if known)

RADIOLOGICAL

White Background with Black Lettering



Back Surface of Marker Facing Contamination



Type and Date Found Front Surface of Marker Facing Away from UXO UNEXPLODED EXPLOSIVE ORDNANCE (UXO)

Red Background with White Bomb Inset



Back Surface of Marker Facing UXO



MINEFIELD (UNEXPLODED MINES)

Red Background
Date of Emplacement with White Lettering
Front Surface of Marker



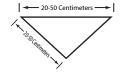
Facing Minefield

Date of Emplacement Front Surface of Marker Facing Away from Minefield

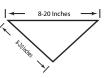
NOTE: NOTE:

QRC 12.18 CHEMICAL, BIOLOGICAL, AND RADIOLOGICAL (CBR) and UNEXPLODED EXPLOSIVE ORDNANCE (UXO) HAZARD MARKERS (2 of 2)

Expedient Markers



Construct Expedient Markers to the Approximate Size and Shape Shown





CHEMICAL Letter "G" Inside Use Expedient Markers When Standard Markers are Unavailable



BIOLOGICAL Letter "B" Inside



RADIOLOGICAL Letter "A" Inside Write Date and Time of Discovery and Hazard Information on the Marker with and Indelible Marker



UNEXPLODED EXPLOSIVE ORDNANCE

Letter "U" Inside

USE ANY SUITABLE MATERIAL TO CONSTRUCT EXPEDIENT MARKERS

QRC 12.19 CBRN PREPAREDNESS ACTIONS

- · Establish communication.
- Review and ensure access to attack warning signals and MOPP levels.
- · Be familiar with surrounding area and base layout.
- Establish post attack reconnaissance (PAR) area and chemical detection points.
- Inspect all field gear and ensure access to self-aid buddy care (SABC) equipment.
- Conduct procedures to provide assets contamination protection.
- · Harden facilities as required.
- Establish facility protection procedures.

ORC 12.20 CBRN RESPONSE ACTIONS

- Take cover and don appropriate MOPP level.
- · Suspend movement unless directed otherwise.
- · Perform SABC, as needed.

QRC 12.21 CBRN RECOVERY ACTIONS

- Perform PAR sweep for UXO, contamination and casualties per alarm condition.
- Report accountability and PAR results to your unit control center (UCC).
- Perform SABC, as needed.

QRC 12.22 POSITIVE M8 PAPER RESULTS

When liquid nerve or blister agents contact M8 paper, a color change takes place.

Gold or Yellow G-series nerve

Cold of Tollott

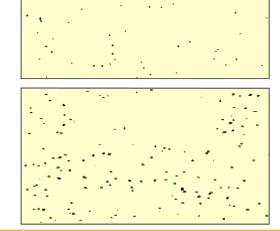
Pink or Red H- or L- series blister

Blue or Dark Green V-series nerve

Red-brown* GF nerve agent

*This positive indication is not presented on the color comparison chart inside the

cover of the M8 packet. **NOTE:** Report **color** changes to UCC in efforts to help shape the hazard.



QRC 12.23 DECONTAMINATION

Levels	Purpose	Procedures	Best Start Time	Performed By
Immediate	Saves lives Stops agent from penetrating Limits agent spread	Skin decon	Before 1 minute	Individual
		Personal wipe down	Within 15 minutes	Individual or buddy
		Spot decon	Within 15 minutes	Individual or crew
Operational	Provides temporary relief from mission-oriented protective posture (MOPP) 4 Limits agent spread	Contamination Control Area (CCA)	Within 6 hours	CCA team members
		Vehicle decon	Within 6 hours (chemical agent resistant coating [CARC] paint)	Vehicle user
			Or within 1 hour (non-CARC paint)	
Immediate: Minimizes casualties and limits the spread or transfer of contamination. Operational: Sustains operations by focusing on specific parts of contaminated, operationally-essential equipment material and work areas to minimize exposure				

Personal Decontamination

RSDL: Reactive skin decontamination lotion

M295: Individual equipment decontamination kit

- · Check expiration date and tear open package at the notch.
- · Scrub exposed skin with lotion pad. Save packet; remaining lotion can be added to pad.
- · Avoid contact with eyes/wounds. Wash with water if contact is made.
- Kit contains 4-powder filled mitts to decon 2 complete individual equipment sets.
- Rub equipment and exposed skin with the mitt. Treat mitt as contaminated waste. Avoid contact with eyes/wounds. Wash with water. Avoid inhalation of powder.

5-Cs	Reaction
Confirm	the unexploded explosive ordnance (UXO).
Clear	the area 300 meters (1,000 feet) around the UXO and utilize all frontal and overhead protection and report the UXO to the operations center (see paragraph 14.8).
Cordon	the perimeter around the UXO.
Check	the immediate area for other UXOs. Perform 5/25/Sky meter check.
Control	the site access, maintain security.

QRC 14.2 EOD 9-LINE REPORT

QRC 14.3 DROPPED ORDNANCE (1 of 2)



Magazine shown for size reference.

QRC 14.3 DROPPED ORDNANCE (2 of 2)









Rifles shown for size reference.

QRC 14.4 PROJECTED ORDNANCE



Rifle(s) shown for size reference.

QRC 14.5 THROWN/PLACED ORDNANCE (1 of 2)









Magazine shown for size reference.



Magazine(s) shown for size reference.

QRC 15.1 NINE PRINCIPLES OF IED COMBAT

- 1. Maintain an offensive mindset.
- 2. Develop and maintain situational awareness.
- 3. Remain observant.
- 4. Avoid setting patterns.
- 5. Maintain standoff.
- 6. Maintain 360-degree security.
- 7. Maintain tactical dispersion.
- 8. Utilize blast and fragmentation protection.
- 9. Know and use technology.

QRC 16.1 AIRMAN C-UAS ACTIONS

Do/Do Not	Airman Actions
DO	Nove to overhead cover. Remain vigilant—know how to identify UAS and what to look for. Listen—often you may hear it before you see it. Know SOPs and how to report a sighting. Know your immediate actions. Treat every UAS as an explosive hazard (airborne or grounded). If possible, take a picture and/or video. Be familiar with the C-UAS 9-Line Report. If encountered, notify higher and adjacent units. Use camouflage, concealment, and detection techniques for populated and heavily trafficked areas, as well as areas that are vulnerable or are of tactical and strategic importance (e.g., ammunition holding area, satellite communication facilities) If UAS is grounded near buildings, evacuate immediately. Remember, if a UAS crashes/lands it may still have an operational camera on board and be conducting ISR. Use air guards; designate a person to observe the horizon.
DO NOT	 Approach an airborne or grounded UAS. Pick up any UAS. Group together during an attack, unless under a hardened shelter. Ignore UAS threat calls over the radio or loud speaker. In the event there are several encounters in one day/week, do not seek shelter in the same position every time. Assume the previous were conducting ISR. Waste ammunition trying to shoot it down as small arms are highly ineffective against a UAS.

QRC	16.2	C-UAS	9-LINE	REPORT	•

Line	Description	
Line 1	Date-Time Group (DTG): DTG item was discovered.	
Line 2	Reporting Activity Identification and Location: Reporting activity, your location, UAS location, and UAS direction of travel (cardinal directions, and/or towards what resource, such as UAS heading towards DFAC); give grid if available.	
Line 3	Contact Information: Radio frequency, call sign, point of contact (POC) and telephone number, e-mail/chat.	
Line 4	Description of Aerial Object or Device: Total number of UAS; type (rotary or fixed wing); color; identifying markings; actual size; manufacturer. Payload; altitude; distance from observer. Flight path (random movement, static hovering, repeating pattern).	

1 Visual 2 Audible Line 6 Actions Taken: 1. UAS actions (e.g., dropping payload, spraying, crashed/landed). 2. Local/national/international law enforcement actions (e.g., employed UAS counter measures, attempted to ground UAS).

> Be specific as possible (visible or physiological effects) if chemical, biological, radiological, and nuclear (CBRN) contamination or threat is suspected follow up this

Line 7 Resource Threatened: Report any unit, equipment, facilities, or other assets that are threatened. Line 8 Impact on Mission: Provide short description of your current tactical situation and how the presence of the explosive threat affects your status.

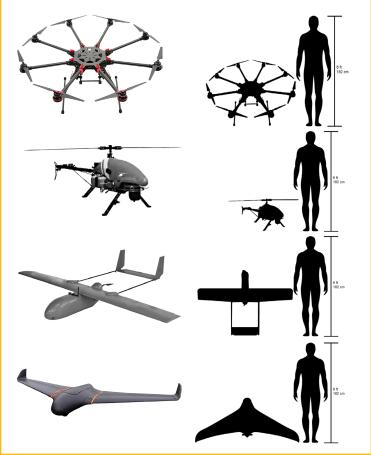
report with a CBRN Spot Report.

Line 9

CBRN:

Line 5 **Acquisition Type:**

QRC 16.3 UAS IDENTIFICATION GUIDE



QRC 16.4 UAS PATTERNS Mapping¹ Circling Random²

Note:

- 1. Flight pattern is a common adversary TTP.
- 2. Common indicator that the UAS is being flown manually. Operator may be within line of sight.

QRC 17.1 ACTIVE SHOOTER

Option	When	Action
ESCAPE	Not directly confronted with a shooter, egress route is unobstructed, or egress route is not under the observation of a shooter.	Airman vacates the area using tactical movement. Understand the difference between cover and concealment. Cover—getting behind something that can and will stop small arms fire. Concealment—hiding from an enemy "sight", but does not provide protection from small arms fire. There are two main objectives when the decision to ESCAPE is made: 1) Distance—get as far away from the threat as you can. 2) Barriers—create as many barriers between you and the attacker as possible until help arrives.
BARRICADE	Not directly confronted with a shooter and egress route is obstructed or under the observation of a shooter.	Airman locks-down in place in an active effort to hinder a shooter's ability to enter a room or facility. Airmen should use all available options to barricade within a location. Move furniture to block doors, turn off lights, stay low and away from windows or openings where you can be seen. Do not leave your location until responding forces arrive. NOTE : If you are uncomfortable opening the door for law enforcement, they will clear all rooms and get you to safety.
FIGHT	Fighting is not a last option. Airmen may choose to fight if directly confronted with a shooter or a barricade is breached by a shooter. NOTE: Fighting does not mean actively pursuing an active shooter; however, it does mean the violent and fierce fight for survival when the tactical situation dictates.	Airman attacks with decisive and violent action. Once you begin to fight, it is imperative for you to continue to fight until the shooter/attacker is rendered incapable of continuing their actions.

QRC 19.1 GENERAL SELF-AID AND BUDDY CARE (CASUALTY EVALUATION)

Determine if Care Under Fire, see QRC 19.2 or Tactical Field Care, see QRC 19.4 Always Treat for Shock, see QRC 19.9 Use Personal Protective Equipment (Gloves)

- Stop any life-threatening bleeds (Circulation, see QRC 19.3, 19.5, and 19.8)
- 2. Establish an airway (Airway, see QRC 19.6)
- Ensure casualty is breathing (Sucking Chest Wound, see QRC 19.8)
- 4. Prevent further disability:
 - Immobilize head/neck/back injuries (see QRC 19.10)
 - Place dressings on any other open wounds (see QRC 19.4)
 - Splint limb injuries (see QRC 19.13)
 - Treat abdominal wounds (see QRC 19.11)
 - Treat eye injuries (see QRC 19.12)
 - Treat burns (see QRC 19.14)
- 5. Minimize further environmental exposure (see Chapter 23)
- 6. Document all treatment on DD Form 1380
- 7. Evacuate as needed (see Chapter 20)

QRC 19.2 CARE UNDER FIRE

Return Fire As Directed/Required Before Providing Any Medical Treatment

- 1. Direct casualty to remain engaged as a combatant (if possible)
- 2. Direct casualty to move to cover and apply self-aid, if able
- If casualty cannot return fire, have casualty "play dead" until enemy fire is suppressed and rescue plan is developed and executed
- If the casualty has life-threatening bleeding coming from a limb, apply a tourniquet on the limb that is bleeding
- 5. Evacuate

QRC 19.3 COMBAT APPLICATION TOURNIQUET (C-A-T®) -CARE UNDER FIRE-

Always Treat for Shock, see QRC 19.9

Use Personal Protective Equipment (Gloves)

WARNING: *Do not* use wire, shoestring, or anything less than 1 inch wide. WARNING: *Never loosen or remove* tourniquet once it is applied.

- Expose wound, and place C-A-T® around extremity as high and tight as possible
- 2. Route strap through friction adapter buckle
- 3. Pull free end of band tight, and secure it onto itself using the velcro
- 4. Twist the windlass rod until bleeding stops

NOTE: If you can twist the windlass rod more than three times, start over and ensure that the band is pulled tight against the extremity before twisting the windlass rod

- 5. Insert rod into windlass clip
- Pull windlass strap tight over windlass clip and band to prevent the windlass rod from unwinding
- Mark the patient's head with the letter "T" and time that the tourniquet was applied, also annotate the date/time/location of the C-A-T® on the casualty card
- If needed, apply second tourniquet below initial tourniquet if bleeding has restarted or not stopped

BASIC LIFESAVING

QRC 19.4 CONTROL BLEEDING -TACTICAL FIELD CARE-

Always Treat for Shock, see QRC 19.9 Use Personal Protective Equipment (Gloves)

- 1. Apply direct pressure with hand and use dressing if available
- 2. If bleeding has not stopped with direct pressure, use pressure points with elevation to control the bleeding
- 3. If available, use combat gauze

NOTE: If the bleed is coming from groin or armpit, where tourniquet cannot reach, use combat gauze with direct pressure only after you move to tactical field care phase.

- 4. If bleeding has not stopped with direct pressure, pressure points, or elevation, apply a tourniquet to stop bleeding in the tactical filed care/ conventional phase.
- 5. Document all treatment on DD Form 1380.
- 6. Evacuate as needed

QRC 19.5 COMBAT APPLICATION TOURNIQUET (C-A-T®) -TACTICAL FIELD CARE-

WARNING: Do not use wire, shoestring, or anything less than 1 inch wide. WARNING: Never loosen or remove tourniquet once it is applied.

NOTE: Leave tourniquet area exposed for quick visual reference.

- Expose wound, and place C-A-T® around extremity 2-4 inches if possible
- · Route strap through friction adapter buckle
- Pull free end of band tight, and secure it onto itself using the Velcro®
- Twist the windlass rod until bleeding stops

NOTE: If you can twist the windlass rod more than three times, start over and ensure that the band is pulled tight against the extremity before twisting the windlass rod.

- · Insert rod into windlass clip
- Pull windlass strap tight over windlass clip and band to prevent the windlass rod from unwinding
- Mark the patient's head with the letter "T" and time that the tourniquet was applied and annotate the date/time/location of the C-A-T® on the casualty card
- If needed, apply second tourniquet below initial tourniquet if bleeding has not stopped or restarted

QRC 19.6 AIRWAY

Determine if Care Under Fire, see QRC 19.2 or Tactical Field Care, see QRC 19.4 Always Treat for Shock, see QRC 19.9 Use Personal Protective Equipment (Gloves)

HEAD-TILT/CHIN-LIFT METHOD

(No head/neck/back injuries)

- 1. Place one hand on the casualty's forehead
- 2. Place fingertips of other hand under bony aspect of casualty's chin

CAUTION: Do not press on the soft area under the chin, doing so may block the casualty's airway.

- Gently tilt casualty's head by applying downward pressure on forehead while lifting chin upward
- The mouth should open; use your thumb to depress the casualty's lower lip slightly to keep the mouth open

JAW-THRUST METHOD

(Possible head/neck/back injuries)

- Take a position at the top of the casualty's head, resting your elbows on the ground on either side of the head
- Reach forward and place one hand on each side of the casualty's lower jaw, at the angle (just below the hinge) of the jaw
- 3. Stabilize the casualty's head between your forearms
- 4. Using your fingers, gently push the lower jaw forward to open the airway
- The thumbs can be used to depress the casualty's lower lip slightly to keep the mouth open

CAUTION: *Do not* tilt or rotate the casualty's head, doing so may cause further injury to the spinal cord.

Immobilize the casualty using any means possible (e.g., cervical collar, rolled up towels, boots filled with sand) (QRC 19.10)

QRC 19.7 NASOPHARYNGEAL AIRWAY (NPA) INSERTION

Determine if Care Under Fire, see QRC 19.2 or Tactical Field Care, see QRC 19.4 Always Treat for Shock, see QRC 19.9 Use Personal Protective Equipment (Gloves)

- 1. Measure the NPA length from the nostril to the earlobe
- NOTE: Only one size NPA is in the JFAK.
- If the NPA is too long, cut it to the correct length; when cutting, ensure you cut at the tip at an angle (bevel)
- 3. Lubricate the NPA with water, the casualty's saliva or a water-based

CAUTION: *Do not* use petroleum jelly or any other non-water base lubricant as they will damage the tissue in the nasal cavity and increase the risk of infection.

- 4. Face the bevel portion (angle) towards the center of the nose
- Gently push the nose up and insert the NPA straight back (not upwards) into the nostril
- Advance the NPA until the flange rest firmly against the outside of the nose

CAUTION: If you experience difficulty advancing the NPA, pull it out and try the other nostril.

- 7. Document all treatment on DD Form 1380
- 8. Evacuate as needed

lubricant

QRC 19.8 SUCKING CHEST WOUND

Determine if Care Under Fire, see QRC 19.2 or Tactical Field Care, see QRC 19.4 Always Treat for Shock, see QRC 19.9 Use Personal Protective Equipment (Gloves)

SYMPTOMS

- Sucking noise from chest
- Frothy (foamy) red or pink blood from wound
- · Difficulty or pain with breathing

TREATMENT

- 1. Expose chest to see entry/exit wound
- 2. Wipe off any debris of fluids prior to dressing the wound
- 3. Have casualty exhale, then place dressing
- Cover wound with a chest seal from the JFAK or an improvised occlusive (airtight) dressing (such as an MRE package wrapper, plastic from field dressing, or duct tape)

NOTE: Improvised occlusive dressings must be 2 inches bigger than wound

- Tape down all four sides of dressing extending 2 inches past the occlusive dressing
- 6. Determine if there is an exit wound

NOTE: When casualty is being turned to look for or treat exit wound, turn casualty on affected side and apply occlusive dressing on the exit wound the same way.

- Allow casualty to assume position of comfort where it is easiest for them to breathe
- 8. Document all treatment on DD Form 1380
- 9 Evacuate as needed

ORC 19.9 TREAT FOR SHOCK

SYMPTOMS

- Confusion
- · Sweaty, pale, cool skin (clammy skin)
- Breathing shallow, labored, and rapid
- Rapid pulse

TREATMENT

- 1. Stop any life-threatening bleeds (Circulation, see QRC 19.3, 19.5, and 19.8)
- 2. Keep airway open (Airway, see QRC 19.6)
- 3. Treat any other major wounds
- 4. Position the casualty on their back or in a position that allows them to breathe. Position an unconscious casualty in the recovery position so fluids can drain from the mouth
- 5. If available, cover casualty with a blanket to keep warm
- 6. Seek medical attention immediately
- 7. Document all treatment on DD Form 1380
- 8. Evacuate as needed

CAUTION: Do not give casualty food or drink.

QRC 19.10 HEAD/NECK/SPINAL INJURY

Determine if Care Under Fire, see QRC 19.2 or Tactical Field Care, see QRC 19.4 Always Treat for Shock, see QRC 19.9 Use Personal Protective Equipment (Gloves)

SYMPTOMS

- Numbness and/or lack of control anywhere below the neck
- Drainage of blood or fluid from the ears, nose, or mouth
- Bruising around eyes (raccoon eyes) or bruising behind the ears (battle signs)

TREATMENT

- 1. Maintain airway using jaw-thrust maneuver
- 2. If conscious, have them stay still and monitor their airway
- Immobilize their cervical spine by holding the head and neck completely still
- Immobilize the head by using tape, rolled-up towels, or any other effective materials that do not compromise the casualty's airway

If the casualty must be moved:

- 1. Use a litter (e.g., Talon II®, Sked®, a door, lumber, or other material)
- Use at least three people to log-roll the casualty while keeping the spine immobilized
- 3. Turn the body as one unit
- 4. Secure the casualty to the litter
- 5. The person at the casualty's head is in charge

QRC 19.11 ABDOMINAL WOUND

Determine if Care Under Fire, see QRC 19.2 or Tactical Field Care, see QRC 19.4 Always Treat for Shock, see QRC 19.9 Use Personal Protective Equipment (Gloves)

SYMPTOMS

- · Complete or partially open wound to abdomen
- · Internal organs may be outside of body

TREATMENT

- If no spinal or leg injuries, bend the knees to relieve pressure on the abdomen
 If organs are outside body gootly pick them up and place them on top of
- If organs are outside body, gently pick them up and place them on top of the abdomen

WARNING: Do not replace or push organs back into the body.

3. Cover exposed organs with clean dry dressing

CAUTION: Do not wet bandage due to the lack of sterile water or sterile environment in the field

- environment in the field.

 4. Secure bandages
- 5. Document all treatment on DD Form 1380
- 6. Evacuate as needed

QRC 19.12 EYE INJURIES

Determine if Care Under Fire, see QRC 19.2 or Tactical Field Care, see QRC 19.4 Always Treat for Shock, see QRC 19.9 Use Personal Protective Equipment (Gloves)

SYMPTOMS

· Severe pain or injury to one or both eyes

TREATMENT

CAUTION: Do not remove impaled objects.

- Perform a rapid field test of visual acuity on each eye separately—determine which of the following the casualty can perform:
 - Read print
 - Count fingersHand motion
 - Light perception
- 2. Apply rigid eye shield over the injured eye (not a pressure patch)
- For impaled objects, apply a dressing around the impaled object to secure it in place
- Do not place an eye shield over the uninjured eye to prevent movement; this makes an otherwise ambulatory patient a litter patient and increases the casualty's stress
- 5. Stay with casualty
- 6. Document all treatment on DD Form 1380
- 7. Evacuate as needed

QRC 19.13 SPRAINS/STRAINS/FRACTURES

Determine if Care Under Fire, see QRC 19.2 or Tactical Field Care, see QRC 19.4 Always Treat for Shock, see QRC 19.9 Use Personal Protective Equipment (Gloves)

SYMPTOMS

- · Pain over specific body part
- Bruising
- Swelling
- Deformity
- · Numbness/tingling in affected extremity

TREATMENT

CAUTION: Do not remove impaled objects.

- 1. Splint in position found
- **NOTE:** Anything can be used to splint an injury (e.g., sticks, rolled-up papers, blankets).
- 2. Remove clothing from injured area (if feasible)
- 3. If able, remove rings from fingers
- 4. Splint the joints above and below the injury
- Check for a pulse below the injury site before and after splinting to ensure the splint is not too tight
- 6. Document all treatment on DD Form 1380
- 7 Evacuate as needed

ORC 19.14 BURNS

Determine if Care Under Fire, see QRC 19.2 or Tactical Field Care, see QRC 19.4 Always Treat for Shock, see QRC 19.9 Use Personal Protective Equipment (Gloves)

SYMPTOMS

- Skin discoloration (depending on thickness of burn)
- Pain
- Blisters
- Charring
- Swelling

WARNING: The casualty's airway may have been burned as well

TREATMENT

WARNING: Protect yourself from the source of the burn

- Stop the burning process (e.g., put out fire, neutralize chemicals, remove from electricity)
- 2. If able, remove rings from fingers

CAUTION: Do not pop any blisters associated with burns

3. Apply clean, dry dressings and secure with bandages

Note: If the extremities are burned, ensure fingers or toes are loosely and individually bandaged

- 4. Document all treatment on DD Form 1380
- 5. Evacuate as needed

QRC 20.1 MEDICAL EVACUATION (MEDEVAC) 9-LINE

LINE 1—Location, give grid coordinates
LINE 2—Radio frequency and call sign
between)
A—Urgent (Immediate, ASAP)
B—Priority
C—Routine
D—Convenience
LINE 4—Special equipment required
A—None
B—Hoist
C—Evacuation equipment (Stokes® litter, etc.)
D—Ventilator
LINE 5—Number of patients by type
A—Litter
B—Ambulatory
C—Escort
LINE 6—Security of pickup site (Wartime)
N—No enemy troops in area
P—Possible enemy troops in area (approach with caution)
E—Enemy troops in area (approach with caution)
X—Enemy troops in area (approach with caution)
*Number and type of wound, injury, illness (Peacetime)—Specific info (gunshot, shrapnel, bleeding)
Trumber and type of wound, injury, limess (i caccimic)—opeoine into (garistot, strapher, biccumy)
LINE 7—Method of marking pickup site
A—Panels
B—Pyrotechnic signal
C—Smoke signal
D-None
E—Other (mirror, person, light, etc.)
LINE 8—Nationality and status of casualties
A—US military
B—US civilian
C—Non-US military
D—Non-US civilian
E—Enemy prisoners of war (EPW)
LINE 9—Status of chemical, biological, radiological, and nuclear contamination (Wartime)
C—Chemical
B—Biological
B—Biological R—Radiological
R—Radiological

QRC 22.1 RESILIENCE SKILLS OVERVIEW

- Gratitude
- 2. Accomplishing Goals
- 3. A>B>C> (Activating Event > Brain > Consequences)
- 4. Check Your Playbook
- 5A. Balance Your Thinking
- 5B. Instant Balance Your Thinking
- 6. Capitalizing on Your Strengths
- 7A. Acceptance Strategy: Mindfulness
- 7B. Acceptance Strategy: Meaning-Making
- Spiritual
- 9. Physical
- 10. Interpersonal Problem-Solving
- 11A. Good Listening
- 11B. Active Constructive Responding

Easy Work

Easy Work

Work /

Water

Intaka

Hard Work

Hard Work

Work /

Water

Intaka

Flag

Color

Flag

Color

WBGT

(°F)

WBGT

(°F)

QRC 23.1 WORK REST CYCLES AND FLUID REPLACEMENT

Moderate Work

Moderate Work

Water

Work^b /

Rectc

HEAT GUIDELINES FOR AVERAGE ACCLIMATIZED INDIVIDUALS

		Work /	Water	Work /	Water	Work /	Water	
		Rest	Intake	Rest	Intake	Rest	Intake	
		Cycle	Qt/hr	Cycle	Qt/hr	Cycle	Qt/hr	
No Flag	78 - 81.9	No Limit	0.5	No Limit	0.75	40/20 min	0.75	
Green	82 - 84.9	No Limit	0.5	50/10 min	0.75	30/30 min	1.0	
Yellow	85 - 87.9	No Limit	0.75	40/20 min	0.75	30/30 min	1.0	
Red	88 - 89.9	No Limit	0.75	30/30 min	0.75	20/40 min	1.0	
Black	> 90	50/10 min	1.0	20/40 min	1.0	10/50 min	1.0	

HEAT GUIDELINES FOR AVERAGE UNACCLIMATIZED INDIVIDUALS

		Cycle	Qt/hr ^a	Cycle	Qt/hr	Rest Cycle	Qt/hr
No Flag	78 - 81.9	No Limit	0.5	50/10 min	0.75	30/30 min	0.75
Green	82 - 84.9	No Limit	0.5	40/20 min	0.75	30/30 min	1.0
Yellow	85 - 87.9	No Limit	0.75	30/30 min	0.75	20/40 min	1.0
Red	88 - 89.9	50/10 min	0.75	20/40 min	0.75	10/50 min	1.0
Black	> 90	40/20 min	1.0	10/50 min	1.0	Not allowed	N/A

Easy Work	Moderate Work	Hard Work
Walking on hard surface @	Walking on hard surface @	Walking on hard surface @
2.5 mph with < 30 lb load.	3.5 mph with < 40 lb load.	3.5 mph with > 40 lb load.
Guard duty.	Walking on loose sand @	Walking on loose sand @
Drill and Ceremony.	2.5 mph with no load.	2.5 mph with load.
	Light maintenance work.	Loading and unloading
	Construction equipment	pallets.
	operation.	Dragging hoses or lines.

Wind Speed (mph/kr

> 5/8 10/16

> 15/24

20/32

25/40

30/48

35/56

40/64

45/72

50/81

Severity

Moderate

Severe

Extreme

Low

>120

>120

>120

>120

>120

>120

>120

>120

>120

>120

42

28

23

20

18

16

>120

33

23

19

16

14

13

11

Color

Green Yellow

Black

28

20

13

12

5

3

3 3

3 2

3 2

2 2 -45/-43

4

	(Tab	le va	lues i	ndica	te tin	ne in	min	utes	to fr	ostb	ite)
l l ph					Air Te	mperati	are (°F/	°C)			
	10/-12	5/-15	0/-21	-5/-21	-10/-23	-15/-26	-20/-29	-25/-32	-30/-34	-35/-37	-40/-40
	. 120		. 100								

15 12

12

5

Note: Time in minutes until the occurrence of cheek frostbite in the most susceptible 5 percent of personnel; wet skin could significantly decrease the time for frostbite to occur

Frostbite Risk Level (FRL) Colors

Freezing possible but unlikely

Freezing could occur in 10-30 minutes

Freezing could occur in 5-10 minutes

Freezing could occur in <5 minutes

Description

5

19

15

12

(Table values indicate time in minutes to frostbite)
A- A-

QRC 23.2 COLD STRESS RISK DETERMINATION (Table values indicate time in minutes to frostbite)
A-A-

QRC 23.3 RECOMMENDED PREVENTIVE MEASURES TO DE-CREASE FROSTBITE RISK

Frostbite Risk Level	Preventive Measures
Low	• Recommended work/rest (W/R) cycle: 50 minutes work/10 minutes warmine Increase surveillance with self and buddy checks • Wear appropriate layers and wind protection for the work intensity • Cover exposed flesh if possible • Wear vapor barrier (VB) boots below 0°Fahrenheit (F) • Provide warming facilities below 20°F • Avoid sweating
High	Recommended W/R cycle: 40 minutes work/20 minutes warming Mandatory buddy checks every 20–30 minutes Wear appropriate layers and All Purpose Environmental Clothing System (APECS); protect head, face and hands Cover exposed flesh Wear VB boots below 0°F Provide warming facilities Avoid sweating
Severe	Recommended W/R cycle: 30 minutes work/30 minutes warming Mandatory buddy checks every 10 minutes Wear appropriate layers and APECS or cold weather parka Protect head, face and hands Wear VB boots Provide warming facilities Work groups of no less than two personnel No exposed skin Stay active Avoid sweating
Extreme	Mission critical work only due to extreme risk Keep task duration as short as possible Wear appropriate layers, cold weather parka and wind protection; protect head, face and hands Wear VB boots Provide warming facilities Work groups of no less than two personnel No exposed skin Stay active

QRC 23.4 NERVE AGENT POISONING TREATMENT Self-Aid

SYMPTOMS

- If you have any of the following symptoms (in order of minor to severe), inject yourself with one (1) ATNAA right away:
- Unexplained runny nose.
 - Headache.
- Drooling.
- Difficulty seeing (dim vision), small pupils.
- Difficulty breathing and chest tightness.
- Sweating and muscular twitching at the site of skin contact.
- Stomach cramps, nausea and vomiting.
- Generalized weakness.
- Strange or confused behavior
- Severe breathing difficulty, coughing, wheezing.
- Generalized muscle twitching, weakness or paralysis.
- Urination and defecation (loss of bladder and bowel control).
- Convulsions, seizures.
- Death.

STEPS

- Immediately don protective mask.
- Remove one ATNAA and remove safety cap.
- Hold the ATNAA in your dominant hand.
- Position ATNAA against injection site at a 90 degree angle, applying firm, even pressure until needle is triggered. Do not jab!
- Hold injector firmly in place for 10 seconds
- Remove injector and bend needle to attach the used injector to the front or sleeve pocket of the outermost, upper body piece of IPE.
- If necessary, decontaminate any exposed skin and don any remaining IPE items.
- Within 5 to 10 minutes, if your mouth becomes very dry or heart beats very quickly, do not inject a second ATNAA—find a buddy to check your symptoms and administer additional ATNAA every 5 minutes if symptoms persist or worsen.
- Do not administer more than 3 ATNAA without medical guidance.
- Seek immediate medical attention

ATNAA

ANTIDOTE TREATMENT
NERVE AGENT, AUTO-INJECTOR
FOr Use In Nerve Agent Poisoning Only
ATROPINE INJECTION 2: JIMB, PRALIDOXIME CHL ORDE INJECTION 600MG

QRC 23.5 NERVE AGENT POISONING TREATMENT Buddy-Aid

SYMPTOMS

- If a buddy has any of the following symptoms (in order of minor to severe), determine if any ATNAA have already been administered so that no more than three (3) sets of antidote are administered:
- Unexplained runny nose
- Headache
- Drooling
- Difficulty seeing (dim vision), small pupils
- Difficulty breathing and chest tightness
- Sweating and muscular twitching at the site of skin contact
- Stomach cramps, nausea and vomiting
- Generalized weakness
- Strange or confused behavior
- Severe breathing difficulty, coughing, wheezing
- Generalized muscle twitching, weakness or paralysis
- Urination and defecation (loss of bladder and bowel control)
- Convulsions, seizures
- Death

STEPS

- Don protective mask and position the casualty on their side to prevent them from rolling onto their back.
- Remove one of the casualty's ATNAA and remove safety cap. Avoid contaminating yourself and do not use any of your own autoinjectors.
- Hold the ATNAA in your dominant hand, and with the other hand, check the injection site for buttons and objects in pockets to avoid when injecting; pull these portions of clothing away from injection site.
- Position ATNAA against injection site at a 90 degree angle, applying firm, even pressure until needle is trigqered. Do not jab!
- Hold injector firmly in place for 10 seconds.
- Remove injector and bend needle to attach the used injector to the front or sleeve pocket of the outermost, upper body piece of IPE.
- If necessary, decontaminate any exposed skin and don any remaining IPE items.
- Repeat for a total of three (3) ATNAA and one (1) CANA.
- **Do not** administer more than three (3) ATNAA without medical guidance.
- Seek immediate medical attention.



AFTTP 3-4 AIRMAN'S MANUAL Quick Reference Cards 11 January 2019