Ex 422

Porter, Kaylene

From: Toni Hoffman [Toni_Hoffman@health.qld.gov.au]
Sent: Tuesday, 17 August 2004 3:45 PM
To: Costello, Gerry
Subject: see attach

Hi Gerry,
Here is the statement I wrote concerning the pt we spoke about,
toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph:
Fax:

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph:
Fax:

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PO Box 34
Bundaberg Q 4670
Ph:
Fax:

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ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph:
Fax:

My name is Toni Hoffman; I am the Nurse Unit Manager of the Intensive care/ Coronary Care Unit at Bundaberg Base Hospital. I have been employed here in this capacity since June 2000. I am a Registered Nurse, Midwife, and hold post graduate qualifications In ICU, a Graduate Certificate in Management and a Master of Bioethics.

Mr Desmond Bramich, a 55 yr old male, was admitted to the ICU on the 25-07-2004 after being involved in an accident where he had been pinned under a caravan when it slipped. He sustained a crush injury to his chest, multiple fractured ribs, a flail segment, Haemo - pneumothorax. He was stable during his initial stay in the ICU and was transferred to the surgical ward at 1400 on the 26-07-2004. Around 1200 on the 27-07-2004, ICU staff were notified a patient was deteriorating on the ward and required transfer to ICU. ICU was full and it was necessary to transfer out another patient before we could accept Mr Bramich back. He returned to ICU at 1300 on the 27-07-04. On his return he was diaphoretic, hypotensive and tachycardic.He was complaining of extreme chest/ back pain. Dr Younis, the anaesthetist was attempting to resuscitate Mr Bramich, by himself initially, as the other doctors were either busy with other patients. Three nurses were assisting Dr Younis. Blood was being delivered, and mention made of obtaining some platelets. Dr. Carter, Head of Anaesthetics came into the ICU at this time and stated "if the patient is going to need blood products, he will need to be flown out." We do not have access to platelets etc at BBH; at night, they need to be obtained from Brisbane... One of the doctors rang Prince Charles Hospital, but there were no beds there. The doctor from Prince Charles later called back and stated that a bed had been obtained for Mr Bramich at Princess Alexandra Hospital. This phone call was taken by me at approx 1430. The coordinator just stated the surgeons needed to speak to each other and then the retrieval team organised. I passed on this message to Drs Boyd, Gaffield, Warming ton and Carter. The surgeons in Bundaberg wished to do a CT prior to speaking to the surgeons in Brisbane... Meanwhile Dr Younis was still attempting to place a central line and an Arterial line in the patient. The patient went into Ventricular standstill whilst the central line was being inserted, an arrest was called and some atropine given.

Dr Gaffield had brought Dr Patel into the unit to review MR Bramichs' x-rays. Dr Patel heard the patient was to be transferred to Brisbane. He stated in a very loud voice, that the patient did not require transfer to Brisbane. He also stated the patient did not need a cardiothoracic surgeon, he asked the PHO, Dr Boyd, how much trauma he had done He also stated he would "stop doing trauma here if we could not handle it". I went and spoke to DR Gaffield and voiced my concerns about the delay in getting Mt Bramich to Brisbane. I was concerned Mr Bramich would die if we did not expedite the transfer. Dr Gaffield explained he wished to do a CT scan so he could give a definitive handover.

In the interim, Dr Patel came into the ICU, informed the staff he had perforated a patient's bowel, and required an anaesthetist, to repair the same. Another emergency was occurring and we did not have another anaesthetist to accompany Mr Bramich to CT. I rang and asked if Dr Carter could do it as the transfer was being further delayed. Dr Carter agreed, the CT was done and Dr Gaffield stated the patient would definitely be going to Brisbane. The phone calls to Brisbane were made with my assistance as Dr Boyd was unsure of the transfer procedure. We had some difficulty accessing the clinical coordinator at one point as they were having handover and we had to make several calls through switch.

Once the clinical coordinator had spoken with Dr Boyd and the retrieval team were on their way, I spoke with the after-hours nurse managers, the night staffs were here and I felt able to leave. (I was due off at 1630) The family had been told he was to be transferred; Dr Boyd had spoken to them and the procedure and accommodation in Brisbane, as well as

the patient's condition. The retrieval team arrived at 2015, he became increasingly unstable and he arrested and died at 0012.

Subsequent events in relation to the transfer of the patient were bought to my attention by the staff in the morning. At some point Dr Patel changed his mind about the patient not requiring transfer, to being far too ill to be transferred. The staff involved in the incident believe that Dr Patel impeded this patients' transfer to Brisbane. They are also concerned about his treatment of the family. I have offered and attempted to access EAS for the staff. I believe this is a coroner's case, and as such, expect to be involved in the investigation.

Costello, Gerry

From: Costello, Gerry
Sent: Thursday, 19 August 2004 2:21 PM
To: 'darren_keating@health.qld.gov.au'
Subject: re Desmond Bramich

Darren,
As I said on Tuesday, the above case is classified as a Sentinel Event (Patient who died while under RFDS prior to transport). Our staff involved cannot understand why their resuscitative efforts were unsuccessful. For the follow-up with the staff involved, do you know if a post mortem was performed?

Regards

Gerry Costello
Director of Medical Services

Royal Flying Doctor Service (Qld Section)
Email:

Ph:
Fax:

http://www.flyingdoctorqueensland.net

Porter, Kaylene

File Medico-legal

→ Sentinel Event

Bramich

From: Darren Keating [Darren_Keating@health.qld.gov.au]
Sent: Friday, 20 August 2004 10:55 AM
To: Costello, Gerry
Subject: Re: re Desmond Bramich

Hi Gerry

Yes a PM was done as was a Coroner's Case. Preliminary report from PM was fractured ribs, bleeding ++ from intercostal arteries and int mammary artery, blood ++ in lung and a cardiac injury (? due to intervention in resus).

R/Darren

R/Darren

>>> "Costello, Gerry" <GCostello@RFDSQLD.COM.AU> Thursday, 19 August 2004 14:20:40 >>>

Darren,

As I said on Tuesday, the above case is classified as a Sentinel Event (Patient who died while under RFDS prior to transport). Our staff involved cannot understand why their resuscitative efforts were unsuccessful. For the follow-up with the staff involved, do you know if a post mortem was performed?

Regards

Gerry Costello
Director of Medical Services

Royal Flying Doctor Service (Qld Section)
Email:

Ph:
Fax:

http://www.flyingdoctorqueensland.net

ROYAL FLYING DOCTOR SERVICE OF AUSTRALIA
Queensland Section
ABN 009 668 478

ENTERED

HEALTH CONSULTATION RECORD

HCR No. 01095 | BN | 270704 (Base | Date (dd/mm/yy))

☐ General Practice/ Aeromedical Retrievals ☐ Child Health (Nurse only) ☑ Tasking ((BN, BD, TV only)

Caller Details

Surname: Dunstan | Given Names: Cathy | Designation: CAS | Code: 01
Facility / Location: Arcom | Phone / Radio: 3215075

Ships at Sea: ☐ Australian Waters ☐ Other | Vessel Name | Vessel Type (code) | ☐ AUSAR ☐ Ship Direct ☐ Other | ☐ Vessel Diverted for Evacuation

Patient Details

Surname: Branich | Given Names: Desmond | Date of Birth | or Age
Address | State: Qld | Postcode: 4677 | Country (if not Australia)
Facility / Location (if different from caller): BBH ICU

Gender: ☐ M ☑ F
Ethnicity: ☐ Indigenous ☑ Non-Indigenous

Consultations

	Consultation 1	Consultation 2	Consultation 3
Date	27.7.04	27.7.04	27.7.04
Time (24 hr)	1904	1930	2000
Staff ID (Code)	ACARR	ACARR	ACOM
Method	☑ Phone ☐ Radio ☐ Video ☐ Face to Face	☑ Phone ☐ Radio ☐ Video ☐ Face to Face	☐ Phone ☐ Radio ☑ Video ☐ Face to Face

More Consultations Over ☑

Patient History

Current Medication

Allergies

Consultation Number

History / Examination / Management

1) BHO-BN MO Jacqui Butler, crush injury chest haemothorax, ventilated. → PAH. ICU

2) ICU: Fio2 0.8 / peep 5 SIMV 16 / P146 20bpm 10mg/hr 1900.
(Karen) BP 70-80 Sats?? → Po2 > 200 mmHg. Echo ? ⊘ tamponade.
caravan collapse days ago → ward → today resp distress
adm ICU 1500. CVL V A-line ✓ 80kg. IDC, ICC
blood → 8⊘ PC today, oozy 2 sites ++ ?? pathology.
+ FFP.
1545 Vent standstill in ICU ~ atrop + dramine/no CPR.
→ unsure if bed available. (not confirmed)

3) PA ICU Reg ✓ bed not confirmed - will D/W BBH ICU + get back.

Clinical Details

Diagnosis / External Cause of Morbidity & Mortality

Principal Diagnosis: Caush Injury Chest | Code: 19
Additional Diagnosis | Code
Additional Diagnosis: Caravan Collapse 20.5 | Code

Management

☐ Advice (A1) ☐ Referral
☐ Investigation (I1) | Code | Code
☐ Medication Non-RFDS Chest (M2) ☑ Evacuation
☐ Medication RFDS Chest (M1) | Code: T1

Evacuation Details

Date of Decision: 27.7.04
Time of Decision (24 hr): 1904

Patient Severity

☑ Critical
☐ High Dependency
☐ Low Dependency
☐ No Dependency

Flight Priority

☐ Immediate < 1 hr
☑ Urgent 1 – 6 hrs
☐ Semi Urgent 6 – 24
☐ Not Urgent > 24 hr

Medication – RFDS Medical Chest Details

Chest Holder Name / Number / Location | Item Number | Quantity

PI

ROYAL FLYING DOCTOR SERVICE
OF AUSTRALIA
Queensland Section
ACN 009 663 478

HEALTH CONSULTATION RECORD

Consultation 4	Method	Consultation 5	Method	Consultation 6	Method
Date: 27/7/04 Time (24 hr): 2054 Staff ID (Code): A CARR	☑ Phone ☐ Radio ☐ Video ☐ Face to Face	Date: / / Time (24 hr): Staff ID (Code):	☐ Phone ☐ Radio ☐ Video ☐ Face to Face	Date: / / Time (24 hr): Staff ID (Code):	☐ Phone ☐ Radio ☐ Video ☐ Face to Face
Consultation 7	**Method**	**Consultation 8**	**Method**	**Consultation 9**	**Method**
Date: / / Time (24 hr): Staff ID (Code):	☐ Phone ☐ Radio ☐ Video ☐ Face to Face	Date: / / Time (24 hr): Staff ID (Code):	☐ Phone ☐ Radio ☐ Video ☐ Face to Face	Date: / / Time (24 hr): Staff ID (Code):	☐ Phone ☐ Radio ☐ Video ☐ Face to Face

4) Sharon Smith - bed avail 2 PAH, now on Noradren.
H/T now.

A Carr
A. CARR (FN)

ROYAL FLYING DOCTOR SERVICE
OF AUSTRALIA
Queensland Section
ACN 009 663 478

PATIENT TRANSPORT RECORD

REGISTERED

#1PTR No. 0 0 6 2 6 BN 2 7 0 7 0 4 0 4
AFR Profile | Base | Date (dd/mm/yy) | AFR Line No.

#2PTR No.
AFR Profile | Base | Date (dd/mm/yy) | AFR Line No.

HCR No. 0 1 0 9 5 BN 2 7 0 7 0 4

Surname: Bramich | Given Names: Desmond | Date of Birth / or Age:
Address: [illegible] | State: Q | Postcode: 4677 | Country (if not Australia):

Gender: ☑ M ☐ F
Ethnicity: ☐ Indigenous ☑ Non-Indigenous
Insurance: ☐ Travel ☐ Public Liability ☐ Workers Compensation ☐ Third Party ☐ Veteran Affair ☐ Other

Transport Type: ☐ Primary ☑ IHT ☐ Repat ☐ Onsite ☐ Clinic Primary ☐ Clinic Opport. ☐ Half way meet ☐ Diversion

Flight Priority: ☐ Immediate < 1 hr ☑ Urgent 1 – 6 hrs ☐ Semi Urgent 6 – 24 hrs ☐ Not Urgent > 24 hrs

Cabin Altitude: ☐ No restriction ☐ Less than 4000ft ☑ Sea Level

Authorised By: ☐ RFDS ☑ Qld Health ☐ QAS ☐ QAS with CC

Clinical Co-ordinator Details
Surname: Smith | Given Name: Sharon
Designation (in full): Specialist - Emergency | Designation (Code): M2.1
Facility: RBH | Phone: 1800 017 755

Originating Facility / Location: Burdaberg Base ICU (BBH)
Receiving Facility / Location: ~~BBH~~ ICU. BBH

First Patient Contact: ☐ Airstrip ☑ Facility ☐ Scene
Date of first contact: 27/7/04 | Time of first contact: 2215
Date departed airstrip/facility/scene: 28/7/04 | Time departed airstrip/facility/scene: 0215

Attending Flight Nurse
Surname: Carr | Given Name: Anita | Designation (Code): NI | Facility: RFDS
Surname: | Given Name: | Designation (Code): | Facility:

Attending Medical Officers
Surname: Butler | Given Name: Jacqui | Designation (Code): M3.1 | Facility: RBH
Surname: | Given Name: | Designation (Code): | Facility:

Patient History: Haemochromatosis

Current Medication:

Allergies:

History / Examination / Management

EVACUATION DID NOT PROCEED

PATIENT DIED PRIOR TO TRANSFER

SEE NOTES ATTACHED FOR DETAILS.

Diagnosis / External Cause of Morbidity & Mortality
Principal Diagnosis: Hypovolaemic Shock | Code: R57.1
Additional Diagnosis: | Code:
Additional Diagnosis: Caravan Collapse | Code: W23.8

Patient Severity (at contact/uplift)
☑ Critical ☐ High Dependency ☐ Low Dependency ☐ No Dependency ☐ Not Applicable

Interventions
☑ Ventilated ☐ Spinal

Patient Transport Outcome
☐ Improved ☐ Unchanged ☐ Deteriorated ☐ Transport not required ☐ Refused transport ☐ Died prior to arrival ☑ Died prior to transport

Patient Handover
☐ QAS ☑ Facility ☐ RFDS half way meet ☐ Other
Date of Handover: 28.8.04
Time of Handover (24 hr): 0215

Signature:
Surname: Carr | Given Name: Anita
Designation (in full): Flight Nurse | Code: NI

PATIENT COMMENTARY REPORT

ROYAL FLYING DOCTOR SERVICE

(Queensland Section) — A.C.N. 009 663 478

PATIENT TRANSPORT REPORT No. .....

DATE ATTENDED 27-7-04

PATIENT NAME Bernard Brimah

PATIENT D.O.B. (OR AGE) ... ...

HCR: 01095BN270704

☐ CHARLEVILLE — Old Cunnamulla Road, Charleville 4470, Phone 076 54 1233
☐ MOUNT ISA — Barkly Highway, Mount Isa 4825, Phone: 077 43 2800
☐ CAIRNS — 1 Junction Street, Edge Hill 4870, Phone 070 53 1952
☐ ROCKHAMPTON — PO Box 2100 Wandal 4700, Phone 079 21 2221
☒ BRISBANE — C/- Qld Ambulance, Casuarina St, Brisbane Airport 4007 Phone 07 3860 5388

Addit to MO notes:

Prior to changing ICC tubes and Porter West drainage system, peak airway pressures ~ 40 cm H2O. Bags attached to ICC's & no change in BP (140/42), blood drained from both ICC's into drainage bags. Noted pulsating blood loss from ICC line site ~ 300-400 ml → Nil (Surg Reg BSH) informed, pressure applied + site reviewed - nil further loss. ICC continued to drain blood slowly (pre arrest). Approximately 50-100 ml fresh blood in lower ICC bag pre arrest. Higher ICC bag had minimal drainage.

A. CARR (FN).

A DISCHARGE SUMMARY ON THIS PATIENT WOULD BE APPRECIATED

HOSPITAL

BUNDABERG HOSPITAL
BRAMICH
DESMOND

SEX M

UR NO 086644

4677

M

Ph (H)
Ph (B)
Anglican

PLANT OPERATOR

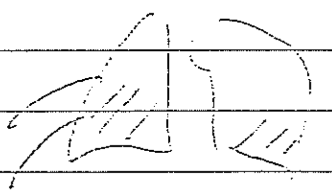
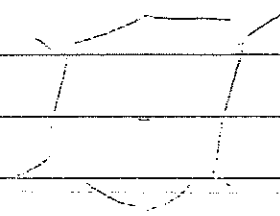
(Affix Patient Identification Label Here)

INPATIENT PROGRESS NOTE

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
28.7.4	Arrived 27/7/4 ~2115h. BBerg ICU
Butler	previously well.
RBH DEM	56 ♂ — no signif PMHx
Reg. (Retrieval)	crushed under caravan 25/7/4
Gloth	Init assessment (clinical + CT)
	- multiple (R) rib #'s w/ flail
	→ sml [redacted] HTx + PTx
	- ? sml (L) PTx 0 #'s seen.
	- no solid organ injury on CT.
	- abrasions
	- no bony pelvis / spine injury
	(R) ICC 32 fr inserted — admitted
	ICU for observation.
	Progressing well → D/c to ward
	± 26/7/4.
	Sudden deterioration ~12 MD
	→ (R) CP, tachy, resp distress
	→ minimal drainage from
	ICC. → adjusted → ~700 ml blood
	Ltr ~1300h.
	2nd (R) ICC. → ~700 ml blood.
	Rpt CT
	- large (R) HTx + pul contusion
	- contusion ± bronch collapse ±
	(L) lung. ± ??? r. sml PTx
	- no obvious mediastinal injury
	- multiple rib #'s as prev noted.
	Pericardial drain inserted ? tamponade
	→ 3-4 ml blood only.

INPATIENT PROGRESS NOTES

— Dr. J. Boyd

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	Remained hypotensive + tachycardic
	despite aggressive fluid resus
	+ inotropes.
	→ t/fer to RAH ICU arranged.
	O/A Total fluids: 11U Blood
	(so far) 4U FFP
	3000 Crystalloid
	2000 Colloid
	UO >40 ml/hr.
ABG (2152)	O/E: HV 16 x 700 PEEP 3 FiO2 1.0
pH 7.32	Sat 100%.
CO2 42	HR 150 ST BP 75/–
O2 327	poor periph perfusion.
HCO3 21	pale.
BE -3.5	Norad. 15 ug/min
AG 10.	Dopamine 15 ug/kg/min.
Hb 71	® IJ CVL – no CVP recording
K 4.5	
Na 137	HS dual.
Ca 1.13	 ↓ BEV AE Ⓛ lung
	dull PN.
	↓ AE Ⓛ base w/ creps.
	↓ ICC's ① 5" D" ~ 100 mls over prev 2 hrs.
ECG	② 5" D" ~ 250 mls over
ST 150	2 hrs.
N. Axis	Abdo
[illegible]	 SNT
~~[illegible]~~	bruising
[illegible]	BS ⊖
[illegible]	not distended.

DS

(2) ....HOSPITAL

BUNDABERG HOSPITAL SEX UR NO
BRAMICH M 086644
DESMOND

M

Ph(H)
Ph(B)
Anglican PLANT OPERATOR

(Affix Patient Identification Label Here)

INPATIENT PROGRESS NOTE!

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
28/7/4	Imp: (1) persistent H°volemic
cont'd.	shock.
	(2) Chest injuries as documented
	?? small (L) PTx.
	(3) Massive blood Tx.
	- mild coagulopathy
	INR 1.4 (post 4U FFP)
	P: 14g IV (R) cub fossa.
	- 3U plcells } given over
	- 4U FFP } 1hr.
ABG (2251)	- 1L N/Saline }
pH 7.3c	Calcium Chloride 10mmol IV ✓
CO2 44	→ some clinical improvement.
pO2 216	HR 135 BP 90/-
Hb 99.	ventilation }
Ca 1.02	inotropes } unchanged.
Rpt CXR	→ During Δ? of ICC drainage bags
- nil out	for flight → Rent ooze from
(R) lung +	lower ICC site
nil mediastinal	est ~300-400ml into bed.
shift to (L).	- site resutured by Surg Regs
- loss of vol (L)	→ commencing H/O (L) ICC for
lung, no	flight.
obvious PTx.	
- (L) effusion +	*Noted to be becoming brady
full collapse	cardic HR 60 SR. ~~BP 64/~~

BP trending down ≠ 70/-

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	Sats probe not working
	Pk airway pressures ↑↑ = 42
2335h	⇒ pt taken off ventilator
	hand bagged 100% O2.
	14 g IVC into Ⓛ chest.
	⇒ no air out air.
	progressive brady + ↓ TN.
	HR ↓ 50/~.
	CPR commenced.
	⇒ Atropine 1mg
	Adrenaline 1mg.
	Further Tx Plcells + FFP
	during CPR ⇒ ~500ml blood from ICC Ⓡ.
	ICC inserted Ⓛ chest.
	~100ml blood out.
	Rhythm Δ to slow VF
	no output.
2341h.	DCCS 200 + 200 J.
	return to narrow complex
	c̄ no output.
[illegible]	CPR + Adrenaline + Atropine
[illegible]	continued.
[illegible]	Total Adrenaline = 10mg
[illegible]	Atropine = 3mg
[illegible] rhythm	total fluid during CPR
[illegible] output.	= Plcells 4U
	N/Saline [illegible]

(4)

....HOSPITAL

BUNDABERG HOSPITAL
BRAMICH
DESMOND

SEX M

UR NO 086644

M

Ph(H)
Ph(B)
Anglican

PLANT OPERATOR

(Affix Patient Identification Label Here)

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
29/7/4	nil output from pericardial
contd.	drain
	Abdo noted to become v. distended
	+ tense.
	and old blood from NGT
	unable to get USS. Abdo
	D/w Dr Kennedy (RBH ICU SR)
	D/w Staff present.
	– Dr Younis (ICU Cons)
	– Dr J Boyd (Surg Reg)
	– ICU nursing staff
	– RADS RN
	⇒ all in agreeance w/ cessation
	of resuscitation
	Time of death 0012h 28/7
	Family advised of events /progress
	before / during + after CPR.
	Presume death for consideration
	of coroner.
	Rest in Peace. [signature]
	Dr Reg / PHO Reg. / RBH

INPATIENT PROGRESS NOTES

AEROMEDICAL PATIENT DETAILS FORM

AFCOM
Ambulance and Fire Communications

Trip Number: 0953-A

Date Of Birth:

Patient Name: BROMICH, DESMOND

Sex: Male

Address: C/- BUNDABERG BASE HOSPITAL

Date Booked: 27/07/2004

Time Booked: 19:13:18

Patient Location:
BUNDABERG HOSPITAL
BOURBONG ST
BUNDABERG WEST
Phone: 41521222

Patient Destination:
PAH
IPSWICH RD & CORNWALL ST
ANNERLEY
Phone: 3240-2111

Treating Doctor / Phone: DR JAMES BOYD /

Clinical Co-Ordinator / Phone: SMITH, SHARON / 1800017755

46YOM CRUSH WOUND TO CHEST 2 DAYS AGO - HAEMOTHORAX VENTILATED DR/FN RETRIEVAL HOSPITAL HANDOVER

VH-FDI PILOT/FN NOTIFIED AT 1910

DR JACKI BUTLER TO BE AT AIRPORT 1930

ETA BUNDABERG .....

ETA BN .....

P/CAD NO .....

AFR [ ] Base [ ] Shift Date (ddmmyy) [ ]

REGISTRATION

VH- FDA

(If Charter enter details below)

(Queensland Section) A.C.N. 009 663 4..

AVIATION FLIGHT RECORD

AFR00626 Base BN Shift Date (ddmmyy) 270704 SHIFT DAY NIGH

FLIGHT LEG No.	FLIGHT LEG (Code)	FROM	TO	DEPART TIME	ARRIVE TIME	BLOCK TIME	FLIGHT TIME	LDGS	N/ MILES	FUEL REMAIN	FUEL REFUEL DATE	FUEL PLACE	FUEL QTY	FUEL SUPP LIER	FUEL DOC No.	OIL L	OIL R
1	1	[illegible]	[illegible]	2100	2154	0.9	07	1	160	1650							
2	[illegible]	[illegible]	[illegible]	2230	2330	0.9	07	1	155		28hN	BN	738	61	317721		
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
			TOTALS			1.8	1.4	2	315								

LINE No.	PASSENGER DETAILS Surname	Given Name	DESIGNATION (Code) (if non RFDS)	FACILITY/ORGANISATION (if non RFDS)	Flight Legs 1	2	3	4	5	6	7	8	9	10	SIGN ON TIME	SIGN OFF TIME	NIGHT HOURS	IF HOURS	APPR (Code)	Check (Code)	Valid to date
1	[illegible]	[illegible]			✓	✓															
2	[illegible]	[illegible]													1800	0900	1.8		C/A		
3	[illegible]	[illegible]	M3-1	RBH	✓	✓															
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					

Leg/Line No | Remarks (indicate which flight leg No. or manifest line No.)

PR

Charter Reg'n VH-_____ Aircraft Type: _____ Charter Company _____ Charter Reason (code): _____ Signed: _____ Dated: _____

Flight Leg Code: P=Patient Evacuation, A=Aircraft Test, T=Training, C=Clinic, F=Ferry, O=Other

Approach/Aid Code: I=ILS, V=VOR, N=NDB, DA=DME Arrival, GN=GPS/NPA, GA=GPS Arrival

CONTINUED ON NEXT

AFR [ ] [ ] [ ]