



OR-TF 1 CONVOY CONTACT INFORMATION

FORM
006RTM

Convoy #	Department	Vehicle Officer	Cell #:
1			
2			
3			
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16			

OSP ID: _____ OFFICER: _____ FIRE NET CAPABLE?

CELL# _____

ALL UNITS HAVE FIRE NET CAPABILITY? _____

COMMON RADIO FREQUENCY FOR CONVOY WILL BE _____

MEDICAL PLAN:

Airway kit, medical kit, and defibrillator are on unit _____

Convoy Paramedics _____ are on unit _____

BREAKDOWN PLAN: (Leave minimum number with stranded vehicle)