Expert Field Medical Badge
Hands on Training Workbook

Expert Field Medical Badge
Test Control Office
DEPARTMENT OF THE ARMY
Headquarters, U.S. Army Medical Department Center and School
Fort Sam Houston, Texas 78234-6100
EXPERT FIELD MEDICAL BADGE
(A Portrait of Excellence)

The Expert Field Medical Badge (EFMB) was designed as a special skill award for recognition of exceptional competence and outstanding performance by field medical personnel and approved by the Department of the Army on 18 June 1965. The Expert Field Medical Badge may be awarded to all officers assigned or detailed to an Army Medical Department (AMEDD) corps; Army officers in training at the Uniformed Services University of the Health Sciences; Army officers enrolled in the Health Professions Scholarship Program; warrant officers who have an AMEDD primary Military Occupational Specialty (MOS) controlled by The Surgeon General; warrant officer pilots that have a special qualification identifier "D" (Aeromedical Evacuation Pilot) and are assigned to an air ambulance unit; and enlisted personnel who have an AMEDD primary MOS or MOS 18D, this includes all MOSs in the Career Management Field (CMF) 68.
FORWARD

The Expert Field Medical Badge (EFMB) is the mark of a professional; one who cares and has taken it upon themselves to demonstrate that they possess the skills required to be identified as an expert. History has often validated that the course of the battle is influenced more by the health of the Soldier than by strategy or tactics. The proud tradition of the EFMB is one of the major factors in conserving the fighting strength.

The intent of this training workbook is to assist commanders and candidates alike in preparing for the EFMB. It is not intended to replace the actual references for EFMB, but be used to augment them for training purposes. Where the information presented herein conflicts with that of the original publication, because of revision, omissions, mistakes, or misspells, the original publication takes precedence.

The EFMB Test Control Offices’ website also provides links to the above stated references and has up to date information on the EFMB Program. It should be checked for updates and is located at: https://www.us.army.mil/suite/page/140048

The proponent of this publication is the U.S. Army Medical Department Center and School. Send comments and recommendations directly to: U.S. Army Medical Department Center and School, Expert Field Medical Badge Test Control Office, ATTN: MCCS-OP (EFMB), 3630 Stanley Road, Suite 336, Fort Sam Houston, TX 78234-6100.

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

The use of trade names or trademarks in this publication is for illustrative purposes only. Their use does not imply endorsement by the Department of Defense.

Also available on the EFMB Website are flashcards and bingo. The information included in these training aids relates directly with the information provided within this workbook.

Candidates should check the EFMB Website for updates to EFMB Written Test References and ensure there have been no updates to this publication. The EFMB TCO Website is located on AKO at https://www.us.army.mil/suite/page/140048
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# THE EXPERT FIELD MEDICAL BADGE (EFMB)
## HANDS ON TRAINING WORKBOOK

## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>PARA</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## CHAPTER 1. ADMINISTRATIVE REQUIREMENTS
- THE EFMB ................................................................. 1-1
- PROVISIONS AND AUTHORITIES ................................ 1-2
- FREQUENCY OF EFMB TEST ........................................ 1-3
- EXPERT MEDICAL STREAMER .................................... 1-4
- EXPERT FIELD MEDICAL BADGE COIN ........................ 1-5
- AWARDING THE EFMB .................................................. 1-6
- EFMB TCO CONTACT INFORMATION ............................ 1-7

## CHAPTER 2. EQUIPMENT REQUIREMENTS
- RECOMMENDED PACKING LIST .................................... 2-1
- TABLE 2-1 Required Candidate Equipment for EFMB Testing ... 2-1

## CHAPTER 3. ELIGIBILITY
- ELIGIBILITY ................................................................. 3-1
- PREREQUISITES .......................................................... 3-2
- UNIT COMMANDERS .................................................... 3-3
- FIGURE 3-1 COMMANDERS RECOMMENDATION MEMO ........ 3-3

## CHAPTER 4. CONDUCT EFMB TESTING
- REQUIREMENTS .......................................................... 4-1
- CLARIFICATION OF PERFORMANCE STEPS/MEASURES ...... 4-2
- TEST PERIOD ............................................................. 4-3
- TRAINING ................................................................. 4-4
- CANDIDATE EQUIPMENT .............................................. 4-5
- BATTLEFIELD SCENARIO AND COMBAT LANE CONCEPTS .... 4-6
- PERFORMANCE STANDARDS ........................................ 4-7
- TABLE 4-1 REQUIREMENTS TO BE AWARDED EFMB ........... 4-8
- SCORE SHEETS .......................................................... 4-9
- WRITTEN TEST .......................................................... 4-10
- FOOT MARCH ..............................................................

## CHAPTER 5. LAND NAVIGATION
- LAND NAVIGATION TASKS .......................................... 5-1
- EQUIPMENT ............................................................... 5-2
- REPRODUCIBLE SCORE SHEETS ................................. 5-3

## CHAPTER 6. TACTICAL COMBAT CASUALTY CARE
CHAPTER 7. MEDICAL AND CASUALTY EVACUATION
MEDICAL AND CASUALTY EVACUATION TASKS............... 7-1
ADDITIONAL INFORMATION ............................................. 7-2
EQUIPMENT ............................................................... 7-3
REPRODUCIBLE SCORE SHEETS ............................. 7-4
ESTABLISH A HELICOPTER LANDING POINT .. 7-5
EVAC-LOAD CASUALTIES ONTO UH-60 HELICOPTER .......... 7-7
EVAC-LOAD CASUALTIES ONTO HH-60L HELICOPTER .......... 7-9
EVAC-LOAD CASUALTIES ONTO M996, M997, or M113 ...... 7-11
EVAC-LOAD CASUALTIES ONTO STRYKER MEV .......... 7-13
LOAD CASUALTIES ONTO NONSTANDARD VEHICLES
(5-TON, M-1085, M-1093, OR 2 ½ TON M-1081) ................. 7-15
LOAD CASUALTIES ONTO NONSTANDARD VEHICLE
(2 ½ TON, 6X6 OR 5-TON, CARGO TRUCK) ..................... 7-17
LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (1¼-TON, 4X4, M998) 7-18
EVAC-EXTRICATE CASUALTIES FROM A VEHICLE .......... 7-20
EVAC-EVACUATE A CASUALTY USING A SKED LITTER .... 7-23
EVACUATE CASUALTIES USING ONE-PERSON CARRIES OR DRAGS 7-24
EVACUATE CASUALTIES USING TWO-PERSON CARRIES OR DRAGS .... 7-28
EVACUATE CASUALTIES USING LITTER CARRIES ............... 7-32

CHAPTER 8. COMMUNICATION
COMMUNICATION TASKS ........................................... 8-1
EQUIPMENT ............................................................... 8-2
TABLE 8-1. MEDICAL EVACUATION PRECEDENCE ........ 8-4
REPRODUCIBLE SCORE SHEETS ............................. 8-3
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CHAPTER 1
ADMINISTRATION REQUIREMENTS

1-1. THE EFMB.

   a. The EFMB is a special skill badge authorized by AR 600-8-22. Made of oxidized silver, the badge consists of a litter, placed horizontally, behind a caduceus with the cross of the Geneva Convention at the junction of the wings.

   b. The EFMB test measures the individual medical Soldier's physical fitness, mental toughness, and ability to perform to standards of excellence in a broad spectrum of critical medical and Soldier skills. The purpose of the EFMB is to-

           (1) Recognize qualified AMEDD personnel who demonstrate a high degree of professional skill, stamina, and proficiency.

           (2) Recognize medical personnel who can expertly perform combat medical and Soldier tasks that support medical care in a simulated combat environment.

           (3) Promote esprit-de-corps. It provides an incentive for greater effort by AMEDD personnel and a badge of excellence that is recognized worldwide by the total Army.

           (4) Enhance individual training programs in units by providing a difficult, yet attainable, goal for every medical Soldier.

1-2. PROVISIONS AND AUTHORITIES.

   a. The Surgeon General is the Army staff agent for the EFMB Program.

   b. The Commander, AMEDDC&S, is the executive agent for the management of the EFMB Program.

   c. Commanders of the following types of units, in the grade of lieutenant colonel or above, are qualified to administer the EFMB test as a host unit:

           (1) Active Army, US Army Reserve (USAR), and Army National Guard (ARNG) table of organization and equipment, and table of distribution and allowances medical units. USAR and ARNG units will conduct EFMB testing during their annual training periods.

           (2) Sustainment brigade commanders.
(3) Separate regiments and brigades having the resources and facilities to conduct all phases of the test as explained in this publication.

d. Units requesting to administer the EFMB test, while deployed, must meet further requirements. Their request must be additionally approved by the senior mission commander and senior medical commander in the deployed area.

1-3. FREQUENCY OF EFMB TEST. The EFMB test uses standardized performance steps/measures to gauge a Soldier’s ability to perform critical individual skills. Thus, every medical Soldier should have the opportunity to take it. There is no time limit that a Soldier must wait between test sites, but a candidate may go through EFMB testing only once during each unit testing cycle. Units may conduct EFMB testing as often as desired.

1-4. EXPERT MEDICAL STREAMER.

a. A unit is awarded an Expert Medical Streamer IAW AR 600-8-22.

b. Requirements. When 65 percent or more of the assigned strength (during EFMB testing period) of a medical unit authorized a color, distinguishing flag, or guidon, has been awarded the Combat Medical Badge or the Expert Field Medical Badge, the unit will be awarded an Expert Medical Streamer. This streamer may be displayed by the organization for one year, at the expiration of which the unit must requalify under the above rules.

c. Awarding authority. Commanding General, US Army Medical Command, installation commanders, commanders of combat divisions, separate brigades, separate regiments, and separate groups may award the Expert Medical Streamer to medical units within their command under the above criteria.

1-5. EXPERT FIELD MEDICAL BADGE COIN.

a. The EFMB coin is the Army Surgeon General’s recognition of the Armed Forces’ most technically and tactically competent expert field medics that successfully complete the requirements of EFMB testing. The EFMB coin will signify to all that the recipients are among the best qualified field medics.

b. Composition. The EFMB coin is maroon and silver in color. The front and back of the coin displays a die cut of the EFMB symbol. The front displays the words "Awarded for Excellence." The back of the coin displays the AMEDD motto “To Conserve Fighting Strength.”

c. Award Criteria. The test board chairperson of the hosting unit will award EFMB coins to candidates who earn the EFMB and meet the following criteria:

(1) The highest score on the EFMB WT.
(a) In the event of a tie, the most “GOs” in the hands-on testing phase will determine the recipient.

(b) If there still is a tie, the least time to complete the 12-mile foot march will determine the recipient.

(2) The most "GOs" in the hands-on testing phase.

(a) In the event of a tie, the highest score on the EFMB WT will determine the recipient.

(b) If there still is a tie, the least time to complete the 12-mile foot march will determine the recipient.

(3) The least time to complete the 12-mile foot march.

(a) In the event of a tie, the most “GOs” in the hands-on testing phase will determine the recipient.

(b) If there still is a tie, the highest score on the EFMB WT will determine the recipient.

d. Coin Distribution.

(1) The EFMB TCO will maintain an adequate quantity of EFMB coins for worldwide distribution to sponsoring units. The EFMB TCO is responsible for the coins’ physical security, accountability, and distribution. The EFMB TCO will hand carry the EFMB coins to the test board chairperson. If the EFMB TCO will not be on site, they will be sent via registered mail, with the sponsoring unit’s test materials. The basis of allocation for coins is one per 50 candidates participating in the EFMB test, not to exceed a maximum of three coins per test.

(2) The test board chairperson will ensure that selection of EFMB coin awardees follows the criteria listed in paragraph 2-19c. Additionally, the test board chairperson will provide the standard name lines of the EFMB coin recipients to the EFMB TCO within five working days of the EFMB awards ceremony.

1-6. AWARDING THE EFMB.

a. The EFMB will be presented at an appropriate awards ceremony and worn IAW AR 670-1 (Wear and Appearance of Army Uniforms and Insignia).

b. Award of the EFMB will be announced in orders, citing AR 600-8-22 as authorization. Copies will be forwarded to the military personnel officer for entry into the
awardees official records. Copies will be also forwarded to the EFMB TCO and the awardees.

c. A certificate of training may be awarded to candidates who completed all EFMB test requirements, but failed to receive a passing score. The test board chairperson will determine the number of training hours to be awarded to these Soldiers.

1-7. EFMB TCO CONTACT INFORMATION.

a. The EFMB TCO mailing address is: U.S. Army Medical Department Center and School, Expert Field Medical Badge Test Control Office, ATTN: MCCS-OP (EFMB), 3630 Stanley Road, Suite 336, Fort Sam Houston, TX 78234-6100.

b. The EFMB TCO website is located on the Medical Knowledge Network (MEDKN) portal of the Army Knowledge Online (AKO), which may be viewed by logging on AKO first, then at: https://www.us.army.mil/suite/page/140048.
CHAPTER 2

EQUIPMENT REQUIREMENTS

2-1. RECOMMENDED PACKING LIST.

a. Candidates will report to the EFMB site with all required equipment. Table 2-1 lists the equipment required for testing purposes. A duffle bag with a lock should also be brought to hold items necessary for sustainment during the candidates' time at the EFMB site (i.e., sleeping bag, personal hygiene items, and towel). The host unit will provide a packing list of additional items that may be required suggested.

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Worn</strong></td>
<td></td>
<td><strong>Carried: (continued)</strong></td>
<td></td>
</tr>
<tr>
<td>Uniform, Army Combat</td>
<td>1 set</td>
<td>Paper, M8</td>
<td>1 book</td>
</tr>
<tr>
<td>Boots, Combat</td>
<td>1 pair</td>
<td>Pen</td>
<td>1</td>
</tr>
<tr>
<td>Helmet, Ballistic with Cover</td>
<td>1</td>
<td>Pencil, Mechanical</td>
<td>1</td>
</tr>
<tr>
<td>Socks</td>
<td>1 pair</td>
<td>Rucksack with Frame</td>
<td>1</td>
</tr>
<tr>
<td>Tags, Identification</td>
<td>1 set</td>
<td>Suspenders, Individual Equipment</td>
<td>1</td>
</tr>
<tr>
<td>T-shirt, ACU</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underwear</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watch</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Carried</strong></td>
<td></td>
<td><strong>Placed in Rucksack</strong></td>
<td></td>
</tr>
<tr>
<td>Belt, Individual</td>
<td>1</td>
<td>Bag, Waterproof</td>
<td>1</td>
</tr>
<tr>
<td>Canteen, Water Plastic</td>
<td>2</td>
<td>Boots, Combat</td>
<td>1</td>
</tr>
<tr>
<td>Card, Identification</td>
<td>1</td>
<td>Gloves, CBRN Rubber</td>
<td>1 pair</td>
</tr>
<tr>
<td>Case, First Aid</td>
<td>1</td>
<td>Jacket, Chemical Protective</td>
<td>1</td>
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<tr>
<td>Case, Small Arms</td>
<td>2</td>
<td>T-shirt, ACU</td>
<td>1</td>
</tr>
<tr>
<td>Compass, Lensatic</td>
<td>1</td>
<td>Liner, CBRN Gloves</td>
<td>1 pair</td>
</tr>
<tr>
<td>Cover, Canteen</td>
<td>2</td>
<td>Overshoes, Rubber</td>
<td>1 pair</td>
</tr>
<tr>
<td>Cup, Canteen Water</td>
<td>2</td>
<td>Parka, Wet Weather</td>
<td>1</td>
</tr>
<tr>
<td>Flashlight with Red, Green or Blue Lens</td>
<td>1</td>
<td>Poncho</td>
<td>1</td>
</tr>
<tr>
<td>and Batteries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kit, M291 Skin Decontamination</td>
<td>2 kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mask, Protective with Carrier</td>
<td>1</td>
<td>Trousers, Chemical Protective</td>
<td>1</td>
</tr>
<tr>
<td>M16/M4 Series Rifle/Carbine with Sling,</td>
<td>1</td>
<td>Trousers, Wet Weather</td>
<td>1</td>
</tr>
<tr>
<td>(2) Magazines, and Blank Adapter</td>
<td></td>
<td>Light Stick, Chemical</td>
<td>1</td>
</tr>
<tr>
<td>Notepad</td>
<td>1</td>
<td>Uniform, Army Combat</td>
<td>1 set</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Underwear</td>
<td>1</td>
</tr>
</tbody>
</table>

1. The terms rucksack, light fighter pack, and All-purpose Lightweight Individual Carrying Equipment (ALICE) pack may be used interchangeably. Current issued Table of Allowance (CTA) 50-900 may be used in lieu of rucksack and load carrying equipment (LCE). A water hydration system may be substituted for the 2d canteen, cup and carrier.
2. The protective mask, with carrier, and load-bearing vest/equipment are carried on the person as outlined in Technical Manual (TM) 3-4240-300-10-2.
3. The M8 paper and M291 Skin Decon Kit are no longer required after the applicable Warrior Skills tasks are tested.
4. The EFMB host unit may request alteration to this packing list or the uniform IAW AMEDDC&S Pam 350-10, paragraph 4-5.

Table 2-1. Required Candidate Equipment for EFMB Testing
CHAPTER 3

ATTENDING EFMB

3-1. ELIGIBILITY.

a. The EFMB is awarded to DA personnel who meet the following requirements and pass the EFMB test in accordance with (IAW) the standards in this publication. Other service and allied candidates must be either medical personnel or personnel serving in comparable medical positions.

(1) Enlisted personnel with an AMEDD primary MOS or MOS 18D, Special Operations Medical Sergeant. This includes all MOSs in the 68-career management field (CMF).

(2) Warrant officers with an AMEDD primary MOS. Warrant officer pilots with a “D” special qualification identifier, Aeromedical Evacuation Pilot, who are assigned to an air ambulance unit, are also eligible.

(3) All commissioned officers assigned or detailed to an AMEDD corps. This includes Army officers in training at the Uniformed Services University of the Health Sciences and Army officers enrolled in the Health Professions Scholarship Program.

(4) Other service and allied candidates must be either medical personnel or serving in comparable medical positions.

(5) Individuals working in a medical facility or medical unit who do not meet the criteria stated above are not eligible to be awarded the EFMB. They may go through EFMB standardization and testing, but no orders may be issued awarding them the EFMB.

3-2. PREREQUISITES

a. To be eligible for the EFMB, candidates must meet prerequisites before the start date of the EFMB test. Each candidate must:

(1) Volunteer for EFMB testing.

(2) Be recommended by their unit commander.

(3) Be physically and mentally prepared to cope with the rigorous demands of the EFMB test and trained in the prevention of heat related injuries. Soldiers with medical profiles prohibiting the performance of any EFMB tested event are ineligible to compete.

(4) Qualify as marksman or higher with their assigned weapon within one year of
(5) Score a minimum of 180 points on the Army Physical Fitness Test (APFT), with a minimum of 60 points in each event, within 6 months of the test-end date. Alternate events are not authorized. Soldiers with medical profiles prohibiting participation in any of the three events are ineligible to compete, with the exception of Soldiers who have been wounded during combat operations. These Soldiers are authorized to take an alternate event in lieu of the 2-mile run and are eligible to compete.

(6) Possess a current cardiopulmonary resuscitation (CPR) certification. The certification must be valid through the test-end date.

(7) Other service and allied candidates must meet the physical fitness and weapon qualification standards. The test board chairperson will determine whether candidates have met a suitable standard prior to acceptance.

(8) Perform all tasks professionally and ethically IAW this publication and the Army Values.

3-3. Unit Commanders.

(1) Recommend only those candidates who volunteer for EFMB testing and meet the eligibility requirements in paragraph 3-1 and 3-2. Commanders should carefully evaluate potential EFMB candidates before recommending them for EFMB testing. They should remember that each candidate awarded the EFMB will represent the standards of the EFMB for the remainder of their military career.

(2) Arrange for the APFT, weapons qualification (WQ), and CPR certification requirements and provide a copy of the results to the test board chairperson.

(3) Prepare a Commander’s Recommendation/Certification Memorandum for their candidates and submit to the test board chairperson (see figure 3-1).

(4) Conduct EFMB training and preparation in advance of EFMB testing. Standardization conducted at the EFMB testing site does not fulfill the requirement that the commander conduct EFMB training prior to testing to prepare their candidates.

(5) Ensure that candidates are physically and mentally prepared to cope with the rigorous demands of EFMB testing, including the 12-mile foot march IAW FM 21-18 (Foot Marches) and are trained in the prevention of heat-related injuries IAW the US Army Center for Health Promotion and Preventive Medicine (http://chppm-www.apgea.army.mil/heat/).
MEMORANDUM FOR Expert Field Medical Badge (EFMB) Test Board Chairperson, Host Unit Name (Office Symbol), Full Address.

SUBJECT: EFMB Test Candidate Recommendation/Certification

1. Reference US Army Medical Department Center and School Pamphlet 350-10, Expert Field Medical Badge (EFMB) Test.

2. I recommend the following candidates for EFMB testing, acknowledging that training and fitness of Soldiers are a commander’s responsibility. I verify the following are true:

   a. All candidates have volunteered for testing.

   b. All candidates have completed the Army Physical Fitness Test (APFT) and weapons qualification (WQ), and are cardiopulmonary resuscitation (CPR) certified.

   c. All candidates are trained in the prevention of heat related injuries, and are physically and mentally fit to cope with the rigorous demands of EFMB testing.

   d. All candidates were provided the necessary training materials, references (AMEDDC&S Pam 350-10 and written test reference), and instruction as part of an EFMB training program that began (Day Month Year).

<table>
<thead>
<tr>
<th>RANK, NAME, AND MOS/ SSN</th>
<th>WQ DATE/AOC</th>
<th>APFT DATE/SCORE</th>
<th>CPR CERT/DATE</th>
<th>FITNESS/HEAT PREV TNG</th>
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<tr>
<td>CPT Smith, Rob 70H XXX-XX-XXXX</td>
<td>9 Nov 10 Expert</td>
<td>15 Nov 10 250</td>
<td>4 Dec 10</td>
<td>Yes</td>
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<tr>
<td>SFC Jones, Mark 68W XXX-XX-XXXX</td>
<td>10 Nov 10 Sharpshooter</td>
<td>15 Nov 10 275</td>
<td>1 Nov 10</td>
<td>Yes</td>
</tr>
<tr>
<td>SPC Santos, Jose 68E XXX-XX-XXXX</td>
<td>9 Nov 10 Expert</td>
<td>15 Nov 10 300</td>
<td>3 Jan 10</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3. The point of contact is the undersigned at DSN: XXX-XXXX or commercial: (XXX) XXX-XXXX.

THOMAS A. JONES
CPT, MS
Commanding

Figure 3-1. Commander’s Recommendation/Certification Memorandum
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CHAPTER 4

CONDUCT EFMB TESTING

4-1. REQUIREMENTS. To qualify for and be awarded the EFMB, candidates must be eligible IAW paragraph 3-2. In addition, they must successfully complete the requirements and/or required number of tasks associated with each of the seven critical performance areas in Appendix A.

4-2. CLARIFICATION OF PERFORMANCE STEPS/MEASURES.

NOTE: Some of the tasks in this publication were obtained from Soldier Training Publications (STP), Field Manuals (FM), and other publications and were revised for EFMB testing purposes. The performance conditions, standards, and steps/measures in this publication are for EFMB TESTING PURPOSES ONLY.

a. Some tasks and performance steps/measures have time standards. These time standards are for test administering purposes only.

b. Test board members, evaluators, and candidates must ensure that they are using the most up to date EFMB references. The EFMB TCO will furnish changes to tasks, conditions, standards, and performance steps/measures to the test board chairperson prior to the conduct of EFMB testing. Changes will also be posted on the EFMB TCO website (see paragraph 2-21).

4-3. TEST PERIOD.

a. EFMB testing is designed to be both physically and mentally challenging. The testing, to include the written portion, is conducted in 120 hours on consecutive days. This may be conducted over six consecutive days as long as it is within the 120 hour time constraint. Time begins from the beginning of the first event until the end of the foot march. The foot march will be the last tested event. The WT will be the last tested event prior to the foot march.

b. All testing will be conducted in a field type environment. However, the WT may be administered in a garrison environment. Candidates will bivouac in tents or in hardstand buildings in a field environment area during the entire EFMB test period.

4-4. TRAINING.

a. Training prior to the standardization and test periods is the responsibility of the candidate’s chain of command.

b. Inconsistent or improper unit training prior to the test period is not grounds for rebuttal.
4-5. CANDIDATE EQUIPMENT.

a. Table 2-1 lists the equipment required for testing purposes for the candidates. Candidates are required to carry all of the equipment listed in table 2-2, including the rucksack, to the start point of all lanes, but not during the testing of tasks. The ballistic helmet, LCE, and protective mask in carrier will be worn at all times. The M16/M4-series rifle/carbine will be carried at all times. The test board chairperson will determine which lanes he wishes to be negotiated with the rucksack worn, except as follows:

(1) The rucksack is not carried or worn on the land navigation course.

(2) The rucksack must be carried or worn on the 12-mile foot march.

b. During the WT, the candidates may wear the battle Army combat uniform (ACU) without the equipment. The field uniform is not required for this task.

c. The M16/M4-series rifle/carbine will be carried, worn, or within an arm’s reach (one meter from the candidate’s position) at all times. The candidate may receive an administrative NO-GO on any task(s) in which the weapon is not within an arm’s reach. The EFMB test board will ensure that this is being evaluated the same on all lanes at the EFMB site and is made clear to the candidates during standardization.

d. Rubber weapons will NOT be used by candidates in any portion of EFMB testing.

4-6. BATTLEFIELD SCENARIO AND COMBAT LANE CONCEPTS.

a. Battlefield Scenarios.

(1) The creation of simulated combat conditions is critical to the evaluation of performance-oriented testing that is reaction based. Pyrotechnics, smoke, opposing force activity, realistic moulage, anatomic simulators, and casualty simulators are used extensively to enhance conditions for realism.


(1) Combat testing lanes will include mission-related tasks using reaction-based testing. Common task training (CTT), station, and round-robin style testing will not be used at any time.

(2) Tasks from the critical performance areas of TCCC, communications, warrior skills, and evacuation will be integrated in the CTLs. There is no predetermined sequence of the tasks for each CTLs. The test board chairperson will determine the sequence of the tasks on all combat testing lanes.

(3) Candidates are given blank rounds to fill a minimum of one magazine before
the start of each lane that has opposing force activity.

(4) Candidates are given an overall written or verbal operation order (OPORD) at the beginning of the test cycle. Candidates will receive a fragmentary order (FRAGO) upon arriving at each CTL as a platoon. Candidates will receive a team or scenario brief before the start of each lane. The use of FRAGOs throughout the lanes is mandatory to communicate the situation. They should all be relevant to the current operating environments and reflect realistic changes from the initial OPORD.

(5) Evaluators will not give task, conditions, standards, etc. during testing. Testing is reaction based. After a candidate starts a lane, his interactions with the evaluator must be minimized other than FRAGOs. The score sheets in Appendix B provide “cues” for the evaluators to assist and standardize interaction during the performance of tasks. The use of FRAGOs throughout the lanes is mandatory to communicate the situation.

(6) Upon arrival at the lane, all candidates will receive a FRAGO. Prior to the candidate starting the lane the evaluator will provide them with a team briefing.

(9) All communication between the evaluator and the candidate during testing of tasks will be IAW the evaluator cues (“Evaluator States”) on the applicable score sheets. The evaluator may add additional information to further clarify a cue or in acting as higher headquarters receiving a report or message. FRAGOs will be utilized throughout the lane to communicate the situation.

4-7. PERFORMANCE STANDARDS.

a. All performance steps/measures are provided for the tested tasks.

b. The test board chairperson will select the type of equipment which will be tested. This will be identified during standardization.

c. The score sheets ensure that every candidate is graded by the same standards. Candidates must successfully perform all performance steps/measures on the task to receive a GO. Violation of a caution, warning, or note statement may be considered to cause further injury to the casualty, if applicable.

d. Candidates performing steps not listed in the score sheets will not be penalized as long as they perform all required performance steps/measures in the allotted time, if applicable.

e. Candidates may receive an administrative NO-GO for test integrity violations or serious safety violations on any tested task, even though it is not stated as a performance step/measure. Candidates may also receive an administrative NO-GO for weapons violations.
Table 4-1. Requirements to be awarded EFMB

<table>
<thead>
<tr>
<th>CRITICAL PERFORMANCE AREAS AND TASKS</th>
<th>TEST REQUIREMENTS</th>
<th>TEST DATE (YYYYMMDD)</th>
<th>GO</th>
<th>NO-GO</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRITTEN TEST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Written Test – First attempt</td>
<td>45 OF 60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Written Test – Second attempt</td>
<td>45 OF 60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAND NAVIGATION TASKS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Navigate from one point to another during the day.</td>
<td>3 OF 4 POINTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Navigate from one point to another during the night.</td>
<td>3 OF 4 POINTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION TASKS</td>
<td>4 OF 5 TASKS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WARRIOR SKILLS TASKS</td>
<td>10 OF 13 TASKS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TACTICAL COMBAT CASUALTY CARE TASKS</td>
<td>11 OF 14 TASKS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL AND CASUALTY EVACUATION TASKS</td>
<td>8 OF 10 TASKS</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FOOT MARCH</td>
<td>3 HOURS</td>
<td></td>
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</tr>
</tbody>
</table>

4-8. SCORE SHEETS.

a. The score sheets provided in Appendix A will be used to evaluate candidates during the testing phase of EFMB. These are the only authorized score sheets, and any modifications are prohibited. If an exception to policy is approved that affects the information on the applicable score sheet, the host unit will provide the new score sheet to candidates.

b. Performance steps/measures with grey shaded GO/NO-GO boxes on the score sheet will NOT be evaluated in EFMB. They are listed to avoid confusion due to the fact that many organizations train their medical personnel to perform these tasks.

4-9. WRITTEN TEST.

a. Candidates must pass a WT consisting of 60 questions. One hour and thirty minutes is allowed for administering the WT. To pass, candidates must correctly answer a minimum of 45 questions within the one hour and thirty minute time limit. The WT will be administered as the first tested event.

b. Candidates who initially fail the WT will be given a retest of the WT the evening before the foot march.

4-10. FOOT MARCH.

a. Objective. To measure a candidate’s physical stamina, state of training, and mental attitude.
b. Requirements. Candidates must complete a 12-mile (19.3 kilometer) foot march, within 3 hours, completely crossing the finish line carrying their individual field equipment IAW table 2-2. This event is the last tested event during EFMB testing.

(1) Host units will exercise judgment to remove candidates who demonstrate the inability to achieve the standard at any time during the event. The Test Board Chairperson may appoint personnel at designated mile markers to remove candidates exceeding a predetermined elapsed time. Personnel appointed by the Test Board Chairperson will remove candidates exceeding 2:00 and 2:15 at the six and nine mile markers respectively. Radios will be utilized to communicate official time at each location. Host units are not limited to the above stipulations.

(2) Risk reduction measures, such as unblousing the pants, are allowed. The test board chairperson may approve these measures as weather conditions necessitate.

(3) Proper hydration procedures must be enforced. On the day before the march, candidates should consume several quarts (liters) of water. On the morning of the march, candidates should consume one or two quarts of water. They should consume at least one quart (.9 liter) an hour during the march, preferably drinking some every 15 to 30 minutes. Maximum consumption should not exceed 1.25 quarts (1.18 liters) an hour or 12 quarts (11.35 liters) a day. Actual amounts required will vary with the individual and weather conditions.

(4) The host unit test board chairperson will set the parameters on the participation of noncandidates and other personnel on the road march based on the host sites’ support capabilities. All noncandidates that participate in the road march are not allowed to enter the course until at least 300 meters after the start line and must be removed from the course at least 100 meters before the finish line.

(5) Candidates must start and finish the course with the equipment in table 2-1. The host unit will conduct a uniform and equipment inspection prior to and at the end of the march.

(6) Candidates must carry their weapon “at the ready.” They will not strap the weapon to the rucksack, disassemble the weapon, or carry the weapon at sling arms. **The weapon will not be slung in any manner to the candidate’s body or equipment.**

(7) Candidates must carry the protective mask with carrier strapped around their waist or shoulder.

(8) Candidates will not be assisted during the march in any way. This includes, but is not limited to, adjusting their equipment for them and providing items such as dry socks, food, or drink. Candidates must secure their own water or refill their canteens at authorized water stations. Candidates may carry additional items for their own consumption, such as sports drinks and energy bars. However, they must carry these
additional items and have them on their person prior to beginning the march. Candidates may not receive additional items after the march starts.

(9) A rest or sleep period must be afforded the candidates prior to the march. The duration of this rest or sleep period will be at least four to six continuous hours.

(10) The candidate will receive a NO-GO for any of the following:

(a) Not completing the road march within the 3-hour time limit.
(b) Not starting and finishing with the equipment listed in table 2-1.
(c) Receiving assistance along the route.
(d) Not carrying the weapon and/or mask as stated in paragraphs 4-10b(6).
CHAPTER 5

LAND NAVIGATION

TOTAL TASKS-2
PASS REQUIREMENTS- 3 out of 4 (Day)
3 out of 4 (Night)

5-1. LAND NAVIGATION TASKS.

a. Objective. The objective of the land navigation courses is to measure the candidate’s ability to navigate from a start point, through intermediate points, to an end point during daylight and darkness.

b. Requirements. The candidate must successfully complete the performance measures for both the day and night courses to receive a GO.

(1) The host unit will NOT review the points with the candidates upon completion of both the day and night courses during standardization and test weeks. Candidates will receive a GO or NO-GO only. The host unit will not give more information. However, the Land Navigation OIC/NCOIC may provide training RECOMMENDATIONS to the candidate.

(2) Candidates will carry a red-, green-, or blue-lens flashlight and a chemical light stick during the night course. The use of white light or a chemical light stick will only be used for emergencies.

(3) Prior to starting the land navigation course it is strongly recommended that all candidates should verify the accuracy of their compass and reconfirm their known pace count.

(4) No talking or interaction between candidates is permitted on the land navigation courses at any time. Candidates should stay at least 10 feet away from other candidates at all times.

(5) Artificial illumination (such as light sticks) may be used to mark the general boundaries of the course, but not the individual points. Candidates may not use artificial illumination or red-, green-, or blue-lens flashlight to mark their direction. Candidates may illuminate map materials and check footing for safety while STATIONARY ONLY. Candidates who utilize any light source while “on the move” will receive an NO-GO.

5-2. EQUIPMENT.

a. The equipment required for the day and night courses are specified in the land navigation score sheets. NO OTHER EQUIPMENT IS AUTHORIZED.
b. For both the day and night courses, all candidates will be issued a paper (NOT laminated) topographic map, score sheet, and the eight digit coordinates of the five points to the candidates. The map and score sheet must be returned to the host unit upon completion of each course. Candidates may use a clipboard or other flat surface to plot their points.

c. If wearing body armor, the plates should be removed prior to negotiating the land navigation course. Deviations in compass azimuth readings have been identified due to the effects of the body armor plates.
REPRODUCIBLE SCORE SHEETS

5-3. GENERAL.

The various score sheets included within this appendix are designed for EFMB use only and prescribe the testing standards for use during EFMB. They may be reproduced locally as needed.
EFMB Test Score Sheet

LAND NAV — NAVIGATE FROM ONE POINT TO ANOTHER DURING THE DAY
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME
CANDIDATE #

TASK: NAVIGATE FROM ONE POINT TO ANOTHER DURING THE DAY.

CONDITIONS: Given a standard topographic map, scale 1:50,000; a lensatic compass; Graphic Training Aid (GTA) 05-02-012 (coordinate scale and protractor); a pencil; a score sheet; and the eight-digit grid coordinates of the start point, three intermediate points, and end point.

STANDARDS: Plot the start point, intermediate points, and the end point on the map. Navigate from the start point, through each intermediate point, in order, to the end point, and correctly record at least three points within 3 hours.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES USE ONLY.

PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Plot points on the map.</td>
<td></td>
</tr>
<tr>
<td>2. Navigate from the start point, through the intermediate points, to the end point.</td>
<td></td>
</tr>
<tr>
<td>3. Correctly record the point number or letter of at least three points, excluding the start point.</td>
<td></td>
</tr>
<tr>
<td>4. Complete all performance measures within 3 hours.</td>
<td></td>
</tr>
<tr>
<td>5. Return the map and score sheet.</td>
<td></td>
</tr>
</tbody>
</table>

DAY LAND NAVIGATION COURSE LANE #

START TIME: _______ END TIME: _______ TOTAL TIME: ____ Hours _____ Minutes

END POINT CADRE SIGNATURE: ____________________________

8 DIGIT GRID COORDINATES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>START POINT</td>
<td></td>
</tr>
<tr>
<td>1st POINT</td>
<td></td>
</tr>
<tr>
<td>2d POINT</td>
<td></td>
</tr>
<tr>
<td>3rd POINT</td>
<td></td>
</tr>
<tr>
<td>END POINT</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL CORRECT/INCORRECT POINTS

REASON(S) FOR FAILURE

DOES THE CANDIDATE WISH TO REBUT THIS TASK?
(CANDIDATE INITIALS APPROPRIATE BOX) YES NO

LANE OIC/NCOIC INITIALS
EVALUATOR’S SIGNATURE DATE

Worksheet # 001 to construct AMEDDC&S Form 1232, 1 NOV 11

5-4
EFMB Test Score Sheet
LAND NAV — NAVIGATE FROM ONE POINT TO ANOTHER DURING THE NIGHT
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE'S RANK AND NAME
CANDIDATE #

**TASK:** NAVIGATE FROM ONE POINT TO ANOTHER DURING THE NIGHT.

**CONDITIONS:** Given a standard topographic map, scale 1:50,000; a lensatic compass; Graphic Training Aid (GTA) 05-02-012 (coordinate scale and protractor); a pencil; a score sheet; a red-lens flashlight; a chemical light stick for emergency use; and the eight digit grid coordinates of the start point, three intermediate points, and end point.

**STANDARDS:** Plot the start point, intermediate points, and the end point on the map. Navigate from the start point, through each intermediate point, in order, to the end point, and correctly record at least three points within 4 hours.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES USE ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Plot points on the map.</td>
<td></td>
</tr>
<tr>
<td>2. Navigate from the start point, through the intermediate points, to the end point.</td>
<td></td>
</tr>
<tr>
<td>3. Did not mark the route of travel with the flashlight.</td>
<td></td>
</tr>
<tr>
<td>4. Correctly record the point number or letter of at least three points, excluding the start point.</td>
<td></td>
</tr>
<tr>
<td>5. Complete all performance measures within 4 hours.</td>
<td></td>
</tr>
<tr>
<td>6. Return the map and score sheet.</td>
<td></td>
</tr>
</tbody>
</table>

**NIGHT LAND NAVIGATION COURSE LANE # __________**

**START TIME:** __________  **END TIME:** __________  **TOTAL TIME :** ____ Hours _____ Minutes

**END POINT CADRE SIGNATURE:** _______________________________

<table>
<thead>
<tr>
<th>8 DIGIT GRID COORDINATES</th>
<th>POSITION STAKE NUMBER</th>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>START POINT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st POINT</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2d POINT</td>
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<tr>
<td>3rd POINT</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>END POINT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL CORRECT/INCORRECT POINTS**

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**LANE OIC/NCOIC INITIALS**

**EVALUATOR'S SIGNATURE**

**DATE**

Worksheet # 002 to construct AMEDDC&S Form 1232, 1 NOV 11
6-1. TACTICAL COMBAT CASUALTY CARE (TCCC) TASKS.

a. Objective. To measure the candidate's ability to prioritize casualties and apply tactical combat casualty care and emergency medical treatment skills in a contemporary combat operating environment.

b. Requirements. The candidate is required to complete the 14 tasks (paragraph 6-1-c) and pass 11 of the 14. The tasks are tested in a simulated battlefield scenario with the required equipment. The candidates' aid bags will contain the items on a packing list provided by the EFMB test board. The candidate is placed in a scenario with numerous simulated casualties incurred in the negotiation of the CTL.

c. Tasks. The following tasks are tested in a lane using reaction-style testing.

1. Perform a tactical combat casualty care patient assessment.
2. Control bleeding using a tourniquet.
3. Control bleeding using a hemostatic device.
4. Triage casualties.
5. Control bleeding using dressings.
6. Initiate a saline lock and intravenous infusion.
7. Initiate treatment for hypovolemic shock and prevent hypothermia.
8. Insert a nasopharyngeal airway.
9. Treat a penetrating chest wound.
11. Treat an open abdominal wound.
12. Treat an open head injury.
13. Immobilize a suspected fracture of the arm.
(14) Treat lacerations, contusions, and extrusions of the eye.

d. TCCC tasks may be tested all on the same CTL or split up on various CTLs.

e. The EFMB test board chairperson may establish a time limit only for the portions of lanes that TCCC tasks are tested to prevent unprepared candidates from hindering the efficiency of the lane. At the end of the time established by the test board chairperson, the tasks that are not completed will be scored a NO-GO.

6-2. COMMUNICATION.

a. Any acronyms (i.e., DCAP-BTLS, TIC) that the candidate will use during the testing of the TCCC tasks will be defined by the candidate to the evaluator following the team brief. This portion of the lane will not be timed. If the candidate utilizes an acronym during the lane that was not previously defined, the evaluator will ask for its definition. If the test board chairperson has established a time limit for the TCCC portion of a lane, the time required to define the acronym will be included in the candidate’s completion time.

b. Substance Isolation (BSI). The majority of the TCCC tasks have a performance step/measure to take BSI precautions. The EFMB host unit will standardize candidates on what actions they will take with the applicable tasks depending on its concept of operation.

6-3. EQUIPMENT.

a. The host unit will provide all equipment and supplies for TCCC tasks at the tested sites. Candidates are required to pack their own aid bags prior to the start of the lane. Improper packing of the aid bag by the candidate is not grounds for rebuttal.
REPRODUCIBLE SCORE SHEETS

6-4. GENERAL.

The various score sheets included within this appendix are designed for EFMB use only and prescribe the testing standards for use during EFMB. They may be reproduced locally as needed.
**EFMB Test Score Sheet**

**TCCC — PERFORM A TACTICAL COMBAT CASUALTY CARE PATIENT ASSESSMENT**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE’S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
</table>

**TASK:** PERFORM A TACTICAL COMBAT CASUALTY CARE PATIENT ASSESSMENT.

**CONDITIONS:** Given multiple trauma casualties in a simulated combat environment and necessary equipment to perform applicable performance steps and measures.

**STANDARDS:** Perform all steps and measures IAW the concepts and principles of Tactical Combat Casualty Care and the EFMB Program without causing further injury to the casualties.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
</table>

**NOTE:** Performance steps/measures that are evaluated in other EFMB TCCC tasks (i.e. Control Bleeding Using a Tourniquet task) will not be marked as a NO-GO on this task as long as they were attempted at the appropriate phase in the CTL. Performance of a step/measure during the wrong phase (i.e., splinting a fracture in the care under fire phase) or not performing at all will be marked as a NO-GO on this task.

1. Perform care under fire procedures.
   a. Take cover. Return fire as directed or required before providing medical treatment.
   b. Direct the casualties to return fire, if able.
   c. Determine the scene safety/security.

   **NOTE:** Despite fire superiority being gained during the care under fire phase of care, it does not mean that the enemy threat has been eliminated. You must exercise caution when maneuvering to casualties utilizing available cover, concealment, and suppressive fire. If the tactical situation permits have the casualties move to your position exercising the same caution.

   **NOTE:** You must determine the relative threat of the tactical situation versus the risk to the casualty. Can you remove the casualty to a place of relative safety without becoming a casualty yourself? Is the casualty safer where he is? If possible, seek assistance from your leader.

   d. Determine the number and location of the injured and severity of their injuries (Evaluated IAW Triage Casualties task).
   e. Direct team members/combat life savers to assist, if available.

   **NOTE:** For EFMB testing purposes, the candidate cannot direct other individuals or a casualty to perform tasks that he is being evaluated on. This is also applicable for other performance steps/measures within this task. For example, the candidate cannot direct a team member to control bleeding using a tourniquet and only check that it was applied correctly. The candidate must be evaluated on performing each of the TCCC tasks at least once.

   f. Assess the casualties for life threatening extremity hemorrhage.

   **NOTE:** Once fire superiority has been gained begin assessing and treating life threatening hemorrhage.

   (1) If the casualty is unresponsive or unable to move and has severe extremity bleeding, administer life-saving hemorrhage control before moving the casualty.

      a. Use a tourniquet for hemorrhage that is anatomically amenable to tourniquet application (Evaluated IAW Control Bleeding with Tourniquet task).

      b. For hemorrhage that cannot be controlled with a tourniquet, apply a hemostatic dressing (Evaluated IAW Control Bleeding with Hemostatic Device task).

   (2) Direct the casualty to control hemorrhage by self-aid if he is able.

   g. Communicate the medical situation to the team leader, the evaluator for EFMB testing purposes (Evaluated IAW Triage Casualties task).

   h. Tactically transport the casualty, his weapon, and mission-essential equipment to cover, as required (Evaluated IAW Evacuate Casualties task).

**NOTE:** If the casualty has equipment that is essential to the mission, move the mission-essential equipment also. Do not try to move equipment that is not mission essential.
i. If casualty is unresponsive, move the casualty and his weapon to cover as the tactical situation permits (Evaluated IAW Evacuate Casualties tasks).

j. Recheck the bleeding control measures as the tactical situation permits.

2. Perform tactical field care procedures.
   a. Immediately disarm any casualty with an altered mental status.
   b. Communicate updates to the medical situation to the unit leader in the following situations (Evaluated IAW Triage Casualties task).
      (1) Upon determining that the casualty will not be able to continue with the mission.
      (2) Before initiating any medical procedures. Ensure that the tactical situation allows for time to treat the casualty before initiating any medical procedures.
      (3) Upon any significant change in the casualty’s status.
   c. Take body substance isolation (BSI) precautions.
   d. Perform an initial assessment.

NOTE: If multiple casualties exist, at a minimum, the initial assessment will be completed on each casualty before moving to the next casualty unless they are expectant.

NOTE: Life-threatening injuries should be treated as they are identified according to casualty triage in conjunction with the tactical situation and TCCC principles. If the casualty is expectant, move on to the next casualty.

   (1) Develop a general impression of the patient.
   (2) Determine the patient’s responsiveness using the AVPU scale.
      (a) A – Alert and oriented.
      (b) V – Responsive to verbal stimuli.
      (c) P – Responsive to painful stimuli.
      (d) U – Unresponsive.
   (3) Determine the patient’s chief complaint and life threats.

NOTE: The chief complaint is the casualty’s description of the injuries. Life threats are how those injuries threaten the casualty’s life (i.e., an open chest wound might lead to a tension pneumothorax, which could lead to cardiac shock).

   (4) Assess for Hemorrhage.
      (a) Reassess any treatment for hemorrhage performed during the care under fire phase of care.

NOTE: All life saving interventions must be reassessed each time the patient is moved or transported to ensure that it has not been compromised.

   (b) Perform a blood sweep to identify any life threatening hemorrhage.
   (c) Immediately treat life threatening hemorrhage, if present.
      (i) Use a tourniquet for hemorrhage that is anatomically amendable to tourniquet application (Evaluated IAW Control Bleeding with Tourniquet task).
      (ii) For hemorrhage that cannot be controlled with a tourniquet, apply a HemCon dressing or Quick Clot (Evaluated IAW Control Bleeding with Hemostatic Device task).

   (5) Assess the airway.
      (a) Perform appropriate maneuver to open and maintain the airway.
      (b) Determine if the airway is patent or not. Look, listen and feel to ensure the patient’s airway is patent and not compromised.
      (c) Insert a nasopharyngeal airway adjunct, if required (Evaluated IAW Insert a Nasopharyngeal Airway task).

   (6) Assess breathing.
      (a) Inspect the chest.
(i) Open body armor (if present) and expose the chest.

(ii) Inspect for any penetrating chest wounds, deformities, contusions, abrasions, punctures or penetration, burns, tenderness, lacerations, swelling (DCAP-BTLS) and equal bilateral rise and fall of the chest.

(iii) If a penetrating chest wound is present, apply an occlusive dressing to both entrance and exit wound if present (Evaluated IAW Treat a Penetrating Chest Wound task).

(b) Auscultate at least four fields of the chest for equality and presence of respirations.

NOTE: Successful auscultation may not be possible due to the noise on the battlefield.

(c) Palpate the anterior area of the chest feeling for tenderness, instability and crepitus (TIC).

(d) Apply appropriate oxygen therapy, if available.

(e) Observe for progressive respiratory distress.

NOTE: Progressive respiratory distress secondary to unilateral chest trauma should be considered a tension pneumothorax and requires needle decompression.

(f) Perform needle chest decompression, if necessary (Evaluated IAW Perform Needle Chest Decompression task).

7) Assess Circulation.

(a) Perform blood sweep for any additional hemorrhages.

(i) Control bleeding, if present, with direct pressure, pressure bandage, elevation, hemostatic device, or tourniquet (Evaluated IAW appropriate Control Bleeding tasks).

NOTE: Significant hemorrhage from an extremity wound should be stopped as quickly as possible using a tourniquet. Once the tactical situation permits, consideration should be given to applying a pressure type dressing and then loosening the tourniquet.

(ii) Loosen tourniquet and convert to pressure dressing or use hemostatic device to control bleeding, if appropriate (Evaluated IAW appropriate Control Bleeding tasks).

(b) Check for pulses.

(i) Check the radial pulse, if present the blood pressure is at least 80mmHg.

(ii) If radial pulse is not present, check for the carotid pulse. If present the blood pressure is at least 60mmHg.

(c) Assess the skin’s color, condition, and temperature (CCT).

(d) Identify signs and symptoms of shock, if present.

(i) Weak or absent radial pulses.

(ii) Altered mental status.

(iii) Pale, cool and clammy skin.

(e) Initiate hypotensive fluid protocol (Evaluated IAW Initiate a Saline Lock and IV task).

(i) Initiate fluids only if in hypovolemic shock.

(ii) Give Hextend 500-ml IV bolus.

(iii) Repeat once after 30 minutes if casualty is still in shock, not to exceed 1,000 ml of Hextend.

(f) Prevent hypothermia and treat for shock, if applicable (Evaluated IAW Initiate Treatment for Hypovolemic Shock and Prevent Hypothermia task).

8) Determine the patient’s evacuation priority and make a MEDEVAC decision.

e. Perform a rapid trauma assessment.

NOTE: Significant hemorrhage from an extremity wound should be stopped as quickly as possible using a tourniquet. Once the tactical situation permits, consideration should be given to applying a pressure dressing and then loosening the tourniquet.
NOTE: For EFMB testing purposes, the host unit may elect for the candidate to only perform a rapid trauma assessment on one casualty due to the time required to perform this portion of the assessment.

1. Assess the head.
   (a) Inspect for deformities, contusions, abrasions, punctures or penetration, burns, tenderness, lacerations, and swelling (DCAP-BTLS).
   (b) Palpate for tenderness, instability, and crepitus (TIC).
   (c) Use pen light to inspect eyes for pupils equal round and reactive to light (PERRL).
   (d) Inspect for raccoon eyes and battle sign behind ears.
   (e) Inspect the mouth for broken teeth or airway obstructions.
   (f) Inspect the nose, mouth and ears for cerebral spinal fluid (CSF) and/or blood.
   (g) Treat an open head wound, if present (Evaluated IAW Treat an Open Head Wound task).
   (h) Treat lacerations, contusions, and extrusions of the eye (Evaluated IAW Treat Lacerations, Contusions, and Extrusions of the Eye task).

2. Assess the neck.
   (a) Inspect for DCAP-BTLS.
   (b) Palpate C-spine for TIC and step-offs.
   (c) Inspect for jugular vein distention (JVD).
   (d) Inspect for tracheal deviation.
   (e) Apply cervical collar, if necessary.

3. Assess the chest.
   (a) Inspect for DCAP-BTLS and equal bilateral rise and fall of the chest.
   (b) Auscultate at least four fields for equality and presence of respirations.
   (c) Palpate the anterior area of the chest feeling for TIC.
   (d) Apply appropriate oxygen therapy, if available.
   (e) Observe for progressive respiratory distress.

NOTE: A casualty with penetrating chest trauma will generally have some degree of hemo/pneumothorax as a result of the primary wound.

   (f) Perform needle chest decompression, if necessary (Evaluated IAW Perform Needle Chest Decompression task).

4. Assess the abdomen.
   (a) Inspect for DCAP-BTLS.
   (b) Treat an open abdominal wound, if present (Evaluated IAW Treat an Open Abdominal Wound task).
   (c) Palpate for tenderness, rigidity and distention (TRD) if no open abdominal wound exist.

5. Assess the pelvis.
   (a) Inspect for DCAP-BTLS.
   (b) Gently compress to detect TIC if no signs and symptoms of trauma exist.
   (c) Inspect for priapism.

6. Assess the lower extremities.

NOTE: Significant hemorrhage from an extremity wound should be stopped as quickly as possible using a tourniquet. Once the tactical situation permits, consideration should be given to applying a pressure dressing and then loosening the tourniquet.

   (a) Inspect for DCAP-BTLS.
   (b) Palpate for TIC.
   (c) Check for pulse, motor, and sensory (PMS).
(7) Assess the upper extremities.

**NOTE:** Significant hemorrhage from an extremity wound should be stopped as quickly as possible using a tourniquet. Once the tactical situation permits, consideration should be given to applying a pressure dressing and then loosening the tourniquet.

(a) Inspect for DCAP-BTLS.
(b) Palpate for TIC.
(c) Check for PMS.
(d) Immobilize a suspected fracture of the arm, if present (Evaluated IAW Immobilize a Suspected Fracture of the Arm task).

(8) Assess the posterior.

**NOTE:** The casualty should be log rolled to do this portion of the assessment, unless contraindicated by injuries.

(a) Inspect for DCAP-BTLS.
(b) Palpate the long spine for TIC and step-offs.
(c) Inspect for rectal bleeding.
(d) Log roll patient onto litter/stretcher.
(e) Reassess all life saving interventions or treatments to ensure they have not been compromised due to the movement of the patient.

**NOTE:** All life saving interventions must be reassessed each time the patient is moved or transported to ensure that they have not been compromised.

f. Perform a focused assessment.

(1) Perform a focused physical examination of the injured or affected body part(s).
(2) Provide interventions and treatment per triage priority.

**NOTE:** If performed on a mannequin or simulated casualty, the evaluator will communicate vital signs to the candidate if assessed correctly.

(1) Pulse.
(2) Blood Pressure.
(3) Respirations.
(4) Skin color, condition, and temperature.
(5) Pupils equal round and reactive to light.

h. Gather AMPLE history.

NOTE: For EFMB testing purposes, the casualty or the evaluator will communicate the AMPLE history information to the candidate if properly questioned. If the casualty is unconscious, the candidate can obtain this information from other sources (i.e., check ID tags, medication bracelets, squad members).

(1) Allergies.
(2) Medications.
(3) Past prior medical history.
(4) Last oral intake.
(5) Events leading up to the injury.

i. Document clinical assessments, treatments rendered, and changes in casualty’s status. Forward this info with the casualty to the next level of care.

**NOTE:** The EFMB host unit will standardize the method of documentation for all candidates. Documentation will be accomplished on all casualties.

(1) Initiate a Tactical Combat Casualty Care Card (DA Form 7656) on each casualty.
(a) Search casualty for pre-filled DA Form 7656 prior to utilizing blank form.

**NOTE:** DA Form 7656 is a component of the improved first aid kit (IFAK). Soldiers may have completed name and allergies portion and inserted the form into their IFAK.

(b) Complete all entries fully.
(i) Write Soldier’s name and unit.

(ii) Add date and time and group. For example, 2PB on Sat, 15 Aug 2009 would be: 151400ZAUG2009.

(iii) Write the Soldier’s known medication allergies: if no allergies, record “NKDA” (no known drug allergies)

(iv) Circle which exposure resulted in this injury [friendly; exposure unknown; or NBC (nuclear, biological, chemical)].

(v) If a tourniquet is applied, circle “TQ” and write the time of application.

(vi) Mark an “X” at the site of the injury(ies) on the body picture. For burn injuries, circle the burn percentage(s) on the figure.

(vii) Circle the cause of injury [gunshot wound, blast, motor vehicle accident, other (specify)].

(viii) Record the level of consciousness AVPU (alert, verbal stimulus, painful stimulus, unresponsive) and vital signs (pulse, respiration, blood pressure) with time.

(ix) Circle Airway interventions [Intact, Adjunct, Cric (Cricothyrotomy), Intubated].

(x) Circle Breathing interventions [Chest Seal, Needle D (needle decompression), Chest Tube].

(xi) Circle bleeding control measures addressing Circulation. Don’t forget tourniquet time on front of card [TQ (tourniquet), Hemostatic, Packed, Pressure Drsg (pressure dressing)].

(xii) Circle route of fluid [IV (intravenous) or IO (intraosseous)]; type [NS (normal saline solution), LR (lactated ringers solution), Hextend]; and amount given. Specify other fluids.

(xiii) Record the type, dose, and route of any drugs given [pain medications, ABX (antibiotics), or other].

(xiv) Use the Other section to record any other pertinent notes and to explain any action that needs clarification.

NOTE: When more space is needed, attach another DA Form 7656 to the original. Label the second card in the upper right corner “DA Form 7656 #2.” It will show the casualty’s name and unit.

NOTE: Use only authorized abbreviations. Except for those listed below, abbreviations may not be used for diagnostic terminology.

FCC - Fracture (compound) open comminuted. FS - Fracture (simple) closed. LW - Lacerated wound.
MW - Multiple wounds. Pen W - Penetrating wound. Perf W - Perforating wound.
SL - Slight. SV - Severe.

(xv) The first responder will sign the card.

(d) Attach the correctly completed TCCC Card to each casualty.

(2) Initiate a US Field Medical Card (DD Form 1380) on each casualty.

(a) Remove the protective sheet from the carbon copy.

(b) Complete the minimum required blocks (1, 3, 4, 7, 9, and 11) correctly on each casualty. Complete the rest of the blocks as time permits. Attach to each casualty.

(3) Initiate documentation using the Armed Forces Health Longitudinal Technology Application (AHLTA) or other computerized system on each casualty.

(a) Using the AHLTA-Mobile handheld device, record data on a digital version of the DD1380 for improved readability and tracking of legible data that will be used as part of the treatment plan.

(i) Select patient from the pre-populated data; Select DD1380; Select BI – Battle Injury Box; Tap Battle Injury checkbox; Select Injury from pop-up screen; Tap on anatomical diagram of body image at injury site; Add correct time on Time of Onset or Injury box; Click the Down Arrow; Select corresponding Injury Type; Tap Add.

NOTE: Once injury is added treatment starts to populate at treatment box.

(ii) Tap Vital Sign; Tap Level of Consciousness down arrow; Tap Add; Tap Close.

(iii) Select Pain Meds/IV’s; Tap Down arrow at Pain Med; Select Med; Tap Add; Tap Down arrow at IV; Tap Add; Tap Close.
(iv) Tap Specific Treatment; Select Tourniquet box; Select Save; Select Finish; Verify DD1380 encounter; Tap Sign and Save. Candidate states requirement to sync to laptop.

(4) Initiate documentation in another method (i.e., writing on a piece of tape placed on casualty) on each casualty.

j. Administer appropriate medications (analgesics and antibiotics).

NOTE: For EFMB testing purposes, the candidate will verbally state they are instructing the casualty to take or assisting the casualty in taking the Combat Pill Pack if the casualty has received a penetrating wound unless otherwise contraindicated. Actual medications will not be administered.

(1) If able to take PO (by mouth).
   (a) Mobic 15 mg PO qd.
   (b) Tylenol, 650 mg bi-layer caplet, 2 PO q 8 hours.
   (c) Gatifloxacin 400 mg PO qd.

(2) If not able to take PO (shock, unconscious, or penetrating torso injuries).

NOTE: For EFMB testing purposes, the candidate will verbally state the following medications by type, amount, and route to the evaluator.

   (a) Morphine sulfate 5 mg IV/IO repeat q 10 min PRN.
   (b) Promethazine (Phenergen) 25 mg IV/IO/IM q 4 hours, for synergistic analgesic effect and as a counter to potential nausea.
   (c) Cefotetan 2 g IV or Ertapenem 1 gm IV.

k. Package the patient and prepare for transport (Evaluated IAW Medical and Casualty Evacuation tasks).

3. Perform ongoing assessment (while waiting for transport, repeat every 5 to 15 minutes depending on the casualty's condition), if applicable.

   a. Repeat initial assessment.
   b. Repeat vital signs.
   c. Repeat a focused assessment on all injuries and reevaluate interventions and treatments.
   d. Reevaluate the casualties' evacuation category.

4. Perform casualty evacuation (CASEVAC) procedures (Evaluated IAW Medical and Casualty Evacuation tasks).

5. Did not cause further injury to the casualties.

REASONS FOR FAILURE

DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)

YES NO

LANE OIC/NCOIC INITIALS EVALUATOR'S SIGNATURE DATE

Worksheet # 003 to construct AMEDDC&S Form 1232, 1 NOV 11
Page 7 of 7
**EFMB Test Score Sheet**

**TCCC — CONTROL BLEEDING USING A TOURNIQUET**
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE'S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
</table>

**TASK:** CONTROL BLEEDING USING A TOURNIQUET.

**CONDITIONS:** Given a casualty who has significant extremity hemorrhage in a simulated combat environment and is under effective fire (care under fire phase) with the necessary materials to treat the casualty.

**STANDARDS:** Perform all steps and measures correctly without causing further injury to the casualty.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

### PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th></th>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Take body substance isolation (BSI) precautions.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Expose the wound.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Apply an improvised tourniquet or Combat Application Tourniquet (CAT) to control bleeding.</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>improvised tourniquet.</td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td>Make a band at least 2 inches wide.</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Position the tourniquet 2 – 4 inches above the edge of the wound but not on a joint.</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>Tie a half knot.</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td>Place a stick (or similar object) on top of the knot.</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td>Tie a full knot over the stick.</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td>Twist the stick until the tourniquet is tight around the limb and the bright red bleeding has stopped.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Combat Application Tourniquet (CAT).</td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td>Remove CAT Tourniquet from carrying pouch.</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Slip the wounded extremity through the loop of the self-adhering band.</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>Position the CAT about 2 inches above the injury site.</td>
<td></td>
</tr>
</tbody>
</table>

**EVALUATOR STATES:** “THE BRIGHT RED BLEEDING HAS STOPPED,” AFT ER CANDIDATE TWISTS WINDLASS TO AVOID INJURY TO THE SIMULATED CASUALTY.

**CAUTION:** Do NOT over-tighten the tourniquet on the simulated casualty.

<table>
<thead>
<tr>
<th></th>
<th>GO</th>
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</thead>
<tbody>
<tr>
<td>(7)</td>
<td>Secure the stick without losing positive control.</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td>Do not cover the tourniquet.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Combat Application Tourniquet (CAT).</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>(3)</td>
<td>Position the CAT about 2 inches above the injury site.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** If the wound is on the lower leg or the forearm, you may not be able to completely control the bleeding with the tourniquet two inches above the wound. If not, you may have to reposition the tourniquet above the knee or elbow to completely control the bleeding.

<table>
<thead>
<tr>
<th></th>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>(4)</td>
<td>Pull the free running end of the self-adhering band tight and securely fasten it back on itself (if applying to an arm wound). Do not adhere the band past the windlass clip.</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td>If applying to a leg wound the self-adhering band MUST be routed through the friction adaptor buckle, and fastened back on itself. This will prevent it from loosening when twisting the windlass clip.</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td>Twist the windlass rod until bleeding has stopped.</td>
<td></td>
</tr>
</tbody>
</table>

**EVALUATOR STATES:** “THE BRIGHT RED BLEEDING HAS STOPPED,” AFT ER CANDIDATE TWISTS WINDLASS TO AVOID INJURY TO THE SIMULATED CASUALTY.

**NOTE:** Do NOT over-tighten the tourniquet on the simulated casualty.

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>(7)</td>
<td>Lock the windlass rod in place with the windlass clip.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** For added security (and always before moving the casualty) secure the windlass rod with the windlass strap. For small extremities, continue to wind the self-adhering band across the windlass clip and secure it under the windlass strap.

<table>
<thead>
<tr>
<th></th>
<th>GO</th>
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</tr>
</thead>
<tbody>
<tr>
<td>(8)</td>
<td>Grasp the windless strap, pull it tight and adhere it to the Velcro on the windlass clip.</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td>Do not cover the tourniquet.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>4.</td>
<td>Place a “T” on the casualty’s forehead and record the date and time the tourniquet was applied.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: The candidate will ensure that the time the tourniquet was applied is documented and forwarded with the casualty. This will be done as standardized at the EFMB Test Site (i.e., on a DA 7656, tape applied on the casualty).</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>EVALUATOR WRITES</strong>: TIME Tourniquet WAS APPLIED:</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>If the tourniquet was applied on a casualty with an amputation, apply a dressing to cover the stump.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Did not cause further injury to the casualty.</td>
<td></td>
</tr>
<tr>
<td>REASON(S) FOR FAILURE</td>
<td>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

**Worksheet # 004 to construct AMEDDC&S Form 1232, 1 NOV 11**

Page 2 of 2
# EFMB Test Score Sheet

**TCC — CONTROL BLEEDING USING A HEMOSTATIC DEVICE**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>TASK:</th>
<th>CONTROL BLEEDING USING A HEMOSTATIC DEVICE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONDITIONS:</td>
<td>Given a casualty who has significant extremity hemorrhage in a simulated combat environment with the necessary materials to treat the casualty.</td>
</tr>
<tr>
<td>STANDARDS:</td>
<td>Perform all steps and measures correctly without causing further injury to the casualty.</td>
</tr>
<tr>
<td>NOTE:</td>
<td>THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</td>
</tr>
</tbody>
</table>

### PERFORMANCE STEPS/MESURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take body substance isolation (BSI) precautions.</td>
<td></td>
</tr>
<tr>
<td>2. Expose the wound.</td>
<td></td>
</tr>
<tr>
<td>3. Apply a Combat Gauze.</td>
<td></td>
</tr>
<tr>
<td>a. Open the sterile Combat Gauze package at either perforated edge.</td>
<td></td>
</tr>
<tr>
<td>b. Remove the bandage from the package.</td>
<td></td>
</tr>
<tr>
<td>c. Hold the rolled bandage in non-dominant hand and identify end of gauze using fingers of dominant hand.</td>
<td></td>
</tr>
<tr>
<td>d. Using dominant hand, pack Combat Gauze into wound attempting to apply pressure directly over bleeding source.</td>
<td></td>
</tr>
<tr>
<td>e. Continue to pack wound with remaining gauze while maintaining pressure over wound.</td>
<td></td>
</tr>
<tr>
<td>NOTE:</td>
<td>For EFMB testing purposes, the EFMB host unit may reuse Combat Gauze or use a simulated Combat Gauze due to the high logistical cost of these items.</td>
</tr>
<tr>
<td>f. Continue to apply pressure for 3 minutes or until bleeding stops.</td>
<td></td>
</tr>
</tbody>
</table>

**EVALUATOR STATES:** "THE BANDAGE HAS ADHERED TO THE WOUND AND BLEEDING HAS STOPPED." AFTER CANDIDATE APPLIED PRESSURE FOR THREE MINUTES ON THE INJURY OF THE SIMULATED CASUALTY OR INSTRUCTED THAT THREE MINUTES HAVE PASSED.

**NOTE:** If the bleeding has not stopped, remove the original bandage and apply direct pressure until a new bandage is in its place. Again hold pressure on the bandage for 2 to 4 minutes or until the bandage adheres to the wound and bleeding stops.

| 4. Apply a pressure dressing over the combat gauze to secure it in place. |   |
| 5. Did not cause further injury to the casualty. |   |

### REASON(S) FOR FAILURE

| DOES THE CANDIDATE WISH TO REBUT THIS TASK? |
| (CANDIDATE INITIALS APPROPRIATE BOX) |
| YES | NO |

Worksheet # 005 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 1

6-13
**EFMB Test Score Sheet**  
**TCCC — TRIAGE CASUALTIES**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE’S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
</table>

**TASK:** TRIAGE CASUALTIES.

**CONDITIONS:** Given casualties in a simulated combat environment with the necessary equipment to perform the task.

**STANDARDS:** Perform all steps and measures correctly without causing further injury to the casualties.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
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</table>

NOTE: Triage establishes the order of treatment, not whether treatment is given. A primary goal is to locate and return to duty troops with minor wounds. Give available treatment first to the casualties who have the best chance of survival. Assess and classify the casualties for the most efficient use of available medical supplies.

1. Take body substance isolation (BSI) precautions as appropriate.
2. Assess the tactical and environment situation.
   - a. Determine whether casualties must be transported to a more secure area for treatment.
   - b. Determine the number and location of the injured and severity of their injuries.

**NOTE:** This is a form of triage for care under fire when you are not able to visually assess the casualties’ injuries. A more definitive assessment of the casualties (triage) should be accomplished when the tactical situation permits IAW performance step/measure 3.

   (1) Call out, “If you can hear my voice and can walk, move to this area now” (minimal patients). Direct the casualties to move to cover and apply self-aid if able.
   (2) Call out, “If you can hear my voice but cannot walk, raise your hand and let me know” (delayed patients). Direct the casualties to “play dead” if they are unable to move and you are unable to move the casualty to cover due to direct enemy fire.

**NOTE:** All casualties who do not respond should be considered either immediate or expectant.

   (3) Determine which casualties are immediate from expectant.
   c. Determine available assistance (self-aid, buddy-aid, and medical personnel).

3. Assess the casualties and establish priorities for treatment.

**NOTE:** The injuries listed under each triage category are examples. It is not all inclusive.

   a. Immediate. Casualties whose conditions demand immediate treatment to save life, limb, or eyesight. This group includes those Soldiers requiring lifesaving surgery. The surgical procedures in this category should not be time consuming and should concern only those patients with high chances of survival.

   (1) Upper airway obstruction.
   (2) Severe respiratory distress.
   (3) Life threatening bleeding.
   (4) Tension Pneumothorax.
   (5) Hemothorax.
   (6) Flail chest.
   (7) Extensive 2nd or 3rd degree burns.
   (8) Untreated poisoning (chemical agent) and severe symptoms.
   (9) Heat Stroke.
   (10) Decompensated shock.
   (11) Rapidly deteriorating level of consciousness.
   (12) Severe eye injuries.
(13) Any other life threatening condition that is rapidly deteriorating.

b. Delayed. Casualties who have less risk of loss of life or limb if treatment is delayed. This group includes those wounded who are badly in need of time consuming surgery, but whose general condition permits delay in surgical treatment without unduly endangering life. Sustaining treatment will be required (i.e., stabilizing intravenous fluids, splinting, administration of antibiotics, catheterization, gastric decompression, and relief of pain).

(1) Compensated shock.
(2) Fracture, dislocation, or injury causing circulatory compromise.
(3) Severe bleeding, controlled by a tourniquet or other means.
(4) Suspected compartment syndrome.
(5) Penetrating head, neck, chest, back, or abdominal injuries without airway or breathing compromise or decompensated shock.
(6) Uncomplicated immobilized cervical spine injuries.
(7) Large, dirty, or crushed soft tissue injuries.
(8) Severe combat stress symptoms or psychosis.
(9) Severe eye injuries without hope of saving eyesight.

c. Minimal. These casualties have relatively minor injuries and can effectively care for themselves or can be helped by non-medical personnel.

(1) Uncomplicated closed fractures and dislocations.
(2) Uncomplicated or minor lacerations (including those involving tendons, muscles, and nerves).
(3) Frostbite.
(4) Strains and sprains.
(5) Minor head or eye injury (loss of consciousness of less than five minutes with normal mental status and equal pupils).

d. Expectant. Casualties in this category have wounds that are so extensive that even if they were the sole casualty and had the benefit of optimal medical resource application, their survival would be unlikely. The expectant casualty should not be abandoned, but should be separated from the view of other casualties. Using a minimal but competent staff, provide comfort measures for these casualties, if available.

(1) Traumatic cardiac arrest.
(2) Massive brain injury.
(3) 2nd or 3rd degree burns over 70 percent of the body surface area.
(4) Gunshot wound to the head with a Glasgow Coma Scale of 3.

NOTE: Provide ongoing supportive care to expectant casualties if time and condition permits; keep separate from other triage categorized casualties.

4. Establish a triage area separating the casualties by treatment priority IAW prescribed method.

NOTE: The host unit will standardize how the candidates will establish the triage area (i.e., “Wheel Method” with the casualties organized in a circle with the medic in the middle to better monitor and treat the casualties IAW METT-T).

5. Collect necessary information and communicate the medical situation to the medical officer and/or unit leadership (evaluator for testing purposes).

NOTE: The communication of the medical situation is necessary for the medical officer and/or unit leadership to provide further medical treatment and to analyze the necessity for requesting medical evacuation of the casualties.

- Number of casualties.
- Each casualty’s priority for treatment determined during triage.
- Special equipment required to evacuate the casualties, if applicable.
- Number of casualties by type, litter and/or ambulatory.
- Casualties’ nationality and status, if other than U.S. Army.
**EVALUATOR STATES:** “WHAT IS THE MEDICAL SITUATION?” WHEN THE CANDIDATE STATES THEY ARE READY TO GIVE THE MEDICAL SITUATION.

**EVALUATOR WRITES:** THE MEDICAL SITUATION GIVEN BY THE CANDIDATE.

<table>
<thead>
<tr>
<th>Number of casualties:</th>
<th>PT 1</th>
<th>PT 2</th>
<th>PT 3</th>
<th>PT 4</th>
<th>PT 5</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Each casualty's priority for treatment determined during triage: _____ _____ _____ _____ _____

Special equipment required to evacuate the casualties: __________________________________________

Number of casualties by type, litter and/or ambulatory: Litter _________ Ambulatory ___________

Casualties' nationality and status: _________________________________________________________

6. Did not cause further injury to the casualties.

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
<th>YES</th>
<th>NO</th>
</tr>
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</table>

Worksheet # 006 to construct AMEDDC&S Form 1232, 1 NOV 11
**EFMB Test Score Sheet**

**TCCC — CONTROL BLEEDING USING DRESSINGS**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

**CANDIDATE’S RANK AND NAME**

**CANDIDATE #**

**TASK:** CONTROL BLEEDING USING DRESSINGS.

**CONDITIONS:**
Given a casualty who has a bleeding wound of the arm or leg in a simulated combat environment in tactical field care conditions and the necessary materials to treat the casualty. The casualty has already been treated in the “care under fire” phase, and an effective tourniquet is in place.

**STANDARDS:**
Perform all steps and measures correctly without causing further injury to the casualty.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEDURES**

<table>
<thead>
<tr>
<th>G</th>
<th>NO-GO</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Take body substance isolation (BSI) precautions.</td>
</tr>
<tr>
<td>2.</td>
<td>Expose the wound.</td>
</tr>
<tr>
<td>3.</td>
<td>Loosen tourniquet slowly; if brisk bleeding returns, re-tighten tourniquet.</td>
</tr>
</tbody>
</table>

**EVALUATOR STATES:** “BRISK BLEEDING DOES NOT RETURN” AFTER CANDIDATE LOOSENS THE Tourniquet.

**NOTE:** If using a CAT, do not remove the tourniquet, only loosen it. This allows the tourniquet to be re-applied if the hemorrhage cannot be controlled by other methods.

**4.** Apply a field/pressure dressing or emergency trauma dressing to the wound.

   a. Field and pressure dressing.
      1. Apply the field dressing directly over the wound.
      2. Wrap the tails around the extremity.
      3. Tie a non-slip knot over the outer edge of the dressing, not over the wound.
      4. Check the tightness of the dressing.
      5. Check the distal pulse to make sure that the dressing has not been applied too tightly.

   **EVALUATOR STATES:** “THERE IS A PULSE.”
      6. Tuck or cut excess tails from dressing.

   **EVALUATOR STATES:** “WOUND CONTINUES TO BLEED.”
      7. Place a wad of padding directly over the wound.
      8. Apply a field dressing/cravat/elastic bandage on top of the padding to create a pressure dressing.
      9. Tie a non-slip knot directly over the wound or secure elastic bandage.
     10. Check the distal pulse to make sure that the dressing has not been applied too tightly.

   **EVALUATOR STATES:** “THERE IS A PULSE AND THE BLEEDING HAS STOPPED.”
      11. Tuck or cut excess tails from dressing.

   b. Emergency trauma dressing.
      1. Open the sterile package and apply the white portion of the bandage directly over the wound.
      2. Wrap the elastic portion of the bandage around the extremity.
      3. Insert the elastic wrap completely into the pressure bar.
      4. Pull the bandage tight and reverse it back over the top of the pressure bar forcing it down onto the pad.
      5. Continue to wrap the elastic bandage tightly over the pressure bar and wound pad. Ensure that the edges of the wound pad are covered.
      6. Secure the hooking ends of the closure bar onto the last wrap of the bandage.
(7) Check the distal pulse to make sure that the dressing has not been applied too tightly.

**EVALUATOR STATES:** "THERE IS A PULSE AND THE BLEEDING HAS STOPPED."

5. Did not cause further injury to the casualty.

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>YES</td>
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</table>

<table>
<thead>
<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR’S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

Worksheet # 007 to construct AMEDDC&S Form 1232, 1 NOV 11  
Page 2 of 2
**EFMB Test Score Sheet**

**TCCC — INITIATE A SALINE LOCK AND INTRAVENOUS INFUSION**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-7)

<table>
<thead>
<tr>
<th>CANDIDATE’S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TASK:</strong> INITIATE A SALINE LOCK AND INTRAVENOUS INFUSION.</td>
<td></td>
</tr>
<tr>
<td><strong>CONDITIONS:</strong> Given a casualty in a simulated combat environment that requires intravenous access and follow on IV fluids. Necessary materials and equipment are available.</td>
<td></td>
</tr>
<tr>
<td><strong>STANDARDS:</strong> Perform all steps and measures correctly without causing further injury to the casualty.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</td>
<td></td>
</tr>
</tbody>
</table>

**PERFORMANCE STEPS/MEASURES**

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<th>GO</th>
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</table>

**NOTE:** For EFMB testing purposes, the candidate will start the saline lock and then convert it to an IV. Be aware that many combat injuries and conditions might normally require an immediate IV instead of establishing a saline lock first. In addition, the candidate will only be required to perform this task on one casualty.

1. Take body substance isolation (BSI) precautions.
   
2. Prepare to establish a saline lock.
   
   a. Assemble and inspect the necessary equipment for defects, expiration date, and contamination.
   
   (1) 20 gauge IV catheter/needle x2.
   
   (2) 21 gauge 1 ¼" needle.
   
   (3) Saline lock adapter plug.
   
   (4) Adhesive tape.
   
   (5) Alcohol and Betadine® swabs.
   
   (6) Constricting band.
   
   (7) 5cc syringe.
   
   (8) Sterile fluid.
   
   b. Explain the procedure and the purpose of the saline lock to the casualty.
   
   c. Place the casualty in a comfortable position with the arms supported.
   
   d. Select catheter insertion site.
   
   e. Prepare the insertion site. Apply constricting band 2" above venipuncture site (tight enough to stop venous flow, but not so tight that the radial pulse cannot be felt).
   
   f. Clean skin with an alcohol and/or Betadine® swab in a circular motion from the center outward.
   
3. Insert the saline lock.
   
   a. Perform the venipuncture. Hold catheter with dominant hand and remove protective cover without contaminating the needle. Hold flash chamber with thumb and forefinger directly above the vein. Draw skin below the cleansed site downward to hold the skin taut over the site of the venipuncture.
   
   b. Position the needlepoint, bevel up, parallel to the vein and about 1/2 inch below the venipuncture site. Continue advancing the needle/catheter until the vein is pierced.
   
   **EVALUATOR STATES:** “YOU HAVE A FLASH,” IF THE CANDIDATE INSERTS THE NEEDLE CORRECTLY.
   
   c. When "flash" of blood enters the flash chamber, decrease the angle between the skin and needle until the angle is almost parallel to the skin, and advance further to secure catheter placement in the vein.
d. Place pressure on the vein above the insertion site by pressing with one finger of the non-dominant hand. Release the constricting band.

e. Remove the needle after advancing the plastic catheter into the vein.

**EVALUATOR:** ADMINISTRATIVELY GAIN CONTROL OF THE NEEDLE AND PLACE IT IN A SHARPS CONTAINER.

f. Quickly uncap and insert the male end of the saline lock adapter plug into the hub of the catheter.

g. Apply adhesive tape to secure the hub of plastic catheter.

h. Flush the IV catheter. Using the 21-gauge needle and 5 cc syringe filled with sterile fluid, penetrate the transparent dressing and insert the needle into the saline lock. Inject 5cc of sterile fluid into the IV catheter.

i. Verbally state they are looking for signs of infiltration.

**EVALUATOR STATES:** “THERE ARE NO SIGNS OF INFILTRATION.”

**EVALUATOR STATES:** “CASUALTY NEEDS FLUIDS” OR STATES REASONS WHY NEEDED (I.E., THE CASUALTY IS SUFFERING FROM SEVERE LOSS OF BLOOD, EXHIBITING ABSENT OR WEAK PERIPHERAL PULSES, AND AN ALTERED MENTAL STATUS, AND OTHER SIGNS AND SYMPTOMS OF HYPOVOLEMIC SHOCK).

4. Convert the saline lock to a continuous infusion IV.

a. Explain the procedure and the purpose of the IV to the casualty.

b. Assemble and inspect the necessary equipment for defects, expiration date, and contamination (if applicable).

**NOTE:** In order to conserve resources, a crystalloid solution such as lactated ringers or normal saline may be used with a notional label of Hextend® placed on the bag for EFMB testing.

(1) Fluids, spike, drip chamber, tubing, and needle adapter. Discard them if there are cracks or holes or if any discoloration is present.

(2) Tubing clamp. Ensure that the clamp releases and catches.

(3) 20 gauge IV catheter/needle for insertion into saline lock; discard if it is flawed with barbs.

**EVALUATOR STATES:** “THERE ARE NO DEFECTS IN THE EQUIPMENT OR FLUIDS.”

c. Prepare the equipment.

(1) Clamp the tubing 6 to 8 inches below drip chamber.

(2) Remove the protective covers from the spike and the outlet of the container.

**CAUTION:** DO NOT TOUCH THE SPIKE OR THE OUTLET OF THE IV CONTAINER.

(3) Insert spike into container.

(4) Hang the container at least 2 feet above the level of the casualty’s heart.

(5) Squeeze the drip chamber until it is half full of IV fluid.

(6) Prime tubing.

**NOTE:** Ensure all air is expelled from the tubing.

d. Clean the rubber diaphragm of the saline lock with an antiseptic wipe.

e. Remove protective cover without contaminating the needle of the 20 gauge IV catheter/needle and insert bevel up into the rubber diaphragm of the saline lock.

f. Place pressure on the vein above the insertion site by pressing with one finger of the non-dominant hand and remove the needle after advancing the catheter into the saline lock.

g. Quickly uncap and insert the male end of the needle adapter into the hub of the catheter.

h. Set the roller clamp on the IV tubing and observe the site and ensure that normal flow is occurring.

**EVALUATOR STATES:** “YOU HAVE NORMAL FLOW.”

**NOTE:** If the IV is not patent, do not continue with the conversion. Remove the saline lock and IV catheter and establish a new IV site.
5. Secure the site.
   a. Apply a sterile 2x2-inch dressing over the puncture site and secure it with tape, leaving the hub and tubing connection visible.
   b. Loop the IV tubing onto the extremity and secure the loop with tape.

6. Readjust the flow rate.

NOTE: If after 30 minutes the casualty still has no peripheral pulse or still has altered mental status, administer a second 500-ml of Hextend®. If the casualty is still in shock after this, the casualty is probably still bleeding.

CAUTION: Do not administer more than 1,000 ml of Hextend®. This is equivalent to six liters of lactated ringers.

7. Recheck site for infiltration and verbally states they are looking for signs of infiltration.

EVALUATOR STATES: “THERE ARE NO SIGNS OF INFILTRATION.”

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS</th>
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<thead>
<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR’S SIGNATURE</th>
<th>DATE</th>
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</table>

Worksheet # 008 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet
TCCC—INITIATE TREATMENT FOR HYPOVOLEMIC SHOCK AND PREVENT HYPOTHERMIA
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME
CANDIDATE #

TASK: INITIATE TREATMENT FOR HYPOVOLEMIC SHOCK AND PREVENT HYPOTHERMIA.

CONDITIONS: Given a casualty in a simulated combat environment who is suffering from severe loss of blood, exhibiting absent or weak peripheral pulses, and an altered mental status, and other signs and symptoms of hypovolemic shock and the necessary materials to treat the casualty are available.

STANDARDS: Perform all steps and measures correctly without causing further injury to the casualty.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

1. Reassure the casualty to reduce anxiety.
2. Take body substance isolation (BSI) precautions.
3. Initiate a saline lock and convert it to continuous fluid infusion IV 500-ml bolus of Hextend® (Evaluated IAW Initiate a Saline Lock and Convert to Intravenous Infusion task).

NOTE: In order to conserve resources, a crystalloid solution, such as lactated ringers or normal saline, may be used with a notional label of Hextend® placed on the bag for EFMB testing.

NOTE: If after 30 minutes the casualty still has no peripheral pulse or still has altered mental status, administer a second 500-ml of Hextend®. If the casualty is still in shock after this, the casualty is probably still bleeding.

CAUTION: Do not administer more than 1,000 ml of Hextend®. This is equivalent to six liters of lactated ringers.

4. Loosen casualty’s clothing and boots.
5. Elevate the casualty’s legs above chest level, without lowering the head below chest level.

NOTE: The casualty’s legs should not be elevated without assessing for injuries that contradict this measure.

6. Prevent hypothermia.

NOTE: In any temperature conditions, a casualty suffering from hemorrhagic shock is prone to hypothermia and subsequent coagulopathy.

a. Minimize exposure.
   b. Remove any wet clothing and replace them with dry clothes, if possible.
   c. Keep the casualty warm by using the Hypothermia Prevention and Management Kit (HPMK) or other methods.

   (1) Use the HPMK.
      (a) Put Thermolite Hypothermia Prevention System cap on casualty’s head, under helmet.
      (b) Place the casualty on the Blizzard Rescue Blanket.
      (c) Apply Ready-Heat blanket to torso and back of the casualty.
      (d) Wrap the rescue blanket around the casualty.

   (2) If the HPMK is not available, wrap the casualty in a space blanket, survival blanket, blanket, poncho liner, body bag, or anything that will retain heat and keep the casualty dry. Use any other method to retain heat if above gear is not available.

7. Monitor the casualty every 5-15 minutes.

EVALUATOR WRITES: TIMES CANDIDATE MONITORS THE CASUALTY: __________ __________

Worksheet # 009 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 2

6-22
9. Did not cause further injury to the casualty.

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>YES  NO</td>
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</tbody>
</table>

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LANE OIC/NCOIC INITIALS

EVALUATOR'S SIGNATURE

DATE

Worksheet # 009 to construct AMEDDC&S Form 1232, 1 NOV 11 Page 2 of 2
**EFMB Test Score Sheet**  
**TCCC—INSERT A NASOPHARYNGEAL AIRWAY**  
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE'S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TASK:</strong> INSERT A NASOPHARYNGEAL AIRWAY.</td>
<td></td>
</tr>
<tr>
<td><strong>CONDITIONS:</strong> Given an unconscious casualty in a simulated combat environment who has a need for a patent airway and the necessary materials to treat the casualty.</td>
<td></td>
</tr>
<tr>
<td><strong>STANDARDS:</strong> Perform all steps and measures correctly without causing further injury to the casualty.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</td>
<td></td>
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</table>

**PERFORMANCE STEPS/MEASURES**

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<tr>
<th>GO</th>
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</table>

1. Place the casualty supine with the head in a neutral position
2. Take body substance isolation (BSI) precautions.
3. Assess nasal passages for apparent obstruction.

**EVALUATOR STATES:** “NASAL PASSAGES ARE NOT OBSTRUCTED.”

**CAUTION:** Do not use the NPA if there is a clear fluid (cerebrospinal fluid) coming from the ears or nose. This may indicate a skull fracture.

4. Select appropriately sized airway using one of the following methods:
   a. Measure the airway from the casualty’s nostril to the earlobe.
   b. Measure the airway from the casualty’s nostril to the angle of the jaw.

**NOTE:** Choosing the proper length ensures appropriate diameter. Standard adult sizes are 34, 32, 30, and 28 French. For EFMB testing purposes, any size may be utilized, but the candidate is required to measure to select the appropriate size.

**NOTE:** A mannequin or training aid will be used to insert NPA.

5. Lubricate the tube with a water-based lubricant or tap water.

**CAUTION:** Do not use petroleum based or non-water based lubricant. These substances can cause damage to the tissues lining the nasal cavity and pharynx, thus increasing the risk for infection.

6. Insert the NPA.
   a. Push the tip of the nose upwards gently.
   b. Position the tube so that the bevel of the airway faces towards the septum.
   c. Insert the airway into the nostril and advance it until the flange rests against the nostril.

**CAUTION:** Never force the airway into the casualty’s nostril. If resistance is met pull the tube out and attempt to insert it into the other nostril. Most attempts to insert the NPA should be in the right nostril. If unable to insert into the right nostril, try the left. If inserting in the left nostril, the bevel will not be against the septum.

7. Place the casualty in the recovery position.
8. Did not cause further injury to the casualty.

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR’S SIGNATURE</th>
<th>DATE</th>
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</thead>
<tbody>
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</table>

Worksheet # 010 to construct AMEDDC&S Form 1232, 1 NOV 11
CANDIDATE’S RANK AND NAME

TASK: TREAT A PENETRATING CHEST WOUND.

CONDITIONS: Given a casualty in a simulated combat environment with a penetrating chest wound and the necessary materials to treat the casualty.

STANDARDS: Perform all steps and measures correctly without causing further injury to the casualty.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th></th>
<th>G</th>
<th>NO-GO</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Take body substance isolation (BSI) precautions.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Check the casualty for signs and symptoms of a penetrating chest wound.</td>
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</tr>
<tr>
<td>NOTE: Casualty will exhibit one or more of the following signs and symptoms.</td>
<td></td>
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</tr>
<tr>
<td>a.</td>
<td>A “sucking” or “hissing” sound when the casualty inhales.</td>
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</tr>
<tr>
<td>b.</td>
<td>Difficulty breathing.</td>
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<tr>
<td>c.</td>
<td>A puncture wound of the chest.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>An impaled object protruding from the chest.</td>
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</tr>
<tr>
<td>e.</td>
<td>Froth or bubbles around the injury.</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Coughing up blood or blood-tinged sputum.</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Pain in the chest or shoulder.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Expose the wound.</td>
<td></td>
</tr>
<tr>
<td>NOTE: Do not remove clothing stuck to the wound.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Cover the open wound immediately with a gloved hand.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Check for an exit wound.</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Feel and/or look at the casualty’s chest and back.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Remove the casualty’s clothing, if necessary.</td>
<td></td>
</tr>
<tr>
<td>Evaluator States: “THERE IS NO EXIT WOUND.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Seal the wound(s), covering the larger wound first with an occlusive dressing (“Asherman chest seal”, field first aid dressing wrapper, petrolatum gauze, plastic wrap, or other occlusive material may be used).</td>
<td></td>
</tr>
<tr>
<td>NOTE: All penetrating chest wounds should be treated as if they were sucking chest wounds. In an emergency, any airtight material can be used. It must be large enough so it is not sucked into the chest cavity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. If using a field first aid dressing wrapper:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td>Cut the dressing wrapper on one long and two short sides and remove the dressing.</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Apply the inner surface of the wrapper to the wound when the casualty exhales.</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>Ensure that the covering extends at least 2 inches beyond the edges of the wound.</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td>Seal by applying overlapping strips of tape to three sides of the plastic covering to provide a flutter-type valve.</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td>Cover the exit wound in the same way, if applicable, but tape the wound on all sides.</td>
<td></td>
</tr>
<tr>
<td>NOTE: Assess the effectiveness of the flutter valve when the casualty breathes. When the casualty inhales, the plastic should be sucked against the wound, preventing the entry of air. When the casualty exhales, trapped air should be able to escape from the wound and out the open side of the dressing.</td>
<td></td>
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<tr>
<td>(6)</td>
<td>Dress the wound.</td>
<td></td>
</tr>
</tbody>
</table>

Worksheet # 011 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 3

6-25
(a) Place a field first aid dressing over the seal and tie the ends directly over the wound. This may negate the flutter-valve effect, so reevaluate and adjust the dressing to maintain the flutter-valve effect.

(b) Use padding material or another dressing for pressure and stability.

(c) Dress the exit wound in the same way, if applicable.

CAUTION: Ensure that the dressings are not tied so tightly that they interfere with the breathing process of the flutter-type valve.

b. If using an occlusive dressing with no organic valve:

1. Apply occlusive dressing to the wound when the casualty exhales.

2. Ensure that the covering extends at least 2 inches beyond the edges of the wound.

3. Seal by applying overlapping strips of tape to three sides of the plastic covering to provide a flutter-type valve.

4. Cover the exit wound in the same way, if applicable, but tape the wound on all sides.

NOTE: Assess the effectiveness of the flutter valve when the casualty breathes. When the casualty inhales, the plastic should be sucked against the wound, preventing the entry of air. When the casualty exhales, trapped air should be able to escape from the wound and out the open side of the dressing.

5. Dress the wound.

(a) Place a field first aid dressing over the seal and tie the ends directly over the wound. This may negate the flutter-valve effect, so reevaluate and adjust the dressing to maintain the flutter-valve effect.

(b) Use padding material or another dressing for pressure and stability.

(c) Dress the exit wound in the same way, if applicable.

CAUTION: Ensure that the dressings are not tied so tightly that they interfere with the breathing process of the flutter-type valve.

c. If using the “Asherman Chest Seal:”

1. Use the 4 X 4 gauze to clean and dry the area around the chest wound.

2. Peel off the protective paper liner, exposing the adhesive portion of the seal.

3. Place the chest seal directly over the wound.

NOTE: Tape may be used to secure the edges of the “Asherman Chest Seal” if needed.

4. Cover the exit wound in the same way, if applicable, but tape the wound on all sides.

NOTE: Assess the effectiveness of the flutter valve when the casualty breathes. When the casualty inhales, the plastic should be sucked against the wound, preventing the entry of air. When the casualty exhales, trapped air should be able to escape from the wound and out the open side of the dressing.

7. Place the casualty in a sitting position or on their injured side (recovery position) during transport.

8. Monitor the casualty.

a. Monitor breathing and the wound seal.

b. Assess the effectiveness of the flutter valve.

NOTE: Assess the effectiveness of the flutter valve when the casualty breathes. When the casualty inhales, the plastic should be sucked against the wound, preventing the entry of air. When the casualty exhales, trapped air should be able to escape from the wound and out the open side of the dressing.

c. Check vital signs.

d. Observe for signs of shock.

CASUALTY STARTS GASPING FOR AIR AND STATES: “I’M HAVING DIFFICULTY BREATHING.” REPOSITIONING OF THE CASUALTY DOES NOT IMPROVE BREATHING.

9. Perform a needle chest decompression if the casualty exhibits worsening shortness of breath (evaluator/casualty will indicate so). (Evaluated IAW Perform Needle Chest Decompression task).
10. Did not cause further injury to the casualty.

<table>
<thead>
<tr>
<th>REASONS(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR’S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

Worksheet # 011 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet

TCCC— PERFORM NEEDLE CHEST DECOMPRESSION

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE #

TASK: PERFORM NEEDLE CHEST DECOMPRESSION.

CONDITIONS: Given a casualty in a simulated combat environment with a tension pneumothorax and the necessary materials to treat the casualty.

STANDARDS: Perform all steps and measures correctly without causing further injury to the casualty.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

CASUALTY STARTS GASPING FOR AIR AND STATES: “I’M HAVING DIFFICULTY BREATHING.” REPOSITIONING OF THE CASUALTY DOES NOT IMPROVE BREATHING. THE EVALUATOR MAY ADD ADDITIONAL INFORMATION TO COMMUNICATE THE SIGNS OF A TENSION PNEUMOTHORAX.

1. Take body substance isolation (BSI) precautions.
2. Assess the casualty to ensure the progressive respiratory distress is due to a penetrating chest wound.
3. Perform needle chest decompression.

NOTE: A mannequin or training aid will be utilized to perform needle chest decompression.

a. Expose the chest for access to insertion site.
   (1) Removes the plastic cap from the 3.25 inch or larger 14 gauge needle and catheter unit.
   (2) Firmly insert the needle into the skin over the top of the third rib into the second intercostal space at a 90 degree angle.
   (3) As the needle enters the pleural space in the chest cavity, a “pop” will be felt, followed by a possible hiss of air escaping the chest cavity.

EVALUATOR STATES: “YOU HEAR A POP,” WHEN NEEDLE ENTERS THE CHEST CAVITY AND “YOU HEAR A HISS,” WHEN AIR ESCAPES.

WARNING: Proper positioning of the needle is essential to avoid puncturing blood vessels and/or nerves. Blood vessels and nerves run along the bottom of each rib.

   d. Withdraw the needle while holding the catheter in place. Stabilize the catheter hub to the chest wall with adhesive tape.

EVALUATOR: ADMINISTRATIVELY GAIN CONTROL OF THE NEEDLE AND SYRINGE UNIT AND PLACE IT IN A SHARPS CONTAINER.

4. Place the casualty in a sitting position or on their injured side (recovery position) during transport.
5. Did not cause further injury to the casualty.

REASON(S) FOR FAILURE

DOES THE CANDIDATE WISH TO REJUJIT THIS TASK?

(CANDIDATE INITIALS APPROPRIATE BOX)

YES NO

LANE OIC/NCOIC INITIALS

EVALUATOR’S SIGNATURE

DATE

Worksheet # 012 to construct AMEDDC&S Form 1232, 1 NOV 11

6-28
## EFMB Test Score Sheet

### TCCC — TREAT AN OPEN ABDOMINAL WOUND

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

**CANDIDATE’S RANK AND NAME**

<table>
<thead>
<tr>
<th>CANDIDATE #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### TASK: TREAT AN OPEN ABDOMINAL WOUND

**CONDITIONS**: Given a casualty in a simulated combat environment with an open abdominal wound without protruding internal organs and the necessary materials to treat the casualty.

**STANDARDS**: Perform all steps and measures correctly without causing further injury to the casualty.

**NOTE**: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

### PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take body substance isolation (BSI) precautions.</td>
<td></td>
</tr>
<tr>
<td>2. Position the casualty.</td>
<td></td>
</tr>
<tr>
<td>a. Place the casualty on his back (face up).</td>
<td></td>
</tr>
<tr>
<td>b. Flex the casualty's knees after the casualty assessment is completed.</td>
<td></td>
</tr>
<tr>
<td>c. Turn the casualty's head to the side and keep the airway clear if vomiting occurs.</td>
<td></td>
</tr>
<tr>
<td>3. Expose the wound.</td>
<td></td>
</tr>
<tr>
<td>a. Place the dressing directly on top of the wound.</td>
<td></td>
</tr>
<tr>
<td>b. Secure the dressing loosely.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE**: Dependent on the type of abdominal dressing being utilized, tie the dressing tails loosely in a non-slip knot at the casualty's side if applicable.

**CAUTION**: DO NOT APPLY PRESSURE ON THE WOUND OR EXPOSE INTERNAL PARTS.

| c. If two dressings are needed to cover a large wound, repeat steps 3a and 3b. Ensure that the ties of additional dressings are not tied over each other. |   |
| d. If necessary, loosely cover the dressings with cravats. Tie them on the side of the casualty, opposite that of the dressing ties. |   |
| 5. Did not cause further injury to the casualty. |   |

### REASON(S) FOR FAILURE

<table>
<thead>
<tr>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(CANDIDATE INITIALS APPROPRIATE BOX)</td>
</tr>
</tbody>
</table>

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Worksheet # 013 to construct AMEDDC&S Form 1232, 1 NOV 11

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6-29
**EFMB Test Score Sheet**

**TCC — TREAT AN OPEN HEAD INJURY**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE'S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
</table>

**TASK:** TREAT AN OPEN HEAD INJURY.

**CONDITIONS:** Given a casualty in a simulated combat environment with an open head injury and the necessary materials to treat the head injury.

**STANDARDS:** Perform all steps and measures correctly without causing further injury to the casualty.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

### PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take body substance isolation (BSI) precautions.</td>
<td></td>
</tr>
<tr>
<td>2. Assess the casualty's pupil size and reaction.</td>
<td></td>
</tr>
<tr>
<td>a. Observe the size of each pupil.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> A variation of pupil size may indicate a brain injury. In a very small percentage of people, unequal pupil size is normal.</td>
<td></td>
</tr>
<tr>
<td>b. Shine a light into each eye to observe the pupillary reaction to light.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> The candidate will not turn the pin light on for EFMB testing.</td>
<td></td>
</tr>
<tr>
<td><strong>EVALUATOR STATES</strong> “PUPILS ARE EQUAL AND REACTIVE TO LIGHT” IF APPLICABLE OR STATE OTHER OBSERVATIONS.</td>
<td></td>
</tr>
<tr>
<td>3. Assess the casualty's motor function. Evaluate the casualty's strength, mobility, coordination, and sensation.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Progressive loss of strength or sensation is an important indicator of brain injury.</td>
<td></td>
</tr>
<tr>
<td>4. Position the casualty.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> The casualty can be placed sitting up or with his head elevated, depending on if they are conscious or have other injuries that contradict the casualty sitting up.</td>
<td></td>
</tr>
<tr>
<td>5. Treat the head injury.</td>
<td></td>
</tr>
<tr>
<td>a. Expose the wound.</td>
<td></td>
</tr>
<tr>
<td>b. Apply a dressing to the wound, either a first aid dressing or emergency trauma dressing can be used.</td>
<td></td>
</tr>
<tr>
<td>6. Monitor the casualty at 15-minute intervals.</td>
<td></td>
</tr>
<tr>
<td>7. Did not cause further injury to the casualty.</td>
<td></td>
</tr>
</tbody>
</table>

**EVALUATOR WRITES:** TIMES CANDIDATE MONITORS THE CASUALTY: __________ __________

**REASON(S) FOR FAILURE**

|   |   |   |   |   |   |

**DOES THE CANDIDATE WISH TO REBUT THIS TASK?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

(CANDIDATE INITIALS APPROPRIATE BOX)

**LANE**

<table>
<thead>
<tr>
<th>OIC/NCIC INITIALS</th>
<th>EVALUATOR'S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

Worksheet # 014 to construct AMEDDC&S Form 1232, 1 NOV 11
**EFMB Test Score Sheet**

**TCC — IMMOBILIZE A SUSPECTED FRACTURE OF THE ARM**

*(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)*

<table>
<thead>
<tr>
<th>CANDIDATE'S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
</table>

**TASK:** IMMOBILIZE A SUSPECTED FRACTURE OF THE ARM.

**CONDITIONS:** Given a casualty in a simulated combat environment with a suspected closed fracture of the arm and the necessary materials to treat the casualty.

**STANDARDS:** Perform all steps and measures correctly without causing further injury to the casualty.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

### PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take body substance isolation (BSI) precautions, if necessary.</td>
<td></td>
</tr>
<tr>
<td>2. Check the casualty's radial pulse. If no pulse is felt, bandage and/or splint the extremity and arrange for immediate evacuation.</td>
<td></td>
</tr>
</tbody>
</table>

**EVALUATOR STATES:** "THERE IS A PULSE" AFTER PULSE CHECK.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Position the fractured arm by having the casualty support it with the uninjured arm and hand in the least painful position, if possible.</td>
<td></td>
</tr>
</tbody>
</table>

**CAUTION:** DO NOT TRY TO REDUCE OR SET THE FRACTURE. SPLINT IT WHERE IT LIES.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Immobilize the injury. Apply an appropriate treatment depending on the location of the injury and the equipment available.</td>
<td></td>
</tr>
<tr>
<td>a. Use a basswood or an improvised splint for a fractured forearm.</td>
<td></td>
</tr>
<tr>
<td>(1) Pad the splint.</td>
<td></td>
</tr>
<tr>
<td>(2) Place the padded splint under the casualty's forearm so that it extends from the elbow to beyond the fingertips.</td>
<td></td>
</tr>
<tr>
<td>(3) Place a rolled cravat or similar material in the palm of the cupped hand.</td>
<td></td>
</tr>
<tr>
<td>(4) Tie the cravats in a nonslip knot in the following order and recheck the radial pulse after each cravat is applied.</td>
<td></td>
</tr>
<tr>
<td>EVALUATOR STATES: &quot;THERE IS A PULSE&quot; AFTER EACH PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.</td>
<td></td>
</tr>
<tr>
<td>(a) Above the fracture site near the elbow.</td>
<td></td>
</tr>
<tr>
<td>(b) Below the fracture site near the wrist.</td>
<td></td>
</tr>
<tr>
<td>(c) Over the hand and tied in an &quot;X&quot; around the splint.</td>
<td></td>
</tr>
<tr>
<td>(5) Tie each cravat on the outside edge of the splint.</td>
<td></td>
</tr>
<tr>
<td>b. Use a wire ladder splint for a fractured humerus and for multiple fractures of an arm or a forearm when the elbow is bent.</td>
<td></td>
</tr>
<tr>
<td>(1) Prepare the splint using the uninjured arm for measurements.</td>
<td></td>
</tr>
<tr>
<td>(a) Bend the prong ends of the splint away from the smooth side, about 1 ½ inches down on the outside of the splint.</td>
<td></td>
</tr>
<tr>
<td>(b) With the smooth side against the elbow, place one end of the splint even with the top of the uninjured shoulder.</td>
<td></td>
</tr>
<tr>
<td>(c) Select a point slightly below the elbow.</td>
<td></td>
</tr>
<tr>
<td>(d) Remove the splint from the arm and bend the splint at the measured point to form an &quot;L&quot;.</td>
<td></td>
</tr>
<tr>
<td>(e) Pad the splint.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** If padding is unavailable, apply the splint anyway.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Position the splint on the outside of the injured arm, extending from the shoulder to beyond the fingertips.</td>
<td></td>
</tr>
</tbody>
</table>

**Worksheet # 015 to construct AMEDDC&S Form 1232, 1 NOV 11**
**NOTE:** Extend the “L” angle of the splint beyond, but do not touch the elbow of the injured arm. Extend the leg of the angle touching the forearm beyond the ends of the fingers. If the splint is too short, extend it with a basswood splint. If possible, have the casualty support the splint.

(3) Place a rolled cravat or similar material in the palm of the cupped hand.

(4) Check the radial pulse.

**EVALUATOR STATES:** “THERE IS A PULSE” AFTER EACH PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.

<table>
<thead>
<tr>
<th>(5)</th>
<th>Tie the cravats in a nonslip knot in the following order and recheck the radial pulse after each cravat is applied.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) On the humerus above any fracture site.</td>
</tr>
<tr>
<td></td>
<td>(b) On the humerus below any fracture site.</td>
</tr>
<tr>
<td></td>
<td>(c) On the forearm above any fracture site.</td>
</tr>
<tr>
<td></td>
<td>(d) On the forearm below any fracture site.</td>
</tr>
<tr>
<td></td>
<td>(e) Around the hand and splint.</td>
</tr>
</tbody>
</table>

(6) Tie each cravat on the outside edge of the splint.

**NOTE:** If the pulse is weaker or absent after tying the cravat, loosen and retie the cravat.

### c.
Use a wire ladder splint for a fractured or dislocated humerus, elbow, or forearm when the elbow is straight.

(1) Prepare the splint.

(2) Position the splint on the outside of the arm against the back of the hand.

(3) Tie the cravats in a nonslip knot in the following order and recheck the radial pulse after each cravat is applied.

**EVALUATOR STATES:** “THERE IS A PULSE” AFTER EACH PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.

<table>
<thead>
<tr>
<th></th>
<th>(a) Above the injury.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b) Below the injury.</td>
</tr>
<tr>
<td></td>
<td>(c) High on the humerus, above the first cravat.</td>
</tr>
<tr>
<td></td>
<td>(d) Around the hand and wrist.</td>
</tr>
</tbody>
</table>

(4) Tie each cravat on the outside of the splint.

**NOTE:** If the pulse is weaker or absent after tying the cravat, loosen and retie the cravat.

### 5. Apply swatches.

#### c. Use a wire ladder splint for a fractured or dislocated humerus, elbow, or forearm when the elbow is straight.

(1) Prepare the splint.

(2) Position the splint on the outside of the arm against the back of the hand.

(3) Tie the cravats in a nonslip knot in the following order and recheck the radial pulse after each cravat is applied.

**EVALUATOR STATES:** “THERE IS A PULSE” AFTER EACH PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.

<table>
<thead>
<tr>
<th></th>
<th>(a) Above the injury.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b) Below the injury.</td>
</tr>
<tr>
<td></td>
<td>(c) High on the humerus, above the first cravat.</td>
</tr>
<tr>
<td></td>
<td>(d) Around the hand and wrist.</td>
</tr>
</tbody>
</table>

(4) Tie each cravat on the outside of the splint.

### d. Use a SAM® splint for a fractured wrist or forearm.

(1) Prepare the splint using the uninjured arm for measurements.

|     | Unroll the splint and fold in half so it is flat.                                                           |

(2) Place the formed splint under the casualty's fractured arm.

(3) Secure the SAM® Splint to the fractured arm using cravats or a wrap.

<table>
<thead>
<tr>
<th></th>
<th>(a) If using cravats, tie the cravats in nonslip knots on the outside of the splint so that the splint is secured and recheck the radial pulse after each cravat is applied.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b) If using Kerlex® or an ACE® wrap, wrap the material around the arm, secure it, and recheck the radial pulse.</td>
</tr>
</tbody>
</table>

**EVALUATOR STATES:** “THERE IS A PULSE” AFTER EACH PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.

5. Apply an arm sling and swathe using cravats.
a. Apply the arm sling.
   (1) Insert the splinted arm in the center of the sling.
   (2) Bring the ends of the sling up and tie them at the side (or hollow) of the neck on the uninjured side.
   (3) Twist and tuck the corner of the sling at the elbow.

**NOTE:** A sling should place the supporting pressure on the casualty’s uninjured side. The supported arm should have the hand positioned slightly higher than the elbow.

b. Apply the swathe.
   (1) Apply swathes to the injured arm by wrapping the swathe over the injured arm, around the casualty’s back, and under the arm on the uninjured side.
   (2) Tie the ends on the uninjured side.

6. Recheck radial pulse.

**EVALUATOR STATES:** “THERE IS A PULSE” AFTER PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.

7. Did not cause further injury to the casualty.

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(CANDIDATE INITIALS APPROPRIATE BOX)</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

**LANE / OIC/NCOIC INITIALS**

**EVALUATOR’S SIGNATURE**

**DATE**

Worksheet # 015 to construct AMEDDC&S Form 1232, 1 NOV 11
### EFMB Test Score Sheet

**TCCC- TREAT LACERATIONS, CONTUSIONS, AND EXTRUSIONS OF THE EYE**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE’S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TASK:** TREAT LACERATIONS, CONTUSIONS, AND EXTRUSIONS OF THE EYE.

**CONDITIONS:** Given a casualty in a simulated combat environment who has an eye injury and the necessary materials to treat the casualty.

**STANDARDS:** Perform all steps and measures correctly without causing further injury to the casualty.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

**GO**

**NO-GO**

**NOTE:** The EFMB host unit will determine which type of eye injury will be tested. Only one injury will be tested.

1. Take body substance isolation (BSI) precautions.
2. Position the casualty and remove his headgear, if necessary.
   - a. Conscious--seated.
   - b. Unconscious--lying on his or her back with the head slightly elevated.
3. Examine the eyes for the following:
   - a. Objects protruding from the globe.
   - b. Swelling of or lacerations on the globe.
   - c. Bloodshot appearance of the sclera.
   - d. Bleeding.
     - (1) Surrounding the eye.
     - (2) Inside the eyeball.
     - (3) Coming from the eyeball.
   - e. Contact lenses. Ask the casualty if he or she is wearing contact lenses, but do not force the eyelids open.
   - f. Extrusion (the eye is protruding from the socket).
4. Categorize and treat the injury.
   - a. Lacerations and contusions of tissue surrounding the eye.
     - (1) Close the lid of the affected eye.
     - (2) Cover the injury with an eye pad or a small sterile dressing.
     - CAUTION: Do not put pressure on the eyeball.
     - (3) Cover torn eyelids with a loose dressing.
     - (4) Place a field dressing over the eye pad or dressing of the affected eye.
   - b. Injury to the eyeball.
     - (1) Cover the injured eyelid with a sterile dressing soaked in saline to keep the wound from drying.
     - (2) Place a field dressing over the eye pad.
     - (3) Cover the uninjured eye to prevent sympathetic eye movement.
   - c. Extrusion or avulsion.

**NOTE:** Torn eyelids should be handled carefully. Wrap any detached fragments in a separate moist dressing and evacuate with the casualty.

Worksheet # 016 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 2

6-34
CAUTION: Do not attempt to reposition the eyeball or replace it in the socket.

1. Position the casualty face up.

2. Cut a hole in several layers of dressing material, and then moisten it. Use sterile liquid, if available.

3. Place the dressing so the injured globe protrudes through the hole, but does not touch the dressing. The dressing should be built up higher than the globe.

NOTE: If available, place a paper cup or cone-shaped piece of cardboard over the eye. Do not apply pressure to the injury site. Apply roller gauze to hold the cup in place.

4. Cover the uninjured eye to prevent sympathetic eye movement.

NOTE: In hazardous conditions, leave the good eye uncovered long enough to ensure the casualty's safety.

5. Did not cause further injury to the casualty.

Worksheet # 016 to construct AMEDDC&S Form 1232, 1 NOV 11
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ACRONYMS
CHAPTER 7
MEDICAL AND CASUALTY EVACUATION

TOTAL TASKS-10
PASS REQUIREMENTS-8 OF 10

7-1. MEDICAL AND CASUALTY EVACUATION TASKS.

a. Objective. To measure the candidate’s ability to evacuate casualties using manual carries, medical devices, tactical vehicles, evacuation platforms, and aircraft in a battlefield scenario.

b. Requirements. The candidate is required to complete 10 performance tasks listed below and pass 8 of the 10. Test board chairperson determines which vehicle or aircraft that is tested. You will not know which ones will be tested until arrival at EFMB site.

c. Tasks. The following tasks are tested using reaction-style testing.

(1) Establish a helicopter landing point.

(2) Load casualties onto two different medical evacuation platforms. (i.e., UH-60 helicopter, M997, M113, Stryker MEV, Hoist, etc.)

(3) Load casualties onto two different nonstandard vehicles. (i.e., 5-ton, 2 1/2-ton, 6x6, cargo truck, 4x4, M998, M1114, MRAP, etc.)

(4) Load casualties onto nonstandard vehicle (1 3/4-ton, 4x4, M998).

(5) Extricate casualties from a vehicle.

(6) Evacuate a casualty using a SKED litter.

(7) Evacuate casualties using one-person carries or drags.

(8) Evacuate casualties using two-person carries or drags.

(9) Evacuate casualties using litter carries.

7-2. ADDITIONAL INFORMATION.

a. The evacuation tasks or evacuation platforms will be distributed throughout the various combat testing lanes. Some of the tasks must be incorporated into the testing of the TCCC tasks.
b. The host unit will train the candidates on all of the one and two person manual carries and drags, litter carries, and SKED litter listed in this publication that will be performed. The candidates will be standardized on the carry or drag that will be tested for the various situations that they will encounter during EFMB testing. This includes the 4-person litter carry position and the commands to lift, move, load, and lower the litter.

b. Candidates will serve as the number one litter bearer when loading casualties onto a tactical vehicle, evacuation platform, or aircraft. The candidate does not have to be in the number one position, but may position the litter bearers to best utilize the litter squad’s strengths. All commands and directions will be given by the candidate to the litter bearers.

c. Each candidate on the litter squad is graded individually. The squad members are rotated so that they are evaluated as the number one, two, three, and four-person at some point during the negotiation of the lane.

d. Only the number one person will provide the commands to the litter squad. Other members will not assist with the commands if the number one person forgets them. Candidates will not provide any advice in the performance of the task to any other member of the litter squad. Failure to follow these guidelines will result in an administrative NO-GO for that candidate on this task. The number one person does not have to use the exact verbiage (i.e., “Two-Person Carry Move.”) to execute a litter carry as long as they clearly communicate what must be accomplished to the other members of the litter team. The number one person may issue additional commands or instructions to correct a deficiency or control the squad. Other candidates will not be penalized if given the wrong instructions or if another member of the litter squad causes further injury to the casualty.

e. Candidates must prepare all evacuation platforms for loading without assistance from noncandidates (except for the M1113 Stryker Medical Evacuation Vehicle).

f. When loading vehicles and evacuation platforms, casualties are prioritized IAW priorities for treatment listed in the TCCC - TRIAGE CASUALTIES task in this publication. DA Forms 7656 will be placed on the casualties with the exact verbiage of injuries from the forenamed task. If the concept of operations on a lane makes it advantageous to utilize casualties that were treated during the performance of TCCC tasks by the candidate, then these casualties (without cadre made DA Forms 7656) may be loaded on the vehicle or evacuation platform.

g. Performance steps/measures with grey shaded GO/NO-GO boxes on the score sheet will NOT be evaluated in EFMB. They are listed to assist candidates in their preparation for EFMB testing. The objective of the various one- and two-man carries and drags along with the litter carries is to evacuate the casualty without causing further injury. However, selection and execution of an inappropriate carry, drag, or litter carry that would put the casualty and/or candidate in danger due to the tactical situation will
receive a NO-GO, even if executed correctly.

7-3. EQUIPMENT.

a. The host unit will provide all equipment and supplies for tasks at the tested sites. Candidates are required to pack their own aid bags prior to the start of the lane. Improper packing of the aid bag by the candidate is not grounds for rebuttal.
REPRODUCIBLE SCORE SHEETS

7-4. GENERAL.

The various score sheets included within this appendix are designed for EFMB use only and prescribe the testing standards for use during EFMB. They may be reproduced locally as needed.
EFMB Test Score Sheet
EVAC — ESTABLISH A HELICOPTER LANDING POINT
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE #

**TASK:** ESTABLISH A HELICOPTER LANDING POINT.

**CONDITIONS:** Given strobe lights, flashlights or vehicle lights, marker panels, and an area to be prepared for landing site.

**STANDARDS:** Establish a landing site large enough for a helicopter to land and take off marking or identifying all obstacles that cannot be removed within 10 minutes.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

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**EVALUATOR STATES:** “STATE THE FOUR FACTORS FOR SELECTING A LANDING SITE AND THE CONSIDERATIONS FOR EACH.” CANDIDATE MUST ADDRESS ALL. EVALUATOR WILL ALSO STATE ALL OTHER NECESSARY INFORMATION (I.E., DISREGARD THE TELEPHONE POLES, TREELINE).

NOTE: Time starts after the evaluator states the above.

a. The size of the landing site.

| (1) A helicopter requires a relatively level landing area 30 meters in diameter. This does not mean that a loaded helicopter can land and take off from an area of that size. Most helicopters cannot go straight up or down when fully loaded; therefore, a larger landing site and better approach and departure routes are required. |
| (2) When obstacles are in the approach or departure routes, 10 to 1 ratio must be used to lay out the landing site. For example, during the approach and departure, if the helicopter must fly over trees that are 15 meters high, the landing site must be at least 150 meters long (10x15=150 meters). |

b. The ground slope of the landing site. When selecting the landing site, the ground slope must be no more than 15 degrees. Helicopters cannot safely land on a slope of more than 15 degrees.

| (1) When the ground slope is less than 7 degrees, the helicopter should land upslope. |
| (2) When the ground slope is 7 to 15 degrees, the helicopter must land sideslope. |

c. Surface conditions.

| (1) The ground must be firm enough that the helicopter does not bog down during loading or unloading. If firm ground cannot be found, the pilot must be told. He may hover at the landing site during the loading or unloading. |
| (2) Rotor wash on dusty, sandy, or snow-covered surfaces may cause loss of visual contact with the ground; therefore, these areas should be avoided. |
| (3) Loose debris that can be kicked up by the rotor wash must be removed from the landing site. Loose debris can cause damage to the blades or engines. |

d. Obstacles.

Worksheet # 017 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 2
(1) Landing sites should be free of tall trees, telephone lines, power lines or poles, and similar obstructions on the approach or departure ends of the landing site.

(2) Obstructions that cannot be removed (such as large rocks, stumps, or holes) must be marked clearly within the landing site.

2. Remove all obstacles and debris at the landing site and mark obstructions that cannot be removed. Ensure that the marker is properly secured to the obstacle or ground.

3. Mark the landing site and identify the touchdown point.

NOTE: For EFMB testing purposes, only step 3b will be tested, utilizing strobe lights, flashlights, or chemical lights and will be tested during daylight hours.

- a. When and how the landing site should be marked is based on the mission, capabilities, and situation of the unit concerned. Normally, the only mark or signals required are smoke (colored) and a signalman. VS-17 marker panels may be used to mark the landing site, but MUST NOT be used any closer than 50 feet to the touchdown point. In addition to identifying the landing site, smoke gives the pilot information on the wind direction and speed.

- b. An inverted “Y,” composed of four lights, marks the landing site and touchdown point at night. Strobe lights, flashlights, or vehicle lights may also be used to mark the landing site. The marking system used will be fully explained to the pilot when contact is made.

Inverted “Y” Landing Site.

**Evaluator States:** “WHAT MARKING SYSTEM DID YOU USE AND IDENTIFY THE TOUCHDOWN POINT?” AFTER THE CANDIDATE COMPLETES MARKING THE LANDING SITE.

4. Correctly perform all performance steps/measures within 10 minutes.

**Evaluator Writes:** CANDIDATE’S TIME FOR THE TASK:

<table>
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<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
<th>YES</th>
<th>NO</th>
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**Evaluator’s Signature**

**Date**

Worksheet # 017 to construct AMEDDC&S Form 1232, 1 NOV 11
**EFMB Test Score Sheet**

**EVAC — LOAD CASUALTIES ONTO A UH-60 HELICOPTER**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T-T)

<table>
<thead>
<tr>
<th>CANDIDATE'S RANK AND NAME</th>
<th>CANDIDATE #</th>
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**TASK:** LOAD CASUALTIES ONTO A UH-60 HELICOPTER.

**CONDITIONS:** Given a UH-60 helicopter, three treated casualties secured on litters with straps. You and three noncandidate Soldiers will form a litter squad, with you serving as the number 1 person to load the casualties. The flight crew has configured the aircraft to receive the casualties.

**STANDARDS:** Prioritize, load, and secure three casualties onto a UH-60 helicopter within 15 minutes, in the proper sequence, without causing further injury to the casualties.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
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1. Survey and prioritize the casualties to determine loading sequence.

**NOTE:** Time starts when the candidate starts surveying the casualties or starts the steps to secure the casualties onto the litters.

**NOTE:** Casualties are prioritized IAW priorities for treatment listed in the TCCC - TRIAGE CASUALTIES task in this publication. DA Form 7656 will be placed on the casualties with the exact verbage of injuries from forenamed task.

   a. Position litter casualties in the helicopter according to the nature of their injuries or condition.

   b. Load the most seriously injured casualties last on the bottom pans of the litter support unit. However, if in-flight emergency medical care may be required, such as cardiopulmonary resuscitation, load the casualty onto either of the top pans to facilitate access.

   c. Load casualties receiving IV fluids or oxygen on any litter pan, depending on their injuries or condition (if applicable).

   d. Load casualties in traction splints last on a bottom pan (if applicable).

2. Verify the security of the straps on the three casualties on litters.

3. Under the supervision of the flight personnel, serve as the number 1 position and with the assistance of the noncandidate Soldiers—

   a. Move the litter to the aircraft.

   **NOTE:** The UH-60 can be loaded on both sides. Load the casualty so that upon rotating the litter support, his or her head will be forward in the cabin.

   b. Do not approach aircraft until the flight crew directs you to do so.

   c. Load litters onto litter pans.

      (1) If loading from the aircraft’s left side with the carousel turned, the sequence is upper right, upper left, lower right, and then lower left.

      (2) If loading from the aircraft’s right side with the carousel turned, the sequence is upper left, upper right, lower left, and then lower right.

      (3) Direct the litter squad to move into the semioverhead carry, lifting the litter just high enough for the litter stirrups of one end to slide onto the litter pan.

      (4) Direct the litter squad to slide the litter forward until the litter stirrups of both ends are secured on the pan. The candidate raises the pan back to its upright position and secures it and the litter.

   d. The litter squad departs only when directed to do so by the flight crew.

**NOTE:** The litter team may assist the candidate in securing the pan and the litter, but it is still the candidate’s responsibility to ensure that the pan and litter are secured properly.

**WARNING:** THE LITTER SQUAD DEPARTS ONLY WHEN DIRECTED TO DO SO BY THE FLIGHT CREW. AT NO TIME SHOULD ANY MEMBER OF THE LITTER SQUAD GO NEAR THE TAIL ROTOR SECTION OF THE AIRCRAFT.

Worksheet # 018 to construct AMEDDC&S Form 1232, 1 NOV 11
4. Load the remaining casualties IAW steps 2b and 2c.

NOTE: Time ends when the litter squad departs the aircraft after loading and securing the last litter.

5. Did not cause further injury to the casualties.

6. Correctly perform all performance steps/measures within 15 minutes.

**EVALUATOR WRITES:** CANDIDATE'S TIME FOR THE TASK:

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**EVAUATOR'S SIGNATURE**

**DATE**

Worksheet # 018 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet

EVAC — LOAD CASUALTIES ONTO A HH-60L HELICOPTER

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T-T)

CANDIDATE’S RANK AND NAME | CANDIDATE #
--- | ---

**TASK:** LOAD CASUALTIES ONTO A HH-60L HELICOPTER.

**CONDITIONS:** Given a HH-60L helicopter, three treated casualties, two secured on litters with straps and one ambulatory. You and three noncandidate Soldiers will form a litter squad, with you serving as the number 1 person to load the casualties. The flight crew has configured the aircraft to receive the casualties.

**STANDARDS:** Prioritize, load, and secure three casualties onto a HH-60L helicopter within 15 minutes, in the proper sequence, without causing further injury to the casualties or damage to the aircraft.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

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<tr>
<td>1. Survey and prioritize the casualties to determine loading sequence.</td>
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<tr>
<td><strong>NOTE:</strong> Time starts when the candidate starts surveying the casualties or starts the steps to secure the casualties onto the litters.</td>
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<tr>
<td><strong>NOTE:</strong> Casualties are prioritized IAW priorities for treatment listed in the TCCC - TRIAGE CASUALTIES task in this publication. DA Form 7656 will be placed on the casualties with the exact verbage of injuries from forenamed task.</td>
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<tr>
<td>a. Position litter casualties in the helicopter according to the nature of their injuries or condition.</td>
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<td><strong>NOTE:</strong> Both litter casualties will be loaded in the litter pans on the right side of the aircraft.</td>
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<td>b. Load the most seriously injured casualties last on the bottom pan of the litter support unit. However, if in-flight emergency medical care may be required, such as cardiopulmonary resuscitation, load the casualty onto either of the top pans to facilitate access.</td>
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<tr>
<td>c. Load casualties receiving IV fluids or oxygen on any litter pan, depending on their injuries or condition (if applicable).</td>
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<tr>
<td>d. Load casualties in traction splints last on a bottom pan (if applicable).</td>
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<tr>
<td>2. Verify the security of the straps on the two casualties on litters.</td>
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<tr>
<td>3. Under the supervision of the flight crew, serve as the number 1 position and with the assistance of the noncandidate Soldiers—</td>
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<td>a. Move the litter to the aircraft.</td>
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<td><strong>NOTE:</strong> Move to the aircraft from the rear at a 45 degree angle allowing the litter to clear the external fuel tank.</td>
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<tr>
<td><strong>CAUTION:</strong> Do not allow the litter to come into contact with the external fuel tank.</td>
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<tr>
<td><strong>WARNING:</strong> THE LITTER SQUAD DEPARTS ONLY WHEN DIRECTED TO DO SO BY THE FLIGHT CREW. AT NO TIME SHOULD ANY MEMBER OF THE LITTER SQUAD GO NEAR THE TAIL ROTOR SECTION OF THE AIRCRAFT.</td>
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<td><strong>NOTE:</strong> The HH-60L can be loaded on both sides. Load the litter casualties so that their heads are facing the medical attendant’s seat.</td>
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<td>b. Do not approach aircraft until the flight crew directs you to do so.</td>
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<tr>
<td>c. Load litters onto litter pans.</td>
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<tr>
<td>(1) Ensure the litter pan is lowered into the load position.</td>
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<tr>
<td>(2) Direct the litter squad to slide the litter forward until the litter stirrups of both ends are secured on the pan.</td>
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<td>(3) Secure litter to pan with restraining straps.</td>
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<td>(4) Raise litter pan into the upper transport position.</td>
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<td><strong>NOTE:</strong> For EFMB testing purposes the Crew Chief will operate the litter lift for the candidate.</td>
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<td>d. The litter squad departs only when directed to do so by the flight crew.</td>
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<td><strong>NOTE:</strong> The litter team may assist the candidate in securing the pan and the litter but it is still the candidate’s responsibility to ensure that the pan and litter are secured properly.</td>
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Worksheet # 019 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 2
4. Load the remaining litter casualty IAW steps 3b and 3c.

5. Prepare ambulatory seats.
   a. Lower the seat pan.
   b. Raise the head rest.
   c. Unlatch safety belt and move straps to the side.

   NOTE: Ambulatory casualties must be seated in the seats closest to the Medical attendant’s seat on the left side of the aircraft.
   a. Do not approach aircraft until the flight crew directs you to do so.
   b. Guide the ambulatory casualty to the aircraft.

NOTE: Candidate is responsible for escorting the ambulatory casualty to the aircraft.

NOTE: Move to the aircraft from the rear at a 45 degree angle ensuring the casualty does not come in contact with the external fuel tank.

NOTE: The litter team may assist the candidate in securing the casualty to the seat, but it is still the candidate's responsibility to ensure that the pan and litter are secured properly.

7. Did not cause further injury to the casualties or damage the aircraft.

8. Correctly perform all performance steps/measures within 15 minutes.

**EVALUATOR WRITES:** CANDIDATE’S TIME FOR THE TASK:

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**Lane/OIC/COIC/INITIALS**

**EVALUATOR’S SIGNATURE**

**DATE**

Worksheet # 019 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet  

EVAC — LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORM (M996, M997, OR M113)  
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME  

CANDIDATE #  

TASK: LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORM (M996, M997, OR M113).

CONDITIONS: Given an unconfigured ground evacuation platform and three treated casualties, (two secured on litters with straps and one ambulatory). You and three noncandidate Soldiers will form a litter squad, with you serving as the number 1 person to load the casualties.

STANDARDS: Configure the vehicle properly. Prioritize, load, and secure three casualties (two litter and one ambulatory) within 15 minutes, in the proper sequence, without causing further injury to the casualties.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

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1. Survey and prioritize the casualties to determine loading sequence.

NOTE: Time starts when the candidate starts surveying the casualties, starts the steps to secure the casualties onto the litters, or starts the steps to configure the vehicle.

NOTE: Casualties are prioritized IAW priorities for treatment listed in the TCCC - TRIAGE CASUALTIES task in this publication. DA Form 7656 will be placed on the casualties with the exact verbage of injuries from forenamed task.

a. Casualties are normally loaded head first. They are less likely to experience motion sickness or nausea with the head in the direction of travel. When en route, if care is required for an injury on one side, it may be necessary to load feet first to access the casualty from the aisle.

b. Casualties with wounds of the chest or abdomen or those receiving IV fluids are loaded in lower berths to provide gravity flow.

c. Casualties wearing bulky splints should be placed on lower berths.

2. Verify the security of the straps on the two casualties on litters.

3. Configure and prepare the vehicle properly to receive the casualties (two litter and one ambulatory). Remove any debris and trash.

4. Serve as the number 1 person and, with the assistance of the noncandidate Soldiers, move the litters to the vehicle.

5. Load the casualties, in the proper sequence, onto the vehicle.

   a. M996.
      (1) Load the litter head first in the right berth and then left.
      (2) Instruct the ambulatory casualty to sit in the aisle or tailgate seat.

   b. M997 and M113.
      (1) Load the litter head first in the upper right berth and then lower right.
      (2) Instruct the ambulatory casualty to sit on the left side of the vehicle.

6. Secure the casualties for transport.

NOTE: The noncandidate Soldiers may assist the candidate by securing the litters onto the litter racks. However, it is still the candidate’s responsibility to ensure that the litters are properly secured.

7. Fold and stow the litter rail extension (if applicable).

8. Close the door and secure the latch.

NOTE: Time ends when the door is secured.

9. Did not cause further injury to the casualties.

10. Correctly perform all performance steps/measures within 15 minutes.

EVALUATOR WRITES: CANDIDATE’S TIME FOR THE TASK:

Worksheet # 020 to construct AMEDDC&S Form 1232, 1 NOV 11
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<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
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<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR'S SIGNATURE</th>
<th>DATE</th>
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Worksheet # 020 to construct AMEDDC&S Form 1232, 1 NOV 11
### EFMB Test Score Sheet

**EVAC — LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORM (STRYKER MEDICAL EVACUATION VEHICLE (MEV) M1113)**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE'S RANK AND NAME</th>
<th>CANDIDATE #</th>
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</table>

**TASK:** LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORM, STRYKER MEDICAL EVACUATION VEHICLE (MEV) (M1113).

**CONDITIONS:** Given an unconfigured STRYKER MEV and three treated casualties, (two secured on litters with straps and one ambulatory). You and three noncandidate Soldiers will form a litter squad, with you serving as the number 1 person to load the casualties.

**STANDARDS:** Configure the vehicle properly. Prioritize, load, and secure three casualties (two litters and one ambulatory) within 15 minutes, in the proper sequence, without causing further injury to the casualties.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

1. Survey and prioritize the casualties to determine loading sequence.

   **GO**
   - NOTE: Time starts when the candidate starts surveying the casualties, starts the steps to secure the casualties onto the litters, or starts the steps to configure the vehicle.

   **NOTE:** Casualties are prioritized IAW priorities for treatment listed in the TCCC - TRIAGE CASUALTIES task in this publication. DA Form 7656 will be placed on the casualties with the exact verbage of injuries from forenamed task.

   a. Casualties are normally loaded headfirst. They are less likely to experience motion sickness or nausea with the head in the direction of travel. When en route, if care is required for an injury on one side, it may be necessary to load feet first to access the casualty from the aisle.

   b. Load the most seriously injured casualties last on the bottom pans of the litter support unit. However, if in-flight emergency medical care may be required, such as cardiopulmonary resuscitation, load the casualty onto either of the top pans to facilitate access.

   c. Load casualties receiving IV fluids or oxygen on any litter pan, depending on their injuries or condition (if applicable).

   d. Load casualties in traction splints last on a bottom pan (if applicable).

2. Verify the security of the straps on the two casualties on litters.

3. Configure and prepare the vehicle patient compartments to receive the casualties (two litter and one ambulatory). Remove any debris and trash.

   **NOTE:** For EFMB testing purposes the host unit may elect to have an evaluator operate the litter lift for the candidate.

   a. Configure left side patient compartment for litter casualties (medic/aide man side).

   b. Release seatback latches on left 2-man troop seat and medical attendant side seat to lower seatback.

   c. Remove left platform from stowage mounts. Position one person at each beam.

   **WARNING:** Platform weighs 110 lbs and requires two people to safely maneuver.

   d. Attach platform to support mounts.

   e. Insert quick release pins to secure platform beams in place.

   f. Attach litter lift arms.

   g. Open litter lift arms latches.

   h. Disengage forward and rear platform latches and move platform out towards center of patient compartment in load configure position.

   i. Engage rear latch and lock platform in position.

   j. Remove litter securing pins from litter platform.

   k. Pull E-Stop switch on litter control box out and down to DISABLE.

4. Load upper left litter casualty.
a. Candidate directs/assists litter bearers to position forward litter stirrups in channels on platform.

b. Slide litter forward until litter is fully loaded on platform.

c. Disengage rear platform latch and slide platform towards the wall and lock in transport position.

d. Close litter latches to secure litter to lift arms.

e. Ensure litter latches are locked in closed position and litter handles are secured.

f. Raise patient to upper litter position.

g. Pull E-Stop switch out and up to RUN position.

h. Press and hold litter control switch in UP position until lift arms stop in highest position.

i. Push E-Stop switch down to DISABLE.

j. Install litter restraint assemblies to secure stirrups and attach snap rings to ceiling loops. Make sure strap is not twisted.

k. Pull strap to tighten. Slightly lift up on litter and pull tight again so strap bears partial weight litter and patients.

l. Tie off loose end of strap.

5. Load lower litter casualty.

a. Disengage rear platform latch and slide platform to center of patient compartment and lock in load position.

b. Candidate directs/assists litter bearers to position forward litter stirrups in channels on platform.

c. Slide litter forward, until litter is fully loaded on platform, and install four litter securing pins into channels making sure pins pass inside litter stirrups.

d. Disengage rear platform latch and slide platform and lock in transport position using forward and rear platform latches.

6. Instruct and assist ambulatory casualty to sit on right side and secure with lap belt.

7. Make sure all casualties are properly secured to litters and all litters are properly secured to litter lift assembly before leaving patient compartment area.

8. Secure the door. The EFMB host unit may elect to keep the door opened and have the candidate verbally state they would secure the door.

NOTE: Time ends when either the door is secured or the candidate states they would secure the door.

9. Did not cause further injury to the casualties.

10. Correctly perform all performance steps/measures within 15 minutes.

**EVALUATOR WRITES: CANDIDATE’S TIME FOR THE TASK:**

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
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<tbody>
<tr>
<td></td>
<td>YES</td>
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</tbody>
</table>

**LANE OIC/NCOIC INITIALS** | **EVALUATOR’S SIGNATURE** | **DATE**

Worksheet # 021 to construct AMEDDC&S Form 1232, 1 NOV 11 Page 2 of 2
EFMB Test Score Sheet

EVAC — LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (5-TON M-1085, M-1093, OR 2 ½-TON M-1081)
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE'S RANK AND NAME

CANDIDATE #

TASK: LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (5-TON M-1085, M-1093, OR 2 ½-TON M-1081).

CONDITIONS: Given an unconfigured, nonstandard vehicle (without bow and canvas), five treated casualties secured on litters with straps, and cravats. You and three noncandidate Soldiers will form a litter squad, with you serving as the number 1 person to load the casualties.

STANDARDS: Configure the vehicle properly. Prioritized, loaded, and secured five casualties within 15 minutes, in the proper sequence, without causing further injury to the casualties.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
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</thead>
<tbody>
<tr>
<td>1. Survey and prioritize the casualties to determine loading sequence.</td>
<td></td>
</tr>
<tr>
<td>NOTE: Time starts when the candidate starts surveying the casualties, starts the steps to secure the casualties onto the litters, or starts the steps to configure the vehicle.</td>
<td></td>
</tr>
<tr>
<td>NOTE: Casualties are prioritized IAW priorities for treatment listed in the TCCC - TRIAGE CASUALTIES task in this publication. DA Form 7656 will be placed on the casualties with the exact verbage of injuries from forenamed task.</td>
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</tr>
<tr>
<td>2. Verify the security of the straps on the five casualties on litters.</td>
<td></td>
</tr>
<tr>
<td>3. Serve as the number 1 person and, with the assistance of the noncandidate Soldiers, move the litters to the vehicle.</td>
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<tr>
<td>NOTE: The candidate will only be evaluated on either the M-1085, M-1093, or M-1081.</td>
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</tbody>
</table>

M-1085 Configuration.

a. Lower the seats and secure the vertical support brackets in place. Remove any debris and trash.

b. Place four litters (litter numbers 1 through 4) crosswise on the seats, forward, next to the cab. Secure the litters individually to the seats with cravats using nonslip knots.

NOTES: 1. Casualties may be loaded either head to head or head to toe. 2. The noncandidate Soldiers may assist the candidate by securing the litters to the vehicle. However, it is still the candidate's responsibility to ensure that the litters are properly secured.

c. Place one litter (litter number 5) lengthwise on the floor, forward toward the cab, feet first, ensuring that the patients' head is exposed from under the upper litters. Secure the litter to the vertical seat supports with cravats using nonslip knots.

5. Configure and load an M-1093.

a. Lower the seats and secure the vertical support bracket into place. Remove any debris and trash.

b. Place three litters (litter numbers 1 through 3) crosswise on the seats, forward, next to the cab. Secure the litters individually to the seats with cravats using nonslip knots.

NOTES: 1. Casualties may be loaded either head to head or head to toe. 2. The noncandidate Soldiers may assist the candidate by securing the litters to the vehicle. However, it is still the candidate's responsibility to ensure that the litters are properly secured.

Worksheet # 022 to construct AMEDDC&S Form 1232, 1 NOV 11
c. Place two litters (litter numbers 4 and 5) lengthwise on the floor, forward toward the cab, feet first. Secure the litters together and to the vertical seat support with cravats using nonslip knots.

M-1093 Configuration.

6. Configure and load an M-1081.
   a. Lower the seats and secure the vertical support bracket into place. Remove any debris and trash.
   b. Place three litters (litter numbers 1 through 3) crosswise on the seats, forward, next to the cab. Secure the litters individually to the seats with cravats using nonslip knots.

NOTES: 1. Casualties may be loaded either head to head or head to toe. 2. The noncandidate Soldiers may assist the candidate by securing the litters to the vehicle. However, it is still the candidate’s responsibility to ensure that the litters are properly secured.

   c. Place two litters (litter numbers 4 and 5) lengthwise on the floor, forward toward the cab, feet first. Secure the litters together and to the vertical seat support with cravats using nonslip knots.

M-1081 Configuration.

7. Raise and secure the tailgate.

NOTE: Time ends when the tailgate is secured.

8. Did not cause further injury to the casualties.

9. Correctly perform all performance steps/measures within 15 minutes.

EVALUATOR WRITES: CANDIDATE’S TIME FOR THE TASK:

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
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<tbody>
<tr>
<td></td>
<td>YES</td>
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</table>

LANE OIC/NCOIC INITIALS EVALUATOR’S SIGNATURE DATE

Worksheet # 022 to construct AMEDDC&S Form 1232, 1 NOV 11
**EFMB Test Score Sheet**

**EVAC — LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (2 1/2-TON, 6X6 OR 5-TON, 6X6, CARGO TRUCK)**
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE'S RANK AND NAME</th>
<th>CANDIDATE #</th>
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</table>

**TASK:** LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (2 1/2-TON, 6X6 OR 5-TON, 6X6, CARGO TRUCK).

**CONDITIONS:** Given an unconfigured, nonstandard vehicle (without bow and canvas), five treated casualties secured on litters with straps, and cravats. You and three noncandidate Soldiers will form a litter squad, with you serving as the number 1 person to load the casualties.

**STANDARDS:** Configure the vehicle properly. Prioritize, load, and secure five casualties within 15 minutes, in the proper sequence, without causing further injury to the casualties.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
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</thead>
<tbody>
<tr>
<td>1. Survey and prioritize the casualties to determine loading sequence.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Time starts when the candidate starts surveying the casualties, starts the steps to secure the casualties onto the litters, or starts the steps to configure the vehicle.

**NOTE:** Casualties are prioritized IAW priorities for treatment listed in the TCCC - TRIAGE CASUALTIES task in this publication. DA Form 7656 will be placed on the casualties with the exact verbage of injuries from forenamed task.

| 2. Verify the security of the straps on the five casualties on litters. |
| 3. Serve as the number 1 person and, with the assistance of the noncandidate Soldiers, move the litters to the vehicle. |
| 4. Configure and load the vehicle. |
| a. Lower the seats. Remove any debris and trash. |
| b. Place three litters crosswise on the seats, as far forward as possible, and two litters lengthwise, in the bed of the truck, as far forward as possible. |

**NOTES:**
1. Casualties may be loaded either head to head or head to toe. 2. The noncandidate Soldiers may assist the candidate by securing the litters to the vehicle. However, it is still the candidate's responsibility to ensure that the litters are properly secured.

| c. Secure the first three litters individually to the seats and secure the other two litters on the floor together and to the seat with cravats using non-slip knots. |
| 5. Raise and secure the tailgate. |

**NOTE:** Time ends when the tailgate is secured.

| 6. Did not cause further injury to the casualties. |
| 7. Correctly perform all performance steps/measures within 15 minutes. |

**EVALUATOR WRITES:** CANDIDATE’S TIME FOR THE TASK:

| REASONS |
| FOR |
| fail | IRF |

**DOES THE CANDIDATE WISH TO REBUT THIS TASK?** (CANDIDATE INITIALS APPROPRIATE BOX)

| YES | NO |

**LANE OIC/NOIC INITIALS**

**EVALUATOR’S SIGNATURE**

**DATE**

Worksheet # 023 to construct AMEDDC&S Form 1232, 1 NOV 11

7-17
EFMB Test Score Sheet
EVAC — LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (1 ¼-TON, 4X4, M998)
(For use of this form, see AMEDDC&S Pam.350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE'S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
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</table>

**TASK:** LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (1 ¼-TON, 4X4, M998)

**CONDITIONS:** Given a configured, nonstandard vehicle (without the cargo bow and canvas), three treated casualties secured on litters with straps, and cravats. You and three noncandidate Soldiers will form a litter squad, with you serving as the number 1 person to load the casualties.

**STANDARDS:** Prioritize, load, and secure three casualties within 15 minutes, in the proper sequence, without causing further injury to the casualties.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
<thead>
<tr>
<th>GO</th>
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</table>

1. Survey and prioritize the casualties to determine loading sequence.

**NOTE:** Time starts when the candidate starts surveying the casualties, starts the steps to secure the casualties onto the litters, or starts the steps to configure the vehicle.

**NOTE:** Casualties are prioritized IAW priorities for treatment listed in the TCCC - TRIAGE CASUALTIES task in this publication. DA Form 7656 will be placed on the casualties with the exact verbage of injuries from forenamed task.

2. Verify the security of the straps on the three casualties on litters.

3. Serve as the number 1 person and, with the assistance of the noncandidate Soldiers, move the litters to the vehicle.

4. Load an M998.

![M998, 3-Casualty Configuration.](image)

- a. Remove any debris and trash.
- b. Place two litters side-by-side across the back of the truck with the litter handles resting on the sides of the truck.

**NOTES:** 1. Casualties may be loaded either head to head or head to toe. 2. The noncandidate Soldiers may assist the candidate by securing the litters to the vehicle. However, it is still the candidate’s responsibility to ensure that the litters are properly secured.

- c. Secure the litters to the vehicle with cravats using nonslip knots.
- d. Place one litter lengthwise, head first, in the bed of the truck. Secure it in place.
- e. Leave the tailgate open with the two tailgate chain hooks supporting it.

Worksheet # 024 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 2
NOTE: Time ends when the last litter is secured and the tailgate is positioned as stated above.

5. Did not cause further injury to the casualties.

6. Correctly perform all performance steps/measures within 15 minutes.

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Worksheet # 024 to construct AMEDDC&S Form 1232, 1 NOV 11
**EFMB Test Score Sheet**

**EVAC — EXTRICATE CASUALTIES FROM A VEHICLE**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>Candidate's Rank and Name</th>
<th>Candidate #</th>
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</table>

**TASK:** EXTRICATE CASUALTIES FROM A VEHICLE.

**CONDITIONS:** Given a conscious casualty with a suspected neck or spinal injury that is in the driver’s seat of a vehicle and another casualty who does not have a suspected neck or spinal injury in the passenger seat of a vehicle after a motor vehicle accident or explosion. The tactical situation warrants extrication with a short spine board, Kendrick Extrication Device (KED), or Oregon Spine Splint II (OSS II) which is available. A long spine board is also available, if required. A noncandidate Soldier is available to assist.

**STANDARDS:** Secure and extricate casualties from the vehicle without causing further injury.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

**NOTE:** The EFMB host unit may elect to have the candidate perform this task on two to four casualties depending on the lane concept. At least one casualty will be extricated from a vehicle using a KED, OSS II, or short spine board. However, they will all be tested on the same testing lane. Failure of the candidate to perform any portion of the task to standard on any of the casualties will result in a NO-GO.

1. Consider extraction priority (i.e., vehicle on fire, under direct fire from the enemy) and mechanism of injury.
2. Gain access to the casualty.
3. Identify all injuries and either treat or delay treatment until after extrication based on the severity of the injuries and the tactical situation.
   - a. Prior to attempting to move the casualty, if the tactical situation permits, -
      1. Evaluate the type and extent of the casualty’s injuries.
      2. Ensure that dressings over wounds are adequately reinforced, if applicable.
      3. Ensure that fractured bones are properly immobilized and supported to prevent them from cutting through muscle, blood vessels, and skin, if applicable.
   - b. Provide life threatening medical treatment at this time if warranted and if the tactical situation permits.
4. Stabilize the spine by directing a noncandidate Soldier to immobilize the casualty’s head and neck using manual stabilization and apply a cervical collar, if necessary and the tactical situation permits.
   - a. Directs the noncandidate Soldier to do the following:
      1. Place the hands on both sides of the casualty’s skull, with the palms over the ears.
      2. Support the jaw (mandible) with the fingers.
      3. Maintain manual stabilization until directed to release the stabilization.
   - b. Select, measure, and apply an effective, properly-fitting cervical collar, if available, or improvise one.
5. Remove casualty from a vehicle.
   - a. Remove casualty from a vehicle, if the casualty does NOT have suspected neck or spinal injury and/or the tactical situation does not warrant extraction using a KED, OSS II, or short spine board (i.e., vehicle on fire, under direct fire from the enemy).
      1. Laterally.
      - (a) With the assistance of a non-candidate Soldier grasp the casualty’s arms and legs.
      - (b) While stabilizing the casualty’s head and neck as much as possible, lift the casualty free of the vehicle and move him to a safe place on the ground.
   - b. Upward.

**NOTE:** You may have to remove a casualty upward from a vehicle, for example, from the passenger compartment of a wheeled vehicle lying on its side or from the hatch of an armored vehicle sitting upright.

Worksheet # 025 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 3

7-20
(a) You may place a pistol belt or similar material around the casualty's chest to help pull him from the vehicle.

NOTE: A KED or OSS II may also be utilized to remove the casualty, following the directions in this task.

(b) With the assistance of a non-candidate Soldier inside the vehicle, draw the casualty upward using the pistol belt or similar material or by grasping his arms.

(c) While stabilizing the casualty's head and neck as much as possible, lift the casualty free of the vehicle and place him on the topmost side of the vehicle.

(d) Depending on the situation, further move the casualty from the topmost side of the vehicle to a safe place on the ground.

b. Remove casualty from a vehicle, if the casualty does have suspected neck or spinal injury and/or the tactical situation does warrant extraction using a KED, OSS II, or short spine board.

NOTE: Candidate will be evaluated on either the short spine board, KED, or OSS II, depending on which is utilized.

(1) Secure the casualty to a short spine board.

NOTE: Apply a short spine board when extricating a casualty from a vehicle or location that will not accommodate the use of a long spine board. If available, use a KED which is a commercial spine board.

(a) Push the board as far into the area behind the casualty as possible.

(i) Tilt the upper end of the board toward the head.

(ii) Direct the noncandidate Soldier to position the back of the casualty's head against the board, maintaining manual stabilization, by moving the head and neck as one unit.

NOTE: If the cervical collar or improvised collar does not fit flush with the spine board, place a roll in the hollow space between the neck and board. The roll should only be large enough to fill the gap, not to exert pressure on the neck.

(b) Secure the casualty's head and head supports to the board with straps or cravats.

WARNING: Ensure that the cravats or head straps are firmly in place before the assistant releases stabilization.

(i) Apply head supports.

(ii) Use two rolled towels, blankets, sandbags, or similar material.

(iii) Place one close to each side of the head.

(iv) Using a cravat-like material across the forehead, make the supports and head one unit by tying to the board.

(c) Secure the casualty to the short spine board.

(i) Place the buckle of the first strap in the casualty's lap.

(ii) Pass the other end of the strap through the lower hole in the board, up the back of the board, through the top hole, under the armpit, over the shoulder, and across the back of the board at the neck.

(iii) Buckle the second strap to the first strap and place the buckle on the side of the board at the neck.

(iv) Pass the other end over the shoulder, under the armpit, through the top hole in the board, down the back of the board, through the lower hole, and across the lap. Secure it by buckling it to the first strap.

(d) Tie the casualty's hands together and place them in his lap.

(2) Secure the casualty to an OSS II.

(a) Move the casualty forward to allow two to three inches of space between the casualty's back and the seat maintaining the entire spine in alignment.

(b) Remove the OSS from it's case and unfold the two center sections.

(c) Place the OSS behind the casualty in the space created between the casualty's back and the seat.

(d) Release the groin and torso straps. The torso straps should rest just under the armpits of the casualty.

(e) Pass the shoulder straps across the casualty's chest and attach them to the corresponding strap at each of the casualty's armpits. The buckle of each strap should be positioned on the anterior portion of the chest and be generally mid-clavicular.
(f) Attach the second and third set of straps to their corresponding color.

(g) Ensure that each strap is not tugged, but gently pulled to assure in-line stabilization.

(h) Do not make the straps so tight as to make it difficult for the casualty to breathe.

(i) Bring the groin straps under each leg by using a sawing motion and attach to the corresponding strap at each thigh.

(j) Pad each strap in the groin area before connecting them if time permits.

(k) Reassess all of the straps to ensure that none are too loose.

(l) Place the provided padding between the casualty’s head and the device as needed. This will help to ensure that the head and neck will maintain a neutral position. Do NOT place the padding behind the casualty’s neck.

(m) The candidate will now take over manual cervical spine stabilization and the noncandidate Soldier will position the head flaps along the sides of the casualty’s head.

(n) The candidate will direct the noncandidate Soldier to regain control of cervical spine stabilization and the candidate will position the forehead restraint strap with the padding toward the casualty. Move any hair from the casualty’s forehead and place the forehead restraint strap on the casualty with the lower edge covering the casualty’s eyebrows and attach to the Velcro on the head flaps of the device.

(o) Place the collar strap on the rigid chin rest of the cervical collar. Pull the ends of the strap upward and at an angle and attach to the Velcro on the device.

(3) Secure the casualty to a KED.

(a) Move the casualty forward to allow two to three inches of space between the casualty’s back and the seat maintaining the entire spine in alignment.

(b) Position the immobilization device behind the casualty.

(c) Secure the device to the casualty’s torso.
   (i) Immobilize the torso, from the top to the bottom strap.

   (ii) Apply the pelvic straps, ensuring to pad the groin area.

(d) Secure the casualty’s head to the device.
   (i) Pad behind the patient’s head as necessary.

   (ii) Place one cravat across the chin angle towards the ear, ensuring the cravat does not interfere with the airway. Tie cravats to the side of the device.

   (iii) Place a cravat across the forehead angle towards the base of the head, and tie it to the side of device.

(e) Evaluate and adjust the straps. They must be tight enough so the device does not move excessively up, down, left, or right, but not so tight as to restrict the casualty’s breathing.

6. Remove casualty from vehicle with the assistance of the noncandidate Soldier.

7. Secure casualty to long spine board and then on a litter (if applicable).

NOTE: When positioning a casualty who is secured to a short spine board, on a long spine board, line up the hand grip holes of the short spine board with the holes of the long spine board, if possible, and secure the two boards together.

NOTE: The pelvic straps of a casualty who is secured in a KED must be released after being placed on a long spine board.

8. Perform all performance steps/measures without causing further injury.

Worksheet #025 to construct AMEDDC&S Form 1232, 1 NOV 11
EVAC — EVACUATE A CASUALTY USING A SKED LITTER
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE'S RANK AND NAME

CANDIDATE #

TASK: EVACUATE A CASUALTY USING A SKED LITTER.

CONDITIONS: Given a nonambulatory casualty who needs to be evacuated and a SKED litter is available.

STANDARDS: Successfully package casualty onto a SKED and move them without causing further injury.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

GO

NO-GO

1. Remove and prepare the SKED litter.
   a. Remove SKED from pack and place on ground.
   b. Unfasten retainer strap, step on foot end of SKED and unroll completely to opposite end.
      (1) Bend the SKED in half and back roll. Repeat with opposite end of SKED.
      (2) SKED litter will now lay flat.
   c. Place SKED litter next to casualty. Ensure head end of litter is adjacent to the head of casualty. Place cross straps under SKED.

2. Load the casualty on the SKED litter.
   a. Log roll casualty and slide SKED as far under casualty as possible. Gently roll casualty down on the SKED litter.
   b. Slide casualty to center of SKED litter. Be sure to keep spinal column as straight as possible.
   c. Pull straps out from under SKED litter.
   d. Lift sides of SKED and fasten the four cross straps to buckles directly opposite the straps.
   e. Lift foot portion of SKED and feed foot straps thru unused grommets at foot end of SKED and fasten to buckles.
   f. Attach the dragline to the head portion of the SKED litter and use to transport the casualty off the battlefield.

3. Evacuate the casualty as directed without assistance.

4. Perform all performance steps/measures without causing further injury.

REASON(S) FOR FAILURE

DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)

YES

NO

LANE OIC/NCOIC INITIALS

EVALUATOR’S SIGNATURE

DATE

Worksheet # 026 to construct AMEDDC&S Form 1232, 1 NOV 11
**EFMB Test Score Sheet**

**EVAC — EVACUATE CASUALTIES USING ONE-PERSON CARRIES OR DRAGS**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE'S RANK AND NAME</th>
<th>CANDIDATE NUMBER</th>
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**TASK:** EVACUATE CASUALTIES USING ONE-PERSON CARRIES OR DRAGS.

**CONDITIONS:** Given casualties that must be transported to receive further medical aid and/or be evacuated during the care under fire and/or tactical field care phases and no Soldiers are available to assist with evacuation.

**STANDARDS:** Transport the casualties using one-person carries and drags without causing further injury.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

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<tr>
<th>GO</th>
<th>NO-GO</th>
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**NOTE:** Performance steps/measures with grey shaded GO/NO-GO boxes will NOT be evaluated in EFMB. They are listed to assist candidates in their preparation for EFMB testing. The objective of the various one-man carries and drags is to evacuate the casualty off the battlefield without causing further injury. However, selection and execution of a misappropriate carry or drag that would put the casualty and/or candidate in danger due to the tactical situation will receive a NO-GO; even if executed correctly.

**NOTE:** The EFMB host unit may elect to have the candidate perform this task on two to four casualties depending on the lane concept. However, they will all be tested on the same testing lane. Failure of the candidate to perform any portion of the task to standard on any of the casualties will result in a NO-GO. Candidates will be standardized on when and where the carries or drags must be executed and to what location the casualties must be evacuated.

1. Estimate the time available to transport the casualty by considering the following to determine the best one-person carry or drag to evacuate the casualties.
   a. The casualty's physical and mental condition to include the endurance time of the casualty and the type and extent of injuries.
   b. The tactical situation, to include the type of situation, and personnel and/or equipment availability.
   c. The environment, to include the weather, terrain (natural and man-made), and if the environment is contaminated or uncontaminated.

2. Prior to attempting to move the casualty, if the tactical situation permits,
   a. Evaluate the type and extent of the casualty's injuries.
   b. Ensure that dressings over wounds are adequately reinforced, if applicable.
   c. Ensure that fractured bones are properly immobilized and supported to prevent them from cutting through muscle, blood vessels, and skin, if applicable.

3. Select an appropriate one-person carry or drag to transport the casualty based on your evaluation of the tactical situation and the factors involved in evacuating the casualty.

**NOTE:** More than one carry or drag may be suitable to the situation. The candidate may select any appropriate carry or drag. However, selection and execution of a misappropriate carry or drag that would put the casualty and/or candidate in danger due to the tactical situation will receive a NO-GO. For example, despite having a four foot wall available for cover the candidate performs the fireman's carry exposing the casualty and himself to direct fire from the enemy. For example, the neck drag or one-person drag would be more appropriate.

**WARNING:** Do NOT use manual carries to move a casualty with a neck of spine injury, unless a life-threatening hazard is in the immediate area.

   a. Transport a casualty using the one-person drag.

**NOTE:** Useful in combat to expeditiously move a casualty. Generally used for short distances. Can use only one hand to drag the casualty leaving the other hand free to return fire with a weapon.

   1. Position the casualty on their back.
   2. Secure a firm hold of the casualty’s web gear.
   3. Rise and expediently drag the casualty backward without causing further injury.

   b. Transport a casualty using the cradle drop drag.

**NOTE:** Useful to move a casualty, who cannot walk, up or down stairs.

   1. Kneel at casualty's head with him lying on his back.

Worksheet # 027 to construct AMEDDC&S Form 1232, 1 NOV 11
(2) Slide your hands, palms up, under the casualty’s shoulders and get a firm hold under his armpits.

(3) Rise partially, supporting the casualty’s head with your forearms, chest, or abdomen.

(4) Rise and expediently drag the casualty backward with him in a semisitting position without causing further injury.

(5) Back down the steps (or up if appropriate), supporting the casualty’s head and body and letting the hips and legs drop from step to step.

c. Transport a casualty using the firefighter’s carry.

NOTE: Use for an unconscious or severely injured casualty. The easiest way for one individual to carry another.

(1) Positions the casualty for the carry.
(2) Brings the casualty to an upright position.
(3) Steps around to face the casualty.
(4) Lifts the casualty into the carry.

d. Transport a casualty using the fireman’s carry.

NOTE: Use for an unconscious or severely injured casualty. The easiest way for one individual to carry another.

(1) Roll the casualty onto his abdomen, if applicable.
(a) Kneel at the casualty’s uninjured side.
(b) Place the casualty’s arms above his head.
(c) Cross the ankle that is farther from you over the one that is closer to you.
(d) Place one of your hands on the casualty’s shoulder that is farther from you; place your other hand in the area of the casualty’s hip or thigh that is farther from you.
(e) Roll the casualty gently toward you onto his abdomen.
(2) After rolling the casualty onto his or her abdomen, straddle him.
(3) Extend your hands under the casualty’s chest and lock them together.
(4) Lift the casualty to his or her knees as you move backward.
(5) Continue to move backward, thus straightening the casualty’s legs and locking his or her knees.
(6) Walk forward, bringing the casualty to a standing position. Tilt the casualty backward slightly to prevent his knees from buckling.
(7) As you maintain constant support of the casualty with one arm, free your other arm, quickly grasp the casualty’s wrist, and raise his or her arm high. Instantly pass your head under the casualty’s raised arm, releasing it as you pass under it.
(8) Move swiftly to face the casualty and secure your arms around his or her waist. Immediately place one foot between the casualty’s feet and spread them apart.
(9) Grasp the casualty’s wrist and raise his arm high over your head.
(10) Bend down and pull the casualty’s arm over and down on your shoulder, bringing his body across your shoulders. At the same time, pass your arm between the casualty’s legs.
(11) Grasp the casualty’s wrist with one hand, and place your other hand on your knee or weapon for support.
(12) Rise with the casualty positioned correctly.
(13) Carry the casualty.

NOTE: Your other hand is free for use as needed. For example, the free arm can be used to fire a weapon.

e. Transport a casualty using the saddleback carry.

NOTE: Only a conscious casualty can be transported with this carry. He must be able to hold onto the bearer’s neck.

(1) Raise the casualty to an upright position, as in the fireman’s carry.
(2) Support the casualty by placing an arm around his waist. Move to the casualty’s side. Have the casualty put his arm around your neck and move in front of him with your back to him.
(3) Have the casualty encircle his arms around your neck.
(4) Stoop, raise the casualty on your back, and clasp your hands together beneath his thighs, if possible.

f. Transport a casualty using the one-person supporting carry.

NOTE: The casualty must be able to walk, or at least hop on one leg, using the bearer as a crutch. This carry can be used to transport a casualty as far as he is able to walk or hop.

(1) Raise or lift the casualty from the ground to a standing position, as in the fireman’s carry.

(2) Grasp the casualty’s wrist and draw his arm around your neck.

(3) Place your arm around his wrist. The casualty is now able to walk or hop, using you as a support.

g. Transport a casualty using the arms carry.

NOTE: Useful in carrying a casualty for a short distance (up to 50 meters) and for placing a casualty on a litter.

(1) Raise or lift the casualty from the ground to a standing position, as in the fireman’s carry.

(2) Grasp the casualty’s wrist and draw his arm around your neck.

(3) Place your arm around his wrist. The casualty is now able to walk or hop, using you as a support.

(4) Carry the casualty high to lessen fatigue.

h. Transport a casualty using the pack-strap carry.

NOTE: The casualty’s weight rests high on the bearer’s back. This makes it easier for you to carry the casualty a moderate distance (50 to 300 meters). To eliminate the possibility of injury to the casualty’s arms, you must hold the casualty’s arms in a palms-down position. Once the casualty is positioned on the bearer’s back, the bearer remains as erect as possible to prevent straining or injuring his back.

(1) Lift the casualty from the ground to a standing position, as in the fireman’s carry.

(2) Support the casualty with your arms around him and grasp his wrist closer to you.

(3) Place his arm over your head and across your shoulders.

(4) Move in front of him while still supporting his weight against your back.

(5) Grasp his other wrist and place this arm over your shoulder.

(6) Bend forward and raise or hoist the casualty as high on your back as possible so that his weight is resting on your back.

i. Transport a casualty using the pistol-belt carry.

NOTE: The best one-man carry for a long distance (over 300 meters). If pistol belts are not available for use, other items such as rifle slings, two cravat bandages, two litter straps, or any other suitable material which will not cut or bind the casualty may be used.

(1) Link two pistol belts (or three, if necessary) together to form a sling. Place the sling under the casualty’s thighs and lower back so that a loop extends from each side.

(2) Lie face up between the casualty’s outstretched legs. Thrust your arms through the loops and grasp his hands and trouser leg on his injured side.

(3) Roll toward the casualty’s uninjured side onto your abdomen, bringing him onto your back. Adjust the sling, if necessary.

(4) Rise to a kneeling position. The belt holds the casualty in place.

(5) Place one hand on your knee for support and rise to an upright position. (The casualty is supported on your shoulders.)

(6) Carry the casualty with your hands free for use in rifle firing, climbing, or surmounting obstacles.

j. Transport a casualty using the pistol-belt drag.

NOTE: Generally used for short distances (up to 50 meters). It is useful in combat, since both the bearer and the casualty can remain closer to the ground than in other drags.

(1) Extend two pistol belts or similar objects to their full length and join them together to make a continuous loop.

(2) Roll the casualty onto his back, as in the fireman’s carry.
(3) Pass the loop over the casualty’s head, and position it across his chest and under his armpits. Then cross the remaining portion of the loop, thus forming a figure eight.

(4) Lie on your side facing the casualty.

(5) Slip the loop over your head and turn onto your abdomen. This enables you to drag the casualty as you crawl.

k. Transport a casualty using the neck drag.

NOTE: Useful in combat because the bearer can transport the casualty as he creeps behind a low wall or shrubbery, under a vehicle, or through a culvert. Generally used for short distances. If the casualty is unconscious, his head must be protected from the ground. The neck drag cannot be used if the casualty has a broken arm.

CAUTION: Do NOT use the neck drag if the casualty has a broken arm or a suspected neck injury.

(1) Tie the casualty’s hands together at the wrists. (If conscious, the casualty may clasp his hands together around your neck.)

(2) Straddle the casualty in a kneeling face-to-face position.

(3) Loop the casualty’s tied hands over and/or around your neck.

(4) Crawl forward, looking ahead, dragging the casualty with you.

l. Transport a casualty using a rope or SKED MOUT Lifeline.

NOTE: Generally used for short distances. Useful to allow a Soldier who is down in the “line of fire” to be moved to safety without exposing anyone else to enemy fire.

(1) If using a SKED MOUT Lifeline-

(a) The candidate, positioned behind cover, instructs the casualty to attach the metal link on the end of the rope to the web gear or assault vest behind the neck or other appropriate point.

(b) The casualty throws the Lifeline bag to the candidate who is still positioned behind cover. If the casualty is unable to throw his Lifeline, the candidate can throw one to him and instruct the casualty to attach it to his gear.

(c) The candidate will tie a quick loop into the Lifeline rope and drag the casualty to safety.

(2) If using a rope-

(a) The candidate, positioned behind cover, instructs the casualty to attach the rope to the web gear or assault vest behind the neck or other appropriate point.

(b) The casualty throws the rope to the candidate who is still positioned behind cover. If the casualty is unable to throw his rope, the candidate can throw one to him and instruct the casualty to attach it to his gear.

(c) The candidate will tie a quick loop into the rope and drag the casualty to safety.

j. Transport a casualty through a window or the roof of a building.

NOTE: The EFMB host unit will develop standards based on the window or building that they will be utilizing. These standards must be submitted to the EFMB TCO for approval and provided to the candidates for preparation.

4. Evacuate the casualties as directed without assistance.

NOTE: If the candidate fails to transport the casualty to the prescribed location they will receive a NO-GO.

5. Perform all performance steps/measures without causing further injury to the casualties or self.

Worksheet # 027 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 4 of 4
EFMB Test Score Sheet

EVAC — EVACUATE CASUALTIES USING TWO-PERSON CARRIES OR DRAGS
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

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**TASK:** EVACUATE CASUALTIES USING TWO-PERSON CARRIES OR DRAGS.

**CONDITIONS:** Given two to four casualties (one conscious and one unconscious) that must be transported to receive further medical aid and/or be evacuated in the care under fire and/or tactical field care phases. A non-candidate Soldier is available to assist with evacuation as a bearer. Necessary equipment, as required, is available.

**STANDARDS:** Evacuate the casualties using two-person carries or drags without causing further injury.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

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NOTE: Performance steps/measures with grey shaded GO/NO-GO boxes will NOT be evaluated in EFMB. They are listed to assist candidates in their preparation for EFMB testing. The objective of the various two-man carries and drags is to evacuate the casualty without causing further injury. However, selection and execution of a misappropriate carry or drag that would put the casualty and/or candidate in danger due to the tactical situation will receive a NO-GO; even if executed correctly.

NOTE: The EFMB host unit may elect to have the candidate perform this task on two to four casualties depending on the lane concept. However, they will all be tested on the same testing lane. Failure of the candidate to perform any portion of the task to standard on any of the casualties will result in a NO-GO. Candidates will be standardized on when and where the carries or drags must be executed and to what location the casualties must be evacuated.

1. Estimate the time available to transport the casualty by considering the following to determine the best two-person carry or drag to evacuate the casualties.
   a. The casualty’s physical and mental condition, to include the endurance time of the casualty and the type and extent of injuries.
   b. The tactical situation, to include the type of situation and personnel and/or equipment availability.
   c. The environment, to include the weather, terrain (natural and man-made), and if the environment is contaminated or uncontaminated.

2. Prior to attempting to move the casualty, if the tactical situation permits -
   a. Evaluate the type and extent of the casualty’s injuries.
   b. Ensure that dressings over wounds are adequately reinforced, if applicable.
   c. Ensure that fractured bones are properly immobilized and supported to prevent them from cutting through muscle, blood vessels, and skin, if applicable.

3. Select an appropriate two-person carry or drag to transport the casualty based on your evaluation of the tactical situation and the factors involved in evacuating the casualty.

NOTE: More than one carry or drag may be suitable to the situation. The candidate may select any appropriate carry or drag. However, selection and execution of a misappropriate carry or drag that would put the casualty and/or candidate in danger due to the tactical situation will receive a NO-GO. The EFMB host unit will demonstrate appropriate carries and drags for the various situations applicable with the lane concept of operation.

**WARNING:** Do NOT use manual carries to move a casualty with a neck of spine injury, unless a life-threatening hazard is in the immediate area.

   a. Transport a casualty using the two-person drag.

   NOTE: Useful in combat to expeditiously move a casualty. Generally used for short distances. Can use only one hand to drag the casualty leaving the other hand free to return fire with a weapon.

   (1) Position the casualty on their back.
   (2) Secure a firm hand hold of the casualty’s web gear and have the other Soldier who is assisting you do the same.
   (3) Rise and expeditiously drag the casualty backward without causing further injury.

   b. Transport a casualty using the two-person fore-and-aft carry.
NOTE: Useful two-person carry for transporting the casualty over a long distance (over 300 meters). The taller of the two bearers should be positioned at the casualty’s head. By altering this carry so that both bearers face the casualty, it is useful for placing a casualty on a litter.

1. One bearer spreads the casualty’s legs and kneels between them with his back to the casualty. He positions his hands behind the casualty’s knees. The other bearer kneels at the casualty’s head, slides his hands under the arms, across the chest, and locks his hands together.

2. The two bearers rise together, lifting the casualty.

c. Transport a casualty using the two-person rifle carry.

NOTE: An improvised carry that may only be used in transporting a conscious casualty. Special care should be taken so the weapon is not damaged.

1. Each bearer gains a firm grasp on opposite ends of the casualty’s rifle.

2. Direct the casualty to place self on the middle of the held rifle and place his arms around the bearer’s necks.

3. The two bearers rise together, lifting the casualty.

d. Transport a casualty using the poncho drag.

NOTE: An improvised drag that may be used in transporting both conscious and unconscious casualties. May cause damage to the poncho.

1. Place the casualty on a poncho or other similar material.

2. Each bearer grabs a firm grip of the poncho.

3. Transport the casualty, paying attention that the casualty does not fall off the poncho.

e. Transport a casualty using the two-person supporting carry.

NOTE: Used in transporting both conscious and unconscious casualties. If the casualty is taller than the bearers, it may be necessary for the bearers to lift the casualty’s legs and let them rest on their forearms.

1. Help the casualty to his feet and support him with their arms around his waist.

2. Grasp the casualty’s wrists and draw his arms around their necks.

f. Transport a casualty using the two-person arms carry.

NOTE: Useful in carrying a casualty for a moderate distance (50 to 300 meters) and placing him on a litter. To lessen fatigue, the bearers should carry the casualty high and as close to their chests as possible. Safest method for transporting a casualty with a back injury and there isn’t time to obtain a spine board.

1. Kneel at one side of the casualty and place their arms beneath the casualty’s back, waist, hips, and knees.

2. Lift the casualty while rising to their knees.

3. Turn the casualty toward their chests, while rising to a standing position. Carry the casualty high to lessen fatigue.

g. Transport a casualty using a stokes litter (basket).

NOTE: Affords maximum security for the patient when the litter is tilted.

1. Place the casualty on the stokes litter (basket).

2. Secure the casualty in the stokes litter (basket).

3. One bearer is positioned at the head end of the casualty and the other at the casualty’s feet.

4. The two bearers rise together, lifting the casualty.

h. Transport a casualty using the four-hand seat carry.

NOTE: This carry is especially useful in transporting a casualty with a head or foot injury for a moderate distance (50 to 300 meters). It is also useful in placing a casualty on a litter. Only a conscious casualty can be transported with this carry.

1. Bearers construct the handholds by grasping one of his wrists and one of the other bearer’s wrists, thus forming a packsaddle.

2. Direct the casualty to place self into the carry and place his arms around the bearer’s necks.
3. The two bearers rise together, lifting the casualty.

i. Transport a casualty using the two-hand seat carry.

NOTE: Used when carrying a casualty for a short distance (up to 50 meters) and in placing a casualty on a litter.

(1) With the casualty lying on his back, a bearer kneels on each side of the casualty at his hips.

(2) Each bearer passes his arms under the casualty’s thighs and back, and grasps the other bearer’s wrists.

(3) The two bearers rise together, lifting the casualty.

j. Transport a casualty using a rope or SKED MOUT Lifeline.

NOTE: Generally used for short distances. Useful to allow a Soldier who is down in the “line of fire” to be moved to safety without exposing anyone else to enemy fire.

(1) If using a SKED MOUT Lifeline-

(a) The candidate, positioned behind cover, instructs the casualty to attach the metal link on the end of the rope to the web gear or assault vest behind the neck or other appropriate point.

(b) The casualty throws the Lifeline bag to the candidate who is still positioned behind cover. If the casualty is unable to throw his Lifeline, the candidate can throw one to him and instruct the casualty to attach it to his gear.

(c) The candidate will tie a quick loop into the Lifeline rope and with the assistance of a noncandidate Soldier drag the casualty to safety.

(2) If using a rope-

(a) The candidate, positioned behind cover, instructs the casualty to attach the rope to the web gear or assault vest behind the neck or other appropriate point.

(b) The casualty throws the rope to the candidate who is still positioned behind cover. If the casualty is unable to throw his rope, the candidate can throw one to him and instruct the casualty to attach it to his gear.

(c) The candidate will tie a quick loop into the rope and with the assistance of a noncandidate Soldier drag the casualty to safety.

k. Transport a casualty through a window or from a roof of a building.

NOTE: The EFMB host unit will develop standards based on the window or building that they will be utilizing. These standards must be submitted to the EFMB TCO for approval and provided to the candidates for preparation.

l. Transport a casualty using an improvised litter.

NOTE: The candidate will choose the type of improvised litter based on the available equipment to construct the improvised litter (i.e., poncho, jackets, door).

(1) Use a poncho, poncho liner, or blanket and two poles or limbs.

(a) Open the poncho, poncho liner, or blanket and lay the two poles lengthwise across the center, forming three equal sections.

(b) Reach in, pull the hood up toward you, and lay it flat on the poncho, if used.

(c) Fold one section of the poncho, poncho liner, or blanket over the first pole.

(d) Fold the remaining section of the poncho, poncho liner, or blanket over the second pole to the first pole.

(2) Use shirts or jackets and two poles or limbs.

(a) Button two or three shirts or jackets and turn them inside out, leaving the sleeves inside.

(b) Lay the shirts or jackets on the ground and pass the poles through the sleeves.

(3) Use a door or any other material that may be used as an improvised litter.

(4) Place the casualty on the litter.

(5) The two bearers rise together, lifting the litter.

4. Evacuate the casualties as directed with the assistance of the other bearer.

NOTE: If the candidate fails to transport the casualty to the prescribed location they will receive a NO-GO.
5. Perform all performance steps/measures without causing further injury to the casualties.

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<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR'S SIGNATURE</th>
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Worksheet # 028 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet
EVAC — EVACUATE CASUALTIES USING LITTER CARRIES
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE NUMBER

TASK: EVACUATE CASUALTIES USING LITTER CARRIES.

CONDITIONS: Given one to four casualties in the tactical field care or CASEVAC phase that must be transported to receive further medical aid and/or be evacuated. Standard Army litters, Talon litters, SKED litters, and/or Stokes litter with litter straps and/or other necessary equipment is available as required. Three Soldiers are available to assist in transporting the casualties. Material to construct an improvised litter is available, as required.

STANDARDS: Evacuate the casualties using appropriate litter carries without causing further injury.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

GO NO-GO

NOTE: Performance steps/measures with grey shaded GO/NO-GO boxes will NOT be evaluated in EFMB. They are listed to assist candidates in their preparation for EFMB testing. The objective of the various litter carries is to evacuate the casualty over and through various obstacles and terrain without causing further injury. However, selection and execution of a misappropriate litter carry that would put the casualty and/or candidate in danger due to the tactical situation will receive a NO-GO; even if executed correctly.

NOTE: The EFMB host unit may elect to have the candidate perform this task on one to four casualties depending on the lane concept. However, they will all be tested on the same testing lane. Failure of the candidate to perform any portion of the task to standard on any of the casualties will result in a NO-GO. Candidates will be standardized on when and where the litter carries must be executed and to what location the casualties must be evacuated.

1. Remove casualty from a vehicle, if necessary, and consider extrication priority (i.e., vehicle on fire, under direct fire from the enemy).

   a. Laterally.
   (1) With the assistance of a Soldier grasp the casualty’s arms and legs.
   (2) While stabilizing the casualty’s head and neck as much as possible, lift the casualty free of the vehicle and move him to a safe place on the ground.

   b. Upward.
   (1) You may have to remove a casualty upward from a vehicle, for example, from the passenger compartment of a wheeled vehicle lying on its side or from the hatch of an armored vehicle sitting upright.
   (2) You may place a pistol belt or similar material around the casualty’s chest to help pull him from the vehicle.
   (3) With the assistance of a Soldier inside the vehicle, draw the casualty upward using the pistol belt or similar material or by grasping his arms.
   (4) Depending on the situation, further move the casualty from the topmost side of the vehicle to a safe place on the ground.

2. Prior to attempting to move the casualty, if the tactical situation permits, -

   a. Evaluate the type and extent of the casualty’s injuries.
   b. Ensure that dressings over wounds are adequately reinforced, if applicable.
   c. Ensure that fractured bones are properly immobilized and supported to prevent them from cutting through muscle, blood vessels, and skin, if applicable.

3. Place casualty on litter and secure with litter straps or applicable securing devise.

4. Estimate the time available to transport the casualty by considering the following:

   a. The casualty’s physical and mental condition to include the endurance time of the casualty and the type and extent of injuries.
b. The tactical situation, to include the type of situation and personnel and/or equipment availability.

NOTE: The candidate does not have to be in the bearer number 1 position during the performance of each of the following performance steps/measures.

c. The environment, to include the weather, terrain (natural and man-made), and if the environment is contaminated or uncontaminated.

5. Transport casualty using the 4-person carry.

NOTE: The bearer number 1 (candidate) does not have to use the exact verbage (i.e., “Two-Person Carry Move”) to execute a litter carry as long as he clearly communicates what must be accomplished to the other members of the litter team.

6. Select and perform the appropriate litter carry to transport each casualty over terrain or obstacles to a directed location.

NOTE: The EFMB host unit will select two to four of the following obstacles to be tested. All casualties do not have to be transported over the same obstacles and/or terrain.

a. Transport a casualty uphill or upstairs.

NOTE: The litter is normally carried uphill or upstairs with the casualty’s head forward. However, if the casualty has a fracture of the lower extremities, the litter is carried with the casualty’s feet forward.

(1) From the 4-person carry position, bearer number 1 gives the command, “Uphill or Carry, MOVE."

(2) Bearer number 2 changes his or her hold on the litter handle to the other hand.

(3) Bearer number 2 steps between the handles and takes full support of the litter.

(4) Bearer number 1 releases his or her hold.

(5) Bearer number 1 steps one pace in front of the squad to lead.

(6) The four bearers proceed uphill.

(7) Bearer numbers 3 and 4 keep the litter level.

(8) After clearing the obstacle, the bearers resume the 4-person carry.

(9) Prior to proceeding further, the litter must be turned so the casualty is in a feet first orientation, if applicable. The litter squad assumes the litter post carry position and then rotates the litter.

b. Transport a casualty downhill or downstairs.

NOTE: The litter is normally carried downhill or downstairs with the casualty’s feet forward. However, if the casualty has a fracture of the lower extremities, the litter is carried with the casualty’s head forward.

(1) From the 4-person carry position, bearer number 1 gives the command, “Litter Post Carry, MOVE."

(2) Bearer numbers 2 and 3 step between the handles of the litter and take hold of the handles.

(3) Bearer numbers 1 and 4 release their hold of the litter.

(4) Bearer numbers 1 and 4 move to the sides of the litter and grasp the litter poles.

(5) Bearer number 1 gives the preparatory command, “Prepare To Rotate.”

(6) Bearer numbers 2 and 3 release the litter handles and step one pace away, allowing bearer numbers 1 and 4 to support the litter at its sides.

(7) Bearer number 1 gives the command of execution, “ROTATE.”

(8) Bearer numbers 1 and 4 rotate the litter 180 degrees counterclockwise, placing the casualty’s head in the direction of travel.

(9) Bearer number 1 gives the command “Downhill Carry, MOVE.”

(10) Bearer number 3 takes full support of the litter at the casualty’s feet.
| 11 | Bearer numbers 2 and 4 take the litter handles at the casualty's head. |
| 12 | Bearer number 1 moves to the front and faces the squad. |
| 13 | When all four bearers are in position, they proceed downhill with the litter. |
| 14 | Bearer numbers 2 and 4 keep the litter level as they proceed downhill. |
| 15 | Bearer number 1 supports bearer numbers 2 and 4 and ensures that they keep the litter level. |
| 16 | After clearing the obstacle, the bearers resume the 4-person carry. |

**c. Transport a casualty over rough terrain or debris.**

1. From the 4-person carry position, bearer number 1 gives the command, “Litter Post Carry, MOVE.”
2. Bearer numbers 2 and 3 change their holds on the litter handles to the other hand.
3. Bearer numbers 2 and 3 step between the handles and take the full support of the litter.
4. Bearer numbers 1 and 4 release their holds.
5. Bearer numbers 1 and 4 move to the sides of the litter and grasp the litter poles.
6. The four bearers proceed carefully over the obstacle.
7. After passing through the obstacle, the litter squad resumes the 4-person carry position.

**d. Transport a casualty through a door or narrow obstacle.**

1. Upon reaching the door or narrow passage, bearer number 1 instructs another bearer to clear any debris or obstacles immediately before the passage, at the passage, and beyond the passage, and to check for booby traps (if not already cleared by the candidate).
2. From the 4-person carry position, bearer number 1 gives the command “2-Person Carry, MOVE.”

**NOTE:** The 2-person carry is used to pass through or over narrow passages such as trails, bridges, gangplanks, and catwalks. With modification, it may also be used to pass through obstacles such as culverts and tunnels.

3. Bearer numbers 2 and 3 change their holds on the litter handles to the other hand.
4. Bearer numbers 2 and 3 step between the handles and take the full support of the litter.
5. Bearer numbers 1 and 4 release their holds.
6. Bearer number 1 steps one pace in front of the squad to lead.
7. Bearer number 4 falls one pace to the rear to follow.
8. The four bearers proceed through the obstacle.
9. After passing through the obstacle, the litter squad resumes the 4-person carry position.

**e. Transport a casualty through a barbed wire obstacle.**

1. Upon reaching the barbed wire obstacle, bearer number 1 instructs another bearer to clear any debris or obstacles immediately before the wire, at the wire, and beyond the wire, and to check for booby traps.

**NOTE:** Prior to proceeding through the obstacle, the litter must be turned. The litter squad assumes the litter post carry position and then rotates the litter.

2. From the 4-person carry position, bearer number 1 gives the command, “Litter Post Carry, MOVE.”
(3) Bearer numbers 2 and 3 step between the handles of the litter and take hold of the handles.

(4) Bearer numbers 1 and 4 release their holds on the litter.

(5) Bearer numbers 1 and 4 move to the sides of the litter and grasp the litter poles.

(6) Bearer number 1 gives the preparatory command, “Prepare To Rotate.”

(7) Bearer numbers 2 and 3 release the litter handles and step one pace away, allowing bearer numbers 1 and 4 to support the litter at its sides.

(8) Bearer number 1 gives the command of execution, “ROTATE.”

(9) Bearer numbers 1 and 4 rotate the litter 180 degrees counterclockwise, placing the casualty’s head in the direction of travel.

(10) When the rotation is completed, bearer numbers 2 and 3 resume their positions at the litter handles. Bearer number 2 should now be at the casualty’s head.

(11) Bearer number 1 gives the preparatory command, “Low Crawl Carry.”

(12) The bearers, keeping the litter level, assume the low crawl carry position.

NOTE: The weapon must be carried and not slung on the back.

(13) Bearer number 1 gives the command of execution, “MOVE.”

(14) The bearers extend their arms forward, grasp the litter handles, and move the litter forward.

(15) Bearer number 1 gives the command, “LIFT.”

(16) The bearers lift the litter and move it forward; they do not drag it.

(17) The bearers move forward using the low crawl.

(18) No part of the casualty, the bearers, or their equipment should come into contact with the barbed wire. If something should become entangled, the bearers must free it before continuing.

(19) The bearers repeat steps 15, 16, 17, and 18 until they clear the obstacle.

(20) After clearing the obstacle, the bearers resume the 4-person carry.

(21) Prior to proceeding further, the litter must be turned so the casualty is in a feet first orientation. The litter squad assumes the litter post carry position and then rotates the litter.

f. Transport a casualty over a high wall obstacle.

(1) Upon reaching the high wall, bearer number 1 instructs another bearer to clear any debris or obstacles immediately before the wall, at the wall, and beyond the wall, and to check for booby traps.

(2) From the 4-person carry position, bearer number 1 gives the command “Semioverhead Carry, MOVE.”

(3) The bearers turn and face each other.

(4) The bearers raise the litter approximately chest high and step close to the litter, letting their bent elbows touch their chests.

(5) Bearer numbers 2 and 4 place the front stirrups beyond the wall.

(6) Bearer numbers 2 and 4 scale the wall and drop to the other side, maintaining a low silhouette.

(7) All four bearers move the litter forward until the rear stirrups are against the wall, taking care to avoid scraping the patient’s back, by not dragging the litter across.

(8) Bearer numbers 1 and 3 scale the wall and drop to the other side, maintaining a low silhouette.

(9) Bearer numbers 1 and 3 lift their end of the litter off the wall.

(10) All four bearers resume the 4-person carry.
g. Transport a casualty over a fence or low wall obstacle.

1. Upon reaching the fence or low wall, bearer number 1 instructs another bearer to clear any debris or obstacles immediately before the wall, at the wall, and beyond the wall, and to check for booby traps.

2. From the 4-person carry position, bearer number 1 gives the command “Litter Post, CARRY.”

3. Bearer number 2 releases his or her grasp of the front handles and crosses the obstacle, maintaining a low silhouette.

4. Bearer numbers 1, 3, and 4 advance the litter until bearer number 2 can resume his or her grip of the front handles.

5. The litter is rested on the obstacle with the stirrups placed on the side of the obstacle in the direction of travel.

6. Bearer numbers 2 and 3 support the litter by the front and rear handles, respectively.

7. Bearer numbers 1 and 4 cross the obstacle, maintaining a low silhouette.

8. After crossing the obstacle, bearer numbers 1 and 4 grasps the litter poles near the rear handles held by bearer number 3.

9. Bearer number 3 releases his or her grip of the rear handles and crosses the obstacle, maintaining a low silhouette.

10. After crossing the obstacle, bearer number 3 resumes his or her grasp on the rear handles.

11. Bearer numbers 1 and 4 adjust the position of their holds.

12. All four bearers resume the 4-person carry.

h. Transport a casualty across a trench obstacle or stream.

1. Upon reaching the trench or stream, bearer number 1 instructs another bearer to clear any debris or obstacles immediately before the trench, at the trench, and beyond the trench, and to check for booby traps.

2. From the 4-person carry position, bearer number 1 gives the command “Overhead Carry, MOVE.”

3. The bearers turn and face the litter.

4. Together, the squad lifts the litter above the top of the trench, keeping it level.

5. The taller bearer at each end of the litter moves between the handles, facing in the direction of travel.

NOTE: If unable to determine which bearer is taller, bearer number 1 will designate a bearer at each end as the tallest.

6. The taller bearer at each end grasps the handles as close to the canvas as possible.

7. The shorter bearer at each end moves under the litter, facing in the direction of travel.

8. The shorter bearer at each end grasps the stirrups, which compensates for the difference in height. If the bearers are of equal height, the bearers under the litter grasp the litter poles to the side of the stirrups nearer the ends.

9. The four bearers proceed through the obstacle completely in the overhead carry position.

10. After passing through the obstacle, the litter squad resumes the 4-person carry position.

i. Transport a casualty through a window or from the roof of a building.

NOTE: The EFMB host unit will develop standards based on the window or building that they will be utilizing. These standards must be submitted to the EFMB TCO for approval and provided to the candidates for preparation.

j. Transport a casualty using an improvised litter.

NOTE: The candidate will choose the type of improvised litter based on the available equipment to construct the improvised litter (i.e., poncho, jackets, door).
(1) Use a poncho, poncho liner, or blanket and two poles or limbs.
   (a) Open the poncho, poncho liner, or blanket and lay the two poles lengthwise across the center, forming three equal sections.
   (b) Reach in, pull the hood up toward you, and lay it flat on the poncho, if used.
   (c) Fold one section of the poncho, poncho liner, or blanket over the first pole.
   (d) Fold the remaining section of the poncho, poncho liner, or blanket over the second pole to the first pole.

(2) Use shirts or jackets and two poles or limbs.
   (a) Button two or three shirts or jackets and turn them inside out, leaving the sleeves inside.
   (b) Lay the shirts or jackets on the ground and pass the poles through the sleeves.

(3) Use a door or any other material that may be used as an improvised litter.

(4) Place the casualty on the litter.

(5) Lift the litter and transport the casualty.

7. Evacuate each casualty to a directed location with the assistance of three bearers.

NOTE: If the candidate fails to transport the casualty to the prescribed location they will receive a NO-GO.

8. Perform all performance steps/measures without causing further injury to the casualties.

Worksheet # 029 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 6 of 6
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CHAPTER 8

COMMUNICATION

TOTAL TASKS-5
PASS REQUIREMENTS-4 out of 5

8-1. COMMUNICATION TASKS.

a. Objective. The objective of the communication tasks is to measure the candidate's ability to install, initiate, and operate field communications equipment and use correct communications procedures in a battlefield scenario.

b. Requirements. The candidate is required to complete the performance measures in the 5 performance tasks listed in paragraph 8-1c and receive a GO in 4 of the 5.

c. Tasks. Candidates will be tested on one task from each area below. If the model of communications equipment that will be utilized for testing cannot support the performance steps/measures listed in this publication, the host unit must request an exception to policy. They must also submit proposed performance steps/measures that can be performed on the applicable communications equipment. The test board chairperson will determine which tasks are tested and include them in the concept briefing submitted to the EFMB TCO. All candidates will be tested on the same task, using the same type of equipment.

(1) Radio.

(a) Assemble and operate a single channel ground and airborne radio system (SINCGARS) [Advanced System Improvement Program (ASIP)].

(b) Assemble and operate a SINCGARS.

(2) Radio net.

(a) Load frequency hop (FH)/communications security (COMSEC) data and conduct radio check using SINCGARS (ASIP).

(b) Load FH/COMSEC data and conduct radio check using SINCGARS.

(3) Prepare and transmit a MEDEVAC request (using secure mode radio).

(4) Submit NBC 1 report.

(5) Submit explosive hazard spot report.
(1) The host unit will provide the candidates information required to conduct the communications tasks (i.e., call signs, frequency, and medical evacuation (MEDEVAC) request) during the OPORD, FRAGO, or scenario brief.

(2) The host unit will issue the candidate one Graphic Training Aid (GTA) 03-06-008 (CBRN Warning and Reporting System), one GTA 08-01-004 (MEDEVAC Request Form), and one GTA 09-12-110 (Unexploded Ordnance Procedures) before the start of the combat lane that requires them. Losing one of the GTAs, while negotiating a lane, is not a valid rebuttal. Candidates may use their own GTA cards, but they must be presented to the evaluator prior to negotiating the lane and have no markings present.

(6) The precedences on line 3 of the MEDEVAC request are determined from their assessment of the casualties. To ensure that candidates are clear and there is no confusion, the EFMB host unit will tell what evacuation category precedence each casualty will fall into during standardization. The MEDEVAC request will NOT be tested with a written scenario. The candidate will utilize the information gained from the OPORD, FRAGO, and/or scenario brief along with their assessment of the casualties evaluated in their testing of the TCCC tasks.

<table>
<thead>
<tr>
<th>Evacuation Category Precedence</th>
<th>Evacuation Time Periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>To save life, limb, or eyesight within 1 hour.</td>
</tr>
<tr>
<td>URGENT SURGICAL</td>
<td>Condition may need immediate surgical intervention within 1 hour.</td>
</tr>
<tr>
<td>PRIORITY</td>
<td>Medical condition could deteriorate within 4 hours.</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>Condition is not expected to deteriorate significantly while awaiting evacuation within 24 hours.</td>
</tr>
<tr>
<td>CONVENIENCE</td>
<td>Condition is not expected to significantly change for an extended period of time, greater than 72 hours.</td>
</tr>
</tbody>
</table>

Table 8-1. Medical Evacuation Precedence

8-2. EQUIPMENT.

a. The host unit will provide all equipment and supplies for TCCC tasks at the tested sites. Candidates are required to pack their own aid bags prior to the start of the lane. Improper packing of the aid bag by the candidate is not grounds for rebuttal.
8-3. GENERAL.

The various score sheets included within this appendix are designed for EFMB use only and prescribe the testing standards for use during EFMB. They may be reproduced locally as needed.
EFMB Test Score Sheet
COMMO — ASSEMBLE AND OPERATE A SINCGARS (ASIP)
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME
CANDIDATE #

TASK: ASSEMBLE AND OPERATE A SINCGARS (ASIP).

CONDITIONS: Given a SINCGARS radio (AN/PRC-119E/F), handset, antenna base, whip antenna, a battery, an operating frequency, a call sign, and the receiving station’s call sign.

STANDARDS: Assemble the radio, set the operating frequency for single channel unsecured operation, and perform a radio check within 5 minutes.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/M EASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Install battery.</td>
<td></td>
</tr>
<tr>
<td>2. Screw whip antenna into antenna base, hand tight.</td>
<td></td>
</tr>
<tr>
<td>3. Screw antenna base into “RT ANT” connector, hand tight.</td>
<td></td>
</tr>
<tr>
<td>4. Connect handset connector to “AUD/DATA” connector.</td>
<td></td>
</tr>
<tr>
<td>5. Set “FCTN” to “TST,” should read “GOOD.”</td>
<td></td>
</tr>
<tr>
<td>6. Set “FCTN” to “LD.”</td>
<td></td>
</tr>
<tr>
<td>7. Set “MODE” to “SC” via “MENU” key, then “COMSEC” to “PT”.</td>
<td></td>
</tr>
<tr>
<td>8. Set “CHAN” to desired channel via “MENU” key.</td>
<td></td>
</tr>
<tr>
<td>10. Enter the frequency given and press “STO” on the keypad.</td>
<td></td>
</tr>
<tr>
<td>11. Set “RF PWR” to desired setting (“LO,” “M,” “HI”) via “MENU” key.</td>
<td></td>
</tr>
<tr>
<td>12. Set “FCTN” to “SQ ON.”</td>
<td></td>
</tr>
<tr>
<td>13. Perform a radio check using correct radio procedure and prowords.</td>
<td></td>
</tr>
<tr>
<td>14. Complete all performance steps/measures within 5 minutes.</td>
<td></td>
</tr>
</tbody>
</table>

EVALUATOR WRITES: TIME REQUIRED TO PERFORM TASK:

DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)

YES NO

LANE OIC/NCOIC INITIALS EVALUATOR’S SIGNATURE DATE

Worksheet # 030 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet
COMMO — ASSEMBLE AND OPERATE A SINCGARS
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

<table>
<thead>
<tr>
<th>TASK: ASSEMBLE AND OPERATE A SINCGARS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONDITIONS: Given a SINCGARS radio (AN/PRC-119A/B), handset, antenna base, whip antenna, a battery, an operating frequency, a call sign, and the receiving station’s call sign.</td>
</tr>
<tr>
<td>STANDARDS: Assemble the radio, set the operating frequency for single channel unsecured operation, and perform a radio check within 5 minutes.</td>
</tr>
<tr>
<td>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</td>
</tr>
</tbody>
</table>

### PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th></th>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Install battery.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Screw whip antenna into antenna base, hand tight.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Screw antenna base into “RT ANT” connector, hand tight.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Connect handset connector to “AUD/DATA” connector.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Set “MODE” to “SC,” “CHAN” to position “1,” “COMSEC” to “PT,” and “PWR” to desired setting.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Set “FCTN” to “TST,” should read “GOOD.”</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Set “FCTN” to “LD.”</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Press “FREQ,” then “CLR” on the keypad.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Enter the given frequency and press “STO” on the keypad.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Set the “FCTN” to “SQ ON.”</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Perform a radio check using correct radio procedure and prowords.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Complete all performance measures within 5 minutes.</td>
<td></td>
</tr>
</tbody>
</table>

### EVALUATOR WRITES: TIME REQUIRED TO PERFORM TASK:

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR’S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

Worksheet # 031 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet
COMMO — LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINCGARS (ASIP)
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE'S RANK AND NAME

TASK: LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINCGARS (ASIP).

CONDITIONS: Given a SINCGARS radio (AN/PRC-119E/F) with components, a battery, an ANCD (AN/CYZ-10) or SKL loaded with signal operation instructions (SOI) and FH/COMSEC data and a W-4 cable, an operating frequency, a call sign, and the receiving station's call sign.

STANDARDS: Load radio for single channel secure operations and complete a radio check within 10 minutes.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

1. Set “FCTN” to “TST.” Wait for “GOOD” on display.
2. Set “FCTN” to “LD.”
3. Set “COMSEC” to “CT” via “MENU” key.
4. Set “MODE” to “FH” via “MENU” key.
5. Press handset twice to clear audio alarm in handset to solid tone.
6. Load FH/COMSEC.
   a. If using the ANCD:
      (1) Turn the ANCD on and enter “RADIO” at the main menu.
      (2) Press “Enter” for “Send-Radio-Icom” at next three screens.
      (3) Follow guidance for next two steps by down arrow.
      (4) Enter “Y” at the menu (time), then press “LOAD” on the “RT.”
   b. If using the SKL:
      (1) Turn the SKL on and double click “CoreLib.” Logon will appear.
      (2) Type in User ID and password. Click “OK.”
      (3) Select the “Launch Tab” at the top of the screen.
      (4) Select “Launch UAS.” “SKL” will be highlighted. Click “OK.”
      (5) Start up information will appear. Select “OK.”
      (6) Select the “Plats” tab. Select “SINCGARS.” With “SINCGARS” highlighted, select “Load” icon at top right of screen.
      (7) Select “ICOM Transfer.” Select “Include Time.” Select “OK.” “RT-1523” should appear. Select “Next.”
      (8) Profiles page should appear. Check each task box as it is performed.
      (9) Connect the SKL to the SINCGARS (ASIP) with the W4 Cable.
      (10) Select “Send” on the SKL and press “LOAD” on the “RT.”
7. Set “CHAN” to desired channel via “MENU” key.
8. Press “FREQ.” then “CLR” on the keypad.
9. Enter the frequency given and press “STO” on the keypad.
10. Set “RF PWR” to desired setting (“LO”, “M”, or “HI”).
11. Set “FCTN” to “SQ ON.”
12. Conduct radio check using proper procedures and prowords.
13. Complete all required performance measures within 10 minutes.

Worksheet # 032 to construct AMEDDC&S Form 1232, 1 NOV 11
<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(CANDIDATE INITIALS APPROPRIATE BOX)</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR'S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

Worksheet # 032 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet
COMMTO — LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINCGARS
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME
CANDIDATE #

TASK: LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINCGARS.

CONDITIONS: Given a SINCGARS radio (AN/PRC-119A/B) with components, a battery, an ANCD (AN/CYZ-10) or SKL loaded with SOI and FH/COMSEC data and a W-4 cable, an operating frequency, a call sign, and the receiving station's call sign.

STANDARDS: Load radio for single channel secure operations and complete a radio check within 10 minutes.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
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<tbody>
<tr>
<td>1. Set “FCTN” to “TST.” Wait for “GOOD” on display.</td>
<td></td>
</tr>
<tr>
<td>2. Set “FCTN” to “LD.”</td>
<td></td>
</tr>
<tr>
<td>3. Set “COMSEC” to “CT.”</td>
<td></td>
</tr>
<tr>
<td>4. Set “MODE” to “FH.”</td>
<td></td>
</tr>
<tr>
<td>5. Press handset twice to clear audio alarm in handset to solid tone.</td>
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<td>a. If using the ANCD:</td>
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<td>(1) Turn the ANCD on and enter “RADIO” at the main menu.</td>
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<td>(2) Press “Enter” for “Send-Radio-Icom” at next three screens.</td>
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<tr>
<td>(3) Follow guidance for next two steps by down arrow.</td>
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<tr>
<td>(4) Enter “Y” at the menu (time), then press “LOAD” on the “RT.”</td>
<td></td>
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<tr>
<td>b. If using the SKL:</td>
<td></td>
</tr>
<tr>
<td>(1) Turn the SKL on and double click “CoreLib.” Logon will appear.</td>
<td></td>
</tr>
<tr>
<td>(2) Type in User ID and password. Click “OK.”</td>
<td></td>
</tr>
<tr>
<td>NOTE: For EFMB testing purposes the evaluator will provide the User ID and password to the candidate.</td>
<td></td>
</tr>
<tr>
<td>(3) Select the “Launch Tab” at the top of the screen.</td>
<td></td>
</tr>
<tr>
<td>(4) Select “Launch UAS.” “SKL” will be highlighted. Click “OK.”</td>
<td></td>
</tr>
<tr>
<td>(5) Start up information will appear. Select “OK.”</td>
<td></td>
</tr>
<tr>
<td>(6) Select the ‘Plats’ tab. Select “SINCGARS.” With “SINCGARS” highlighted, select “Load” icon at top right of screen.</td>
<td></td>
</tr>
<tr>
<td>(7) Select “ICOM Transfer.” Select “Include Time.” Select “OK.” “RT-1523” should appear.</td>
<td></td>
</tr>
<tr>
<td>(8) Profiles page should appear. Check each task box as it is performed.</td>
<td></td>
</tr>
<tr>
<td>(9) Connect the SKL to the SINCGARS (ASIP) with the W4 Cable.</td>
<td></td>
</tr>
<tr>
<td>(10) Select “Send” on the SKL and press “LOAD” on the “RT.”</td>
<td></td>
</tr>
<tr>
<td>7. Set “CHAN” to desired position.</td>
<td></td>
</tr>
<tr>
<td>8. Press “FREQ.” then “CLR” on the keypad.</td>
<td></td>
</tr>
<tr>
<td>9. Enter the frequency given and press “STO” on the keypad.</td>
<td></td>
</tr>
<tr>
<td>10. Set “RF PWR” to desired setting (“LO”, “M”, or “HI”).</td>
<td></td>
</tr>
<tr>
<td>11. Set “FCTN” to “SQ ON.”</td>
<td></td>
</tr>
<tr>
<td>12. Conduct radio check using proper procedures and prowords.</td>
<td></td>
</tr>
<tr>
<td>13. Complete all required performance measures within 10 minutes.</td>
<td></td>
</tr>
<tr>
<td>REASON(S) FOR FAILURE</td>
<td>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR'S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

Worksheet # 033 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet  
COMMO — PREPARE AND TRANSMIT A MEDEVAC REQUEST (USING SECURE MODE RADIO) 
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME  CANDIDATE #

<table>
<thead>
<tr>
<th>TASK:</th>
<th>PREPARE AND TRANSMIT A MEDEVAC REQUEST (USING SECURE MODE RADIO).</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONDITIONS:</td>
<td>Given three or four treated casualties (a minimum of one has a life threatening injury), GTA 08-01-004, a secure mode of communication (SINCGARS with secure fill loaded to operate in CT, FH), frequencies and call signs of candidate’s unit and MEDEVAC unit, and the information required to complete GTA 08-01-004.</td>
</tr>
<tr>
<td>STANDARDS:</td>
<td>Collect all applicable information and prioritize casualties. Transmit lines 1 through 9 using proper radio procedures and prowords. Complete all performance steps/measures within 5 minutes.</td>
</tr>
</tbody>
</table>

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

<table>
<thead>
<tr>
<th>PERFORMANCE STEPS/MEASURES</th>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTE:</td>
<td>Prior to beginning this task, the evaluator will have the candidate state their rank, name, and last four of their social security number into a tape recorder. The evaluator will begin recording the task when the candidate is almost ready to begin transmitting the MEDEVAC request and will stop recording after the proword “OVER” following line 9.</td>
<td></td>
</tr>
<tr>
<td>1. Collect all applicable information needed for the MEDEVAC request line items one through nine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Obtain the grid coordinates for the pickup site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Obtain radio frequency, call sign, and suffix.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Determine the number of patients and precedence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTE: Casualties are prioritized IAW Medical Evacuation precedences as listed in Chapter 4, Table 4-2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Determine the type of special equipment required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Determine the number and type (litter or ambulatory) of patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Determine the security of the pickup site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Determine how the pickup site will be marked.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Determine patient nationality and status.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Obtain pickup site CBRN contamination information normally obtained from the senior person or medic.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTE: Information for steps 1a, 1b, and 1i will be provided to the candidate during the OPORD, FRAGO, or scenario brief. Information for steps 1c through 1h must be determined by the candidate during testing of the task.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Record the gathered MEDEVAC information using the authorized brevity codes (GTA 08-01-004).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Location of pickup site (line 1).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Radio frequency, call sign, and suffix (line 2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Number of patients by precedence (line 3).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Special equipment required (line 4).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Number of patients by type (line 5).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Security of pickup site (line 6).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Method of marking pickup site (line 7).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Patient nationality and status (line 8).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. CBRN contamination (line 9).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Transmit the MEDEVAC Request.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Contact the unit that controls the evacuation assets.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTE: For EFMB testing purposes it is recommended that the evaluator be the evacuation asset unit. Actually transmitting the MEDEVAC over the net is NOT recommended for EFMB testing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Load the correct frequency of the evacuation asset unit into the SINCGARS.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTE: The SINCGARS will be assembled and operational. The following are the only steps the candidate is required to perform in preparing the SINCGARS for transmitting the MEDEVAC request. The host unit may elect to have the evacuation asset’s frequency preloaded on one of the channels. However, it is the candidate’s responsibility to ensure that channel is selected when transmitting the MEDEVAC request. Failure to load the correct frequency and contact the calling station will constitute a NO-GO.

(a) Set “CHAN” to desired channel via “MENU” key.
(b) Press “FREQ,” then “CLR” on the keypad.
(c) Enter the frequency given and press “STO” on the keypad.
(2) Make proper contact with the intended receiver.
(3) Use effective call sign and frequency assignments from the scenario.
(4) Give the following in the clear “I HAVE A MEDEVAC REQUEST;” wait 1 to 3 seconds for response. If no response, repeat the statement.

b. Transmit the correct information for lines 1 through 9 of the MEDEVAC request in the proper sequence.

NOTE: Line numbers 1 through 5 must always be transmitted during the initial contact with the evacuation unit. Lines 6 through 9 may be transmitted while the aircraft or vehicle is en route or immediately following lines 1 through 9.

(1) Transmit using proper radio procedures, and prowords.
(2) The proword “BREAK” must be given between each patient category in line 3 and between each patient type in line 5.
(3) Correct brevity codes must be utilized for the applicable lines of the MEDEVAC request.

4. Correctly perform all performance steps/measures within 5 minutes.

EVALUATOR WRITES: TIME REQUIRED TO PERFORM TASK:

NOTE: The 5-minute time limit ends when the candidate completes line 9 with the proword “OVER.”

REASON(S) FOR FAILURE 

DOES THE CANDIDATE WISH TO REBUT THIS TASK? 
(CANDIDATE INITIALS APPROPRIATE BOX)

YES 
NO 

LANE 
OIC/NCOIC 
INITIALS 

EVALUATOR’S SIGNATURE 

DATE 

Worksheet # 034 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet
COMMO — SUBMIT NBC 1 REPORT
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE #

TASK: SUBMIT NBC 1 REPORT.

CONDITIONS: A chemical attack has just occurred in your area. You have a watch, map, compass, protractor, pencil or pen, paper, and the CBRN Warning and Report System guide (GTA 03-06-08).

STANDARDS: Submit Spot Report to give attack notification. Submit NBC 1 Report using the correct format and content within 10 minutes.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

GO | NO-GO
---|---

NOTE: The purpose of the Spot Report is to give immediate notification of the CBRN attack. The Spot Report is a report containing information for which speed of transmission is essential. A spot report does not have a prescribed format, but use of the S-A-L-U-T-E format will ensure reporting of essential information.

a. Identify enemy activity. Determine whether observed activity is friendly or enemy. If unable to make determination, report activity as unknown.

b. Record information in a Spot Report, using the S-A-L-U-T-E format. The Spot Report is a report containing information for which speed of transmission is essential.

   (1) S - Size. Report the number of personnel, vehicles, aircraft, or size of an object.

   (2) A - Activity. Report detailed account of actions, such as, direction of movement, troops digging in, artillery fire, type of attack, and CBRN activity.

   (3) L - Location. Report where you saw the activity. Include grid coordinates or reference from a known point including the distance and direction from the known point.

   (4) U - Unit. Report the enemy's unit. If the unit is unknown, report any distinctive features, such as uniforms, patches or colored tabs, headgear, and vehicle identification markings.

   (5) T - Time. Report the time the activity was observed, not the time you report it. Always report local or Zulu time.

   (6) E - Equipment. Report all equipment associated with the activity, such as weapons, vehicles, tools. If unable to identify the equipment, provide as much detail as you can so that higher headquarters can make identification.


d. Provide a written Spot Report to chain of command (evaluator for testing purposes).

2. Submit NBC 1 (Observer’s) Report after you have gathered available data.

a. Fill out required information as outlined in GTA 03-06-008.

   (1) Line B. Location of observer and direction of attack (use grid coordinates or place name).

   (2) Line D. Date-time group of the attack (specify local or Zulu time).

   (3) Line G. Means of delivery and quantity information (see legend: AIR, BOM, MSL, etc.)

   (2) Line I. Release information / Type of agent / Type of burst / Type of detection

   (4) Line T. Terrain / topography and vegetation description

b. Select proper communication precedence.

   (1) If this is the first attack of its type (first nuclear, first biological, or first chemical) use FLASH precedence. FLASH precedence is used to report first use of CBRN weapons against U.S. troops.

   NOTE: FLASH reports should not be delayed for lack of any of the information.

   (2) Use IMMEDIATE precedence for all other attacks.
c. Submit CBRN 1 Report to higher headquarters (evaluator for testing purposes).

3. Correctly perform all performance steps/measures within 10 minutes.

**EVALUATOR WRITES:** TIME REQUIRED TO PERFORM TASK:

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>TIME REQUIRED</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

**LANE OIC/NCOIC INITIALS | EVALUATOR'S SIGNATURE | DATE**

Worksheet # 035 to construct AMEDDC&S Form 1232, 1 NOV 11
### Task: Submit Explosive Hazard Spot Report

**Conditions:**
An UXO or IED hazard has been observed in your area. You have a watch, map, compass, protractor, pencil or pen, paper, and the 9-line Explosive Hazard Spot Report format guide (GTA 09-12-001).

**Standards:**
Submit 9-line Explosive Hazard Spot Report using the correct format and content within 5 minutes.

**Note:** This task has been modified for EFMB testing purposes only.

### Performance Steps/Measures

1. After taking protective measures from a UXO or IED hazard, record and submit a written 9-line explosive hazard spot report.
     - (1) Line 1: Date and time of the fall, impact, or finding of the UXO/IED item(s).
     - (2) Line 2: The exact location of item(s) grid coordinate (8-digit minimum) including landmarks, reference points, or street addresses.
     - (3) Line 3: The name and organization of person reporting the incident including radio frequency and call sign or phone number.
     - (4) Line 4: Identify UXO by type (dropped, projected, thrown, placed) and subgroup.
     - (5) Line 5: CBRN contamination: Yes or No, known or suspected CBRN contamination. If yes, report type of agent if known or identified.
     - (6) Line 6: What resources are threatened?
     - (7) Line 7: How the UXO has affected unit mission?
     - (8) Line 8: The safety/protective measures that have been taken including the evacuation distances that have been accomplished.
     - (9) Line 9: The requested priority for receiving EOD support (Immediate, indirect, minor, or no threat).
   - b. Provide a written 9-line Explosive Hazard Spot Report to higher headquarters (evaluator for testing purposes).

**Note:** Be prepared to provide a guide to the EOD team.

2. Correctly perform all performance steps/measures within 5 minutes.

###Evaluator Writes: Time Required to Perform Task

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Reason(s) for Failure**

Does the candidate wish to rebut this task? (Candidate initials appropriate box)

**Candidate Initials**

**Evaluator Signature**

**Date**

Worksheet # 036 to construct AMEDDC&S Form 1232, 1 NOV 11
CHAPTER 9
WARRIOR SKILLS

TOTAL TASKS-13
PASS REQUIREMENTS-10 OF 13

9-1. WARRIOR SKILLS TASKS.

a. Objective. To measure the candidate's ability to apply warrior skills to protect himself and the casualty in a battlefield scenario.

b. Requirements. The candidate is required to complete 13 tasks, as indicated in paragraph 9-1c, below, and pass 10 of the 13. These tasks are tested in a simulated battlefield scenario.

c. Tasks. The tasks listed in this paragraph are tested using reaction-style testing.

   (1) Candidates will only test on one of the following tasks depending on which type of protective mask they were issued, with or without hood.

      (a) Protect yourself from chemical/biological contamination using your assigned protective mask with JSLIST mission oriented protective posture gear.

      (b) Protect yourself from chemical/biological contamination using your assigned protective mask.

   (2) Decontaminate yourself using chemical decontaminating kits.

   (3) Candidates will only test on one of the following tasks depending on which type of CBRN protective gear they were issued, MOPP or JSLIST.

      (a) Protect yourself from CBRN injury/contamination with JSLIST chemical protective ensemble.

      (b) Protect yourself from CBRN injury/contamination with MOPP gear.

   (4) Perform self-aid for mild nerve agent poisoning.

   (5) Candidates will only test on one of the following tasks depending on which type of CBRN protective gear they were issued, MOPP or JSLIST.

      (a) Protect yourself from chemical or biological injury/contamination when removing mission oriented protective posture using JSLIST.

      (b) Protect yourself from chemical or biological injury/contamination when
removing MOPP gear.

(6) Candidates will only test on one of the following tasks depending on which type of protective mask they were issued, with or without hood.

(a) Store the M40-series protective mask without hood.

(b) Store the M40-series protective mask with hood.

(7) Candidates will only test on one of the following tasks depending on which they were issued, either the M16-series rifle or M4/M4A1 carbine:

(a) Disassemble, assemble, and perform a function check on an M4 or M4A1 carbine.

(b) Disassemble, assemble, and perform a function check on an M16-series carbine.

(8) Disassemble and assemble an M9 pistol and perform a function check.

(9) Correct malfunction of an M4-series carbine or M16-series rifle.

(10) Move under direct fire.

(11) React to indirect fire.

(12) Move over, through, or around obstacles.

(13) React to an unexploded ordnance (UXO) or possible improvised explosive device (IED).

9-2. COMMUNICATION.

a. Warrior Skills tasks will not be tested as a standalone lane. Tasks will be incorporated into the testing of the various CTLs.

b. Upon arrival at the lane where these tasks are evaluated, all candidates will receive a FRAGO. Prior to the candidate starting the lane the evaluator will provide them with a team briefing.

c. All communication between the evaluator and the candidate during testing of tasks will be IAW the evaluator cues (“Evaluator States”) on the applicable score sheets. The evaluator may add additional information to further clarify a cue. FRAGOs will be utilized throughout the lane to communicate the situation.

d. The test board chairperson will determine the placement and order of any obstacles, the distance, and the grade of terrain between obstacles.

9-2
e. Changes. Changes are NOT authorized without approval of an exception to policy.

9-3. EQUIPMENT.

a. Equipment. Candidates will be tested on the same type of equipment with the exception of their assigned protective mask, MOPP or JSLIST gear, and weapon.

b. The host unit will provide the following supplies/materials to the candidate:

   (a) One set of nerve agent auto injector training aids prior to the start of the combat lane.

   (b) One M295 individual equipment decontamination kit (IEDK).

   (c) One loaded magazine with a minimum of seven blank rounds and one dummy round prior to the start of the “Correct Malfunction of an M4 Carbine or M16-Series Rifle” task.

c. Candidates will have their unit-issued CBRN supplies (except M295 IEDK and nerve agent auto injector training aids) prior to the start of the combat lanes that require them.

d. Candidates are required to bring fully functional Mission Oriented Protective Posture (MOPP) or JSLIST gear. If their gear becomes unserviceable or has deficiencies, they are required to inform the evaluator prior to beginning testing on the applicable testing lane.
9-4. GENERAL.

The various score sheets included within this appendix are designed for EFMB use only and prescribe the testing standards for use during EFMB. They may be reproduced locally as needed.
WARRIOR SKILLS — PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK WITH JSLIST MOPP GEAR

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE #

TASK: PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK WITH JSLIST MOPP GEAR.

CONDITIONS: Given your assigned protective mask and carrier.

STANDARDS: Don, clear, and check your mask within 9 seconds.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
</table>

1. Don the mask as quickly as possible.

   a. Stop breathing and close your eyes.

   b. Remove your helmet.

      (1) If you have the M17-, M24-, M25-, M40-, M43-, or M45-series protective mask, put your helmet between your legs (above your knees) or hold your rifle between your legs and place your helmet on the muzzle. If you drop your helmet, continue to mask.

      (2) If you have the M42-series protective mask, remove your helmet and place it in a convenient location. Avoid placing it on a contaminated surface if possible.

   c. Take off your glasses, if applicable.

   d. Open the mask carrier with one hand.

   e. Grasp the mask assembly with your other hand and remove it from the carrier.

   f. Put your chin in the chin pocket and press the facepiece snugly against your face.

   NOTE: The temple and forehead straps have already been adjusted during fitting.

   g. Grasp the tab and pull the head harness over your head. Ensure that your ears are between the temple straps and the cheek straps. Ensure that the head harness is pulled far enough over so that the forehead straps are tight.

   h. Use one hand to tighten the cheek straps, one at a time, while holding the head pad centered on the back of your head with the other hand. Ensure that the straps lay flat against your head.

2. Clear the mask.

   a. Seal the outlet valve by pushing in on the center of the outlet valve cover with one hand.

   b. Blow out hard to ensure that any contaminated air is forced out around the edges of the facepiece.

3. Check the mask.

   a. Cover the inlet port of the filter canister (M40- and M45-series) or the inlet port of the armor quick disconnect (M42-series) with the palm of your hand and breathe in.

   b. Ensure that the facepiece collapses against your face and remains so while you hold your breath (indicates that the mask is airtight).

   c. Remove any hair, clothing, or other matter between your face and the mask if the facepiece does not collapse to your face.

4. Complete steps 1 through 3 within 9 seconds.

EVALUATOR WRITES: CANDIDATE’S TIME FOR DONNING THE MASK:

5. Resume breathing.

6. Close the mask carrier and continue your mission.
7. Correctly perform all applicable performance steps/measures in sequence without becoming a casualty.

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANE</th>
<th>OIC/NCOIC INITIALS</th>
<th>EVALUATOR'S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

Worksheet # 037 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet

WARRIOR SKILLS — PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE #

TASK: PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK.

CONDITIONS: Given your assigned protective mask with hood and carrier.

STANDARDS: Don, clear, and check your mask within 9 seconds.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

GO

NO-GO

1. Don the mask as quickly as possible.

NOTE: Time begins when candidate begins any step/measure listed below.

a. Stop breathing and close your eyes.

b. Remove your helmet.

(1) If you have the M17-, M24-, M25-, M40-, M43-, or M45-series protective mask, put your helmet between your legs (above your knees) or hold your rifle between your legs and place your helmet on the muzzle. If you drop your helmet, continue to mask.

(2) If you have the M42-series protective mask, remove your helmet and place it in a convenient location. Avoid placing it on a contaminated surface if possible.

WARNING: DO NOT WEAR CONTACT LENSES WITH THE PROTECTIVE MASK. REMOVE CONTACT LENSES WHEN THE USE OF CHEMICAL AGENTS IS IMMINENT.

c. Take off your glasses, if applicable.

d. Open the mask carrier with one hand.

e. Grasp the mask assembly with your other hand and remove it from the carrier.

f. Put your chin in the chin pocket and press the facepiece snugly against your face.

NOTE: The temple and forehead straps have already been adjusted during fitting.

g. Grasp the tab and pull the head harness over your head. Ensure that your ears are between the temple straps and the cheek straps. Ensure that the head harness is pulled far enough over so that the forehead straps are tight.

h. Use one hand to tighten the cheek straps, one at a time, while holding the head pad centered on the back of your head with the other hand. Ensure that the straps lay flat against your head.

2. Clear the mask.

a. Seal the outlet valve by pushing in on the center of the outlet valve cover with one hand.

b. Blow out hard to ensure that any contaminated air is forced out around the edges of the facepiece.

3. Check the mask.

a. Cover the inlet port of the filter canister (M40- and M45-series) or the inlet port of the armor quick disconnect (M42-series) with the palm of your hand and breathe in.

b. Ensure that the facepiece collapses against your face and remains so while you hold your breath (indicates that the mask is airtight).

c. Remove any hair, clothing, or other matter between your face and the mask if the facepiece does not collapse to your face.

4. Complete steps 1 through 3 within 9 seconds.

EVALUATOR WRITES: CANDIDATE’S TIME FOR DONNING THE MASK:

5. Resume breathing.

6. Secure the mask hood.

Worksheet # 038 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 2
NOTE: There are no time standards for donning the hood.

**CAUTION:** BE CAREFUL WHEN PULLING ON THE HOOD, BECAUSE IT COULD SNAG ON THE BUCKLES OF THE HEAD HARNESS AND TEAR

- a. If you have the M17-, M25-, M42-, or M43-series protective mask, pull the hood over your head and zip the front closed to cover all bare skin.
- b. If you have the M24- or M45-series protective mask, pull the M7 hood over your helmet and head so that it covers your shoulders.
- c. If you have the M40-series protective mask, don the hood so that it lies smoothly on your head.

1. For masks equipped with the regular hood—
   - a. Grasp the back edge of the hood skirt.
   - b. Pull the hood completely over your head so that it covers the back of your head, neck, and shoulders.
   - c. Zip the front of the hood closed by pulling the zipper slider downward.
   - d. Tighten the drawcord.
   - e. Secure the underarm straps by fastening and adjusting them.
   - f. Put on your helmet. If you have a combat vehicle crewman (CVC) helmet—
     - i. Disconnect the boom microphone from the helmet.
     - ii. Connect the mask microphone to the receptacle in the helmet.
     - iii. Grasp the helmet next to the ear cups, with your hand spread as far as possible.
     - iv. Place the helmet over your head, tilting the helmet forward slightly so that the first contact when putting it on is with the forehead surface of the mask.
     - v. Rotate the helmet back and down over your head until it is seated in position.

2. For masks equipped with the quick-doff hood—
   - a. Place your hands inside the hood and expand the elastic gathering around the neck of the hood.
   - b. Stretch and carefully pull the hood over your head so that the hood covers your head, neck, and shoulders.
   - c. Fasten and adjust the underarm straps.
   - d. Put on your helmet (see above for the CVC helmet).

7. Close the mask carrier and continue your mission.

8. Correctly perform all applicable performance steps/measures in sequence without becoming a casualty.

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR’S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>
EFMB Test Score Sheet

WARRIOR SKILLS — DECONTAMINATE YOURSELF USING CHEMICAL DECONTAMINATING KITS
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

TASK: DECONTAMINATE YOURSELF USING CHEMICAL DECONTAMINATING KITS.

CONDITIONS: You are in mask only, with remaining assigned MOPP gear available. You have a full canteen of water, M8 detector paper, and M291 skin decontaminating kit (SDK) or reactive skin decontaminating lotion (RSDL). Your skin and eyes are contaminated.

STANDARDS: Decontaminate all exposed skin and your eyes within 5 minutes.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Decontaminate your skin using the M291 SDK or RSDL.</td>
<td></td>
</tr>
<tr>
<td>a. Remove one decontaminating packet (or RSDL applicator) from carrying pouch.</td>
<td></td>
</tr>
<tr>
<td>b. Tear packet open at notch. Remove packet, fully unfold applicator pad, and slip fingers into handle. (RSDL may be grasped in any manner. Save packet for later use).</td>
<td></td>
</tr>
<tr>
<td>c. Scrub skin starting with hands, including back of hand, palm, and fingers.</td>
<td></td>
</tr>
<tr>
<td>d. Hold breath, close eyes, and lift the hood and mask away from chin.</td>
<td></td>
</tr>
<tr>
<td>e. Continue to hold breath and scrub face.</td>
<td></td>
</tr>
<tr>
<td>f. Wipe inside of mask which touches the face (Not the lens), then drop packet to the ground. (Do not discard RSDL as it is used again when second packet of M291 is required).</td>
<td></td>
</tr>
<tr>
<td>g. Reseal, clear, and check mask.</td>
<td></td>
</tr>
<tr>
<td>h. Using a second packet (or original RSDL and remaining lotion in packet), scrub neck and ears and wipe hands.</td>
<td></td>
</tr>
<tr>
<td>i. Drop the decontamination packet to the ground.</td>
<td></td>
</tr>
</tbody>
</table>

CAUTION: THE M291 SKIN DECONTAMINATING KIT IS FOR EXTERNAL USE ONLY. KEEP DECONTAMINATING POWDER OUT OF YOUR EYES, MOUTH, CUTS, AND WOUNDS. IT MAY SLIGHTLY IRRITATE YOUR SKIN OR EYES. USE WATER TO WASH THE TOXIC AGENT OUT OF YOUR EYES, CUTS, OR WOUNDS. AFTER DECONTAMINATION WITH WATER, COVER ANY EXPOSED CUTS OR WOUNDS WITH APPROPRIATE FIRST AID WRAP OR BANDAGES BEFORE HANDLING THE DECONTAMINATING PACKAGE.

2. Remove chemical agent contamination from the eyes.

| a. Remove canteen from load-bearing equipment and open canteen cap. |
| b. Check canteen mouth for contamination with M8 detector paper. |
| c. Hold breath. |
| d. Lift the mask and continue to hold breath. |
| e. Flush the eyes with water from the canteen, ensuring that the water does not flow from one eye to the other eye. |
| f. Reseal, clear, and check the mask. |

3. Correctly perform all performance steps/measures within 5 minutes.

EVALUATOR WRITES: CANDIDATE’S TIME FOR TASK:

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(CANDIDATE INITIALS APPROPRIATE BOX)</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

Worksheet # 039 to construct AMEDDC&S Form 1232, 1 NOV 11
# EFMB Test Score Sheet

## WARRIOR SKILLS — PROTECT YOURSELF FROM CBRN INJURY/CONTAMINATION WITH JOINT SERVICE LIGHTWEIGHT INTEGRATED SUIT TECHNOLOGY (JSLIST) CHEMICAL PROTECTIVE ENSEMBLE

*For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T*

### CANDIDATE’S RANK AND NAME

### CANDIDATE #

## TASK: PROTECT YOURSELF FROM CBRN INJURY/CONTAMINATION WITH JOINT SERVICE LIGHTWEIGHT INTEGRATED SUIT TECHNOLOGY (JSLIST) CHEMICAL PROTECTIVE ENSEMBLE.

### CONDITIONS: You are in mask only with remaining assigned JSLIST gear available.

### STANDARDS: Achieve mission-oriented protection posture MOPP 4 within 8 minutes by performing all steps in sequence.

### NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

### PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Put on JSLIST gear.</td>
<td></td>
</tr>
</tbody>
</table>

#### a. Don the overgarment trousers.

- (1) Extend toes downward and put one leg into the trousers and pull them up; repeat the procedure for the other leg.
- (2) Close the slide fastener and fasten the two fly opening snaps.
- (3) Pull the suspenders over the shoulders and fasten the snap couplers. Adjust the suspenders to ensure that the trousers fit comfortably up into the inseam.

#### b. Don the overgarment coat.

- (1) Don the coat and close the slide fastener up as far as the chest.
- (2) Secure the front closure flap hook-and-pile fastener tape up as far as the chest.
  - (a) Pull the loop out and away from the overgarment coat, and bring it forward between the legs.
  - (b) Pull on the loop until the bottom of the coat fits snugly over the trousers.
- (3) Pull the bottom of the coat down over the trousers and grasp the loop on the back of the overgarment coat.
- (4) Place the loop over the webbing strip on the front of the coat and fasten the snap on the webbing strip to keep the loop in place. Adjust the coat retention cord, if necessary. Tie excessive cord in a bow.

#### c. Don the hood.

- (1) Adjust the head-harness and check for a good seal (according to the TM).

### NOTE: The trouser length can be adjusted by raising or lowering the suspenders.

#### (4) Adjust the waistband hook-and-pile fastener tapes for a snug fit.

#### b. Don the overgarment coat.

#### (1) Don the coat and close the slide fastener up as far as the chest.

#### (2) Secure the front closure flap hook-and-pile fastener tape up as far as the chest.

#### (a) Pull the loop out and away from the overgarment coat, and bring it forward between the legs.

#### (b) Pull on the loop until the bottom of the coat fits snugly over the trousers.

#### (3) Pull the bottom of the coat down over the trousers and grasp the loop on the back of the overgarment coat.

#### (4) Place the loop over the webbing strip on the front of the coat and fasten the snap on the webbing strip to keep the loop in place. Adjust the coat retention cord, if necessary. Tie excessive cord in a bow.

#### c. Don the overboots.

- (1) Don the overboots over combat boots, adjust/secure the strap-and-buckle fasteners.
- (2) Pull the trouser legs over the multipurpose overboots (MULO) and secure the hook-and-pile fastener tapes on each ankle so that they fit snugly around the boot.

#### (1) Adjust the head-harness and check for a good seal (according to the TM).

### NOTE: Use the coat retention cord loop as stated in 1b(3) and 1b(4) when directed to MOPP 4. At MOPP 1 and 2, pull the coat retention cord loop through the front of coat, tie the ends in a bow, and secure the bow in the webbing strip.

#### c. Don the overboots.

#### (1) Don the overboots over combat boots, adjust/secure the strap-and-buckle fasteners.

#### (2) Pull the trouser legs over the multipurpose overboots (MULO) and secure the hook-and-pile fastener tapes on each ankle so that they fit snugly around the boot.

### NOTE: If the MULO are not available, use black vinyl overboots (BVO) (current rain boot used also for chemical, biological [CB] protection).

#### d. Don the hood.

- (1) Adjust the head-harness and check for a good seal (according to the TM).
(2) Pull the hood over the head and chemical protective mask. Close the slide fastener completely and secure the closure hook-and-pile fastener tape up as far as the top of the slide fastener.

(3) Place the edge of hood around the edge of mask and secure the hook-and-pile fastener tape.

(4) Snap the barrel locks together; squeeze both ends of the barrel lock while pulling the draw cord, and simultaneously slide the barrel lock up to the chin.

(5) Check the hood seal around the mask to ensure that the hood is positioned properly and no skin is exposed (if necessary, tie the excess draw cord in a bow).

**WARNING:** THE BARREL LOCK RELEASE BUTTON MUST FACE AWAY FROM THE USER TO AVOID THE BARREL LOCK FROM UNFASTENING AND POSSIBLY EXPOSING THE USER TO CONTAMINATION.

e. Don the gloves.

(1) Pull sleeves up the arm.

(2) Don the gloves (and liners if butyl rubber gloves are used).

(3) Pull the cuffs over the gloves and secure the hook-and-pile fastener tape snugly on each wrist.

2. Correctly perform all applicable performance steps/measures within 8 minutes without becoming a casualty.

**EVALUATOR WRITES:** CANDIDATE’S TIME FOR TASK:

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

LANE OIC/NCOIC INITIALS EVALUATOR’S SIGNATURE DATE

Worksheet # 040 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 2 of 2
EFMB Test Score Sheet

WARRIOR SKILLS — PROTECT YOURSELF FROM CBRN INJURY/CONTAMINATION WITH MOPP GEAR
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE #

TASK: PROTECT YOURSELF FROM CBRN INJURY/CONTAMINATION WITH MOPP GEAR.

CONDITIONS: You are in mask only with remaining assigned MOPP gear available.

STANDARDS: Perform all steps in sequence and achieve MOPP 4 within 8 minutes.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Put on MOPP gear for MOPP 1.</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Time begins when candidate begins any step/measure listed below.

<table>
<thead>
<tr>
<th>a. Don the trousers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Put the overgarment trousers on over your normal duty uniform.</td>
</tr>
<tr>
<td>(2) Secure the trousers by snapping and zipping them and adjusting the waistband for a snug fit.</td>
</tr>
<tr>
<td>(3) Do not fasten the bottom of the trousers at this time.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Don the jacket.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Put on the overgarment jacket.</td>
</tr>
<tr>
<td>(2) Zip it up.</td>
</tr>
<tr>
<td>(3) Fasten the snaps/Velcro®.</td>
</tr>
</tbody>
</table>

| c. Secure the jacket to the trousers by snapping the three snaps across the back of the jacket to the trousers. |

| 2. Put on additional MOPP gear (protective overboots) to reach MOPP 2. |

| a. Put the black or green vinyl overboots on over your leather combat boots, securing them by pulling the rubber bands around the metal buttons. |
| b. Blouse the overgarment trouser legs over the chemical protective overboots. |
| c. Secure the closures of the overgarment trouser legs (zip and secure Velcro® closures of the overgarment trouser legs and tie the drawstrings firmly). |

| 3. Put on additional MOPP gear to reach MOPP 4. |

| a. Secure the MOPP gear by zipping all zippers and closing all closures. |
| b. Put on the chemical protective gloves (rubber gloves and liners). |
| c. Pull the elastic cuffs of the overgarment jacket sleeves over the cuffs of the chemical protective gloves. |

| 4. Correctly perform all applicable performance steps/measures within 8 minutes without becoming a casualty. |

EVALUATOR WRITES: CANDIDATE’S TIME FOR TASK:

REASON(S) FOR FAILURE

DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)

YES

NO

LANE OIC/NCOIC INITIALS

EVALUATOR’S SIGNATURE

DATE

Worksheet # 041 to construct AMEDDC&S Form 1232, 1 NOV 11
### EFMB Test Score Sheet

**WARRIOR SKILLS — PERFORM SELF-AID FOR MILD NERVE AGENT POISONING**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>Candidate's Rank and Name</th>
<th>Candidate #</th>
</tr>
</thead>
</table>

**TASK:** PERFORM SELF-AID FOR MILD NERVE AGENT POISONING.

**CONDITIONS:** You are wearing your protective mask and MOPP gear (or remaining MOPP gear is available) and are experiencing mild signs and symptoms of nerve agent poisoning. One set of MARK I nerve agent antidote autoinjectors or one Antidote Treatment, Nerve Agent, Autoinjectors (ATNAA) is available.

**STANDARDS:** Correctly identify six of eight signs and symptoms of mild nerve agent poisoning, administer the antidote to self in the proper sequence, and secure the autoinjector within 5 minutes.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-</th>
</tr>
</thead>
</table>

**NOTES:**

1. The ATNAA system is a nerve agent antidote device that will be used by the Armed Forces. A single ATNAA delivers both atropine and pralidoxime chloride (2 PAM Cl). The ATNAA will replace the MARK I when supplies are exhausted. 2. Nerve agent antidote training aids will be used to train and evaluate this task. Actual autoinjectors will not be used.

1. **Identify mild signs and symptoms of nerve agent poisoning by stating six of the eight to the evaluator.**

   **EVALUATOR STATES:** “NAME SIX OF THE EIGHT SIGNS AND SYMPTOMS OF MILD NERVE AGENT POISONING.” EVALUATOR WILL INITIAL NEXT TO EACH ONE THAT IS STATED BY THE CANDIDATE.

   **NOTE:** Time begins after the evaluator states the above statement to the candidate.

   a. Unexplained runny nose.
   b. Unexplained sudden headache.
   c. Excessive flow of saliva (drooling).
   d. Tightness of the chest causing breathing difficulties.
   e. Difficulty seeing (blurred vision).
   f. Muscular twitching around area of exposed or contaminated skin.
   g. Stomach cramps.
   h. Nausea.

2. **Administer either the MARK I or ATNAA to self (self-aid).**

   a. **MARK I.**

      (1) Prepare to administer one atropine injection.

      (a) Remove one set of MARK I from your protective mask carrier, from the pocket of the MOPP suit, or from another location as specified by your unit standing operating procedure (SOP).

      (b) With your nondominant hand, hold the set of injectors by the plastic clip with the big injector on top.

      (c) With your dominant hand, check the injection site in order to avoid buttons and objects in pockets where injecting. For injections into the thigh, grasp the trouser cargo pocket and pull forward, clearing possible obstructions from the site.

      (d) Grasp the small injector without covering or holding the needle (green) end and pull it out of the clip with a smooth motion.

      (e) Form a fist around the autoinjector with the needle end (green) extending beyond the little finger end of the fist. Be careful not to inject yourself in the hand.

      **NOTE:** If the injection is accidentally given in the hand, another small injector must be obtained and the injection given in the proper site.

      (f) Place the needle end of the injector against the outer thigh muscle. For injections into the thigh, grasp the trouser cargo pocket and pull forward, clearing possible obstructions from the site.
NOTES: 1. The injection may be given in any part of the lateral thigh muscle from about a hand's width above the knee to a hand's width below the hip joint. 2. Very thin soldiers should give the injection in the upper, outer part of the buttocks.

WARNING: WHEN INJECTING ANTIDOTE IN THE BUTTOCKS, BE VERY CAREFUL TO INJECT ONLY INTO THE UPPER, OUTER QUARTER OF THE BUTTOCKS TO AVOID HITTING THE MAJOR NERVE THAT CROSSES THE BUTTOCKS. HITTING THE NERVE MAY CAUSE PARALYSIS.

2) Administer the atropine injection.
   (a) Push the injector into the muscle with firm, even pressure until it functions.

NOTE: A jabbing motion is not necessary to trigger the activating mechanism.

   (b) Hold the injector firmly in place for at least 10 seconds.
   
   (c) Remove the injector from your muscle and carefully place this used injector between two fingers of the hand holding the plastic clip.

3) Prepare to administer one 2 PAM Cl injection.
   (a) Pull the large injector out of the clip and form a fist around the autoinjector with the needle end extending beyond the little finger.
   (b) Place the needle (black) end of the injector against the injection site.

4) Administer the 2 PAM Cl injection.
   (a) Push the injector into the muscle with firm, even pressure until it functions.
   (b) Hold the injector firmly in place for at least 10 seconds.

5) Drop the plastic clip without dropping the used injectors.

6) Go to step 3, “Secure the used injectors.”

b. ATNAA.

1) Prepare to administer one ATNAA.
   (a) Remove one ATNAA from your protective mask carrier, from the pocket of the MOPP suit, or from another location as specified by your unit SOP.
   (b) Remove the autoinjector from the pouch.
   (c) With your dominant hand, hold the ATNAA in your closed fist with the green needle end extending beyond the little finger in front of you at eye level.
   (d) With your nondominant hand, grasp the safety (gray) cap with the thumb and first two fingers.

CAUTION: DO NOT COVER OR HOLD THE NEEDLE END WITH YOUR HAND, THUMB, OR FINGERS. YOU MAY ACCIDENTALLY INJECT YOURSELF.
   
   (e) Pull the safety cap off the bottom of the injector with a smooth motion and drop it to the ground.
   
   (f) With the nondominant hand, check the injection site in order to avoid buttons and objects in pockets where injecting. For injections into the thigh, grasp the trouser cargo pocket and pull forward, clearing possible obstructions from the site.

   (g) Hold the ATNAA in your closed fist with the green needle end pointing out by your little finger.

   (h) Place the needle end of the injector against the outer thigh muscle.

NOTES: 1. The injection may be given in any part of the lateral thigh muscle from about a hand's width above the knee to a hand's width below the hip joint. 2. Very thin soldiers should give the injection in the upper, outer part of the buttocks.

WARNING: WHEN INJECTING ANTIDOTE IN THE BUTTOCKS, BE VERY CAREFUL TO INJECT ONLY INTO THE UPPER, OUTER QUARTER OF THE BUTTOCKS TO AVOID HITTING THE MAJOR NERVE THAT CROSSES THE BUTTOCKS. HITTING THE NERVE MAY CAUSE PARALYSIS.

2) Administer the injection.
   (a) Push the injector into the muscle with firm, even pressure until it functions.

NOTE: A jabbing motion is not necessary to trigger the activating mechanism.

   (b) Hold the injector firmly in place for at least 10 seconds.
(c) Remove the injector from your muscle.

3. Secure the used injectors. (The candidate will state steps 3a and 3b to the evaluator. The steps will not be performed.)
   
a. Use a hard surface to bend each needle to form a hook without tearing protective gloves or clothing.

b. Push the needle of each used injector (one at a time) through one of the pocket flaps of the protective overgarment.

**WARNING:** IF, WITHIN 5 TO 10 MINUTES AFTER ADMINISTERING THE FIRST SET OF INJECTIONS, YOUR HEART BEGINS BEATING RAPIDLY AND YOUR MOUTH BECOMES VERY DRY, DO NOT ADMINISTER ANOTHER SET OF INJECTIONS.

**NOTE:** After you have given yourself the first set of MARK I injections or one ATNAA, you most likely will not need additional antidote if you are ambulatory and know who and where you are. If needed, only a buddy, a combat lifesaver, or medical personnel will give additional injections.

4. Correctly perform all performance steps for each performance measure in sequence within 5 minutes.

**EVALUATOR WRITES:** CANDIDATE’S TIME FOR TASK:

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

**LANE OIC/NCOIC INITIALS**

**EVALUATOR’S SIGNATURE**

**DATE**

Worksheet # 042 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet

WARRIOR SKILLS — PROTECT YOURSELF FROM CHEMICAL OR BIOLOGICAL INJURY/CONTAMINATION WHEN REMOVING MISSION ORIENTED PROTECTIVE POSTURE USING JOINT SERVICE LIGHTWEIGHT INTEGRATED SUIT TECHNOLOGY (JSLIST)

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE #

<table>
<thead>
<tr>
<th>TASK: PROTECT YOURSELF FROM CHEMICAL OR BIOLOGICAL INJURY/CONTAMINATION WHEN REMOVING MISSION ORIENTED PROTECTIVE POSTURE USING JOINT SERVICE LIGHTWEIGHT INTEGRATED SUIT TECHNOLOGY (JSLIST).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONDITIONS: You are in MOPP 4 with individual gear. Your MOPP gear is contaminated. Your Buddy is in MOPP 4 that is contaminated and is available for MOPP (JSLIST) gear removal. You have your M291 SDK and your Buddy has M295 IEDK.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STANDARDS: Decontaminate individual gear and equipment without spreading contamination and place it on an uncontaminated surface. Remove your Buddy’s overgarments, overboots, and gloves. Complete all steps without spreading the contamination within 20 minutes.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PERFORMANCE STEPS/MEASURES</th>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Decontaminate your individual gear without assistance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTE: Time begins when candidate begins any step/measure listed below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTE: If at any time during the technique it is suspected that contamination is spread onto the skin or undergarments, decontaminate immediately with the available personal decontamination kit. Then proceed with the MOPP gear exchange.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTE: Weapon will be cleared and placed on safe prior to decontamination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Remove and discard the chemical protective helmet cover.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Cover the gear with the M295 IEDK.</td>
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<td></td>
</tr>
<tr>
<td>c. Brush or rub into the material.</td>
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<td></td>
</tr>
<tr>
<td>d. Shake the excess off gently.</td>
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<td></td>
</tr>
<tr>
<td>e. Set the gear aside on an uncontaminated surface (such as, a poncho, a canvas, or similar material).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Prepare for decontamination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Candidate—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Removes Buddy’s M9 paper; unties the bow in the coat retention cord, if tied; unfastens the webbing strip snap at the bottom front of the coat; and releases the waistcoat retention cord loop.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Loosens the bottom of the coat by pulling the material away from the body.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Feels for the suspender snap couplers on the outside of the coat and releases the snap couplers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Unfastens the hook and pile fasteners at the wrist and ankles and refasten loosely.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Unfasten the two strap and buckle fasteners on the multipurpose overboots (MULO) and unfasten or cut the fasteners on the black vinyl overboots (BVO) or untie/cut the laces on the chemical protective overboots.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Decontaminate the mask and hood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Candidate—Chemical and biological contamination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Uses M295 to decontaminate the exposed parts of the mask, instructs the Buddy to put two fingers on the voicemitter to avoid breaking the seal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Starts at the eyelens outserts, and wipes all exposed parts of the mask.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Wipes the front edge of the hood including the barrel locks and fasteners under your Buddy’s chin.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Decontaminates his (candidate’s) gloves in preparation to release the hood seal.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Worksheet # 043 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 3
4. Doff the chemical protective coat.
   a. Candidate—
      (1) Unties the draw cord, if tied; presses the barrel lock release; and unsnaps the barrel locks.
      
      **NOTE:** If the candidate has difficulty grasping the barrel locks, he should instruct the Buddy to use the draw cord to pull the locks away from the mask, allowing the candidate to grasp and unfasten the locks without touching the hood's interior.
      
      (2) Unfastens the front closure flap and slides the fastener from the chin to the bottom of the coat.
      
      (3) Has the Buddy turn around and grasps the hood and rolls it inside out; pulling the hood off Buddy's head.
      
      (4) Grasps the coat at the shoulders and instructs the Buddy to make a fist to prevent the chemical protective gloves from coming off.
      
      (5) The candidate pulls the coat down and away from the Buddy ensuring that the black part of the coat is not touched.
      
      **NOTE:** If there is difficulty removing the coat in this manner, pull one arm off at a time.
      
      (6) Lays the coat on the ground, black side up.
      
      **CAUTION:** BOTH SOLDIERS MUST TAKE CARE TO AVOID CONTAMINATING THE INSIDE SURFACE OF THE COAT.
      
      **NOTE:** The Buddy will use the coat later as an uncontaminated surface to stand on.
   
5. Doff the chemical protective trousers.
   a. Candidate—
      (1) Unfastens the hook-and-pile fastener tapes at the waistband, unfastens the two front closure snaps, and opens the fly slide fastener on the front of the trousers.
      
      (2) Grasps the trousers at the hips, and pulls them down to the knees.
      
      (3) Has the Buddy lift one leg with foot pointed down, and with a hand on each side, pulls the trousers in an alternating motion until the soldier can step out of the trouser leg and repeats the process for the other leg.
      
      (4) Discard the trousers away from the clean area.
      
      **CAUTION:** BOTH SOLDIERS MUST TAKE CARE TO AVOID CONTAMINATING THEIR CLOTHING AND SKIN.
   
6. Doff the chemical protective overboots.
   a. Candidate—
      (1) Removes the chemical protective overboots while the Buddy is standing with arms up, shoulder high to avoid contaminating clothing or skin.
      
      **NOTE:** The Buddy may put a hand on the candidate for balance.
      
      (2) Instruct Buddy to stand next to the coat spread on ground.
      
      (3) Instructs Buddy to remove one overboot by stepping on a heel with one foot while pulling the other foot upward.
      
      (4) Pulls off the Buddy's overboots one foot at a time, and the Buddy steps directly on the coat spread on ground as each foot is withdrawn from the overboot.
      
      (5) Discard the overboots away from the clean area.
      
      **CAUTION:** THE CANDIDATE MUST TAKE CARE TO AVOID TOUCHING THE SOLDIER'S COMBAT BOOTS. THE BUDDY MUST TAKE CARE TO AVOID LETTING THE COMBAT BOOTS TOUCH THE GROUND.
   
7. Doff the chemical protective gloves/liners.
   a. Candidate—
      (1) Hold the fingertips of the gloves and partially slide the hand out.
      
      (2) Hold arms away from the body when both hands are free, and let the gloves drop off, away from the black side of coat.
      
      (3) Remove the protective glove inserts.
      
      (4) The Buddy discards the soldier's chemical protective gloves and inserts away from the clean area.
### CAUTION:
Both soldiers must take care to avoid letting the gloves make contact with the coat that is spread on the ground.

8. Remove your buddy’s MOPP gear without further contaminating self or buddy.

9. Complete all performance steps/measures within 20 minutes.

**EVALUATOR WRITES:**

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES                  NO</td>
</tr>
</tbody>
</table>

**CANDIDATE’S TIME FOR TASK:**

**EVALUATOR’S SIGNATURE**

**DATE**

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Worksheet # 043 to construct AMEDDC&S Form 1232, 1 Nov 11
**EFMB Test Score Sheet**

**WARRIOR SKILLS — PROTECT YOURSELF FROM BIOLOGICAL OR CHEMICAL INJURY/CONTAMINATION WHEN REMOVING MOPP GEAR**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE’S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
</table>

**TASK:** PROTECT YOURSELF FROM BIOLOGICAL OR CHEMICAL INJURY/CONTAMINATION WHEN REMOVING MOPP GEAR.

**CONDITIONS:** You are in MOPP 4 with individual gear. Your MOPP gear is contaminated. Your Buddy is in MOPP 4 that is contaminated and is available for MOPP gear removal. You have your M291 SDK and your Buddy has M295 IEDK.

**STANDARDS:** Decontaminate your individual gear and equipment without spreading the contamination and place it on an uncontaminated surface. Remove your Buddy’s overgarments, overboots, and gloves. Complete all steps without spreading the contamination within 20 minutes.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

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1. Decontaminate your individual gear without assistance.

**NOTE:** Time begins when candidate begins any step/measure listed below.

**NOTE:** If at any time during the technique you suspect you have spread contamination onto your skin or undergarments, decontaminate immediately with the personal decontaminating kit. Then proceed with the MOPP gear removal.

**NOTE:** Weapon will be cleared and placed on safe prior to decontamination.

   a. Cover your gear (weapon, LCE, helmet, mask carrier, and rucksack) with your Buddy’s M295 IEDK.

   **CAUTION:** KEEP DECONTAMINATING POWDER OUT OF EYES, LIPS, CUTS, AND WOUNDS. COVER EXPOSED CUTS OR WOUNDS WITH APPROPRIATE FIRST AID WRAP OR BANDAGE PRIOR TO HANDLING THE PACKETS.

   b. Set your gear aside on an uncontaminated surface.

2. Decontaminate your Buddy’s hood and mask.

   a. Candidate—

      (1) Loosens Buddy’s drawcord (except quick-doff hood).

      (2) Unattaches Buddy’s underarm straps from under his or her arms and places straps over the shoulders.

      (3) Reattaches Buddy’s straps to the Velcro® and hook-and-pile patches on the bottom of his or her hood.

      (4) Wipes Buddy’s mask eye lens outserts first with M291 SDK.

      (5) Wipes Buddy’s entire mask from the top of the hood down with M291 SDK.

   b. Candidate decontaminates his or her own gloves with the personal decontaminating kit after Buddy’s mask is decontaminated.

3. Roll your Buddy’s hood.

   **NOTE:** For hoods with zippers, leave the zipper closed.

   a. Candidate lifts Buddy’s hood straight up off his or her shoulders by grasping the straps.

   b. Candidate pulls Buddy’s hood over his or her head until most of the back of his or her head is exposed, but the hood should not be completely over Buddy’s face.

   c. Candidate tells Buddy to place his or her hand over the voice transmitter, if necessary, to prevent the mask seal from being broken.

   d. Candidate rolls Buddy’s hood tightly, starting at the chin and working around the mask without pulling it completely off the back of his or her head.

4. Remove your Buddy’s jacket.

**Worksheet # 044 to construct AMEDDC&S Form 1232, 1 NOV 11**

Page 1 of 2
a. Candidate—
   (1) Unties Buddy's cord.
   (2) Unfastens Buddy's snaps/Velcro® on the front of his or her jacket.
   (3) Unzips Buddy's jacket.
   (4) Unsnaps Buddy's snaps in the back of his or her jacket from his or her overgarment trousers.

b. Candidate tells Buddy to make a fist.

c. Candidate pulls Buddy's jacket off, turning the jacket inside out.

d. Candidate places Buddy's jacket on the ground nearby with the black side up.

NOTE: Buddy will use the jacket later as an uncontaminated surface to stand on.

5. Remove your Buddy's trousers.
   a. Candidate opens Buddy's trouser cuffs, waist snap, zipper and, if necessary, waist tabs.
   b. Candidate grasps Buddy's trouser leg by the cuff.
   c. Candidate tells Buddy to pull his or her legs from the trousers, one leg at a time.

6. Remove your Buddy's trousers.
   a. Candidate tells Buddy to stand next to his or her jacket.
   b. Candidate loosens Buddy's overboot strings.
   c. Candidate pulls Buddy's overboots off, one at a time.
   d. Candidate tells Buddy to step onto his or her jacket as his or her overboots are removed.

7. Remove your Buddy's rubber gloves. Candidate helps Buddy remove his or her rubber gloves and drops the gloves onto the contaminated ground so that the Buddy does not touch the outside of the rubber gloves with his or her bare hands.

8. Remove your Buddy's MOPP gear without further contaminating self or Buddy.

9. Correctly perform all performance steps/measures within 20 minutes.

EVALUATOR WRITES: CANDIDATE’S TIME FOR TASK:

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
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<td>(CANDIDATE INITIALS APPROPRIATE BOX)</td>
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<th>DATE</th>
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</table>

Worksheet # 044 to construct AMEDDC&S Form 1232, 1 NOV 11  
Page 2 of 2
**EFMB Test Score Sheet**

**WARRIOR SKILLS — STORE THE M40-SERIES PROTECTIVE MASK WITHOUT HOOD**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

**CANDIDATE'S RANK AND NAME**

**CANDIDATE #**

**TASK:** STORE THE M40-SERIES PROTECTIVE MASK WITHOUT HOOD.

**CONDITIONS:** Given the “ALL CLEAR” signal, remove your protective mask and store it in its carrier.

**STANDARDS:** Remove protective mask and correctly store it inside its carrier within 1 minute.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
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<tbody>
<tr>
<td>1. Remove protective mask after the “all clear” signal is given.</td>
<td></td>
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<tr>
<td>NOTE: Time begins when candidate begins any step/measure listed below.</td>
<td></td>
</tr>
<tr>
<td>a. Remove helmet.</td>
<td></td>
</tr>
<tr>
<td>b. Loosen the cheek straps.</td>
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</tr>
<tr>
<td>c. Remove the mask.</td>
<td></td>
</tr>
<tr>
<td>d. Replace helmet on head.</td>
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<tr>
<td>e. Remove any moisture that has accumulated on the mask.</td>
<td></td>
</tr>
<tr>
<td>2. Store mask.</td>
<td></td>
</tr>
<tr>
<td>a. Hold the front of the mask in a horizontal position.</td>
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</tr>
<tr>
<td>b. Pull the head harness over the front of the mask.</td>
<td></td>
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<tr>
<td>c. Store the mask inside the carrier with the eye lenses up and facing away from the body.</td>
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</tr>
<tr>
<td>d. Close the carrier opening.</td>
<td></td>
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<tr>
<td>NOTE: Time ends when candidate closes the mask carrier.</td>
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<tr>
<td>3. Correctly perform all performance steps/measures within 1 minute.</td>
<td></td>
</tr>
</tbody>
</table>

**EVALUATOR WRITES:** CANDIDATE'S TIME FOR TASK:

**REASON(S) FOR FAILURE**

**DOES THE CANDIDATE WISH TO REBUT THIS TASK?**

(CANDIDATE INITIALS APPROPRIATE BOX)

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<tr>
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<th>LANE OIC/NCOIC INITIALS</th>
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Worksheet # 045 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet

WARRIOR SKILLS — STORE THE M40-SERIES PROTECTIVE MASK WITH HOOD
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE #

TASK: STORE THE M40-SERIES PROTECTIVE MASK WITH HOOD.

CONDITIONS: Given the “ALL CLEAR” signal, remove your protective mask with hood and store it in its carrier.

STANDARDS: Remove protective mask and correctly store it inside its carrier within 1 minute.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
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</table>

1. Remove protective mask with hood after the "all clear" signal is given.

NOTE: Time begins when candidate begins any step/measure listed below.

a. Remove helmet.

b. Unfasten the underarm straps.

c. Loosen the draw cord (except quick-doff hood).

d. Unzip the zipper on the hood (except quick-doff hood).

e. Remove the hood.

f. Loosen the cheek straps.

g. Remove the mask.

h. Replace helmet on head.

i. Remove any moisture that has accumulated on the hood and mask.

2. Store mask with hood.

   a. Hold the front of the mask in a horizontal position.

   b. Smooth the hood over the mask.

   c. Pull the head harness over the front of the mask.

   d. Fold the two edges of the hood over the outlet valve to create a “V” in the front of the hood.

   e. Store the underarm straps and the cord in the “V.”

   f. Fold the “V” upward to cover the eye lenses without letting the hood cover the chin opening.

   g. Store the mask with hood inside the carrier with the eye lenses up and facing away from the body.

   h. Close the carrier opening.

NOTE: Time ends when candidate closes the mask carrier.

3. Correctly perform all performance steps/measures within 1 minute.

EVALUATOR WRITES: CANDIDATE’S TIME FOR TASK:

DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)

YES | NO

LANE OIC/NCOIC INITIALS

EVALUATOR’S SIGNATURE

DATE

Worksheet # 046 to construct AMEDDC&S Form 1232, 1 NOV 11

9-22
EFMB Test Score Sheet

WARRIOR SKILLS — DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON AN M4 OR M4A1 CARBINE

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE’S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
</table>

**TASK:** DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON AN M4 OR M4A1 CARBINE.

**CONDITIONS:** Given your assigned M4 OR M4A1 CARBINE and a magazine.

**STANDARDS:** Clear, disassemble, assemble, and perform a function check on an M4 OR M4A1 carbine and ensure that the carbine operated properly with the selector switch in each position within 4 minutes.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
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<tr>
<th>GO</th>
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</table>

1. Clear the carbine prior to disassembling the carbine.

**NOTE:** Time begins when candidate begins any step/measure listed below.

**NOTE:** The magazine will initially be in the carbine.

a. Remove the magazine.

b. Cock the carbine.

c. Turn the selector to “SAFE” (if applicable).

**NOTE:** The selector cannot be turned to “SAFE” unless the carbine is cocked.

d. Lock the bolt open.

(1) Pull the charging handle rearward.

(2) Press the bottom of the bolt catch.

(3) Allow the bolt to move forward until it engages the bolt catch.

(4) Return the charging handle to the forward position.

e. Check the receiver and chamber to ensure that they do not contain ammunition.

2. Disassemble the carbine into 13 parts.

**NOTE:** There is no required sequence for disassembly.

a. Remove the sling.

b. Push the takedown pin as far as it will go and pivot the upper receiver from the lower receiver.

c. Push the receiver pivot pin.

d. Separate the upper and lower receivers.

e. Pull back the charging handle.

f. Remove the bolt carrier and bolt.

g. Remove the charging handle.

h. Remove the firing pin retaining pin.

i. Put the bolt assembly in the locked position by pushing in the bolt.

j. Remove the firing pin by allowing it to drop out of the rear of the bolt carrier into your hand.

k. Remove the bolt cam pin by turning it one-quarter turn and lifting it out.

l. Pull the bolt assembly from the carrier.

m. Remove the extractor pin by pushing it out with the firing pin (use care not to damage the firing pin).

n. Lift out the extractor and spring, taking care that the spring does not separate from the extractor.
o. Release the buffer by pressing the buffer and depressing the retainer.
p. Remove the buffer and action spring separating the buffer from the spring.

3. Assemble the carbine.

NOTE: There is no required sequence for assembly.

| a. Insert action spring and buffer. |
| b. Insert extractor and spring. |
| c. Push in extractor pin. |
| d. Slide bolt into carrier. |

**WARNING:** BE SURE THAT THE CAM PIN IS INSTALLED IN THE BOLT GROUP. IF IT IS NOT, THE CARBINE CAN STILL FIRE AND WILL EXPLODE.

| e. Replace bolt cam pin. |
| f. Drop in and seat firing pin. |
| g. Pull bolt back. |
| h. Replace retaining pin. |
| i. Engage, then push charging handle in part of the way. |
| j. Slide in bolt carrier group. |
| k. Push in charging handle and bolt carrier group together. |
| l. Join upper and lower receivers. |
| m. Engage receiver pivot pin. |
| n. Close upper and lower receiver groups. Push in takedown pin. |
| o. Replace the sling. |

NOTE: If candidate inserts magazine, they will have to remove it to perform the function check.

4. Check an M4 or M4A1 carbine with the selector lever in the “SAFE” position.

| a. Pull the charging handle to the rear and release it. |
| b. Place the selector lever in the “SAFE” position. |
| c. Pull the trigger (the hammer should not fall). |

5. Check an M4 or M4A1 carbine with the selector lever in the “SEMI” position.

| a. Place the selector lever in the “SEMI” position. |
| b. Pull the trigger, holding it to the rear (the hammer should fall). |
| c. Continue to hold the trigger to the rear while pulling the charging handle to the rear and releasing the charging handle. |
| d. Release the trigger with a slow, smooth motion until the trigger is fully forward (the hammer should not fall). |
| e. Pull the trigger (the hammer should fall). |

NOTE: For weapons with “AUTO”, skip to step 7.

6. Check an M4 carbine with the selector lever in the “BURST” position.

| a. Place the selector lever in the “BURST” position. |
| b. Pull the charging handle to the rear and release it. |
| c. Pull the trigger, holding it to the rear (the hammer should fall). |
| d. While holding the trigger to the rear, pull the charging handle to the rear and release the charging handle. |
| e. Repeat step 6d two more times. |
| f. Release the trigger. |
| g. Pull the trigger (the hammer should fall). |

Worksheet #047 to construct AMEDDC&S Form 1232, 1 NOV 11
7. Check an M4A1 carbine with the selector lever in the “AUTO” position.
   a. Pull the charging handle to the rear and release it.
   b. Pull the trigger (the hammer should fall).
   c. Hold the trigger to the rear and cock the weapon.
   d. Fully release the trigger then pull it to the rear again; the hammer should not fall.
8. Inform the evaluator of any malfunction of the carbine during the function check.
9. Insert magazine (Time ends).
10. Correctly perform all performance steps/measures within 4 minutes.

**EVALUATOR WRITES: CANDIDATE’S TIME FOR TASK:**

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
<th>YES</th>
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Worksheet # 047 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet

WARRIOR SKILLS — DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON AN M16-SERIES RIFLE

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE #

TASK: DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON AN M16-SERIES RIFLE.

CONDITIONS: Given your assigned M16-series rifle and a magazine.

STANDARDS: Clear, disassemble, assemble, and perform a function check on an M16-series rifle and ensure that the rifle operated properly with the selector switch in each position within 4 minutes.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

<table>
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<th>GO</th>
<th>NO-GO</th>
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</table>

1. Clear the rifle prior to disassembling the rifle.

NOTE: Time begins when candidate begins any step/measure listed below.

NOTE: The magazine will initially be in the rifle.

- a. Turn the selector to “SAFE” (if applicable).
- b. Remove the magazine.
- c. Verify the rifle is clear.

2. Disassemble the rifle into 13 parts.

NOTE: There is no required sequence for disassembly.

- a. Remove the sling.
- b. Push both takedown pins as far as they will go and separate the upper receiver from the lower receiver.
- c. Pull back the charging handle.
- d. Remove the bolt carrier.
- e. Remove the charging handle.
- f. Remove the charging handle.
- g. Put the bolt assembly in the locked position by pushing in the bolt.
- h. Remove the firing pin by allowing it to drop out of the rear of the bolt carrier into your hand.
- i. Remove the bolt cam pin by turning it one-quarter turn and lifting it out.
- j. Pull the bolt assembly from the carrier.
- k. Remove the extractor pin by pushing it out with the firing pin (use care not to damage the firing pin).
- l. Lift out the extractor and spring, taking care so that the spring does not separate from the extractor.
- m. Release the buffer by pressing the buffer and depressing the retainer.
- n. Remove the buffer and action spring separating the buffer from the spring.
- o. Do not disassemble the rifle further.

3. Assemble the rifle.

NOTE: There is no required sequence for disassembly.

- a. Insert the spring and buffer.
- b. Insert the extractor and spring.
- c. Push the extractor pin in.
- d. Slide the bolt into the carrier until the bolt cam pinhole in both the bolt carrier and the bolt are aligned.

Worksheet # 048 to construct AMEDDC&S Form 1232, 1 NOV 11
e. Place the bolt cam pin by putting it in the bolt carrier and turning it one-quarter turn.

f. Drop in the firing pin to seat it.

g. Put the firing pin retaining pin in the bolt carrier to seat it.

h. Pull the bolt back.

i. Place the charging handle by engaging it, then pushing the charging handle part of the way in

j. Slide the bolt carrier into the upper receiver.

k. Push the charging handle and bolt carrier together in the upper receiver.

l. Join the upper and lower receiver.

m. Engage the receiver pivot pin.

CAUTION: THE SELECTOR LEVER MUST BE ON “SAFE” BEFORE CLOSING THE UPPER RECEIVER.

n. Close the upper and lower receiver groups, seating the takedown pin and ensuring the selector switch is on “SAFE.”

o. Replace the sling.

NOTE: If candidate inserts magazine, they will have to remove it to perform the function check.

4. Check an M16A1, M16A2, or M16A4 with the selector lever in the “SAFE” position.

   a. Pull the charging handle to the rear and release it.

   b. Place the selector lever in the “SAFE” position.

   c. Pull the trigger (the hammer should not fall).

5. Check an M16A1, M16A2, or M16A4 with the selector lever in the “SEMI” position.

   a. Place the selector lever in the “SEMI” position.

   b. Pull the trigger, holding it to the rear (the hammer should fall).

   c. Continue to hold the trigger to the rear while pulling the charging handle to the rear and releasing the charging handle.

   d. Release the trigger to the rear while pulling the charging handle to the rear and releasing the charging handle.

   e. Pull the trigger (the hammer should fall).

6. Check an M16A1 with the selector lever in the “AUTO” position.

   a. Place the selector lever in the “AUTO” position.

   b. Pull the charging handle to the rear and release it.

   c. Pull the trigger holding it to the rear (the hammer should fall).

   d. Continue to hold the trigger to the rear while pulling the charging handle to the rear and releasing the charging handle.

   e. Release the trigger.

   f. Pull the trigger (the hammer should not fall).

7. Check an M16A2 or M16A4 with the selector lever in the “BURST” position.

   a. Place the selector lever in the “BURST” position.

   b. Pull the charging handle to the rear and release it.

   c. Pull the trigger, holding it to the rear (the hammer should fall).

   d. Continue to hold the trigger to the rear while pulling the charging handle to the rear and releasing the charging handle.

   e. Repeat step 4d two more times.

   f. Release the trigger.

   g. Pull the trigger (the hammer should fall).

8. Inform the evaluator of any malfunction of the rifle during the function check.

9. Insert magazine (Time ends).

10. Correctly perform all performance steps/measures within 4 minutes.
<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
<th>YES</th>
<th>NO</th>
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<tbody>
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<td></td>
<td>(CANDIDATE INITIALS APPROPRIATE BOX)</td>
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<tr>
<th>LANE OIC/NCOIC INITIALS</th>
<th>EVALUATOR'S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

Worksheet # 048 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet

WARRIOR SKILLS — DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON A M9 PISTOL
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE’S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
</table>

**TASK:** DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON A M9 PISTOL.

**CONDITIONS:** Given an M9 pistol and a magazine.

**STANDARDS:** Clear, disassemble, and assemble an M9 pistol and perform a function check within 3 minutes.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
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</thead>
<tbody>
<tr>
<td>1. Clear the pistol prior to disassembling the pistol.</td>
<td></td>
</tr>
<tr>
<td>NOTE: Time begins when candidate begins any step/measure listed below.</td>
<td></td>
</tr>
</tbody>
</table>

- a. Place the safety lever in the "SAFE" position.
- b. Depress the magazine release button; remove the magazine from the pistol.
- c. Pull the slide to the rear.
- d. Push the slide stop up, locking the slide to the rear.
- e. Look into the chamber to ensure that it is empty.

2. Disassemble the pistol.

- a. Depress the slide stop and let the slide go forward.
- b. With your right hand, hold the pistol with the muzzle slightly raised.
- c. With your forefinger, press the disassembly lever button.
- d. Rotate the disassembly lever downward until it stops.
- e. Pull the slide and barrel assembly forward and remove it from the receiver.
- f. Slightly compress the recoil spring and spring guide. At the same time, lift them up and remove them, allowing the recoil spring to stretch slowly.
- g. Separate the recoil spring from the spring guide.
- h. Push in on the locking block plunger while pushing the barrel forward slightly. Lift and remove the locking block and barrel assembly from the slide.

3. Assemble the pistol.

- a. Grasp the slide with the bottom facing up.
- b. With the other hand, grasp the barrel assembly with the locking block facing up.
- c. Insert the muzzle into the forward end of the slide. At the same time, lower the rear of the barrel assembly by moving the barrel downward with light thumb pressure. The barrel will fall into place.
- d. Insert the recoil spring guide into the recoil spring.
- e. Insert the end of the recoil spring and the recoil spring guide into the recoil spring housing. At the same time, compress the recoil spring and lower the spring guide until it is fully seated on the locking block cutaway.

**CAUTION:** BE SURE THAT THE HAMMER IS UNCOCKED AND FIRING PIN BLOCK LEVER IS IN THE DOWN POSITION. IF THE HAMMER IS COCKED, CAREFULLY AND MANUALLY LOWER THE HAMMER. DO NOT PULL THE TRIGGER WHILE PLACING THE SLIDE ONTO THE RECEIVER.

- f. Push the firing pin block lever down. Grasp the slide and barrel assembly, with the sights up and align the slide on the receiver assembly guide rails.
g. Push until the rear of the slide is a short distance beyond the rear of the receiver assembly and hold. At the same time, rotate the disassembly latch lever upward. A click indicates a positive lock.

4. Perform a function check.
   a. Insert an empty magazine into the pistol and ensure that the magazine catch locks the magazine in place.
   b. Retract the slide and release it. The magazine follower should push up on the slide stop, locking the slide to the rear.
   c. Depress the magazine release button allowing the magazine to fall free.
   d. Ensure that the decocking/safety lever is in the safe (down) position. Depress the slide stop allowing the slide to return fully forward. At the same time, the hammer should fall to the full forward position.
   e. Pull and release trigger. Firing pin block should move up and down.
   f. Place decocking/safety lever in fire (up) position.
   g. Pull trigger to check double action. Hammer should cock and fall.
   h. Pull trigger again and hold to rear. Manually retract and release slide while holding trigger to the rear. Release trigger, click should be heard, hammer should not fall.
   i. Pull trigger to check single action. Hammer should fall.

5. Correctly perform all performance steps/measures within 3 minutes.

EVALUATOR WRITES: CANDIDATE’S TIME FOR TASK:

REASON(S) FOR FAILURE

DOES THE CANDIDATE WISH TO REBUT THIS TASK?

YES NO

EVALUATOR’S SIGNATURE

DATE

Worksheet # 049 to construct AMEDDC&S Form 1232, 1 NOV 11
**EFMB Test Score Sheet**

**WARRIOR SKILLS — CORRECT MALFUNCTION OF AN M4 CARBINE OR M16-SERIES RIFLE**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE’S RANK AND NAME</th>
<th>CANDIDATE #</th>
</tr>
</thead>
</table>

**TASK:** CORRECT MALFUNCTION OF AN M4 CARBINE OR M16-SERIES RIFLE.

**CONDITIONS:** Given a magazine with at least seven blank rounds and one dummy round and your assigned M4 carbine or M16-series rifle.

**STANDARDS:** Eliminate the stoppage within 10 seconds when the rifle fails to fire.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
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</table>

1. React to a situation by returning fire and reducing stoppage by applying S-P-O-R-T-S.

**NOTE:** Time begins when the rifle failed to fire.

**NOTE:** If your weapon malfunctions, remember S-P-O-R-T-S. This key word will help you remember these actions in sequence: Slap, Pull, Observe, Release, Tap, Shoot.

   a. S- Slap upward on the magazine to make sure it is properly seated.
   
   b. P- Pull the charging handle all the way back.
   
   c. O- Observe the ejection of the case or cartridge. Look into the chamber and check for obstructions.
   
   d. R- Release the charging handle to feed a new round into the chamber. Do not ride the charging handle.
   
   e. T- Tap the forward assist.
   
   f. S- Shoot. If the rifle still does not fire, inspect it to determine the cause of the stoppage or malfunction and take appropriate remedial action.

2. Perform steps 1a through 1f in sequence.

3. Perform steps 1a through 1f in 10 seconds.

**EVALUATOR WRITES:** CANDIDATE’S TIME FOR TASK:

**REASON(S) FOR FAILURE**

**DOES THE CANDIDATE WISH TO REBUT THIS TASK?**

(CANDIDATE INITIALS APPROPRIATE BOX) YES NO

**LANE OIC/NCOIC INITIALS**

**EVALUATOR’S SIGNATURE**

**DATE**

Worksheet # 050 to construct AMEDDC&S Form 1232, 1 NOV 11
**EFMB Test Score Sheet**

**WARRIOR SKILLS — MOVE UNDER DIRECT FIRE**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

<table>
<thead>
<tr>
<th>CANDIDATE'S RANK AND NAME</th>
<th>CANDIDATE #</th>
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</thead>
</table>

**TASK:** MOVE UNDER DIRECT FIRE.

**CONDITIONS:** Given a tactical situation where you are coming under direct fire from across varied terrain and are armed with an M16-series rifle or M4-series carbine with a full magazine of blank rounds.

**STANDARDS:** Move under direct fire using the correct individual tactical fire and movement techniques that are dictated by terrain features.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

### PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
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**NOTES:**
1. Each individual movement technique may be tested on one portion of a lane or throughout the lane dictated by terrain and man made features and lane flow of tested tasks. 2. Each movement technique will be tested only one time. 3. The actual distance for each movement technique will be determined by the test board chairperson.

1. Select an individual movement route.
   a. Search the terrain to your front for—
      (1) A gully, ravine, ditch, or wall at a slight angle to your direction of movement.  
      **NOTE:** These features provide cover and concealment when using the low or high crawl.
      (2) Hedgerows or a line of thick vegetation.
      **NOTE:** These features only provide concealment when using the low or high crawl.
      (3) Large trees, rocks, stumps, fallen timber, rubble, vehicle hulks, folds, or creases in the ground.
      **NOTE:** These features provide cover and concealment for use as temporary positions. Use the rush if the area between them has no concealment.
      (4) High grass or weeds.
      **NOTE:** These features only provide partial concealment. You may use the rush since the use of the high or low crawl could reveal your location by the movement of vegetation.
   b. Select your next position (and the route to it) as one that—
      (1) Exposes you to the least enemy fire.
      (2) Does not require you to cross in front of other members of your element, masking their fires.

2. Determine the correct individual movement technique.
   a. Select the high crawl when—
      (1) The route provides cover and concealment.
      (2) Poor visibility reduces enemy observation.
      (3) Speed is required, but the terrain and vegetation are suitable only for the low crawl.
   b. Select the low crawl when—
      (1) The route provides cover or concealment less than 1-foot high.
      (2) Visibility provides the enemy good observation.
      (3) Speed is not required.
   c. Select the rush when—
      (1) You must cross open areas.
      (2) Time is critical.

3. Use the high crawl.
   a. Keep your body off of the ground.
   b. Rest your weight on your forearms and lower legs.

Worksheet # 051 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 1 of 2

9-32
c. Cradle your weapon in your arms, keeping its muzzle off the ground.

d. Keep your knees well behind your buttocks so it stays low.

e. Move forward by alternately advancing your right elbow and left knee, and left elbow and right knee.

4. Use the low crawl.

a. Keep your body as flat as possible to the ground.

b. Hold your weapon by grasping the sling at the upper sling swivel, letting the handguard rest on your forearm and the butt of the weapon drag on the ground, thus keeping the muzzle off the ground.

c. Move forward by—

(1) Pushing both arms forward while pulling your right leg forward.

(2) Pulling with both arms while pushing with your right leg.

(3) Continuing this push-pull movement until you reach your next position, hanging your pushing leg frequently to avoid fatigue.

5. Use the rush to move from one covered position to another when enemy fire allows brief exposure.

a. Move from your firing position by rolling or crawling.

b. Start from the prone position.

c. Select your next position by slowly raising your head.

d. Lower your head while drawing your arms into your body, keeping your elbows down and pulling your right leg forward.

e. Raise your body in one movement by straightening your arms.

f. Spring to your feet, stepping off with either foot.

g. Run to the next position—

(1) Keeping the distance short to avoid accurate enemy fire.

(2) Trying not to stay up any longer than 3 to 5 seconds so that the enemy does not have time to track you with automatic fire.

h. Plant both feet just before hitting the ground.

i. Fall forward by:

(1) Sliding your right hand down to the heel of the butt of your weapon.

(2) Breaking your fall with the butt of your weapon.

j. Assume a firing position.

(1) Roll on your side.

(2) Place the butt of your weapon in the hollow of your shoulder.

(3) Roll or crawl to a covered or concealed firing position.

6. Correctly perform all performance steps/measures.

<table>
<thead>
<tr>
<th>REASON(S) FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK?</th>
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<tbody>
<tr>
<td></td>
<td>YES</td>
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</table>

Worksheet # 051 to construct AMEDDC&S Form 1232, 1 NOV 11 Page 2 of 2
**WARRIOR SKILLS — REACT TO INDIRECT FIRE**

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

**TASK:** REACT TO INDIRECT FIRE.

**CONDITIONS:** Given a tactical situation where you are coming under indirect fire and are armed with an M16-series rifle or M4-series carbine with a full magazine of blank rounds.

**STANDARDS:** React to indirect fire using correct techniques that are dictated by the terrain and enemy activity.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

<table>
<thead>
<tr>
<th>PERFORMANCE STEPS/MEASURES</th>
<th>GO</th>
<th>NO-GO</th>
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</thead>
<tbody>
<tr>
<td>1. Shout &quot;incoming&quot; in a loud, easily recognizable voice.</td>
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<tr>
<td>2. Perform immediate action for indirect fire per your FRAGO. If you have no other instructions, take the following actions:</td>
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<tr>
<td>a. Look to your leader for additional instructions. If you cannot see your leader, but can see other team members, follow them.</td>
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<tr>
<td>b. If alone, or if you cannot see your leader or the other team members, run out of the impact area away from the incoming fire.</td>
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<tr>
<td>c. Remain in your defensive position if it has protection from indirect fire, making no unnecessary movements that could alert the enemy to your location.</td>
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<tr>
<td>3. Select temporary fighting position.</td>
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<tr>
<td>a. Choose a position that takes advantage of available cover and concealment.</td>
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<tr>
<td>NOTE: Cover gives protection from bullets, fragments of exploding rounds, flame, nuclear effects, and biological and chemical agents. Cover can also conceal you from enemy observation. Cover can be natural or man-made. Concealment is anything that hides you from enemy observation. Concealment DOES NOT protect you from enemy fire. DO NOT think that you are protected from the enemy's fire just because you are concealed. Concealment, like cover, can also be natural or man-made.</td>
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<tr>
<td>b. Choose a position that will allow you to observe and fire around the side of an object while concealing most of your head and body.</td>
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<tr>
<td>c. Choose a position that will allow you to stay low when observing and firing, whenever possible.</td>
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<tr>
<td>d. Choose a position with a background that does not silhouette you against the surrounding environment.</td>
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<tr>
<td>4. Correctly perform all performance steps/measures.</td>
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**REASON(S) FOR FAILURE**

**DOES THE CANDIDATE WISH TO REBUT THIS TASK?**  
(CANDIDATE INITIALS APPROPRIATE BOX)

<table>
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<tr>
<th>YES</th>
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**LANE OIC/NOIC INITIALS**

**EVALUATOR’S SIGNATURE**

**DATE**

Worksheet # 052 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet

WARRIOR SKILLS — MOVE OVER, THROUGH, OR AROUND OBSTACLES

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE’S RANK AND NAME

CANDIDATE #

TASK: MOVE OVER, THROUGH, OR AROUND OBSTACLES.

CONDITIONS: Given a tactical situation with M16 series rifle or M4 series carbine, load-carrying equipment (LCE), one smoke grenade, wood or grass mats or chicken wire, a grappling hook or simulated devise, wrapping material, wire cutters (optional), and a buddy (if available).

STANDARDS: Negotiate each obstacle encountered. Retain all your equipment. Avoid becoming a casualty to a booby trap, unexploded ordnance (UXO), improvised explosive device (IED), or early warning device. Do not cause injury to self.

NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

PERFORMANCE STEPS/MEASURES

<table>
<thead>
<tr>
<th>GO</th>
<th>NO-GO</th>
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<tbody>
<tr>
<td>1. Cover your advance using smoke when crossing an obstacle.</td>
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</table>

NOTE: For EFMB testing purposes, the candidate will verbalize the use of smoke. If the candidate fails to inform the evaluator that they would use smoke, it is a NO-GO. If enough smoke is available, the evaluator or cadre will deploy the smoke after the candidate verbalizes its use.

2. Ensure your buddy (if available) is covering you, since obstacles are normally protected by either fire or observation.

3. Cross barbed wire obstacles.

WARNING: The enemy routinely attaches tripwire-activated mines to barbed wire.

NOTE: The EFMB host unit will select to test the candidates on either crossing over, crossing under, or cutting their way through barbed wire in addition to checking for booby traps or early warning devices.

   a. Check barbed wire for booby traps or early warning devices.
      (1) Look for booby traps or early warning devices attached to the barbed wire.
      (2) Throw a grappling hook or simulated devise with a length of rope attached over the barbed wire.
      (3) Pull the rope to set off any booby traps or early warning devices.

   b. Cross over barbed wire using wood, grass mats, or chicken wire to protect you from the barbs.
      (1) Throw the wood, mat, or chicken wire over the barbed wire.
      (2) Cross carefully over the barbed wire, because such a mat or net forms an unstable path.

   c. Cross under barbed wire.
      (1) Slide head first on your back under the bottom strands.
      (2) Push yourself forward with your shoulders and heels, carrying your weapon lengthwise on your body and holding the barbed wire with one hand while moving.
      (3) Let the barbed wire slide on the weapon to keep the barbed wire from catching on your clothing and equipment while crossing under the barbed wire.

   d. Cut your way through barbed wire.
      (1) Leave the top wire in place to reduce the chance that the enemy will discover the gap.
      (2) Wrap cloth around the barbed wire between your hands.
      (3) Cut partly through the barbed wire.
      (4) Bend the barbed wire back and forth quietly until it separates.
      (5) Cut only the lower strands.
      (6) Cross through the barbed wire.

4. Cross exposed danger areas such as roads, trails, or small streams.
   a. Select a point at or near a bend in the road or stream. If possible, select a bend that has cover and concealment on both sides.
b. Crawl up to the edge of the open area.

c. Observe the other side carefully for enemy activity before crossing.

d. Move rapidly, but quietly, across the exposed area.

e. Take cover on the other side.

f. Check the area around you.

5. Cross over a wall.

a. Select a low spot to cross the wall.

b. Observe the other side of the wall to ensure it is clear of obstacles and enemy.

c. Roll quickly over the top of the wall, keeping a low silhouette. Do not go over standing upright.

d. Take cover immediately and observe for enemy activity.

6. Cover your buddy as he crosses the obstacle, if available.

7. Correctly perform all performance steps/measures without causing further injury to yourself.

<table>
<thead>
<tr>
<th>REASONS FOR FAILURE</th>
<th>DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>YES  NO</td>
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<tr>
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</table>

Worksheet # 053 to construct AMEDDC&S Form 1232, 1 NOV 11
EFMB Test Score Sheet

WARRIOR SKILLS — REACT TO AN UXO OR POSSIBLE IED
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

**TASK:** REACT TO AN UXO OR POSSIBLE IED.

**CONDITIONS:** In a field environment, given an item(s) of simulated unexploded ordnance (UXO) or possible improvised explosive devise (IED), marking materials, and the 9-line Explosive Hazard Spot Report format guide (GTA 09-12-001).

**STANDARDS:** Identify UXO by type and subgroup; recognize associated hazards; take immediate action to prevent death, injury, or damage to materiel; report the UXO hazard using the 9-line explosive hazard spot report (formally the UXO spot report) or if tested on possible IED, properly establish initial exclusion area and security, and report IED to higher headquarters using the 9-line explosive hazard spot report.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

### PERFORMANCE STEPS/MEASURES

<table>
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<tr>
<th>GO</th>
<th>NO-GO</th>
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**NOTE:**
- UXO or IED training aid should be placed near personnel, facilities, or equipment (within the candidate’s area of responsibility). Candidate should identify UXO from a distance of 5 to 10 meters away, or through the use of binoculars.
- Candidates will receive a “theater specific IED/UXO threat brief” prior to negotiating the lane that this task will be tested on. This brief may be included in the OPORD, FRAGO, or team brief.

1. React to either a UXO hazard or possible IED.

**NOTE:** The host unit will choose to evaluate the candidate on either UXO hazard or possible IED.

**DANGER:**
- Never approach any closer to a UXO once it has been identified. Approaching UXO may cause it to explode.
- Never strike, jar, or touch a UXO. Do NOT move or remove anything on or near a suspected UXO. A UXO can be extremely sensitive and can cause serious injury or death if disturbed in any way.
- Many types of UXOs may contain an incendiary or a chemical, biological, or radiological hazard in addition to explosives.
- Do NOT make radio transmissions within 100 meters of a UXO. Some types of UXOs are sensitive to electro-magnetic radiation (EMR) and may explode.

#### a. React to a UXO hazard.

1. **Recognize the UXO hazard and identify the applicable type(s) and subgroup(s) of UXO.**

   **(a) Dropped.**
   - **(i) Bombs.** Vary in length from 3 to 6 feet. Vary in diameter from 5 to 36 inches. Often have a sloped or “bullet” shaped nose, fins and/or a parachute on the back. May contain high explosive, incendiary, or chemical fillers.
   - **(ii) Dispensers.** Contain numerous submunitions or bomblets. Most have the same characteristics of bombs. May be found intact or partially open.

   **NOTE:** Dropped dispensers are not listed on GTA 09-12-001 and will not be tested in EFMB.

   **(iii) Submunitions.** Can contain explosive, chemical, biological, radiological, and/or incendiary hazards. Designed to be scattered over a wide area. Come in many shapes and sizes; may or may not be “bullet” shaped. May look like balls, wedges, or cylinders. May have fins, ribbons, parachutes, or trip wires.

   **DANGER:** When a submunition is identified, leave the area by the same path you entered. There may be many more in the same area. Small size does NOT diminish the danger of submunitions, the smallest can easily injure or kill.

   **(b) Projected.**
   - **(i) Projectiles.** Includes munitions from large machine guns, artillery howitzers, and naval guns. Range in size from 20 millimeters up to 16 inches in diameter, 10 to 30 inches in length. Most resemble a “bullet” shape. Can contain explosive, chemical, biological, radiological, and/or incendiary hazards.
   - **(ii) Mortars.** Most have fins and have a “bullet” shape. Range in size from 60 mm to 120mm in diameter; 12 to 36 inches in length. Can contain explosive, chemical, and/or incendiary hazards.
(iii) Rockets. May or may not have fins; have some sort of rocket motor vents in back. Range in size from 24 inches to several feet in length. Can contain explosive, chemical, and/or incendiary hazards.

(iv) Guided Missiles. Most have fins; some have wires in the end for guidance. Very similar to rockets. Can contain explosive or incendiary hazards.

(v) Rifle Grenades. Designed to be fired from rifles or shoulder fired launchers. Resemble rockets but are of smaller size. Can contain explosive and/or incendiary hazards.

(c) Thrown. Includes all types of grenades, including simulators. Most are round or cylindrical in shape; are small enough to be thrown by a person. Can contain explosive and/or incendiary hazards. Dud simulators require the same safety procedures as other ordnance.

(d) Placed. Includes all land or sea mines. Range in size from 2 inches in diameter to several feet in length. Have a variety of fuse types; pressure plates, tilt rods, trip wires, electronic sensors, or command detonated. Can contain explosive, incendiary, or chemical hazards.

**DANGER:** Consider all mines to be booby-trapped or have anti-disturbance fusing. Never attempt to uncover or remove placed ordnance.

(2) React to UXO hazard.

(a) Do NOT touch or disturb the UXO or any wires, parachutes, or anything attached or surrounding the UXO. Do NOT move any closer to UXO. Do NOT make radio transmissions within 100 meters of a UXO.

(b) If any peculiar smells, liquids, or dead animals are present, chemical or biological agents maybe present; don mask and MOPP gear immediately.

(c) Mark location without approaching closer with some sort of recognizable material (such as white engineer tape, marking ribbon, clothing, or sign). Place marker above ground at waist level if possible. Take note of physical terrain features of location and route back to UXO in order for EOD team to return to dispose of UXO.

(d) Evacuate personnel and equipment from area surrounding the UXO:

<table>
<thead>
<tr>
<th>i</th>
<th>Bombs, dispensers, large projected munitions (90 millimeter diameter and larger) evacuate a 360-degree perimeter at least 600 meters.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii</td>
<td>Submunitions, placed, thrown, small projected munitions (smaller than 90-millimeter diameter) evacuate a 360-perimeter at least 300 meters.</td>
</tr>
<tr>
<td>e</td>
<td>If personnel or equipment cannot be evacuated, seek as much frontal and overhead cover as possible.</td>
</tr>
<tr>
<td>f</td>
<td>If UXO is suspected to have a chemical agent, ensure all personnel stay upwind of item and are in full MOPP.</td>
</tr>
</tbody>
</table>

(3) Report the UXO hazard or possible IED (evaluator for EFMB testing) using 9-line Explosive Hazard Spot Report format (Evaluated IAW Submit Explosive Hazard Spot Report task).

**NOTE:** For EFMB testing purposes, the candidate will verbally inform the evaluator the appropriate evacuation distance.

- Bombs, dispensers, large projected munitions (90 millimeter diameter and larger) evacuate a 360-degree perimeter at least 600 meters.
- Submunitions, placed, thrown, small projected munitions (smaller than 90-millimeter diameter) evacuate a 360-perimeter at least 300 meters.
- If personnel or equipment cannot be evacuated, seek as much frontal and overhead cover as possible.
- If UXO is suspected to have a chemical agent, ensure all personnel stay upwind of item and are in full MOPP.

b. React to a possible IED.

| (1) Establish minimum initial exclusion area of 300 meters around possible IED. |

**NOTE:** For EFMB testing purposes, the candidate will verbally inform the evaluator the initial exclusion area and distance.

**WARNING:** Adjust exclusion areas based on mission, enemy, terrain, troops, time, and civilians (METT-TC).
Basic guide to establishing exclusion areas.

(a) Do NOT move or approach possible IED.

(b) Do NOT use any communications or electronic devices within initial exclusion area.

(2) Establish security.

(a) Search secure area for possible secondary explosive device(s)/hazards, while maintaining security.

(b) Identify potential enemy force observation/vantage points.

(c) Seek all available manmade or natural frontal and overhead cover.

(d) Avoid establishing a "reaction" pattern.

(3) Forward the information to higher headquarters (evaluator for EFMB testing) using 9-line Explosive Hazard Spot Report format (Evaluated IAW Submit Explosive Hazard Spot Report task).

(4) Continue mission in accordance with higher headquarters guidance.

2. Correctly perform all performance steps/measures for either UXO hazard or possible IED.

Worksheet # 054 to construct AMEDDC&S Form 1232, 1 NOV 011
APPENDIX A

REPRODUCIBLE TRAINING RECORD

A-1. GENERAL.

The training record included within this appendix is designed for EFMB use only and prescribe the testing standards for use during EFMB. They may be reproduced locally as needed.
## REQUIREMENTS TO BE AWARDED EFMB

<table>
<thead>
<tr>
<th>CRITICAL PERFORMANCE AREAS AND TASKS</th>
<th>TEST REQUIREMENTS</th>
<th>TEST DATE (YYYYMMDD)</th>
<th>GO</th>
<th>NO-NO</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARMY PHYSICAL FITNESS TEST</td>
<td>180 POINTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(60 PER EVENT)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>WEAPONS QUALIFICATION</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>EXPERT /SHARPSHOOTER/MARKSMAN</td>
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<td></td>
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<tr>
<td>(circle one)</td>
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</tr>
<tr>
<td>MARKSMAN</td>
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<td></td>
</tr>
<tr>
<td>CARDIOPULMONARY RESUSCITATION</td>
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</tr>
<tr>
<td>CERTIFICATION</td>
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<tr>
<td>CURRENT</td>
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<tr>
<td>WRITTEN TEST</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. Written Test – First attempt</td>
<td>45 OF 60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Written Test – Second attempt</td>
<td>45 OF 60</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>LAND NAVIGATION TASKS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Navigate from one point to another during the day.</td>
<td>3 OF 4 POINTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Navigate from one point to another during the night.</td>
<td>3 OF 4 POINTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION TASKS</td>
<td>4 OF 5 TASKS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WARRIOR SKILLS TASKS</td>
<td>10 OF 13 TASKS</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>TACTICAL COMBAT CASUALTY CARE TASKS</td>
<td>11 OF 14 TASKS</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>MEDICAL AND CASUALTY EVACUATION TASKS</td>
<td>8 OF 10 TASKS</td>
<td></td>
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</tr>
<tr>
<td>FOOT MARCH</td>
<td>3 HOURS</td>
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</tbody>
</table>
EXPERT FIELD MEDICAL BADGE TRACKER

INFORMATION

PURPOSE: Units should use this spreadsheet as a tracking method to ensure Soldiers have been trained in all critical performance areas.

APFT: Score a minimum of 180 points on the Army Physical Fitness Test (APFT), with a minimum of 60 points in each event, within six months of the test-end date. Alternate events are not authorized.

WEAPONS QUALIFICATION: Qualify as marksman or higher with their assigned weapon within one year of the test-end date.

CARDIOPULMONARY RESUSCITATION CERTIFICATION: Possess a current cardiopulmonary resuscitation (CPR) certification. The certification must be valid through the test-end date.

PROFILES: Soldiers with medical profiles prohibiting participation in any of the three events are ineligible to compete, with the exception of Soldiers who have been wounded during combat operations. These Soldiers are authorized to take an alternate event in lieu of the 2-mile run and are eligible to compete.

<table>
<thead>
<tr>
<th>NAME (Last, First, Mi)</th>
<th>GRADE</th>
<th>MOS</th>
<th>SSN</th>
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</thead>
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<tr>
<th>UNIT</th>
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</table>

CRITICAL PERFORMANCE AREAS AND TASKS

<table>
<thead>
<tr>
<th>TEST REQUIREMENTS</th>
<th>TEST DATE (YYYYMMDD)</th>
<th>GO</th>
<th>NO-GO</th>
<th>CANDIDATE SCORE</th>
</tr>
</thead>
</table>

ARMY PHYSICAL FITNESS TEST

180 POINTS (60 PER EVENT)

WEAPONS QUALIFICATION

EXPERT / SHARPSHOOTER / MARKSMAN (circle one)

MARKSMAN

CARDIOPULMONARY RESUSCITATION CERTIFICATION

CURRENT

WRITTEN TEST

1. Written Test – First attempt
2. Written Test – Second attempt

45 OF 60

45 OF 60

LAND NAVIGATION TASKS

1. Navigate from one point to another during the day.
2. Navigate from one point to another during the night.

3 OF 4 POINTS

3 OF 4 POINTS

COMMUNICATION TASKS

4 OF 5 TASKS

1. Assemble and operate a SINCGARS or SINCGARS (ASIP).
2. Load FH/COMSEC data and conduct radio check using SINCGARS or SINCGARS (ASIP).
3. Prepare and transmit a MEDEVAC request.
4. Submit NBC 1 report.

WARRIOR SKILLS TASKS

10 OF 13 TASKS

1. Protect yourself from chemical/biological contamination using your assigned protective mask.
2. Decontaminate yourself using chemical decontaminating kits.
3. Protect yourself from CBRN injury/contamination with MOPP or JSLIST gear.
4. Perform self-aid for mild nerve agent poisoning.
<table>
<thead>
<tr>
<th>CRITICAL PERFORMANCE AREAS AND TASKS</th>
<th>TEST REQUIREMENTS</th>
<th>TEST DATE (YYYYMMDD)</th>
<th>GO</th>
<th>NO-GO</th>
<th>CANDIDATE SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Protect yourself from biological or chemical injury/contamination when removing MOPP or JSLIST gear.</td>
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<tr>
<td>6. Store the M40-series protective mask with or without hood.</td>
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<td>7. Correct malfunction of an M4 carbine or M16-series rifle.</td>
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<td>8. Disassemble, assemble, and perform a function check on a M9 pistol.</td>
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<td>9. Move under direct fire.</td>
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<tr>
<td>10. Disassemble, assemble, and perform a functions check an M16-series rifle or M4/M4A1 carbine.</td>
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<td>11. React to indirect fire.</td>
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<td>12. Move over, through, or around obstacles.</td>
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<td>13. React to an UXO or possible IED.</td>
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<tr>
<td>TACTICAL COMBAT CASUALTY CARE TASKS</td>
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<td></td>
<td>11 OF 14 TASKS</td>
</tr>
<tr>
<td>1. Perform a tactical combat casualty care patient assessment.</td>
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<tr>
<td>2. Control bleeding using a tourniquet.</td>
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<tr>
<td>3. Control bleeding using a hemostatic device.</td>
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<td>4. Triage casualties.</td>
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<tr>
<td>5. Initiate treatment for hypovolemic shock and prevent hypothermia.</td>
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<tr>
<td>6. Initiate a saline lock and intravenous infusion.</td>
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<tr>
<td>7. Insert a nasopharyngeal airway.</td>
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<tr>
<td>8. Treat a penetrating chest wound.</td>
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<tr>
<td>10. Treat an open abdominal wound.</td>
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<tr>
<td>11. Control bleeding using dressings.</td>
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<tr>
<td>12. Treat an open head injury.</td>
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<tr>
<td>13. Treat lacerations, contusions, and extrusions of the eye.</td>
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</tr>
<tr>
<td>MEDICAL AND CASUALTY EVACUATION TASKS</td>
<td></td>
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<td></td>
<td>8 OF 10 TASKS</td>
</tr>
<tr>
<td>1. Establish a helicopter landing point.</td>
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</tr>
<tr>
<td>2. Load casualties onto medical evacuation platform (UH-60 or HH-60L, M996, 997, M113, or M1113 STRYKER MEV).</td>
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<tr>
<td>3. Load casualties onto a different medical evacuation platform (UH-60 or HH-60L, M996, 997, M113, or M1113 STRYKER MEV).</td>
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<tr>
<td>4. Load casualties onto nonstandard vehicle (5-Ton M-1085, M-1093, or 2 ½-Ton M-1081) or (2 ½-ton, 6x6 or 5-ton, 6x6, cargo truck).</td>
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<td></td>
</tr>
<tr>
<td>CRITICAL PERFORMANCE AREAS AND TASKS</td>
<td>TEST REQUIREMENTS</td>
<td>TEST DATE (YYYYMMDD)</td>
<td>GO</td>
<td>NO-GO</td>
<td>CANDIDATE SCORE</td>
</tr>
<tr>
<td>--------------------------------------</td>
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</tr>
<tr>
<td>5. Load casualties onto nonstandard vehicle (1 ¼-ton, 4x4, M998).</td>
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<tr>
<td>6. Extricate casualties from a vehicle.</td>
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<tr>
<td>7. Evacuate a casualty using a SKED litter.</td>
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<tr>
<td>8. Evacuate casualties using one-person carries or drags.</td>
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<tr>
<td>9. Evacuate casualties using two-person carries or drags.</td>
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</tr>
<tr>
<td>10. Evacuate casualties using litter carries.</td>
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</tr>
</tbody>
</table>

**FOOT MARCH** 3 HOURS

☐ QUALIFIED ☐ NOT QUALIFIED TO ATTEND EFMB

REMARKS

<table>
<thead>
<tr>
<th>TYPED NAME AND GRADE OF TRAINING NCO</th>
<th>SIGNATURE</th>
<th>DATE (YYYYMMDD)</th>
</tr>
</thead>
</table>
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APPENDIX B

GRAPHIC TRAINING AIDS

The various graphic training aids (GTAs) contained within this appendix are also available at local TASCs and on the AKO General Reimer’s Library.
## MEDEVAC REQUEST FORM

**MEDEVAC REQUEST FORM**

<table>
<thead>
<tr>
<th>LINE</th>
<th>ITEM</th>
<th>EVACUATION REQUEST MESSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Location of Pickup Site.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Radio Freq., Call Sign, &amp; Suffix.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>No. of Patients by Precedence.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Special Equipment Required.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Number of Patients by Type.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Security of Pickup Site (Wartime).</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Number and Type of Wound, Injury, or Illness (Peacetime).</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Method of Marking Pickup Site.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Patient Nationality and Status.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>NBC Contamination (Wartime).</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Terrain Description (Peacetime).</td>
<td></td>
</tr>
</tbody>
</table>

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**DISTRIBUTION:** US ARMY TRAINING SUPPORT CENTERS (TSCs)

**DESTRUCTION NOTICE:** Destroy by any method that will prevent disclosure of contents or reconstruction of document.

---

**LINE ITEM**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Location of Pickup Site. Encrypt grid coordinates. When using DRYAD Numineral Cipher, the same SET line will be used to encrypt grid zone letters and coordinates. To preclude misunderstanding, a statement is made that grid zone letters are included in the message (unless unit SOP specifies its use at all times).</td>
<td></td>
</tr>
<tr>
<td>2. Radio Frequency, Call Sign, &amp; Suffix. Encrypt the frequency of the radio at the pickup site, not a relay frequency. The call sign (and suffix if used) of person to be contacted at the pickup site may be transmitted in the clear.</td>
<td></td>
</tr>
<tr>
<td>3. No. of Patients by Precedence. Report only applicable info &amp; encrypt brevity codes. A = Urgent, B = Urgent-Surg, C = Priority, D = Routine, E = Convenience. If 2 or more categories reported in same request, insert the word “break” between the letter entry and ambulatory entry: L = # of Ltr, M = # of Med, A = # of Amb (putting).</td>
<td></td>
</tr>
<tr>
<td>4. Special Equipment. Encrypt applicable brevity codes. A = None, B = Host, C = Extraction equipment, D = Ventilator.</td>
<td></td>
</tr>
<tr>
<td>5. No. of Patients by Type. Report only applicable information and encrypt brevity code. If requesting MEDEVAC for both types, insert the world “break” between the letter entry and ambulatory entry: L = # of Ltr, M = # of Med, A = # of Amb (putting).</td>
<td></td>
</tr>
<tr>
<td>7. Method of Marking Pickup Site. Specific information regarding patient wounds by type (gunshot or shrapnel). Report serious bleeding, along with patient blood type, if known. Encrypt the brevity codes. A = Panas, B = Pyroelectric signal, C = Smoke Signal, D = None, E = Other.</td>
<td></td>
</tr>
<tr>
<td>9. NBC Contamination (Wartime). Include this line only when applicable. Encrypt the applicable brevity codes. N = nuclear, B = biological, C = chemical.</td>
<td></td>
</tr>
<tr>
<td>10. Terrain Description (Peacetime). Include details of terrain features in and around proposed landing site. If possible, describe the relationship of site to a prominent terrain feature (lake, mountain, tower).</td>
<td></td>
</tr>
</tbody>
</table>
B-2. UNEXPLODED ORDNANCE (UXO) PROCEDURES.

- Identify UXO hazard
- Avoid
- Use protective measures

Graphic Training Aid
GTA 09-12-001
UNEXPLODED ORDNANCE (UXO) PROCEDURES

UXO Marker

Dropped

Thrown

Projected

Placed

Vehicle

Guided Missiles

Hand Grenades

Nail Grenades
### B-3. CBRN WARNING AND REPORTING SYSTEM

<table>
<thead>
<tr>
<th>Sample CBRN 1 Report (Observer’s Initial Report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line</td>
</tr>
<tr>
<td>A</td>
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<tr>
<td>B</td>
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<tr>
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<table>
<thead>
<tr>
<th>Sample CBRN 2 Report (Evaluated Data)</th>
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<tbody>
<tr>
<td>Line</td>
</tr>
<tr>
<td>A</td>
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<tr>
<td>B</td>
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<tr>
<td>C</td>
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<td>D</td>
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**Formulae:**

\[ D_{21} = D_{12} \times \text{Factor} \]

where:

- \( D_{21} \) = Distance leading to death in 21 days
- \( D_{12} \) = Distance leading to death in 12 days
- \( \text{Factor} \) = 1.0
### Sample CBRN 4 Report
**Reconnaissance, Monitoring, and Survey Results**

<table>
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<tr>
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<th>Radiological</th>
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**Legend:**
- **M** = mandatory (must be provided)
- **O** = operationally determined (should be provided if known/command discretion)
- **C** = conditional

---

### Sample CBRN 3 Report
**Immediate Warning of Expected Contamination or Hazard Area**

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**Legend:**
- **M** = mandatory (must be provided)
- **O** = operationally determined (should be provided if known/command discretion)
- **C** = conditional
### Sample CBRN 6 Report

*Detailed Information of CBRN/RAD Attack/Incident*

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### Sample CBRN 5 Report

*Areas of Actual Contamination*

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</table>

**GEN-TEXT**

- **M** - mandatory (must be provided)
- **O** - operationally determined (should be provided if known/command discretion)
- **C** - conditional

**NOTES:**

1. This report summarizes information concerning all forms of CBRN attacks and is prepared by the reporting unit or service equivalent if requested by higher HQ.
2. This report is written in narrative form, with as much detail as possible. **GEN-TEXT** is mandatory. It is used as an intelligence tool to help determine trends and future enemy actions.
3. Line Q is repeatable up to 20 times to describe multiple detection, monitoring, or survey parties.
### Meaning of Line Items in CBRN Reports (Continued)

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<th>Radiological</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
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<td>M</td>
<td>Stabilized cloud size at H=10 minutes</td>
<td>NA</td>
<td>NA</td>
<td>None: State angle as cloud top (TOP) or bottom (BOT) in degrees or mins. State height as cloud TOP or BOT in meters or feet</td>
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<tr>
<td>MCB</td>
<td>NA</td>
<td>Description and status of chemical, and biological substance or storage or release information</td>
<td>NA</td>
<td>None</td>
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<tr>
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<td>NA</td>
<td>Description and status of chemical, biological incidents</td>
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</tr>
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<td>Estimated yield</td>
<td>NA</td>
<td>NA</td>
<td>Useiktors</td>
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<tr>
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<td>Reference DTG for estimated actual contour lines</td>
<td>Reference DTG for estimated actual contour lines</td>
<td>Reference DTG for estimated actual contour lines</td>
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<tr>
<td>PA</td>
<td>NA</td>
<td>Predicted Release and hazard area in kilometers</td>
<td>Predicted radius for hazard area in kilometers</td>
<td>None</td>
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<tr>
<td>PB</td>
<td>Detailed fallout hazard prediction parameters (wind speed, Zone 1, cloud radius, left and right radial lines)</td>
<td>NA</td>
<td>NA</td>
<td>Effective wind speed (3 digits and unit of measurement) Downwind distance of Zone 1 (3 digits and unit of measurement) Cloud radius (2 digits and unit of measurement) Left and right radial lines (2 digits and unit of measurement)</td>
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<td>Raster-determined external contour of radioactive cloud</td>
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<td>Geographic positions</td>
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<td>Raster-determined downward direction of radioactive cloud</td>
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<td>Downward direction of radioactive cloud and unit of measurement</td>
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<td>NA</td>
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<td>DTG of start of weather period</td>
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<tr>
<td></td>
<td></td>
<td>Field 2 may be repeated up to 20 times to describe the hazard area outline</td>
<td>Field 2: Hazard area coordinates</td>
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### Meaning of Line Items in CBRN Reports

<table>
<thead>
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<th>Radiological</th>
<th>Remarks</th>
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<td>Line ALFA is the incident serial number</td>
<td>Line ALFA is the incident serial number</td>
<td>Line ALFA is the incident serial number</td>
<td>Assigned by CBRN center</td>
</tr>
<tr>
<td>B</td>
<td>Location of observer and direction of incident</td>
<td>Location of observer and direction of incident</td>
<td>Location of observer and direction of incident</td>
<td>Use coordinates or place</td>
</tr>
<tr>
<td>D</td>
<td>DTG of start and end of incident</td>
<td>DTG of start and end of incident</td>
<td>DTG of start and end of incident</td>
<td>Use Zulu time (UTC) State time zone used (Chem/Bio)</td>
</tr>
<tr>
<td>F</td>
<td>Location of incident</td>
<td>Location of incident</td>
<td>Location of incident</td>
<td>State coordinates of plant or estimated location (LB or FA)</td>
</tr>
<tr>
<td>G</td>
<td>Mean of delivery and quantity information</td>
<td>Mean of delivery and quantity information</td>
<td>Mean of delivery and quantity information</td>
<td>State suspect (SUB) or observed (OBS) and size of spill (See legend)</td>
</tr>
<tr>
<td>GC</td>
<td>Confidence in delivery and quantity of information</td>
<td>Confidence in delivery and quantity of information</td>
<td>Confidence in delivery and quantity of information</td>
<td>None</td>
</tr>
<tr>
<td>H</td>
<td>Type of nuclear burst</td>
<td>NA</td>
<td>NA</td>
<td>AIR = Air SURF = Surface SUBS = Subsurface N/X = Not Known</td>
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<td>NA</td>
<td>Release information on biological incidents</td>
<td>Release information on biological/chemical incidents</td>
<td>Type of agent/Type of exposure: Persistent (P) Nonpersistent (NP) Thokshed (T) Not known (NX)</td>
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<tr>
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<td>NA</td>
<td>Release information on biological incidents</td>
<td>Release information on biological/chemical incidents and RAD events</td>
<td>UNNA Identification Number 4-digit number taken from the Emergency Response Guidebook (See legend)</td>
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<td>Crane description</td>
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<tr>
<td>L</td>
<td>Nuclear burst Angular cloud width at H=45 minutes</td>
<td>NA</td>
<td>NA</td>
<td>State degrees or mins</td>
</tr>
<tr>
<td>Line</td>
<td>Nuclear</td>
<td>Chemical and Biological</td>
<td>Radiological</td>
<td>Remarks</td>
</tr>
<tr>
<td>------</td>
<td>---------</td>
<td>-------------------------</td>
<td>--------------</td>
<td>---------</td>
</tr>
<tr>
<td>W</td>
<td>Sensor information</td>
<td>Sensor information</td>
<td>Sensor information</td>
<td>Sensor information</td>
</tr>
<tr>
<td>XA</td>
<td>Actual contour information and unit of measurement, dose rate/absorption</td>
<td>Actual contour information and unit of measurement</td>
<td>Actual contour information</td>
<td>Actual contour information</td>
</tr>
<tr>
<td>XB</td>
<td>Predicted contour information</td>
<td>Predicted contour information</td>
<td>Predicted contour information</td>
<td>Predicted contour information</td>
</tr>
<tr>
<td>Y</td>
<td>NA</td>
<td>Downwind direction and speed</td>
<td>Downwind direction and speed</td>
<td>4 digits for direction and unit of measure</td>
</tr>
<tr>
<td>Z</td>
<td>Measured weather conditions</td>
<td>Measured weather conditions</td>
<td>Measured weather conditions</td>
<td>1 digit for air stability</td>
</tr>
<tr>
<td>GENTEXT</td>
<td>CBRN INFO</td>
<td>CBRN INFO</td>
<td>CBRN INFO</td>
<td>CBRN SITREP (as other text indicator)</td>
</tr>
</tbody>
</table>

**Meaning of Line Items in CBRN Reports (continued)**

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>Q</td>
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<td>Repeatable up to 20 times to describe multiple detectors and monitoring or survey points (See legend)</td>
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</tr>
<tr>
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<td>Level of contamination, dose rate trend, and decay rate trend</td>
<td>Dose rate trend/decay rates:</td>
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<td>Repeatable up to 20 times to describe multiple detectors and monitoring or survey points (See legend)</td>
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<tr>
<td>S</td>
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</tr>
<tr>
<td>T</td>
<td>NA</td>
<td>Ten percent topography and vegetation description</td>
<td>Repeatable up to 20 times to describe multiple detectors and monitoring or survey points (See legend)</td>
<td>Ten percent topography: FLAT = Flat</td>
</tr>
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<tr>
<td>Type of CBRN Report</td>
<td>Agent Container Type</td>
<td>Size of Spill or Release</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------</td>
<td>--------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEM = chemical report</td>
<td>BML = bomblets</td>
<td>SMLCHEM = small (&lt;200 L or KG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO = biological report</td>
<td>BMP = bulk missile payload (bulk warhead)</td>
<td>MEDCHEM = medium (&gt;200 to ≤1,500 L or KG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIR = missile intercept report</td>
<td>BOM = bomb</td>
<td>LGRCHEM = large (&gt;1,500 to ≤50,000 L or KG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUC = nuclear report</td>
<td>BTL = pressurized gas bottle</td>
<td>XLGCHEM = extra large (&gt;50,000 L or KG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NKN = not known</td>
<td>BUK = bunker</td>
<td>SMLBIO = small (&lt;1 KG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAD = RAD report</td>
<td>CMP = canister missile payload (binary agent warhead)</td>
<td>MEDBIO = medium (&gt;1 to ≤10 KG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIT = CBRN situation report</td>
<td>CON = Generic Storage container</td>
<td>LRGBIO = large (&gt;10 to ≤100 KG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WARN = CBRN warning friendly targeting of infrastructure</td>
<td>DRM = nominal 200-L storage drum</td>
<td>XLGBIO = extra large (&gt;100 KG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Incident</td>
<td>GEN = generator (aerosol)</td>
<td>SMLRAD = small (evidence of disruption/intact package or device)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C = chemical</td>
<td>IBC = Intermediate bulk container</td>
<td>LRGRAD = large (fire/exposed source)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B = biological</td>
<td>ISO = large ISO containers</td>
<td>XLRGRAD = extra large (explosion and/or fire and damaged package and contamination)</td>
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<td></td>
</tr>
<tr>
<td>N = nuclear</td>
<td>MNE = mine (CBRN-filled only)</td>
<td>NKN = not known</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R = radiological</td>
<td>NKN = not known</td>
<td>Means of Delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U = unknown</td>
<td>NWH = nuclear warhead</td>
<td>AIR = aircraft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event Description</td>
<td>NWH = nuclear warhead</td>
<td>BOM = bomb (bomblets only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLOUD = visible cloud</td>
<td>PIP = pipe or pipeline</td>
<td>CAN = cannon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESD = evidence of site disruption</td>
<td>RRT = reactor</td>
<td>DEV = device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXFIRE = explosions and fire</td>
<td>RKT = rocket</td>
<td>FFF = fuel fabrication facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXS = exposed source</td>
<td>SHE = shell</td>
<td>FMS = fissile material storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRE = burning fire</td>
<td>SMP = sub-munitions missile</td>
<td>FRF = fuel reprocessing facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INWAT = substance spill into water</td>
<td>payload (sub-munitions warhead)</td>
<td>MLR = multiple-launch rocket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEAK = continuous flow from damaged pipe or container</td>
<td>SPR = spray (tank)</td>
<td>MOR = mortar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIQUID = liquid</td>
<td>STK = stockpile</td>
<td>NKN = not known</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NARDD = nonactivated radiological dispersion device</td>
<td>TNK = storage tank (stationary or mobile)</td>
<td>PLT = plant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POOL = large quantity of still liquid</td>
<td>TOR = torpedo</td>
<td>RLD = railroad car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUP = catastrophic ruptured tank</td>
<td>WST = waste</td>
<td>RNP = reactor nuclear plant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPILL = small quantity of still liquid</td>
<td>Location Quaifier</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual Area</td>
<td>Chemicals</td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>estimated area</td>
<td>Type of Chemical Agents</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>NKN = not known</td>
<td>Type of Nuclear Burst or</td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Sample</td>
<td>Agent Release Height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIQ = liquid</td>
<td>Type of Nuclear Burst or</td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAP = vapor</td>
<td>Agent Release Height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOIL = soil sample</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLID = solid sample</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEG = vegetation sample</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WATER = water sample</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Detection</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTR = other, use GENTEXT</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPDS = manned point detection system</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSDS = Manned Standoff Detection System</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSDY = manned survey</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UMPDS = unmanned point detection system</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UMSDS = Unmanned Standoff Detection System</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UMSVY = unmanned survey</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit of Measurement (Speed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPS = meters per second</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPH = kilometers per hour</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KTS = knots</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPH = miles per hour</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit of Measurement (Direction)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DGM = degrees/magnetic north</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DGT = degrees/true north</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DGD = degrees/grid north</td>
<td></td>
<td>Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MLM = mils/magnetic north</td>
<td></td>
<td>Storage</td>
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<td></td>
<td>Storage</td>
<td></td>
<td></td>
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<td>Storage</td>
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The EFMB Test Control Offices’ website also provides links to the references and has up to date information on the EFMB Program. It should be checked for updates and is located at: https://www.us.army.mil/suite/page/140048

The proponent of this publication is the U.S. Army Medical Department Center and School. Send comments and recommendations directly to: U.S. Army Medical Department Center and School, ATTN: MCCS-OP-T (EFMB), 3630 Stanley Road, Suite 336, Fort Sam Houston, TX 78234-6122.

Any comments, concerns or recommendations can be given directly to the Test Board at any EFMB location by filling out the following form. Comments, concerns or recommendations can be email directly to the Test Control Office representatives. TCO contact information is located at https://www.us.army.mil/suite/page/140048.

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<th>PHONE</th>
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<td></td>
<td>UNIT</td>
</tr>
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