



Pre-designated Landing Zone (PDLZ) Data Sheets



Date of Request: _____

Name of Location: _____

County: _____

Agency Requesting PDLZ: _____

Contact Person: _____

Contact Person address: _____ City _____ State _____ Zip _____

Contact Person Phone: _____ Alternative: _____

(Please use degrees/minutes/seconds)

GPS Coordinates: N: _____

W: _____

Noted obstructions:
(trees, power lines, etc)

Physical Location:
(Address, Hwy intersection)

Description of ground
(Grass/concrete/etc)

AirCare Approval: **Date Received:** _____

Noted other obstructions: _____ **AirCare 1** _____ **AirCare 2** _____

Assigned GPS identifier: _____

Crew Approving Location: _____ / _____ / _____

MED-COM Authorization: **Date Received:** _____

Information entered into: **Personnel Completing:** _____

GoldenHour Library: _____

PDLZ Book: _____

Console #1 Map _____ **Console #2 Map** _____ **Admin Console Map** _____