

D8CR Non-Operational Mission Request

1. Summaries why the mission is being requested (must be essential need, filling a need requested by active duty, state, or local agencies).

2. First and Last names of member(s) participating in mission (work group)?

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.

3. Date, time, estimated duration, and location of mission?

4. Will there be **any** contact with individuals outside the work group listed above? If yes, please summaries below by providing details (any contact means stops for fuel, grocery store, any contact other than the work group).

5. If any contacts outside of the work group. Please provide expected **Frequency** (number of contacts during the day) and expected **Duration** (length of individual interactions) by selecting 1 choice for frequency and duration:

Frequency: < 3 contacts 3-6 contacts > 6 contacts

Duration: < 5 min 5-30 min > 30 min

6. Expected intensity of contact. Select one box below:

<input type="checkbox"/>	Casual <i>walk-by</i> contact with infected people, such as in a hall/passageway or common space.
<input type="checkbox"/>	Contact with infected people in a ventilated room; but not having close person-to-person contact as with providing direct care or treatment.
<input type="checkbox"/>	Close contact with infected people, providing direct care in a clinic, confined space, ambulance transport, etc.
<input type="checkbox"/>	Exposure to aerosol-generating procedures on infected people. Procedures that can aerosolize both small and large particles, and splatter material.

7. Requester's Name, Unit, and Date:

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Send request to Director of Auxiliary (DIRAUX) via the Chain of Leadership and Management (COLM), must be received by DIRAUX 7 days before mission