

**AIRLIFT COORDINATOR'S**

**SUMMARY REPORT**

MAIL OR FAX ((703)-243-3985) THIS FORM TO NHQ IMMEDIATELY UPON COMPLETION)

1. AIRLIFT COORDINATOR'S FULL NAME: \_\_\_\_\_
2. PLACE OF DEPARTURE: \_\_\_\_\_
3. SCHEDULED DEPARTURE TIME/DATE: \_\_\_\_\_
4. ACTUAL DEPARTURE TIME/DATE: \_\_\_\_\_
5. TYPE AIRCRAFT: \_\_\_\_\_ FLIGHT NUMBER: \_\_\_\_\_
6. FINAL DESTINATION: \_\_\_\_\_
7. NUMBER OF CADETS SCHEDULED TO REPORT FOR AIRLIFT: \_\_\_\_\_
8. NUMBER OF CADETS WHO ACTUALLY BOARDED AIRCRAFT: \_\_\_\_\_
9. NUMBER OF OFFICERS/ESCORTS SCHEDULED TO REPORT FOR AIRLIFT: \_\_\_\_\_
10. NUMBER OF OFFICERS/ESCORTS WHO ACTUALLY BOARDED AIRCRAFT: \_\_\_\_\_
11. NUMBER OF CADETS UNACCOUNTED FOR AT DEPARTURE: \_\_\_\_\_
12. NUMBER OF OFFICERS/ESCORTS UNACCOUNTED FOR AT DEPARTURE: \_\_\_\_\_
13. DID A DELAY IN THE AIRLIFT'S DEPARTURE RESULT IN HAVING TO ARRANGE FOR BERTHING/MESSING FOR NSCC PERSONNEL?: ( ) YES ( ) NO
14. IF "YES", PROVIDE SPECIFICS (INCLUDING COST) BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: USE REVERSE SIDE OF THIS FORM TO PROVIDE NUMBER OF NSCC PERSONNEL WHO WILL REQUIRE RETURN TRANSPORTATION. (LIST BY UNIT).

\_\_\_\_\_  
AIRLIFT COORDINATOR'S SIGNATURE

\_\_\_\_\_  
DATE



MISSION NUMBER		A/C TYPE	BUNO	DEPARTURE LOCATION			DATE: DA/MO/YR		TIME
Name:				ICAO:			/	/	
NO.	NAME AND INITIALS	RANK/RATE	SSAN	LIFT	UNIT	DESTINATION	INFLT MEALS	PAX WT.	BAG WT.
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
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14.									
15.									
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17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

**THIS IS A SAMPLE AIR PASSENGER MANIFEST FORM USED BY THE NAVY. EACH BRANCH OF SERVICE USES A SIMILAR FORM. PLEASE PRINT OR TYPE REQUESTED INFORMATION. ENSURE TO FILL IN EACH BLOCK ON THE FORM AS FOLLOWS:**

**NAME & INITIALS:** Enter the cadet/officer's last name, first name and middle initial. Please enter it in that order!

**RANK/RATE:** Enter the officer's rank (i.e., LT) and for cadets, just enter the word "Cadet".

**SSAN:** Enter the Cadet or Officer's social security number. DO NOT enter their NSCC ID number in this block.

**UNIT:** DO NOT enter the unit name. Instead, enter "NSCC".

**DESTINATION:** Self explanatory.

**NOTE:** The Airlift Coordinator must complete this form prior to loading NSCC personnel on board airlift. Retain one copy of the completed form for your records.

AN INSPECTION/EXAMINATION OF THE ABOVE NAMED PASSENGERS AND THE HAND CARRIED AND CHECKED BAGGAGE HAS BEEN ACCOMPLISHED AS SPECIFIED IN OPNAVINST 3730.9  SIGNATURE OF TERMINAL REPRESENTATIVE	TOTALS
	PASSENGERS ARE CLEARED FOR FLT
	AIR TERMINAL OFFICER (ATO)
	ABOVE PASSENGERS LOADED
	SIGNATURE: LOADMASTER/FLT ATTENDANT

CADET INFRACTION REPORT

This Cadet Infraction Report is designed to report in detail the infraction as described herein. When a cadet is in violation of a rule, regulation, obligation, or conduct unbecoming a Naval SEA Cadet as deemed justified by a Staff Officer, Staff NCO, Petty Officer or Shore Patrol this report will be completed by the appropriate authority. The cadet will be counseled by the appropriate NSCC Staff Chief and/or Officer. This report will then be filled out by the staff member. The cadet will be counseled by the appropriate authority. The report will be signed by both the cadet and staff counselor.

Disbursement: Original to Training File  
Copy to cadet for parents signature and return  
(if recommended by Counselor).

Cadet Name: \_\_\_\_\_ ID# \_\_\_\_\_ Rank: \_\_\_\_\_

Date of Infraction: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Infraction: \_\_\_\_\_

Infraction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insubordination:	Y	N	Conduct Unbecoming	Y	N
Sexual Harassment:	Y	N	Need Parent Signature:	Y	N
Not Following Orders:	Y	N	Need Parent Present:	Y	N

Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Cadet Signature                      Date

\_\_\_\_\_  
Officer Signature                      Date

\_\_\_\_\_  
Parents Signature                      Date