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INDEPENDENT EVALUATION PLAN (IEP) FOR UH-60A AEROMEDICAL EVACUA--ETC(U)
MAR 81

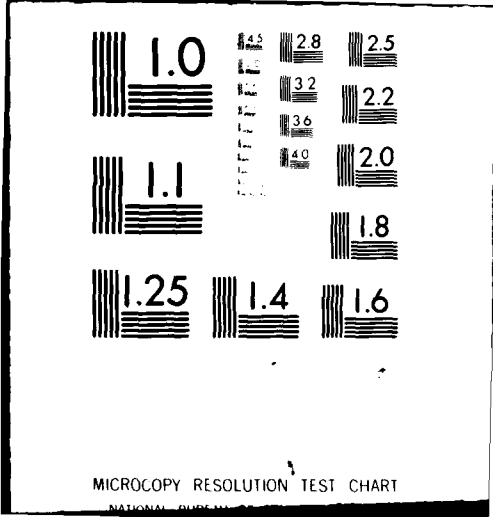
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DEPARTMENT OF THE ARMY
ACADEMY OF HEALTH SCIENCES, UNITED STATES ARMY
FORT SAM HOUSTON, TEXAS 78234



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SUBJECT: Revised Independent Evaluation Plan (IEP) for UH-60A
Aeromedical Evacuation Kit. (dated 29 Jan 81)

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Evaluation Plan for the UH-60A Aeromedical Evacuation Kit.

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Adjutant General

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KIT AEROMEDICAL EVACUATION: UH-60A
REVISED INDEPENDENT EVALUATION PLAN

29 January 1981

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PREFACE

The Kit Aeromedical Evacuation: UH-60A Independent Evaluation Plan (IEP) provides guidance for the operational evaluation of that kit. The IEP will be revised as required based on information gained as development progresses and as manuals become available.

This plan contains a brief description of the kit, issues for evaluation and milestones. The US Army Aviation Board will serve as operational evaluator for the system. Assistance will be provided by the proponent, the US Army Infantry School, and the cooperative proponent, the Academy of Health Sciences (AHS).

KIT AEROMEDICAL EVACUATION: UH-60A
INDEPENDENT EVALUATION PLAN

1.0 SYSTEM DESCRIPTION.

1.1 NAME OF SYSTEM. Kit, Aeromedical Evacuation: UH-60A (also referred to as MEDEVAC kit or litter kit).

1.2 BACKGROUND.

a. The MEDEVAC litter kit is being developed specifically for use on the UH-60A. Early in the UTTAS conceptual phase it was determined that in addition to troop/cargo transport, the UTTAS would also be used for the aeromedical evacuation mission.

b. As a result of a desire to improve and speed up the litter loading and unloading operations, make provisions for better inflight patient care and comfort, and to make the litter kit more survivable in the event of a crash, strict guidelines for fabrication of the MEDEVAC litter kit were placed in the UTTAS Material Need (MN) document. In addition to the requirements of the MN, the medical community was allowed to recommend several modifications/additions to the kit, which further enhance its utility.

1.3 CHARACTERISTICS AND CONFIGURATION.

a. The litter kit (FIGURE A-1) features a central pedestal with two litter support pans (total of four) on each side. The pedestal, with litter pans, is rotatable about the vertical axis by means of pivot fittings in the floor and ceiling. The litter kit can be manually rotated 90° to the right, to a lateral position, to facilitate simultaneous patient loading from either side of the aircraft (FIGURE A-2). After loading, the entire assembly is rotated back to the longitudinal axis of the aircraft for flight (FIGURE A-3).

b. Either end of the upper litter support pan may be lowered by means of a center pivot arm to facilitate loading of patients. The upper pan then becomes a ramp, with an incline of approximately 14½°, that the litter can slide up. The end of the support pan is manually raised to the horizontal position and locked to the pedestal for flight.

c. The support pans have litter stirrup guides on both sides to preclude the litter from sliding/falling off the edge of the support pan. In addition, these guides have a raised area at each end to prevent the litter from sliding too far (FIGURE A-1).

d. Each litter pan can be quickly removed, and they are interchangeable. When not in use, the pans can be stowed against the pedestal, which provides cargo space for transporting medical supplies.

e. Two adjustable lights (FIGURE A-1), similar to those found above passenger seats in commercial aircraft, have been installed over each litter. These should supply adequate light to enable the medical attendant to treat a patient at night. If additional lighting is required to illuminate a particular area, a portable maintenance light is provided with each aircraft.

f. A retractable strap assembly has been installed at each end of the pedestal to secure the patient to the litter and the litter to the support pan (FIGURE A-4).

g. Two intravenous (IV) hooks have been installed at each end of the pedestal above the top two litter pans.

h. In keeping with the priority of survivability, the litter kit and support pans are designed to withstand crash loads of 15 G forward, 12 G rearward and sideward, 8 G upward and 13 G downward.

1.4 CONCEPT OF EMPLOYMENT. This kit will be issued on the basis of one per medical evacuation aircraft.

1.5 TEST MANAGER. The Directorate of Combat Developments, US Army Infantry School, is the proponent for the development of this kit. Infantry School POC is Mr. Jake Bushaw, ATSH-CD-OE, AUTOVON 835-2416. The Directorate of Combat Developments and Health Care Studies, Academy of Health Sciences, is the cooperative proponent for the development of this kit. Academy POC is MAJ. William T. Stahl, HSA-CDM, AUTOVON 471-3403/2012.

2.0 ISSUES AND ASSOCIATED CRITERIA.

2.1 GENERAL.

2.1.1 The following operational issues are a basis for evaluating the Kit Aeromedical Evacuation (litter kit) for the UH-60A Black Hawk aircraft. Data obtained from the evaluations will be used by decision authorities to support a recommendation for/against type classification (TC).

2.1.2 Criteria contained in this IEP are found in the approved UTTAS MN (ED), Prime Item Development Specification (PIDS) of the UH-60A and various other studies. If the criteria are subjective in nature the source will be the AHS and the criteria are considered acceptable by the AHS. There are no RAM criteria in the MN but RAM data will be collected in accordance with paragraph 2.3.1, 2.3.2 and 2.3.3.

2.2 MISSION PERFORMANCE.

*2.2.1 ISSUE. How long does it take to load two litter patients - four litter patients?

2.2.1.1 SCOPE. Testing should determine how long it takes to load two and/or four litter patients on the aircraft. Test should be conducted using simulated patients. Litter patients will be prepared for loading and be directly adjacent to the cargo doors of the aircraft. Each loading sequence will have a minimum of a two person litter team and two MEDEVAC crewmembers as participants.

2.2.1.2 CRITERIA. Must be able to load two litter patients in 45 seconds or less and four litter patients in two minutes or less. Time for loading sequence will begin when the aircraft has landed and the cargo doors are opened. Loading sequence is terminated when patients are secured for flight and litter rack is in position for flight and doors closed. A litter team will consist of a minimum of two persons per litter to be loaded. The two MEDEVAC crewmembers will assist in all loading sequences.

2.2.1.3 RATIONALE. Loading times cited in above criteria are considered to be optimum times in order to minimize aircraft exposure while making field evacuations. Discretion will be used in the employment of female litter team members and medical evacuation crew members. It is considered unreasonable to expect that an all female crew could be expected to load/unload patients.

2.2.1.4 SOURCES.

- a. PIDS paragraph 3.7.16.9
- b. MN paragraph 6.3.9.12.4

*2.2.2 ISSUE. Can litters be loaded from either side of aircraft?

2.2.2.1 SCOPE. Testing should determine if litters can be loaded from either side of the aircraft, and if they can be loaded simultaneously from both sides of the aircraft.

2.2.2.2 CRITERION. Litter teams with the assistance of the MEDEVAC crew must be able to load litter patients from either side of the aircraft, as well as simultaneously from both sides.

2.2.2.3 RATIONALE. There are instances when patients must be loaded from a particular side of the aircraft. An example would be during mountainside pickups when only one side can be used. In addition, there are many instances when patients are located on both sides of the aircraft, and in order to save time it is necessary to load simultaneously from both sides.

2.2.2.4 SOURCE. MN paragraph 6.3.9.12.3

2.2.3 ISSUE. Do litter kit lights provide a sufficient amount of illumination?

2.2.3.1 SCOPE. This will determine how much light is provided across the length of each litter.

2.2.3.2 CRITERION. The amount of light available should be sufficient to allow a medical attendant to start an intravenous (IV) solution.

2.2.3.3 RATIONALE. This is considered to be the minimum amount of illumination necessary to provide inflight medical care at night.

2.2.3.4 SOURCES.

- a. US Army Aeromedical Research Laboratory.
- b. PIDS paragraph 3.7.16.9

2.2.4 ISSUE. Can litter pans be stowed on the pedestal to permit simultaneous use of the rescue hoist?

2.2.4.1 SCOPE. This issue will determine if the two right-hand side litter pans can be stowed when the rescue hoist is installed and in use for patient extraction.

2.2.4.2 CRITERIA. Means shall be provided for stowing the two right-hand side litter pans to permit simultaneous use of the rescue hoist. Rescue hoist should be installed and boom swung in and out with various extraction devices attached (i.e., stokes litter and forest penetrator) to determine restrictions of the kit during hoist operations.

2.2.4.3 RATIONALE. There will be times when it will be necessary to perform patient extraction missions with both the MEDEVAC kit and rescue hoist installed. There is not sufficient room inside the aircraft to accomplish the extraction mission with the litter pans installed on the right-hand side.

2.2.4.4 SOURCE. PIDS paragraph 3.7.16.9

2.2.5 ISSUE. Does the three crewmember seating arrangement interfere with the operation/use of the litter kit?

2.2.5.1 SCOPE. This issue will determine if the adapters for the MEDEVAC crewmember seats or the crew seats, when installed, will interfere with the loading, unloading or rotation of the litter kit.

2.2.5.2 CRITERIA.

a. The three crewmember seating arrangement (facing aft) will not obstruct the loading, unloading or rotation of the litter kit. Litter and simulated litter patients will be on litter pans during testing.

b. with the three crewmember seats installed the medical attendant will have full access to all litter patients.

2.2.5.3 RATIONALE. The medical attendant will be required to administer medical care during flight. Therefore, the crewmember seats must be arranged to give the attendant access to all litter patients, and yet the seats must not obstruct the loading, unloading or rotation of the litter kit.

2.2.5.4 SOURCES.

- a. PIDS paragraph 3.7.16.9
- b. IIR paragraphs 6.3.9.12.3, 6.3.9.12.8, and 6.3.9.12.9.

2.2.6 ISSUE. Does the litter kit locking device properly secure the pedestal against inadvertent rotation?

2.2.6.1 SCOPE. This issue will determine if normal movement about the cargo compartment can cause inadvertent release of the pedestal locking device.

2.2.6.2 CRITERION. The pedestal locking device shall secure the litter rack so that it will not inadvertently rotate while the medical attendant is administering care to patients.

2.2.6.3 RATIONALE. While administering care to patients the medical attendant may apply pressure to the litter rack which may cause it to rotate unless it is securely locked into position.

2.2.6.4 SOURCE. AHS

*2.2.7 ISSUE. Can the latching mechanism that allows the upper litter pan to tilt be operated from inside the aircraft/outside the aircraft, with litter patient on the litter pan?

2.2.7.1 SCOPE. This issue will determine if the crewmember can release and/or lock the latching mechanism when the litter rack is in the flight position while inside the aircraft or when the litter rack is in the loading position while standing outside the aircraft.

2.2.7.2 CRITERIA. The MEDEVAC crewmember must have access to and be able to release the latching mechanism which holds the upper litter pan in a horizontal position from inside the aircraft. The crewmember must be able to tilt the lowered end of the litter pan (with litter patient on), into the horizontal position and lock it into place while standing outside the aircraft. (The total weight of the litter, patient, blankets and splints will not be less than 220 lbs.)

2.2.7.3 RATIONALE. While inbound to a landing zone the MEDEVAC crew will prepare the litter rack for loading by tilting the upper litter pan (s) when more than two patients are to be loaded. After the loading is completed either the crewmember and/or member of the litter team will be able to raise the tilted end of the litter pan and lock it into the horizontal position.

2.2.7.4 SOURCES.

- a. MM paragraph 6.3.9.12.2.
- b. PIDS paragraphs 3.7.16.9 and 3.2.2.1.7.

2.2.8 ISSUE. Can incapacitated litter patients be removed with the litter rack in the longitudinal position?

2.2.8.1 SCOPE. This issue will determine if, in a crash sequence when the litter kit cannot be rotated, patients can be unloaded with the litter kit in the longitudinal axis. This issue should be examined using personnel unfamiliar with the litter kit to simulate rescue by ground personnel.

2.2.8.2 CRITERION. With the litter kit in the longitudinal position personnel unfamiliar with the kit will be able to unload patients from all four litter pans. Note: There is no time limit.

2.2.8.3 RATIONALE. If the aircraft should crash with litter patients on board and the crew incapacitated, patients may have to be removed by personnel unfamiliar with the rotation of the kit.

2.2.8.4 SOURCE. AHS

2.3 RELIABILITY, AVAILABILITY, MAINTAINABILITY.

*2.3.1 ISSUE. What is the reliability of the kit during this test?

2.3.1.1 SCOPE. This issue examines the reliability of the litter kit and its impact on mission accomplishment/performance.

2.3.1.2 CRITERION. The reliability of the aeromedical evacuation kit must be such that aeromedical evacuation missions of the unit can be reasonably met.

2.3.1.3 RATIONALE. Once a evacuation mission is in progress the mission will not be aborted due to a failure of the kit (e.g. pedestal will not rotate or upper litter pan(s) will not tilt).

2.3.1.4 SOURCE. AHS

2.3.2 ISSUE. What is the operational availability of the kit during this test?

2.3.2.1 SCOPE. This issue includes an evaluation of the following operational availability data:

- a. Maintenance downtime.
- b. Supply downtime.
- c. Administrative downtime.
- d. Failure rates.
- e. Number of operational hours.

2.3.2.2 CRITERION. Operational availability of the kit will meet or exceed the operational availability rate for the UH-60A.

2.3.2.3 RATIONALE. The number of aeromedical evacuation kits operationally available will be at least equal to the number of aircraft operationally available in the air ambulance unit.

2.3.2.4 SOURCE.

- a. AHS
- b. MN paragraph 6.2.14.3

2.3.3 ISSUE. How maintainable is this kit in an operational environment?

2.3.3.1 SCOPE. This issue examines the following maintenance areas:

- a. Ease of service/maintenance.
- b. Mean time to repair.
- c. Maintenance ratio (manhours/operational hours).
- d. Allocation of maintenance tasks, tools.
- e. Mean preventive maintenance time.
- f. Utility of manuals, technical literature and other applicable software.
- g. Scheduled and unscheduled maintenance actions to include time (clock hours) and total manhours required.
- h. Operational hours.

2.3.3.2 CRITERION. Maintenance time for the aircraft will not be increased by the installation and operation of the aeromedical evacuation kit.

2.3.3.3 RATIONALE. The addition of the aeromedical evacuation kit is to enhance the capabilities of the UH-60A, therefore its maintainability must be equal to or exceed the maintenance criteria for the aircraft.

2.3.3.4 SOURCE.

- a. AHS
- b. MN paragraph 6.5.2

2.4 DELETED

2.5 TRAINING.

2.5.1 ISSUE. Can the intended users install/remove the litter kit after receiving pretest training?

2.5.1.1 SCOPE. The purpose of this issue is to determine if the installation/removal instructions are clear enough to allow the installation/removal of the litter kit. Additionally, it will determine the minimum number of personnel required to install/remove the kit, and how long it takes to accomplish this tasks.

2.5.1.2 CRITERIA.

- a. The installation/removal instructions must be clear and understandable.
- b. Four personnel must be able to install/remove the litter kit in 0.8 hours. (installation/removal time does not include the time to install/remove crewmember seats).
- c. The kit must be installed/removed using only those tools normally available in the aircraft general mechanics tool box.
- d. No materials handling equipment will be available.

2.5.1.3 RATIONALE. Tools and trained personnel other than the MEDEVAC crew with general mechanics tool kit will normally not be available to install/remove the kit. Under certain conditions, time to install/remove the litter kit will be vital to mission accomplishment.

2.5.1.4 SOURCE. PIDS paragraph 3.2.4.7.2.

*2.6 LOGISTICS.

2.6.1 ISSUE. What is the logistics impact on the using unit?

2.6.1.2 SCOPE. This issue examines the following:

- a. The requirement for repair parts during operational testing.
- b. Storage requirement at the unit level.
- c. The requirement for test equipment and special tools.
- d. Utility of technical manuals and literature.

2.6.1.3 CRITERIA.

- a. Test equipment and tools, if required, must be common and currently available in the Army Supply System.
- b. Appropriate technical manuals and supply literature must be available and usable at the proper levels.

2.6.1.4 RATIONALE. In order to determine if the Aeromedical Evacuation Kit will be supportable in the field, the logistics support concept must be well defined. Within the logistics support structure, hardware and software requirements must be allocated to the proper level and in the proper number to allow personnel to perform their respective mission.

2.6.1.5 SOURCE. TRADOC Reg 71-9, Appendix C.

2.7 COOPERATIVE SYSTEMS.

2.7.1 ISSUE. Does the Aeromedical Evacuation Kit, when installed, permit accessibility to and use of the 115VAC 60HZ electrical outlets?

2.7.1.1 SCOPE. The issue will determine if there is accessibility to the 115VAC, 60HZ outlets when the Aeromedical Evacuation Kit is installed. It will also determine if the 115VAC, 60HZ power receptacles are useable.

2.7.1.2 CRITERION. Medical attendants must have access to 115VAC, 60HZ electrical outlets to plug in various medical equipment. (Aeromedical Evacuation Kit installed)

2.7.1.3 RATIONALE. There will be times when medical equipment utilizing 115VAC, 60HZ will be used with litter patients on board the aircraft. In order to use this equipment, 115VAC, 60HZ outlets must be available and usable.

2.7.1.4 SOURCE. AHS

2.7.2 ISSUE. Is the power converter box conveniently located?

2.7.2.1 SCOPE. This issue will determine if the electrical outlets are conveniently located for use with various medical equipments routinely used on medical evacuation missions.

2.7.2.2 CRITERION. The power converter must not interfere with the movement of the medical attendant, about the cabin area, when administering care to patients or interfere with normal setting in the crewmember seats.

2.7.2.3 RATIONALE. The crewmembers must be able to move from the crewmember seats and from litter patient to litter patient without being impeded by the power converter.

2.7.2.4 SOURCE. AHS.

2.8. HUMAN FACTORS.

2.8.1 ISSUE. Does the 95th percentile male medical attendant have access and work space to perform inflight medical treatment along the entire length of the litter racks?

2.8.1.1 SCOPE. This issue will determine if the 95th percentile male medical attendant has access to a litter patient, in order to provide treatment, along the entire length of the litter rack.

2.8.1.2 CRITERION. The 95th percentile male medical attendant must have access to the patient along the entire length of the litter rack.

2.8.1.3 RATIONALE. It is not unusual for the MEDEVAC crew to consist of a 95th percentile male medical attendant. In order to provide comprehensive inflight medical care, the medical attendant must have unrestricted access to the patient.

2.8.1.4 SOURCE. PIDS paragraph 3.7.16.9.

2.8.2 ISSUE. Are litter light switches accessible to the medical attendant?

2.8.2.1 SCOPE. The issue will determine if the medical attendant can easily reach the light switches when a full load of patients is on board.

2.8.3 ISSUE. Are Intravenous (IV) hooks readily accessible to the medical attendant?

2.8.3.1 SCOPE. This issue will determine if the medical attendant can easily reach/attach IV containers to the hooks with a full load of patients on board.

2.8.4 ISSUE. Do the IV hooks present a safety hazard to crewmembers or patients?

2.8.4.1 SCOPE. This issue will determine if the IV hooks are constructed in a manner that does not present a safety hazard to onboard personnel. The position/location of the hooks, as well as the type of construction must be examined.

2.8.5 ISSUE. How difficult is the pedestal locking device to operate?

2.8.5.1 SCOPE. This issue will determine if the pedestal locking device is conveniently located for use by crewmembers, and if it requires an inordinate amount of force to operate.

2.8.6 ISSUE. Does the litter kit present safety hazards to crewmembers or patients?

2.8.6.1 SCOPE. This will require a thorough visual inspection of the litter kit to determine if there are sharp edges or protrusions on the kit which may cause injuries to crewmembers or patients.

2.8.7 ISSUE. Is the patient restraint system easily fastened/unfastened by crewmembers?

2.8.7.1 SCOPE. This issue will address the ease with which crewmembers can fasten/unfasten the restraining straps while wearing flight gloves.

3.0 CONCEPT OF EVALUATION.

3.1 ANALYTICAL TECHNIQUES TO BE USED. The litter kit will be both objectively and subjectively evaluated, however, all data will be evaluated from an operational point of view in order to determine if the system is operationally effective in the hands of the typical user troops.

3.1.1 DETERMINATION OF THE ADEQUACY OF THE OPERATIONAL TESTING AND THE VALIDITY OF THE TEST RESULTS. The quality, quantity, and suitability of all data used in the independent evaluation will be examined to insure that it is germane and properly addresses the issue. Credibility of the findings will be determined through an assessment of the data provided in the test reports.

3.1.2 DETERMINATION OF THE EFFECT OF TEST LIMITATIONS. An assessment will be made as to the effect the test limitations has on the operational testing. The impact must be determined and the degree of degradation estimated and reported in the evaluation.

3.1.3 EXTENT TO WHICH THE ISSUES MAY BE ADDRESSED. The majority of the operational issues will be answered directly by operational testing, however, others such as RAM can be evaluated using OT data supplemented by development or contractor testing.

3.1.4 CONCLUSIONS AND RECOMMENDATIONS DETERMINED.

3.1.5 MISSION PERFORMANCE. All available data will be used in the evaluation of the litter kit. Both quantitative and qualitative measures will be used in the assessment of these issues. The primary evaluation of the ability of the litter kit to properly perform its mission will be based upon user troop participation. The events of each mission will be noted.

3.1.6 RELIABILITY, AVAILABILITY AND MAINTAINABILITY (RAM). Evaluation of RAM issues must be subjective. There are no mean time between failure (MTBF) or mean time to repair (MTTR) criteria stated in any published documents.

3.1.7 TRAINING. Individual performance will be noted throughout the test. Difficulties in accomplishing required operator and maintenance tasks will be noted. Significant observations of player personnel, controllers and evaluators will be used in the evaluation.

3.1.8 LOGISTICS. This issue will be addressed through the use of both quantitative and qualitative data. The availability of required spare parts and the number of spare parts required will be used as indicators of the impact of the litter kit on the logistical system. Significant observations of player personnel, controllers and evaluators will be considered in this issue.

3.1.9 HUMAN FACTOR. Performance of medical evacuation aircraft crewmembers will be closely monitored throughout evaluation of this issue. Ease/difficulty of performing normal tasks will be subjectively evaluated.

3.2 OPERATIONAL TESTS (OT). All data gathered from OT will be considered in the final recommendations.

3.3 DEVELOPMENT TESTS (DT). Data generated by any DT performed by the Aircraft Development Test Activity will be considered in the final recommendation.

3.4 RELEVANT FDTE OR JOINT TESTS. None anticipated at this time.

3.5 CONTRACTOR TEST. Contractor test data, verified by the appropriate test agency, will be considered in the final recommendation.

3.6 WAR GAMES/SIMULATIONS. War games/simulations will be used if appropriate. Selected Field Training Exercises would be an excellent method of testing the litter kit.

3.7 PERTINENT STUDIES. None anticipated at this time.

3.8 PERSONNEL DOCUMENTS.

3.8.1 BASIS OF ISSUE (BOI). Academy of Health Sciences has provided input to BOI. BOI will be one litter kit per medical evacuation aircraft.

3.8.2 QOPRI. No MOS changes or additions are anticipated as a result of introduction of litter kit.

3.9 OTHERS. None.

* DENOTES: Critical Issues.

4.0 DATA SOURCE MATRIX.

<u>ISSUE</u>	<u>OT</u>	<u>DT</u>	<u>CONTRACTOR</u>
2.2.1	X		
2.2.2	X		
2.2.3	X		
2.2.4	X		
2.2.5	X		
2.2.6	X	X	X
2.2.7	X		
2.2.8	X		
2.3.1	X		
2.3.2	X		
2.3.3	X		
2.3.4	X		
2.5.1	X		
2.6.1	X		
2.7.1	X		
2.7.2	X	X	
2.8.1	X	X	
2.8.2	X		
2.8.3	X	X	
2.8.4	X	X	
2.8.5	X	X	
2.8.6	X	X	
2.8.7	X	X	

5.0 MILESTONE SCHEDULE.

IEP	1QFY81
TDP	2QFY81
Safety Release	2QFY81
Test Start	3QFY81
Test End	3QFY81
Test Report	4QFT81
IER	4QFY81
IPR	4QFY81

SEATING SUPPORT ASSEMBLY

PEDestal
ASSEMBLY

MEDVAC KIT
LITTER SUPPORT ASSEMBLY

FLOOR PLATE
ASSEMBLY

LITTER SUPPORT
ASSEMBLY

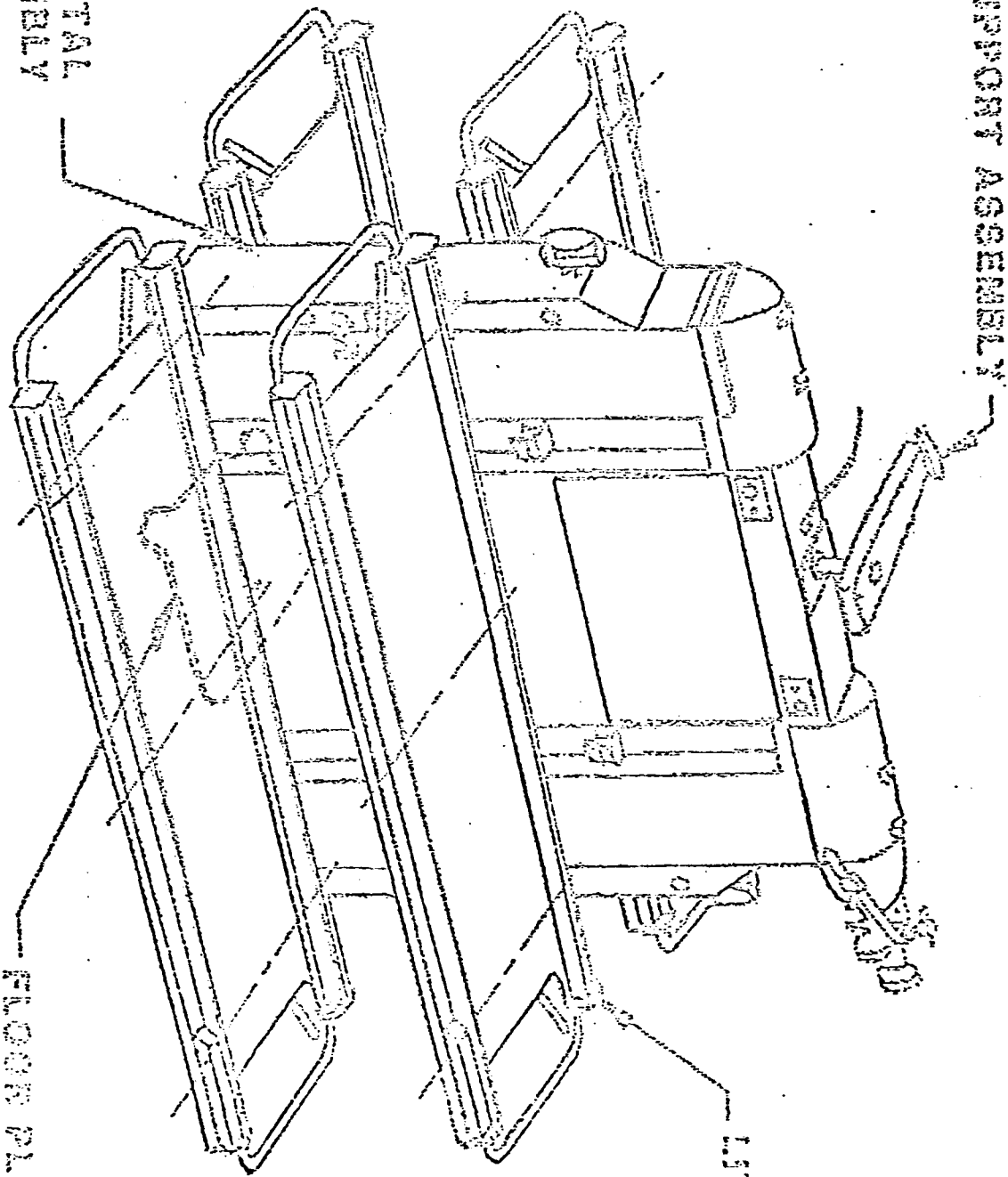
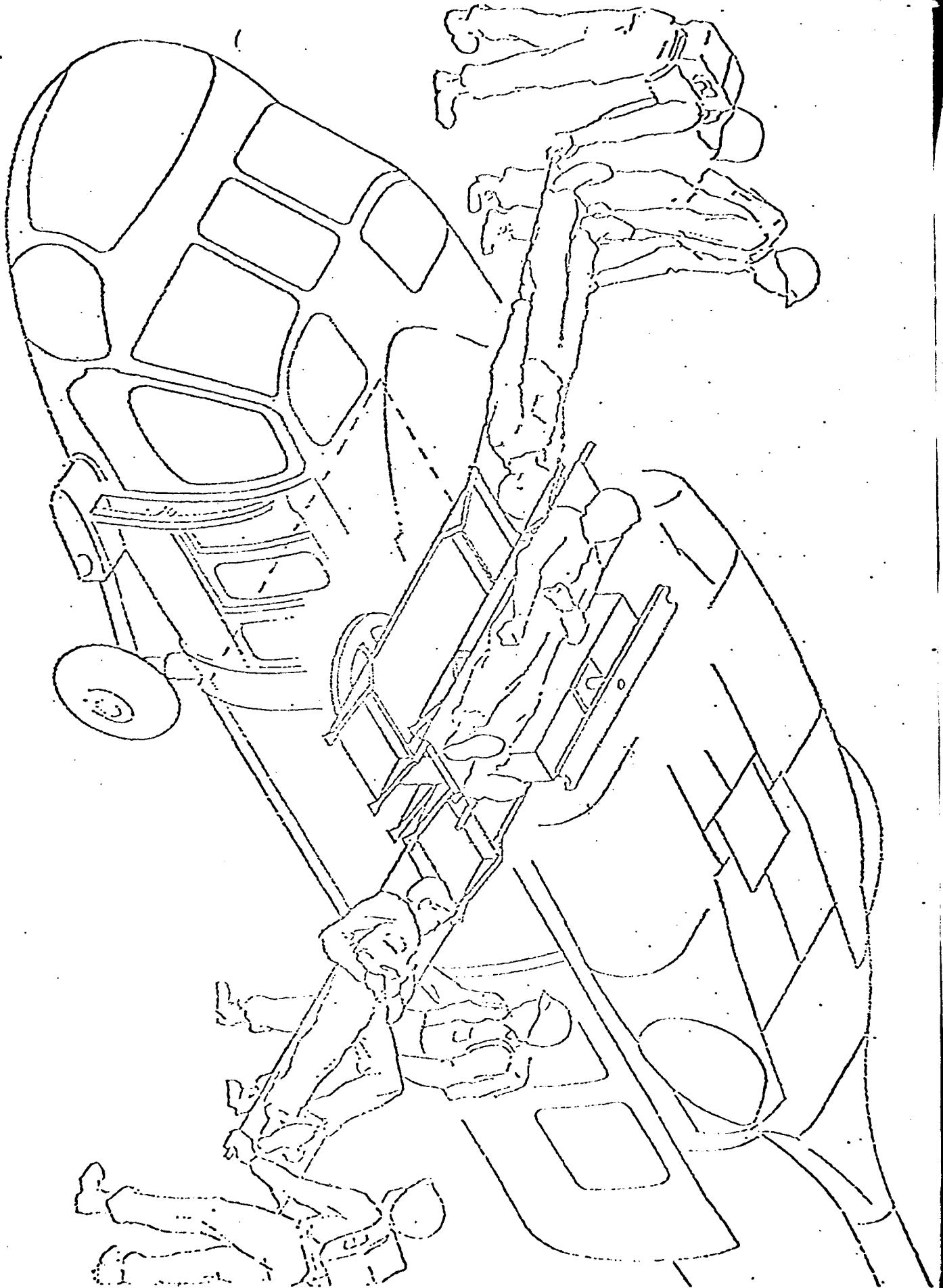


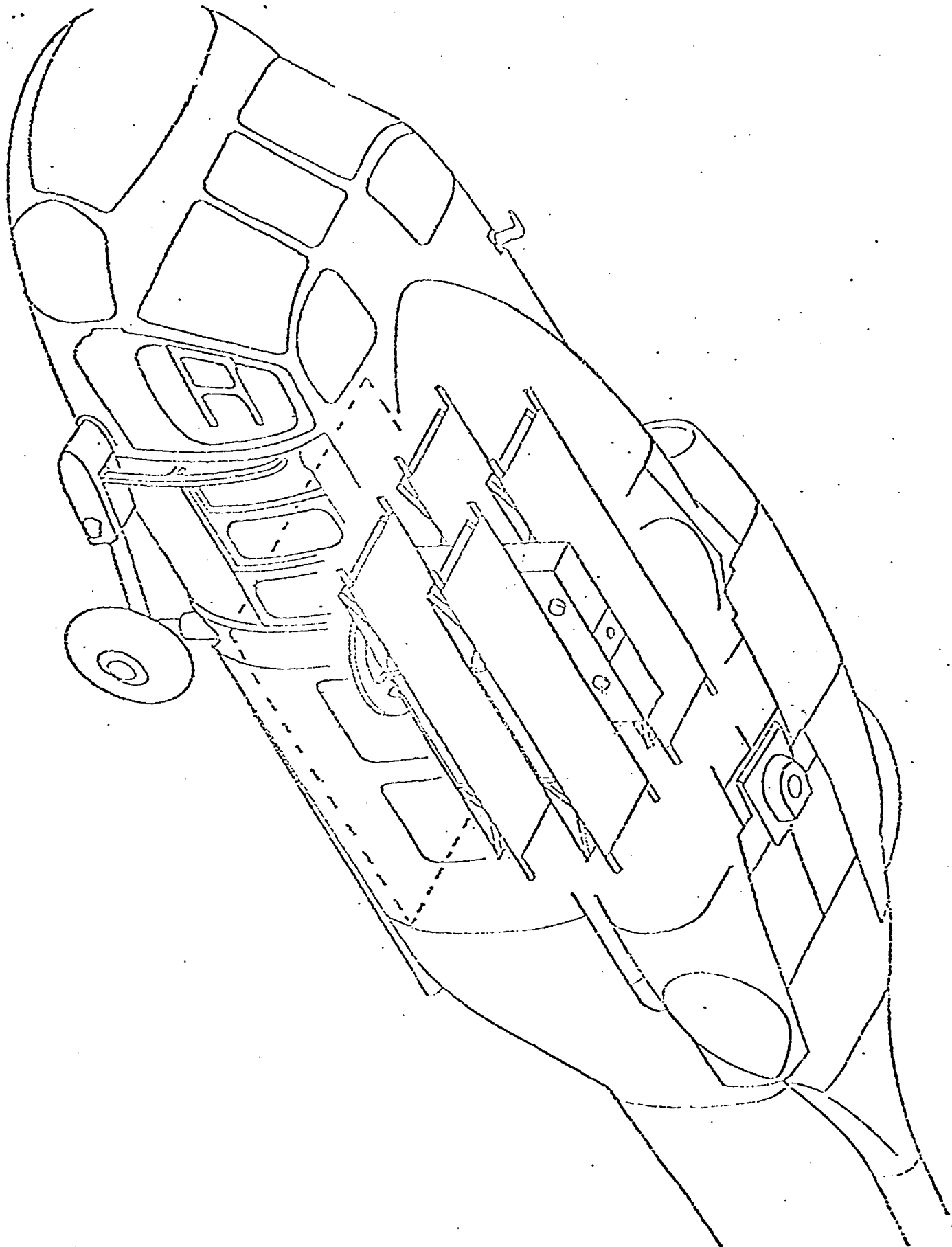
FIGURE A-1

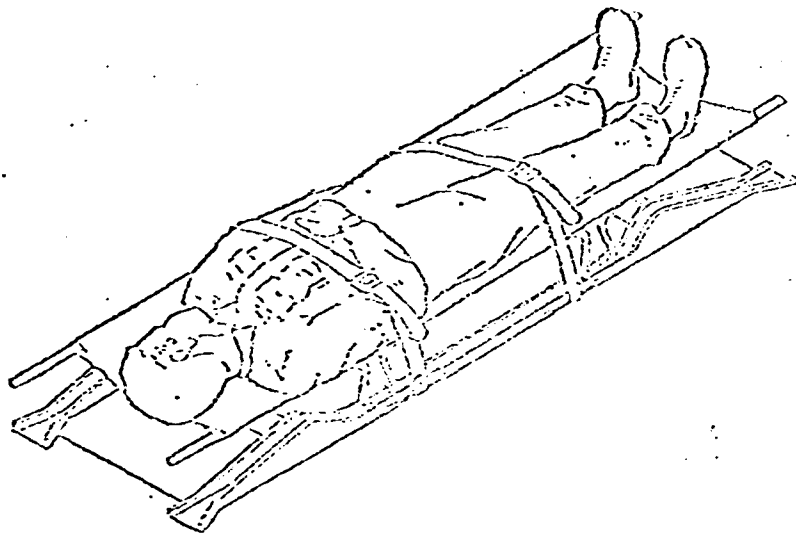


Loading lifters into UH-60A

FIGURE A-2

UH-60A Medevac Configuration





Patient On Litter, Litter On Litter Support,
Straps Secured

FIGURE A-4

ANNEX A
COORDINATION ANNEX

1. Coordination:

<u>Organization/Activity</u>	<u>Concurrence</u>		<u>Comments</u>	
	<u>Yes</u>	<u>No</u>	<u>Accepted</u>	<u>Not Accepted</u>
USAIS				
Ft. Benning, GA				
ATSH-CD-TE	X		7	0
ATSH-CD-MSD	X		0	0
USAAVNC				
Ft. Rucker, AL				
ATZQ-TSM-U	X		15	0
USAAVNBD				
Ft. Rucker, AL				
ATZQ-OT-AU	X		6	0
HQ DA				
DASG-HCO-A	X		0	0
PM, Black Hawk				
ST. Louis, MO				
DRCPM-BH-OT	X		17	0

2. Consideration of comments not accepted. None

23 MAR 1981

HSA-CDM
SUBJECT: Revised Independent Evaluation Plan (IEP) for UH-60A
Aeromedical Evacuation Kit

CDR
USAAVNBD
ATTN: ATZQ-OT-AU (MAJ Grose) 1
Ft. Rucker, AL 36362

CDR
USATSARCOM
ATTN: DRCPM-BH-QT (Mr. Baerveldt) 1
4300 Goodfellow Blvd.
St. Louis, MO 63120

CDR
USACAC
ATTN: ATZLLA-DM-PB 1
ATZL-CAT-E 1
Ft. Leavenworth, KS 66027

CDR
USALOGC
ATTN: ATCL-FT 1
Ft. Lee, VA 23801

CDR
USALEA
ATTN: DALO-LEI 1
New Cumberland Army Depot
New Cumberland, PA 17070

CDR
USAOTEH
ATTN: CSTE-PON 1
5600 Columbia Pike
Falls Church, VA 22041

CDR
USATSC
ATTN: ATTSC-DC-OPA 1
Ft. Eustis, VA 23604

CDR
USAADMINCEN
ATTN: ATZI-PI 1
Ft. Benjamin Harrison, IN

CDR
USAMSAA
ATTN: ANXSY-DD 1
Aberdeen Proving Ground, MD 21005

23 MAR 1981

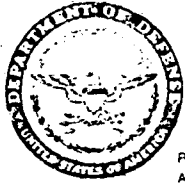
HSA-CDM
SUBJECT: Revised Independent Evaluation Plan (IEP) for UH-60A
Aeromedical Evacuation Kit

CDR
USATRASANA
ATTN: ATAA-CD 1
White Sands Missile Range, NM 88002

CDR
USATECOM
ATTN: US Army TRADOC LO 1
Aberdeen Proving Ground, MD 21005

Defense Documentation Center
Cameron Station
ATTN: DDC-TCA 1
Alexandria, VA 22314

CF:
CDR, HSC, ATTN: HSOP-SP 1



REPORT TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS
COMBINED ARMS CENTER AND FORT LEAVENWORTH
FORT LEAVENWORTH, KANSAS 66027

09 MAR 1981

ATZL-CAT-EF

SUBJECT: Revised Independent Evaluation Plan (IEP): UH-60A Aeromedical
Evacuation Kit

Commandant
Academy of Health Sciences
ATTN: HSA-CDM (MAJ Stahl)
Fort Sam Houston, Texas 78234

1. Reference:

- a. Letter, HSA-CDM, USAAHS, 2 Feb 81, SAB.
- b. 1st Indorsement, 18 Feb 81, to letter HSA-CDM, USAAHS, 2 Feb 81, SAB.
- c. Message, ATCS, TRADOC 301840Z Dec 80, subj: Realignment of TRADOC Test and Evaluation.
- d. FONECON between Mr. B. Morrison (LOGC) and Mr. B. Doyal (CAC), 25 Feb 81, SAB.
- e. FONECON between MAJ T. Sather (USAAVNC) and Mr. B. Doyal (CAC), 26 Feb 81, SAB.
- f. FONECON between MAJ Shannon (USALEA) and Mr. B. Doyal (CAC), 27 Feb 81, SAB.
- g. AR70-10, Test and Eval During Development and Acquisition of Materiel, 29 Aug 75.

2. In response to your request (ref 1a), this headquarters grants approval of the UH-60A Aeromedical Evacuation Kit pending incorporation of the comments provided at the Inclosure. This approval has been coordinated with the TRADOC and Army communities.

81 3 27 110

ATZL-CAT-EF

SUBJECT: Revised Independent Evaluation Plan (IEP): UH-60A Aeromedical
Evacuation Kit

3. Reference 1g (Chap 3) request that the USAAHS coordinate future materiel development efforts to include IEPs and IERs with the USALEA to expedite the approval and type classification processes.

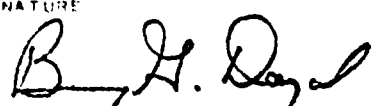
4. The point of contact at the Combined Arms Center is Mr. Benny G. Doyal, Autovon 552-2585.

FOR THE COMMANDER:



CARL W. S. CHUN
MAJ, GS
Asst Adjutant General

1 Incl
as

RECOMMENDED CHANGES TO PUBLICATIONS AND BLANK FORMS						DATE	
For use of this form, see AR 310-1, the proponent agency is the US Army Adjutant General Center.						Use Part II (reverse) for Repair Parts and Special Tool Lists (RPSTL) and Supply Catalogs/Supply Manuals (SC/SM).	27 Feb 81
TO: (Forward to proponent of publication or form) (Include ZIP Code)			FROM: (Activity and location) (Include ZIP Code)				
Commandant JS Army Academy of Health Sciences ATTN: HSA-CDM (MAJ Stahl) Fort Sam Houston, Texas 78234			Commander US Army Combined Arms Center ATTN: ATZL-CAT-E Fort Leavenworth, Kansas 66027				
PART I - ALL PUBLICATIONS (EXCEPT RPSTL AND SC/SM) AND BLANK FORMS							
PUBLICATION FORM NUMBER				DATE	TITLE		
				29 Jan 1981	Revised Independent Evaluation Plan (IEP): UH-60A Aeromedical Evacuation Kit		
ITEM NO.	PAGE NO.	PARA-GRAPH	LINE NO.	FIGURE NO.	TABLE NO.	RECOMMENDED CHANGES AND REASON (Exact wording of recommended change must be given)	
1	1	1.2b	4			COMMENT: Change "... strick..." to read: ... strict... REASON: To correct misspelling.	
2	2	2.1.2	4			COMMENT: Delete the sentence beginning "As stated in paragraph ..." and the two sentences that follow. Add: <u>There are no RAM criteria in the MN but RAM data will be collected in accordance with paragraph 2.3.1, 2.3.2, 2.3.3, and 2.3.4.</u> REASON: To reduce subjectivity in the evaluation process and address the quantitative data that will be used during the RAM evaluation of the kit.	
3	7	2.5.1.2c	2			COMMENT: Change "... crewchief's tool box ..." to read: <u>aircraft general mechanic's tool box.</u> REASON: To correct description/nomenclature and misspelled word.	
4	8					COMMENT: Insert the issue and the scope that address the power converter box as para 2.7.2 and 2.7.2.1. REASON: Inadvertently left out of the IEP.	
5	6	2.3				COMMENT: TRADOC and USALEA noted that RAM is identified as a critical issue, yet no criteria or rationale is issued, subjective or otherwise. Recommend that parameters for operational availability and mission reliability be provided as applicable. REASON: To qualify the criticality of the issues.	
6						COMMENT: Per request of USLEA, recommend that the following be accomplished during the planned test: "Each organizational task, as outlined in the maintenance allocation chart (MAC), should be performed by representatives of the user population to ascertain whether there are requirements for	
*Reference to line numbers within the paragraph or subparagraph.							
TYPED NAME, GRADE OR TITLE				TELEPHONE EXCHANGE, AUTOVON, PLUS EXTENSION		SIGNATURE	
BENNY G. DOYAL, DAC				552-2585			

DA FORM 2028
1 FEB 74

REPLACES DA FORM 2028, 1 DEC 68, WHICH WILL BE USED.

INCL 1

RECOMMENDED CHANGES TO PUBLICATIONS AND BLANK FORMS For use of this form, see AR 310-1; the proponent agency is the US Army Adjutant General Center.						Use Part II (reverse) for Repair Parts and Special Tool Lists (RPSTL) and Supply Catalogs Supply Manuals (SC/SM).	DATE 27 Feb 81
TO: (Forward to proponent of publication or form) (Include ZIP Code); Commandant US Army Academy of Health Sciences ATTN: HSA-CDM (MAJ Stahl) Fort Sam Houston, Texas 78234						FROM: (Activity and location) (Include ZIP Code) Commander US Army Combined Arms Center ATTN: ATZL-CAT-E Fort Leavenworth, Kansas 66027	
PART I - ALL PUBLICATIONS (EXCEPT RPSTL AND SC/SM) AND BLANK FORMS							
PUBLICATION FORM NUMBER					DATE	TITLE Revised Independent Evaluation Plan (IEP): UH-60A Aeromedical Evacuation Kit	
ITEM NO.	PAGE NO.	PARA-GRAPH	LINE NO.*	FIGURE NO.	TABLE NO.	RECOMMENDED CHANGES AND REASON (Exact wording of recommended change must be given)	
6	(cont)					special tools and to adjudge the adequacy of: (1) Technical manual instructions (2) Training (3) Assessability " REASON: To insure proper evaluation of the kit's supportability.	
*Reference to line numbers within the paragraph or subparagraph.							
TYPED NAME, GRADE OR TITLE					TELEPHONE EXCHANGE 'AUTOVON, PLUS EXTENSION	SIGNATURE	
PENNY G. DOYAL, DAC					552-2585		

**DAT
FILM**

