

**AMEDDC&S Pamphlet No. 350-10**

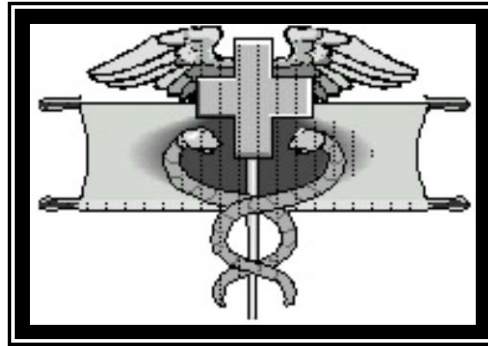
**TRAINING**  
**The Expert Field Medical Badge**  
**(EFMB) Test**

**1 November 2011**

**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 MOS in the Career Management Field (CMF) 68, MOS18D, or AMEDD area of concentration.**

DEPARTMENT OF THE ARMY  
HEADQUARTERS, US ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL  
Fort Sam Houston, Texas 78234-6100

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No. 350-10

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**TABLE OF CONTENTS**

	<u>PARA</u>	<u>PAGE</u>
<b>CHAPTER 1. INTRODUCTION</b>		
SUMMARY OF CHANGE.....		
HISTORY.....	1-1	1-1
PURPOSE.....	1-2	1-1
APPLICABILITY.....	1-3	1-1
REFERENCES.....	1-4	1-1
EXPLANATION OF ABBREVIATIONS AND TERMS.....	1-5	1-1
<b>CHAPTER 2. ADMINISTRATIVE REQUIREMENTS</b>		
THE EFMB.....	2-1	2-1
ELIGIBILITY.....	2-2	2-1
PROVISIONS AND AUTHORITIES.....	2-3	2-2
FREQUENCY OF EFMB TEST.....	2-4	2-3
REQUEST TO CONDUCT THE EFMB TEST.....	2-5	2-3
SEQUENCE OF EVENTS.....	2-6	2-8
EXCEPTION TO POLICY.....	2-7	2-8
DUTIES.....	2-8	2-10
EFMB TEST CONTROL OFFICE (TCO) SITE REVIEWS.....	2-9	2-18
PERSONNEL REQUIREMENTS.....	2-10	2-19
EQUIPMENT AND SUPPLIES REQUIREMENTS.....	2-11	2-19
PYROTECHNICS, SMOKE, & AMMUNITION REQUIREMENTS.....	2-12	2-20
SITE REQUIREMENTS.....	2-13	2-21
TRAINING.....	2-14	2-23
REFERENCES.....	2-15	2-23
POST TESTING REQUIREMENTS.....	2-16	2-24
WRITTEN TEST MATERIALS AND SECURITY.....	2-17	2-24
EXPERT MEDICAL STREAMER.....	2-18	2-26
EXPERT FIELD MEDICAL BADGE COIN.....	2-19	2-26
AWARDING THE EFMB.....	2-20	2-27
EFMB TCO CONTACT INFORMATION.....	2-21	2-27

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\*This pamphlet supersedes AMEDDC&S Pamphlet 350-10, 1 Apr 08.

**CHAPTER 3. SITE ESTABLISHMENT, VALIDATION, AND STANDARDIZATION**

SITE ESTABLISHMENT .....	3-1	3-1
EVALUATOR AND CADRE PREPARATION .....	3-2	3-2
CONDUCT VALIDATION.....	3-3	3-2
CONDUCT STANDARDIZATION .....	3-4	3-6

**CHAPTER 4. CONDUCTING EFMB TESTING**

REQUIREMENTS .....	4-1	4-1
CLARIFICATION OF PERFORMANCE STEPS/MEASURES .....	4-2	4-1
TEST PERIOD .....	4-3	4-1
TRAINING.....	4-4	4-1
CANDIDATE EQUIPMENT.....	4-5	4-2
BATTLEFIELD SCENARIO AND COMBAT LANE CONCEPTS .....	4-6	4-2
PERFORMANCE STANDARDS .....	4-7	4-4
CHANGES .....	4-8	4-4
REBUTTALS AND APPEALS.....	4-9	4-4
SCORE SHEETS .....	4-10	4-7
WRITTEN TEST .....	4-11	4-9
LAND NAVIGATION TASKS .....	4-12	4-15
TACTICAL COMBAT CASUALTY CARE TASKS .....	4-13	4-17
MEDICAL AND CASUALTY EVACUATION TASKS .....	4-14	4-20
COMMUNICATION TASKS .....	4-15	4-23
WARRIOR SKILLS TASKS .....	4-16	4-26
FOOT MARCH.....	4-17	4-28

APPENDIX A: REFERENCES .....	A-1
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APPENDIX B: REPRODUCIBLE SCORE SHEETS AND REBUTTAL SHEETS.....	B-1
LAND NAVIGATION TASKS SCORE SHEETS.....	B-1-1
TACTICAL COMBAT CASUALTY CARE TASKS SCORE SHEETS .....	B-2-1
MEDICAL AND CASUALTY EVACUATION TASKS SCORE SHEETS .....	B-3-1
COMMUNICATION TASKS SCORE SHEETS.....	B-4-1
WARRIOR SKILLS TASKS SCORE SHEETS .....	B-5-1
HANDS-ON TASK REBUTTAL SHEET.....	B-6-1
WRITTEN TEST REBUTTAL SHEET .....	B-6-2

APPENDIX C: GRAPHIC TRAINING AIDS .....	C-1
GTA 08-01-004 (MEDEVAC REQUEST FORM) .....	C-1-1
GTA 03-06-008 (CBRN WARNING AND REPORTING SYSTEM).....	C-2-1
GTA 09-12-001 (UNEXPLODED ORDNANCE PROCEDURES) .....	C-3-1

APPENDIX D: REPRODUCIBLE FORMS AND CERTIFICATES .....	D-1
AMEDDC&S FORM 1200 (EFMB TESTING STATISTICS) .....	D-1-1
AMEDDC&S FORM 1232 (EFMB QUALIFICATION RECORD).....	D-2-1
AMEDDC&S FORM 1243-1 (CERTIFICATE OF VERIFICATION-EFMB TEST REQUIREMENTS-WRITTEN TEST).....	D-3-1

AMEDDC&S FORM 1243-2 (CERTIFICATE OF VERIFICATION-EFMB TEST REQUIREMENTS-EVALUATORS) .....	D-3-1
AMEDDC&S FORM 1243-3 (CERTIFICATE OF VERIFICATION-EFMB TEST REQUIREMENTS-LANES AND EQUIPMENT) .....	D-3-1
AMEDDC&S FORM 1243-4 (CERTIFICATE OF VERIFICATION-EFMB TEST REQUIREMENTS-LAND NAVIGATION) .....	D-3-2
AMEDDC&S FORM 1243-5 (CERTIFICATE OF VERIFICATION-EFMB TEST REQUIREMENTS-12-MILE FOOT MARCH) .....	D-3-2
AMEDDC&S FORM 1243-6 (CERTIFICATE OF DESTRUCTION-EFMB WRITTEN TEST MATERIALS) .....	D-3-2
APPENDIX E: EFMB PLANNING MATERIAL .....	E-1
EFMB SCHEDULE EXAMPLES .....	E-1-1
EFMB COMBAT TESTING LANE EXAMPLES .....	E-2-1
EFMB TASK TIME LIMITS AND ESTIMATES .....	E-3-1
EFMB PERSONNEL (NONCANDIDATE) PLANNING .....	E-4-1
EFMB PERSONNEL (CADRE) PLANNING.....	E-5-1
EFMB PERSONNEL AND TIME PLANNING MATRICES.....	E-6-1
EFMB CLASS VIII PLANNING MATRIX.....	E-7-1
EFMB SUPPLIES AND EQUIPMENT PLANNING MATRIX.....	E-8-1
EFMB VEHICLE, TRAILER, AND GENERATOR PLANNING .....	E-9-1
EFMB PLANNING CHECKLISTS .....	E-10-1
EFMB TRAINING.....	E-11-1
APPENDIX F: GLOSSARY .....	F-1

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# ***SUMMARY OF CHANGE***

- Elimination of “load UH-60” as MANDATORY evacuation task
- Update to reflect changes in Soldier Training Publication 68W Soldier’s Manual
- Delegates authority to determine physical fitness and weapons qualification prerequisites for other services and allied candidates
- Clarify flashlight use during night land navigation
- Update Graphic Training Aides (GTA) to reflect changes to CBRN
- Incorporates use of Department of the Army Form 7656, Tactical Casualty Combat Care (TCCC) Card, replacing Department of Defense Form 1380, US Field Medical Card
- Incorporates use of reactive skin decontaminating lotion (RSDL)
- Incorporates safety measures during the foot march requiring removal of candidates exceeding a predetermined elapsed time.

## CHAPTER 1

### INTRODUCTION

**1-1. HISTORY.** This issue provides updates to the previous version of Army Medical Department Center and School Pamphlet 350-10 dated 1 April 2008. Updates can be found in the SUMMARY of CHANGE preceding this chapter.

**1-2. PURPOSE.** This publication establishes policies, procedures, and standards for awarding the Expert Field Medical Badge (EFMB). The EFMB was established in June 1965 as a Department of the Army (DA) special skill award for the recognition of exceptional competence and outstanding performance by field medical personnel. Army Regulation (AR) 600-8-22, Military Awards, authorizes the EFMB as a special skill badge.

**1-3. REFERENCES.** References are listed in Appendix A.

**1-4. EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and special terms used in this publication are explained in the glossary.

**1-5. APPLICABILITY.** This publication applies to all military personnel Army-wide with an Army Medical Department (AMEDD) area of concentration (AOC) or military occupational specialty (MOS).



## CHAPTER 2

### ADMINISTRATION REQUIREMENTS

#### 2-1 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.

#### 2-2. 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.

b. 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 the test-end date.

(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.

### **2-3. 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.

**2-4. 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 in 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.

**2-5. REQUEST TO CONDUCT THE EFMB TEST.**

a. To host EFMB testing, the unit must have a minimum of 50 eligible candidates. Commanders not having 50 eligible candidates are encouraged to consolidate testing with organizations on the same or adjacent installations. However, units in remote locations having fewer than 50 eligible candidates may request an exception to policy.

b. EFMB testing requires a large commitment of equipment and personnel. Therefore, every effort should be made to conserve resources and allow maximum participation of qualified personnel. Figures 2-1 and 2-2 list questions that will assist units in assessing their capability to host EFMB testing. Appendix E provides more information to assist in planning EFMB testing.

c. The host commander will submit a request to conduct EFMB testing and receive test materials to the EFMB Test Control Office (TCO) (see paragraph 2-21), no later than (NLT) 120 days (180 days for USAR and ARNG units) prior to the anticipated test-start date. The memorandum must be submitted IAW the same format as the example in figure 2-3. It may be submitted to the EFMB TCO (see paragraph 2-21).

d. Deployed units requesting to host EFMB testing must submit the following to the EFMB TCO (see paragraph 2-21) in conjunction with their request:

(1) Request concept approval of lane setup, scenario, and tasks on each lane and tested event.

(2) Detailed answers to questions in figures 2-1 and 2-2. This information is necessary for the EFMB TCO to better assist the organization and brief the Commander, AMEDDC&S.

(3) Approval memorandums from the senior mission commander and senior medical commander in the deployed area.

(4) Request to administer the EFMB test IAW paragraph 2-5c.

(5) Provide additional information pertinent to the planning and execution of an EFMB at their location as requested by the EFMB TCO.

<b>Questions to Analyze Prior to Requesting to Conduct EFMB Testing</b>
Is your organization prepared to commit the required time and effort into hosting EFMB Testing?
Is there available time (approximately 20 days) in your unit's schedule to conduct all phases of hosting EFMB Testing?
Does that timeframe allow you to meet the time suspense for requesting to host EFMB Testing?
Are there conflicting missions that would hinder conducting EFMB Testing?
Does your organization possess or have the ability to obtain the necessary equipment, vehicles, supplies, and personnel to conduct EFMB Testing?
Are there training areas available to conduct an EFMB during your anticipated EFMB test dates?
Does your organization have enough EFMB awardees assigned and available to evaluate the Tactical Combat Casualty Care tasks, to serve as the Officer In Charge (OIC)/Noncommisioned Officer In Charge (NCOIC) of each Combat Testing Lane (CTL), and for the EFMB Test Board? (These are the minimum.)
Will you have the support of your command to host EFMB Testing?
How many candidates can you support for EFMB Testing?

**Figure 2-1. Questions to Analyze Prior to Requesting to Conduct EFMB Testing**

<b>Additional Questions to Analyze Prior to Requesting to Conduct EFMB Testing While Deployed</b>
Where do you intend to host EFMB Testing?
Has your organization ever hosted EFMB Testing? When? Where?
Is your organization Active Army, National Guard, or Army Reserve? Location of home station?
Have any of your key leaders (involved in the actual execution of the EFMB) ever been the test board chairperson, member of the test board, OIC or NCOIC of an EFMB? What positions? When and where?
Do any of your key leaders (involved in the actual execution of the EFMB) have experience being a lane NCOIC/OIC? When and where?
How many of your evaluators have served as EFMB evaluators before?
How many EFMB awardees will you have to serve as evaluators? (NOTE: All evaluators on the Tactical Combat Casualty Care tasks, EFMB CTL OIC/NCOICs, and your test board members must be awardees of the EFMB.)
Are the required vehicles and evacuation platforms, IAW this publication, to conduct the Medical and Casualty Evacuation tasks available for EFMB testing? Will using these assets for EFMB testing conflict with normal operations?
Are enough personnel available to serve as EFMB support/noncandidates without affecting normal operations?
How and where will land navigation be conducted? What type of terrain is it?
Where will the foot march be conducted?
Is there adequate land available to establish realistic lanes IAW this publication?
Safety/Risk Management/THREATCON: Have all safety and security issues been addressed and planned for?
Will your organization sponsor the EFMB TCO in obtaining country clearance, other required logistical and administrative support, and assist them in getting into theatre to your location to conduct validation of your EFMB testing?
How far up the chain has your intent to conduct an EFMB been briefed? To whom and at what level? Did they approve and do you have it in writing?
Are the risks associated with conducting EFMB Testing at your location worth the reward?

**Figure 2-2. Additional Questions to Analyze Prior to Requesting to Conduct EFMB Testing While Deployed**

<b>EFMB Planning Material in Appendix E</b>	<b>Active Army Unit (Not Deployed)</b>	<b>Army Reserve and National Guard</b>	<b>Deployed Army Unit</b>
EFMB SCHEDULE EXAMPLES			
EFMB COMBAT TESTING LANE EXAMPLES			
EFMB TASK TIME LIMITS AND ESTIMATES			
EFMB PERSONNEL (NONCANDIDATE) PLANNING			
EFMB PERSONNEL (CADRE) PLANNING			
CLASS VIII PLANNING MATRIX			
EFMB PERSONNEL AND TIME PLANNING MATRICES			
SUPPLIES AND EQUIPMENT PLANNING MATRIX			
VEHICLE, TRAILER, AND GENERATOR PLANNING			
EFMB PLANNING CHECKLISTS			
PLANNING EFMB TRAINING			
<p><b>NOTE:</b> The EFMB host unit should review each item in Appendix E and check the EFMB TCO website for updates to assist them in planning their EFMB.</p>			

**Table 2-1. EFMB Planning Material Checklist**



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
ORGANIZATION NAME/TITLE  
STANDARDIZED STREET ADDRESS  
ADDITIONAL ADDRESS INFORMATION  
CITY, STATE, AND ZIP + 4 CODE

OFFICE SYMBOL

Date

**MEMORANDUM FOR US Army Medical Department Center and School, Assistant Chief of Staff for Operations, Plans, and Training, Expert Field Medical Badge Test Control Office (MCCS-OP), 3630 Stanley Road, Suite 336, Fort Sam Houston, Texas 78234-6100**

**SUBJECT: Request for Expert Field Medical Badge (EFMB) Test Site Approval and Test Materials**

1. Reference US Army Medical Department Center and School Pamphlet 350-10, Expert Field Medical Badge (EFMB) Test.
2. Request approval to administer the EFMB test as the host unit in accordance with the above reference, para 2-5. We have the personnel and logistical resources to conduct all aspects of EFMB testing.
3. The following information is provided:
  - a. Validation dates:
  - b. Standardization dates (include candidate inprocessing date):
  - c. Testing dates:
  - d. Location of field test site:
  - e. Number of Soldiers projected to begin EFMB testing:
  - f. EFMB test board chairperson:
    - (1) Rank, name:
    - (2) Address (include street address, building number, and room number):
    - (3) Telephone number (DSN and commercial):
    - (4) Fax number:
    - (5) E-mail address:
  - g. Officer/NCO in charge:
    - (1) Rank, name:
    - (2) Address (include street address, building number, and room number):
    - (3) Telephone number (DSN and commercial):
    - (4) Fax number:
    - (5) E-mail address:
4. Point of contact for this action is CPT John Hall at (DSN and commercial).

JOHN D. DOE  
LTC, MC  
Commanding

**Figure 2-3. Request for EFMB Test Site Approval and Test Materials**

## 2-6. SEQUENCE OF EVENTS.

- a. The following is the basic sequence of events in an EFMB test cycle:
  - (1) Request to conduct EFMB testing.
  - (2) Plan the EFMB.
  - (3) Site establishment.
  - (4) Preparation of evaluators and cadre.
  - (5) Conduct validation.
  - (6) Conduct standardization.
  - (7) Conduct testing.
  - (8) Conduct recovery and post EFMB requirements.
- b. Validation, standardization, and testing must be conducted in this sequence.

## 2-7. EXCEPTION TO POLICY.

a. Every effort will be made to preserve test integrity and continuity. Exception to policy requests concerning test content should be carefully scrutinized prior to submission. Requests for an exception to policy are subject to approval by the EFMB TCO.

b. To request an exception to policy, the test board chairperson will prepare the exception to policy IAW the format in figure 2-4 and submit it to the EFMB TCO (see paragraph 2-21). The content in figure 2-4 must be included if requested via e-mail.

**WARNING**  
**Exception to Policy requests will not  
be processed without ALL supporting  
documentation as outlined in this section!**

c. All requests for exception to policy will include the Command's assessment on the associated risks and mitigation strategy for the proposed exception. Any ETP submitted without the Command endorsed assessment will not be processed. Command's assessment means hosting commander, not EFMB Test Board Chairperson or EFMB OIC. Assessments should include:

- (1) Rationale for the ETP.



- (2) Analysis of risk associated with implementing the exception.
  - (3) Risk mitigation strategy if implementing the exception.
  - (4) Command endorsement of the assessment.
- d. The request for exceptions to policy must arrive at the TCO NLT:
- (1) 45 days prior to the anticipated testing start date for US Active Army units.
  - (2) 90 days prior to the anticipated testing start date for US Army Reserve and Army National Guard units.
- e. The EFMB TCO will provide a written approval or disapproval memorandum or an e-mail message to the test board chairperson within 5 days after receipt.
- f. The unit hosting EFMB testing must provide all candidates with a copy of any approved exceptions to policy NLT 30 days prior to the test start date. This will allow the candidates to modify their training to prepare for EFMB testing.



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
ORGANIZATION NAME/TITLE  
STANDARDIZED STREET ADDRESS  
ADDITIONAL ADDRESS INFORMATION  
CITY, STATE, AND ZIP + 4 CODE

OFFICE SYMBOL

Date

MEMORANDUM FOR US Army Medical Department Center and School, Assistant Chief of Staff for Operations, Plans, and Training, Expert Field Medical Badge Test Control Office (MCCS-OP), 3630 Stanley Road, STE 336, Fort Sam Houston, TX 78234-6100

SUBJECT: Request for Exception to Policy for Expert Field Medical Badge Testing

1. Reference US Army Medical Department Center and School Pamphlet 350-10, Expert Field Medical Badge (EFMB) Test.
2. Request an exception to policy for the following:
  - a. Applicable Critical Performance Area:
  - b. Applicable Task:
  - c. Exception to policy is required for:
  - d. Implications on EFMB testing if not approved:
  - e. Other comments concerning exception to policy:
3. Point of contact for this action is CPT John Hall at (DSN and commercial).

JOHN D. DOE  
LTC, MC  
Commanding

**Figure 2-4. Request for Exception to Policy**

**2-8. DUTIES.**

a. Commander, AMEDDC&S.

(1) Exercises approval authority as to who may administer EFMB testing and whether or not a particular program is approved.

(2) Standardizes EFMB testing Army-wide.

(3) Develops and maintains the EFMB requirements.

(4) Selects EFMB test control officers (TCOs). The TCOs must hold the rank of sergeant first class (SFC) or higher and be an awardee of the EFMB.

(5) Funds site visits for validation, standardization, and/or test review.

(6) Selects host units for validation, standardization, and/or testing review. All units approved to administer the EFMB test are subject to a validation, standardization, and/or testing review.

(7) Grants exceptions to policy.

b. Expert Field Medical Badge Test Control Office.

(1) Manages the EFMB Program for the Commander, AMEDDC&S.

(2) As the representative of the Commander, AMEDDC&S, observes units selected for validation, standardization, and/or testing review to ensure that they comply with the standards in this publication.

(3) Coordinates and provides guidance and test packages to approved host units.

(4) Enforces the standards in this publication and reports deviations to the test board chairperson (see paragraph 2-9). Also recommends changes or specific corrective actions during the conduct of the test. The TCO report is exempt from management information control requirements IAW AR 335-15 (Management Information Control System), paragraph 5-2g.

(5) Submits a report of test deviation to the Commander, AMEDDC&S, in cases of unresolved test standard deficiencies.

(6) Serves as the website administrator for the EFMB TCO website and maintains and updates the EFMB information. Paragraph 2-21 provides the location of the EFMB TCO website and contact information.

c. Host Commander.

- (1) Requests to conduct the EFMB (see paragraph 2-5).
- (2) Appoints a field grade AMEDD officer who is an EFMB awardee as the test board chairperson. This individual is responsible for conducting the EFMB test.
- (3) Establishes an EFMB test board. The test board will consist of five AMEDD officers or noncommissioned officers in the rank of MSG or higher (including the test board chairperson). Test board members must be awardees of the EFMB.
- (4) Coordinates administrative, logistical, and medical support for the test.
- (5) Assigns lane officer in charge (OIC) and/or noncommissioned officer in charge (NCOIC) who will be responsible for the operation of each of the lanes. All lane OICs/NCOICs of Combat Testing Lanes (CTLs) must be awardees of the EFMB.
- (6) Assigns evaluators who are subject matter experts on the tasks they will be grading. When possible, awardees of the EFMB should be utilized. At a minimum, the evaluators of tactical combat casualty care (TCCC) tasks must be awardees of the EFMB. Non-AMEDD subject matter experts may be utilized as evaluators on other tasks, but it is recommended that they be in the rank of sergeant (SGT) or above, if possible.
- (7) Ensures that risk management requirements are planned and executed during all phases of the EFMB IAW guidance from the Commander, AMEDDC&S, and Field Manual (FM) 5-19 (Composite Risk Management).
- (8) Presents the EFMB in an appropriate awards ceremony (see paragraph 2-20).

d. Test Board Chairperson.

- (1) Conducts a by-lane analysis of previous EFMB tests at the installation to identify weaknesses that require corrections or further candidate preparation. The EFMB TCO may assist the test board chairperson regarding Army-wide issues and results. This will help to ensure a better testing environment and utilization of resources.
- (2) Submits concept briefing of lane setup, scenarios, and tasks on each lane and tested event for approval from the EFMB TCO not later than 60 days (120 days for US Army Reserve and Army National Guard units) prior to the anticipated test start-date. An example concept briefing is available on the EFMB TCO website.

(3) Conducts validation, standardization, and testing IAW the standards in this publication (see Chapters 3 and 4).

(4) Receives, processes, secures, and safeguards the written test (WT) packet from the EFMB TCO (see paragraph 2-17).

(5) Maintains a file containing the EFMB orders for all test board members, lane OICs/NCOICs of CTLs, and TCCC task evaluators (at a minimum).

(6) Maintains a file for each candidate that includes, at a minimum, a copy of the candidate's-

(a) Commander's Recommendation/Certification Memorandum.

(b) Army Physical Fitness Test (APFT) scorecard.

(c) Weapons qualification (WQ) scorecard.

(d) Cardiopulmonary resuscitation (CPR) certification card or memorandum.

(e) EFMB testing score sheets and rebuttal sheets (if applicable).

(7) Conducts evaluator and lane validations to include 12-mile foot march and land navigation courses prior to standardization and test weeks IAW Chapter 3. The test board chairperson must be present during the entire validation process. Ensures that CTLs are established IAW Chapter 3.

(8) Ensures that all test board members are present during the entire validation process and that at least two test board members are onsite during standardization and testing.

(9) Ensures that all lane OICs/NCOICs conduct study halls daily throughout standardization and testing for all tasks associated with their lanes. Provides adequate equipment, training aids, and evaluators based on the size of the candidate population to facilitate training (see paragraph 3-4g).

(10) Ensures that all candidates attend study hall throughout standardization and testing (see paragraph 3-4g). Study hall is NOT optional.

(11) Administers the WT (see paragraph 4-11).

(12) Ensures that risk management requirements are planned and executed during all phases of the EFMB.

(13) Chairs the EFMB rebuttal board (see paragraph 4-9).

(14) Removes candidates that compromise test integrity.

(15) Establishes an EFMB operations center to aid in command and control.

(16) May reproduce any part of this publication to facilitate the conduct of EFMB testing.

(17) Uses the example EFMB planning material checklist shown in table 2-1 to assist in planning the EFMB (see Appendix E). The EFMB test board chairperson should modify the material as necessary to suit the needs of the host unit.

(18) Forwards a copy of the EFMB testing statistics on AMEDDC&S Form 1200, EFMB Testing Statistics, 1 NOV 2011, to the EFMB TCO, via e-mail within 3 days after the test end date. A copy for reproduction purposes is located in Appendix D of this publication and on the EFMB TCO website.

(19) Forwards a copy of orders on candidates awarded the EFMB to the EFMB TCO within 1 week after the test end-date.

(20) Forwards candidate test results, recorded on AMEDDC&S Form 1232, EFMB Qualification Record, 1 NOV 2011, to the candidate's commander and retains a copy on file. A copy for reproduction purposes is located in Appendix D of this publication and on the EFMB TCO website.

(21) Submits the EFMB database used to track the candidates' performance to the EFMB TCO via e-mail within 3 days after the test end-date.

(22) Submits an after action report to the EFMB TCO within 1 month after the test end-date IAW FM 7-1, (Battle Focused Training), and TC 25-20 (A Leader's Guide to After Action Reviews). Notable issues will be utilized for future EFMB testing improvements. Copies of all rebuttals will also be submitted to the EFMB TCO.

(23) Forwards the various Certificates of Verification and Destruction listed in Appendix D to the EFMB TCO IAW the prescribed time requirements. Copies for reproduction purposes are located in Appendix D of this publication and on the EFMB TCO website.

e. Test Board Members.

(1) Enforce the standards in this publication.

(2) Assist test board chairperson in conducting evaluator and lane validations to include the 12-mile foot march and land navigation courses prior to standardization and testing. Ensures that CTLs are established IAW paragraph 3-1. All test board members must be present during the entire validation process as required in Chapter 3.

(3) Participate in rebuttal board proceedings, ensuring fair adjudication, based upon the standards in this publication (see paragraph 4-9).

(4) Two test board members, at a minimum, must be on site during standardization and testing, rotating among test areas to reinforce standardization and troubleshoot areas identified by recurring rebuttals.

(5) Administer the WT (see paragraph 4-11).

f. Lane OICs/NCOICs.

(1) Enforce the standards in this publication.

(2) Ensure that the lane is established IAW paragraph 3-1. The test board chairperson will provide lane concept and flow.

(3) Conduct internal training of evaluators to ensure they and their applicable lanes are prepared for validation. Ensure that evaluators and lanes are validated by the test board prior to standardization and the test week (see paragraph 3-3).

(4) Ensure that study halls are conducted daily throughout standardization and testing for all tasks associated with their lanes. Provide adequate equipment, training aids, and evaluators, based on the size of the candidate population to facilitate training (see paragraph 3-4g).

(5) Require candidates to complete all tasks on a lane prior to informing them of the results.

(6) Ensure that all personnel, unit equipment, and supplies to run the lane are on hand, and that noncandidates/casualties have been briefed and validated on their responsibilities and perform their roles in a professional manner.

(7) Initiate/resolve the rebuttal process for candidates on their lanes and attend rebuttal board proceedings when the board is considering a task for which a lane evaluator was responsible.

(8) Ensure that risk management requirements are planned and executed.

g. Evaluators.

(1) Evaluate all candidates IAW the standards in this publication.

(2) Conduct a study hall, daily, throughout standardization and testing for all tasks associated with their lane (see paragraph 3-4g).

(3) Require candidates to complete all tasks on a lane before the lane OIC/NCOIC informs them of the results. Evaluators cannot provide results.

(4) Report candidate integrity violations to the lane OIC/NCOIC and test board chairperson.

(5) Attend rebuttal board proceedings when the test board is considering a task for which the evaluator was responsible.

(6) Ensure that noncandidates and casualties have been briefed and validated on their responsibilities and perform their roles in a professional manner.

h. Unit Commanders.

(1) Recommend only those candidates who volunteer for EFMB testing and meet the eligibility requirements in paragraph 2-2. 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 2-6).

(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) Provide candidates with a copy of this publication, copies of references listed in paragraph 2-15, and EFMB training material. All are available on the EFMB TCO website.

(6) 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/>).

(7) Ensure that candidates report to the EFMB site with all required equipment. Table 2-2 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, towel). The host unit will provide a packing list of additional items required or suggested (see paragraph 4-5).



Item	Quantity	Item	Quantity
<b><u>Worn</u></b>		<b><u>Carried: (continued)</u></b>	
Uniform, Army Combat	1 set	Paper, M8	1 book
Boots, Combat	1 pair	Pen	1
Helmet, Ballistic with Cover	1	Pencil, Mechanical	1
Socks	1 pair	Rucksack with Frame	1
Tags, Identification	1 set	Suspenders, Individual	1
T-shirt, ACU	1	Equipment	
Underwear	1		
Watch	1	<b><u>Placed in Rucksack</u></b>	
<b><u>Carried</u></b>		Bag, Waterproof	1
Belt, Individual	1	Boots, Combat	1
Canteen, Water Plastic	2	Gloves, CBRN Rubber	1 pair
Card, Identification	1	Jacket, Chemical Protective	1
Case, First Aid	1	T-shirt, ACU	1
Case, Small Arms	2	Liner, CBRN Gloves	1 pair
Compass, Lensatic	1	Overshoes, Rubber	1 pair
Cover, Canteen	2	Parka, Wet Weather	1
Cup, Canteen Water	2	Poncho	1
Flashlight with Red, Green or Blue	1	Protractor	1
Lens and Batteries		Socks	1
Kit, M291 Skin Decontamination	2 kits	Trousers, Chemical Protective	1
Mask, Protective with Carrier	1	Trousers, Wet Weather	1
M16/M4 Series Rifle/Carbine with	1	Light Stick, Chemical	1
Sling, (2) Magazines, and Blank		Uniform, Army Combat	1 set
Adapter		Underwear	1
Notepad	1		
<p><b>NOTE 1:</b> 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.</p> <p><b>NOTE 2:</b> 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.</p> <p><b>NOTE 3:</b> The M8 paper and M291 Skin Decon Kit are no longer required after the applicable Warrior Skills tasks are tested.</p> <p><b>NOTE 4:</b> The EFMB host unit may request alteration to this packing list or the uniform IAW AMEDDC&amp;S Pam 350-10, paragraph 4-5.</p>			

**Table 2-2. Required Candidate Equipment for EFMB Testing**



**DEPARTMENT OF THE ARMY**  
 ORGANIZATION NAME/TITLE  
 STANDARDIZED STREET ADDRESS  
 ADDITIONAL ADDRESS INFORMATION  
 CITY, STATE, AND ZIP + 4 CODE

REPLY TO  
 ATTENTION OF

OFFICE SYMBOL

Date

**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).

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

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

THOMAS A. JONES  
 CPT, MS  
 Commanding

**Figure 2-5. Commander's Recommendation/Certification Memorandum**

**2-9. EFMB TCO SITE REVIEWS.**

a. Review of Hosting Units. Units approved to conduct EFMB testing are subject to a validation, standardization, and/or testing review. The Commander, AMEDDC&S, holds the responsibility for standardizing EFMB testing and reserves the right to conduct reviews of selected units during the unit's administration of EFMB testing.

b. EFMB Test Control Officer. The EFMB TCO conducts validation, standardization, and/or testing site reviews to ensure that the host unit conducts all phases of the EFMB IAW the standards in this publication.

(1) Upon arrival, the EFMB TCO will identify himself to the test board chairperson, receive any updates to previous correspondence, provide guidance on any issues, and receive a site orientation.

(2) Observes selected units during the EFMB validation, standardization, and/or testing to determine if the process complies with the standards outlined in this publication. The EFMB TCO validates the host unit by observing some or all aspects of the EFMB and will not interfere with standardization or testing unless a deviation is observed.

(3) Reports all observed discrepancies from EFMB test standards to the local EFMB test board chairperson for correction. The EFMB TCO may also recommend changes or specific corrective action during the conduct of the test. (The TCO report is exempt from management information control requirements IAW AR 335-15, paragraph 5-2g). If necessary, the EFMB TCO may halt standardization or testing until the deviation is resolved.

(4) Submits a report of test deviation for any unresolved discrepancies from EFMB test standards through the test board chairperson to the Commander, AMEDDC&S. Candidates awaiting final evaluations of unresolved test deviations can complete the EFMB test events; however, the unit cannot award the EFMB until all issues have been resolved.

(5) Submits a report of the observed discrepancies to the test board chairperson or the next senior commander within 15 days.

c. Test Board Chairperson's Receipt of Report. The test board chairperson receives the TCO report of test deviation. Within 15 days of receiving the report, the test board chairperson submits a report through his next higher level of command to the Commander, AMEDDC&S.

d. Commander, AMEDDC&S, Decision. Upon receipt of the EFMB test board chairperson's report and the report of test deviation from the EFMB TCO, the Commander, AMEDDC&S, decides what to do about the discrepancy and informs the testing unit commander.

## **2-10. PERSONNEL REQUIREMENTS.**

a. Personnel requirements for administering the EFMB test vary. The number of candidates tested, concept of operations, layout and proximity of testing areas, and the organization's capabilities are the major contributing factors. The following are the major groups of personnel required for conducting an EFMB.

(1) Test Board. Consists of five test board members, including the test board chairperson. Performs duties as prescribed in paragraph 2-8 and as directed.

(2) Lane OICs and/or NCOICs. An OIC and/or NCOIC for each of the following is required: combat testing lanes, land navigation, and foot march. Perform duties as prescribed in paragraph 2-8 and as directed.

(3) Evaluators. Serve as evaluators on all EFMB tested tasks. Perform duties as prescribed in paragraph 2-8 and as directed.

(4) Noncandidates. Serve as casualties, litter bearers, and in other roles on CTLs [i.e., contaminated Soldier when removing Joint Service Lightweight Integrated Suit Technology (JSLIST)]. Perform duties as directed.

(5) Support Personnel. Serve as opposing forces (OPFOR), operations support (i.e., supply and meal support), vehicle drivers, medical coverage support, and other duties as directed.

(6) Operations Center. Normally consists of an EFMB OIC, EFMB NCOIC, operations center NCOIC, operations center staff, and platoon sergeants for the candidates.

b. Simulated casualty mannequins and/or filled sand bags are authorized as casualties on litters, including the SKED litter, as long as they meet the weight requirement (140 to 180 pounds) and are wearing a military uniform. Simulated casualty mannequins are also authorized for use as TCCC casualties and during the one- and two-person carries or drags and on the extrication tasks. Casualty simulators are recommended for use in creating realism and properly evaluating the candidates on some of the tested tasks, if possible.

c. Appendix E provides information to assist with EFMB planning requirements.

## **2-11. EQUIPMENT AND SUPPLIES REQUIREMENTS.**

a. Equipment and supplies. Quantities vary greatly depending on the number of candidates scheduled for testing, concept of operations, assigned equipment, and the organizational capabilities. Detailed examples of logistical spreadsheets are available on the EFMB TCO website to assist the host unit in planning their EFMB.

b. Vehicles. Vehicle requirements for administering the EFMB test vary. The number of candidates tested, concept of operations, layout and proximity of testing areas, and the organization’s capabilities are the major contributing factors. The number of vehicles for transporting personnel and equipment is dependant on the location and proximity of the various sites involved in the EFMB. Also, the number of personnel requiring transport plays a great role in planning vehicle assets. Buses may be utilized to eliminate making numerous shuttles by vehicles.

c. Appendix E provides information to assist with planning equipment, vehicles, and other logistical requirements to host EFMB testing.

**2-12. PYROTECHNICS, SMOKE, AND AMMUNITION REQUIREMENTS.**

a. The creation of a realistic simulated combat environment is vital to EFMB testing. The utilization of pyrotechnics, smoke, and other items create a more realistic battlefield scenario for the candidates to be tested on.

b. Quantities vary depending on the number of candidates scheduled for testing and the concept of operations. Table 2-3 is a recommended basic load of pyrotechnics per candidate with the assumption that he makes it through the entire test cycle. Numbers are based on utilization of candidate, evaluators, and opposing forces (OPFOR). They are not inclusive to rounds required if a weapons qualification range is conducted at the EFMB.

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

(2) Pyrotechnics will be utilized during the CTLs. The specific types and quantities are dependent on the concept of operations and availability. They will not be used on the land navigation course or the 12-mile foot march.

c. If pyrotechnics quantities are limited, the utilization of a public address (PA) system with battlefield sounds, automatic weapon simulators (available from the local Training Aid Support Center (TASC), smoke machines, and other methods are recommended for use.

<b>Event</b>	<b>Type</b>	<b>DODIC</b>	<b>Amount</b>
Combat Testing Lanes	Blank	A080	60
Opposing Forces	Blank	A080	20
Combat Testing Lanes	HG, Yellow	G945	2
Combat Testing Lanes	SIM, Ground Burst	L594	2
Combat Testing Lanes	SIM, HG	L601	2

**Table 2-3. Recommended Basic Load of Pyrotechnics Per Candidate**

## **2-13. SITE REQUIREMENTS.**

a. All testing except the WT must be conducted in a field environment. The WT may be conducted in a garrison environment at the test board chairperson's discretion.

b. The hosting unit should centrally locate the EFMB operations center and living support areas to facilitate command and control. The testing lanes should be constructed to facilitate efficient testing of all candidates. Paragraph 3-1 provides further guidance on the establishment of all areas.

### **(1) Combat Testing Lanes.**

(a) A terrain walk of the area should be accomplished prior to the development of the concept briefing to decide the layout of the CTLs. The terrain and ability to place vehicles and evacuation platforms will be some of the determining factors for the layout.

(b) The number of lanes that branch off of each CTL will also be necessary to consider in determining the layout to efficiently test personnel.

(c) Appropriate field hygiene equipment to sustain the personnel on the lanes (i.e., hand washing devices, chemical toilets).

### **(2) Land Navigation Course.**

(a) Area capable of supporting the distances required for total length of day and night land navigation courses.

(b) May use the same location as other key events (i.e., previous EFMB, Expert Infantry Badge (EIB), range control course). However, all individual points must be changed.

(c) Appropriate field hygiene equipment to sustain the personnel (i.e., hand washing devices, chemical toilets).

### **(3) Written Test Area.**

(a) An area should be selected with enough chairs and tables that can preferably accommodate all candidates in one iteration. However, conduct of the test is not required to be in a building or even with chairs and tables.

(b) It should not be crowded to the point that a candidate can easily see another candidate's WT during the examination.

(c) It should have adequate lighting and be free from the elements.

(4) 12-Mile Foot March Route.

(a) The 12-mile route will have minimal vehicle traffic and finish in an area that facilitates the candidates' chain of command and visitors to be present.

(b) Include an area to conduct the EFMB awards ceremony.

(c) Appropriate field hygiene equipment to sustain the personnel (i.e., hand washing devices, chemical toilets) is recommended for the start and finish areas.

(5) Operations Center.

(a) An EFMB operations center will be established to effectively command and control the EFMB.

(b) An area to maintain positive control of supplies, pyrotechnics, and sensitive items.

(c) An area to conduct rebuttal boards.

(d) An area established to conduct in- and out-processing.

(e) Appropriate field hygiene equipment to sustain the personnel in the area (i.e., hand washing devices, chemical toilets).

(f) Fuel point that complies with all applicable regulations, if required.

(6) Living Support Area (LSA).

(a) Candidates will bivouac in tents or in hardstand buildings in a field environment area during the EFMB testing.

(b) An area established for the candidates and cadre to eat their meals.

(c) An area established to conduct evening study halls.

(d) Most sites have an area for medical sick call to be conducted on site.

(e) If meals will be prepared by the dining facility and delivered to the site, an area to establish the field dining facility will be required.

(f) Appropriate field hygiene equipment to sustain the personnel on site (i.e., hand washing devices, chemical toilets).

(g) Showers are not required, but recommended for occasional use. Depending on the location of the site, bus transport may be required to a gym or other facility that has showers available.

## **2-14. TRAINING.**

a. The training of Soldiers for EFMB testing is the responsibility of their chain of command; it is not the responsibility of the unit hosting EFMB testing. All units will train their Soldiers prior to sending them to the EFMB test site. The commander acknowledges this responsibility and compliance when they verify that the Soldiers were trained on the Commander's Recommendation/Certification Memorandum. Inconsistent or improper unit training prior to EFMB testing are not grounds for rebuttal. Personnel should check the EFMB TCO website for updates or revisions.

b. References for both the hands-on testing and the WT components are identified in paragraph 2-15 and must be provided to the candidates so they can adequately prepare for testing.

c. All EFMB references and EFMB related material are available on the EFMB TCO website (see paragraph 2-21).

d. The EFMB TCO has developed training material that is available on the EFMB TCO website to prepare Soldiers for EFMB testing (see Appendix E-11). Soldiers should be wary of training material obtained from other sources or websites. Commanders must ensure that their Soldiers are using the most up-to-date version of the EFMB references and training material. Many of the tasks have been modified from the source reference.

e. While training value is gained during standardization at EFMB testing, it is not sufficient to successfully prepare Soldiers to earn the badge.

## **2-15. REFERENCES.**

a. The AMEDDC&S Pam 350-10, (The EFMB Test), 1 November 2011, is the only reference required for training, validation, standardization, and testing of the hands-on tested events in the EFMB.

b. The following are the only references utilized in developing the questions on the EFMB WT and should be the primary material utilized by candidates in preparing for the WT:

(1) Soldier Training Publication (STP) 68W15-SM-TG (Soldier's Manual and Trainer's Guide, MOS 68W, Health Care Specialist) (Skill Level 1 Tasks Only).

(2) FM 4-25.12 (Unit Field Sanitation Team).



- (3) Special Text (ST) 4-02.46 (Medical Support to Detainee Operations).
- (4) STP 21-1-SMCT (Soldier's Manual of Common Tasks, Skill Level 1).

c. Unit leadership and Soldiers should check for updates to these references on the EFMB TCO website.

## **2-16. POST TESTING REQUIREMENTS**

a. After testing is complete, the EFMB test board chairperson must:

- (1) Forward a copy of AMEDDC&S Form 1200, EFMB Testing Statistics, 1 April 2008, cited on pg. 2-13, to the EFMB TCO NLT 3 days after test-end date via e-mail.
- (2) Submit the EFMB database to the EFMB TCO NLT 3 days after the test-end date via e-mail.
- (3) Forward a copy of orders for candidates awarded the EFMB to the EFMB TCO NLT 1 week after test-end date.
- (4) Submit the completed WT answer sheets for each candidate via mail or by person to the EFMB TCO NLT 1 week after test-end date.
- (5) Forward the original candidate test results recorded on AMEDDC&S Form 1232 , EFMB Qualification Record, 1 April 2008, cited on pg. 2-13, to the candidate's commander and retain a copy on file. The EFMB TCO does not require a copy of these forms.
- (6) Submit an after action report to the EFMB TCO NLT 1 month after the test-end date IAW FM 7-1 and Training Circular (TC) 25-20. Notable issues will be posted on the EFMB TCO website for future testing improvements.
- (7) Submit the six various Certificates of Verification and Destruction listed in Appendix D IAW the stated time frames to the EFMB TCO.

b. A copy of all rebuttals must be submitted to the EFMB TCO NLT 1 month after test-end date.

## **2-17. WRITTEN TEST MATERIALS AND SECURITY.**

a. If the EFMB TCO will be on site, they will either hand carry the WT packet to the test board chairperson or mail it to them. This will be coordinated in order to facilitate the process. If the EFMB TCO is unavailable to conduct a site review, a WT packet will be forwarded to the test board chairperson NLT 30 days prior to the test-start date. The WT packet consists of the following:

- (1) One copy of the EFMB WT and retest.
- (2) One copy of the WT and retest reference answer keys.
- (3) Three copies of a punch-out answer key to grade the answer sheets.
- (4) Answer sheets (one per anticipated candidate).

b. Upon receipt, the test board chairperson will inventory the contents of the WT packet. He will complete the statement of receipt and return it to the EFMB TCO within four days.

c. The test board chairperson is responsible for securing WT materials and related documents. Functions required in establishing and maintaining test security may be delegated to a test board member. Security measures must be established by all elements where EFMB test materials are handled, administered, or stored. Security procedures must ensure close supervision of all phases of test receipt, storage, security, duplication, issue, administration, scoring, and destruction.

d. When not in transit or actual use, test materials will be stored in a locked room or container, accessible only to authorized individuals. Only persons whose duties require access to test materials will have keys and combinations to storage facilities. Test-scoring keys will not be stored with the test booklets and blank answer sheets.

e. Security requirements established in this publication meet the requirements of "FOR OFFICIAL USE ONLY" material IAW AR 25-55 (The Department of the Army Freedom of Information Act Program). These materials bear the designation "FOR OFFICIAL USE ONLY." The only exception to this is the blank answer sheet.

f. At no time can the test board withdraw questions from the WT without approval from the EFMB TCO. Only the EFMB TCO (per the guidance of the Commander, AMEDDC&S) has the authority to overturn a question on the WT.

g. A test board member will reproduce one copy of the WT for each candidate. The EFMB TCO will provide enough answer sheets for the candidates.

h. Within two days of completing the WT, the test board chairperson will personally supervise the destruction of the original and all copies of the WT and answer key. He will then sign the statement of destruction and return it to the EFMB TCO within 5 days after the completion of EFMB testing and destruction is accomplished.

i. Unit or individual file copies of the WT and answer keys are not authorized.

j. Within 1 week of the test-end date, the test board chairperson will forward the candidates' completed test-answer sheets to the EFMB TCO. This information is utilized to compile Army-wide statistical data for use in test analysis.

**2-18. 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.

**2-19. 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.

**2-20. 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 awardee's official records. Copies will be also forwarded to the EFMB TCO and the awardee.

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.

**2-21. EFMB TCO CONTACT INFORMATION.**

a. The EFMB TCO mailing address is: US Army Medical Department Center and School, EFMB Test Control Office (MCCS-OP), 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 to AKO first, then at: <https://www.us.army.mil/suite/page/140048>.

## CHAPTER 3

### SITE ESTABLISHMENT, VALIDATION, AND STANDARDIZATION

#### 3-1. SITE ESTABLISHMENT.

a. Site establishment will be conducted prior to validation. Time should be allocated not only for establishing the site, but also to effectively prepare the evaluators and cadre to perform their roles in the EFMB.

b. The time required establishing the site and preparing the evaluators and cadre depends on many factors. The normal time allocated is 4 to 6 days.

c. Lane OICs/NCOICs will use this time to establish their lanes and prepare lane evaluators for validation. All evaluators should be present during this phase to ensure they are prepared for validation.

d. Lanes will be set up IAW the approved concept brief. No changes to the lanes are authorized without the approval of the test board chairperson who will communicate these changes and request approval through the EFMB TCO. Each individual lane on a CTL will have the same sequence of tasks and be approximately the same length.

e. The EFMB operations center and living support areas should be established in a centralized location, if possible, that is easily accessible to the various testing lanes to assist in maintaining command and control of the EFMB.

f. Lanes should be established to make them as realistic as possible and similar to the current or future operating environments. This provides a superior and more relevant testing environment for the candidates. Lounge chairs, barbecue grills, and coolers aren't found in the middle of battlefields and are strongly discouraged in testing areas.

g. Appropriate field hygiene equipment to sustain the personnel should be available for both cadre and candidates in the vicinity of all testing areas (i.e., hand washing devices, chemical toilets).

h. 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.

i. Recommendations and guidance on establishing the lanes and EFMB site may be obtained from the EFMB TCO.

### **3-2. EVALUATOR AND CADRE PREPARATION.**

a. All evaluators must be proficient in all tasks they are assigned to evaluate. It is the lane OIC/NCOIC's responsibility to ensure that all evaluators are prepared for validation. It is the test board chairperson's and the test board members' responsibility to validate them on their ability to conduct standardization and testing IAW this publication.

b. Each lane OIC/NCOIC and evaluator must be provided a copy of this entire publication and any changes, not just the scoresheets. It must be available and utilized during all phases of the EFMB test cycle.

c. Training and preparation of the evaluators and cadre should be conducted prior to validation. It is recommended that training be conducted at the units prior to evaluators and cadre reporting to the EFMB site, if possible.

d. An internal validation will be conducted by the lane OICs/NCOICs prior to formal validation to ensure that all evaluators understand and are capable of enforcing the standards IAW this publication.

e. No one, to include the test board chairperson, test board members, lane OIC/NCOICs, or evaluators, is authorized to make changes to the standards in this publication without an approved exception to policy memorandum (see paragraph 2-7).

f. All cadre (i.e., operations center staff and platoon sergeants) should be trained to ensure that they are prepared to perform their roles in the EFMB. Rehearsal of concept drills will facilitate a more efficiently run event.

g. Any evaluator or cadre who is unable to enforce the standards in this publication must be removed from their role in the EFMB.

### **3-3. CONDUCT VALIDATION.**

a. Validation is conducted prior to standardization to ensure that all evaluators are validated on their ability to evaluate and conduct EFMB standardization and testing and also to ensure that lanes and the EFMB site are established IAW paragraph 3-1. The number of days required to conduct validation is the decision of the EFMB host unit. The average duration to complete validation is three to four days. Chapter 4 provides pertinent and required information for all of the EFMB tested events. Appendix B provides the standards for each of the tested tasks.

b. Validation is the responsibility of the test board chairperson and the test board members. They will ensure that it is conducted IAW the standards in this publication and ask the EFMB TCO for guidance and/or recommendations, if needed.

c. All test board members must be present during the entire validation phase with the exception of the WT and the foot march, which only designated test board members are required to validate.

d. Each test board member will be provided a complete copy of this publication by the host unit to be utilized throughout validation, standardization, and testing. This reference must be in their possession at all rebuttal boards and while on the lanes.

e. All lane OICs/NCOICs and evaluators must be present during the validation of their assigned lane.

f. The EFMB TCO will observe the test board conduct validation of the lanes and evaluators. The EFMB TCO will provide guidance and recommendations to assist the host unit in conducting the EFMB IAW the standards in this publication. If an EFMB TCO is not available on site, all efforts will be made to maintain positive contact with the EFMB TCO throughout all phases of the EFMB via phone and/or e-mail.

g. CTL Validation. All CTLs and the evaluators assigned to those lanes will be validated prior to the beginning of standardization. The test board must ensure that CTLs are established IAW the approved concept briefing. If changes are necessary, approval through the EFMB TCO is required. Each individual lane on a CTL will have the same sequence of tasks and be approximately the same length. The following are CTL validation requirements:

(1) Validation of lanes will be conducted as a real time dry run to show the test board that a lane is prepared to conduct standardization and testing. One evaluator will be selected to negotiate the lane as if they were a candidate. All other evaluators from the lane will evaluate the performance of the tasks. The test board members will observe the performance on the lane and then compare all the evaluators' evaluation score sheets to ensure that evaluators are grading to the standards in this publication and that all evaluators are evaluating the same. It may be necessary to have several other evaluators negotiate the lane. Each evaluator is required to demonstrate that they are familiar with their respective tasks and performance steps/measures and that they can demonstrate hands-on performance of all tasks to standard.

(2) If the lane and the evaluators assigned to that lane are not validated, the lane OIC/NCOIC and the test board chairperson will schedule a time and date to conduct a follow-up prior to standardization until the lane and the evaluators are validated.

(3) Once a lane and all of the evaluators from that lane have met the validation requirements IAW this publication, they will be allowed to receive candidates to conduct standardization. After a lane has been validated, no changes are authorized without the approval of the test board chairperson.



(4) The lane OIC/NCOIC or his designated representative will also give the lane and safety briefings and have risk management worksheets available for review. They will also brief on how standardization will be conducted and demonstrate anything that is requested by the EFMB test board and/or the EFMB TCO.

(5) The test board will ensure that administrative NO-GOs and actions that are considered to cause further injury to a casualty are standardized throughout all CTLs. Paragraph 4-7e provides more information on administrative NO-GOs. They will also standardize what is considered "secure" as it pertains to securing patients to litters or on vehicles or evacuation platforms.

(6) Ensure that all personnel involved on the lane are aware of their responsibilities and knowledgeable on the standards in this publication, as applicable for support personnel.

h. Written Test Validation. The test board chairperson or a designated test board member must follow the security guidelines of the WT IAW paragraph 2-17 and will:

(1) Ensure that the WT packet received from the EFMB TCO is complete.

(2) The test board may not change or withdraw questions from the test. Only the EFMB TCO has the authority to change or withdraw a question on the WT.

(3) Personally make one copy of the WT for each candidate. This cannot be delegated to a non-test board member.

(4) Ensure that an adequate area which does not place the candidates too close together is identified to conduct the WT.

(5) Conduct a dry run of how the WT will be administered.

(6) Ensure that all personnel involved in the WT are properly briefed and have read and understand the information in paragraph 4-11.

i. Land Navigation Validation. At least one test board member will:

(1) Accompany land navigation OIC/NCOIC and/or evaluators to ensure every point is validated with a global positioning system (GPS) type device.

(2) Ensure that every point on the course is IAW the standards in paragraph 4-12. The same points cannot be used that were previously utilized for EFMB testing.

(3) Review every lane to ensure they are within the prescribed total distance.

(4) Verify answer keys are correct.

(5) Ensure that a tracking mechanism is in place to ensure that candidates do not have the same lane during standardization and testing.

(6) Ensure that the pace count area was measured out with a proper measuring device and that a compass verification is in place and checked for accuracy.

(7) Ensure that the lane and safety briefings are all inclusive.

(8) Ensure that all personnel involved on the lane are aware of their responsibilities and knowledgeable on the standards in this publication.

j. Foot March Validation. At least one test board member will:

(1) Validate the foot march route prior to the beginning of the testing phase.

(2) Measure the entire foot march route while walking with a wheel or GPS device to validate the proper distance. No other method is authorized to measure the course to include by vehicle. Table 3-1 lists conversion factors to assist in the conversion of the measuring wheel to miles. It is highly recommended to measure the route at least twice for accuracy.

(3) Review the following plans to ensure that they meet the standards in this publication and support the final event of EFMB testing at the site:

(a) Plan to mark the route to ensure that all candidates will stay on the course and not become lost.

(b) Plan to mark mile markers.

(c) Medical evacuation plan is adequate to support the number of candidates and personnel on the course.

(d) Plan to establish water points on the course.

(e) Plan to ensure that candidates negotiate the entire course (i.e., tongue depressor with candidates' number is given to cadre at the 6-mile marker, candidate numbers checked off on a list at the 6-mile marker).

(f) Plan to inspect all candidates' inventory packing list prior to and following the foot march.

(g) Plan to ensure that noncandidates are separated from candidates at the finish line and during the post foot march inventory inspection.

(h) Risk management plan to ensure that all hazards are identified and control measures are in place for them.

(i) Plan to ensure that no other events or obstacles (i.e., closed gate, blocked road, Expert Infantryman Badge road march on same route) will hinder the execution of the event.

	<b>1 MILE</b>	<b>12 MILES</b>
<b>FEET</b>	5,280	63,360
<b>METERS</b>	1,609.34	19,312.12
<b>YARDS</b>	1,760	21,120

**Table 3-1. Distance Conversion Information**

**3-4. CONDUCT STANDARDIZATION.**

a. Standardization is conducted prior to testing to ensure that candidates know how EFMB testing will be conducted at the location. The standardization phase will be used to allow the candidate to view how the standards will be evaluated and tested, plus provide the opportunity to clarify any questions or grey areas in the standards.

b. Standardization must be conducted prior to EFMB testing. The number of days of standardization is the decision of the host unit. The average is 5 days, including inprocessing. Statistics have shown that a longer standardization equates to a higher overall pass rate.

c. While training value is gained from standardization, it is not its intended purpose. Units and candidates should not assume that they will receive the necessary training during standardization to be successful when tested. Training for EFMB testing is addressed in paragraph 2-14.

d. The host unit does not have to afford candidates the opportunity to individually negotiate the CTLs. They are only required to demonstrate the standards and how the candidates will be required to react and negotiate each CTL from start to finish. However, it is recommended that they be provided the opportunity to negotiate the lanes, even if it is in small groups. At a minimum, an evaluator will demonstrate the proper negotiation of the CTL from beginning to end if the candidates aren't afforded the opportunity. Standardization ensures that candidates know when to react and perform tasks and that testing is reaction based.

e. Candidates will be standardized on every tested lane with the exception of the foot march and the WT.

f. If a candidate misses a portion of standardization due to illness or an emergency, the decision to allow the candidate to continue in EFMB is up to the test board chairperson. The candidate does not have to be afforded another opportunity to be standardized on any of the lanes that were missed.

g. Host units are required to conduct study halls daily during standardization and testing. Study halls are required to provide candidates with the opportunity to better prepare for testing. The host unit will conduct training on the WT references during study halls, but at no time will the test board review questions that appear on the WT with the candidates.

h. Lane OICs/NCOICs will use the same setup and sequence of tasks during standardization as during testing. Scenarios must be changed between standardization and testing for the Medical Evacuation (MEDEVAC) Request; Nuclear, Biological, and Chemical (NBC) 1 Report; and Explosive Hazard Spot Report. However, candidates must be standardized appropriately IAW this pamphlet.

i. During standardization of land navigation, Soldiers will be afforded at least one opportunity to navigate the day and night courses. If a candidate loses or damages their equipment during their one opportunity to navigate the course, they do not have to be afforded another opportunity to negotiate the land navigation course at a later date during standardization. In case of inclement weather or other circumstances that prevent candidates from having the opportunity to standardize on a lane or event, the schedule should be adjusted, if possible. While unfortunate, this can't be used as grounds for a rebuttal for the candidates should any of them receive a NO-GO. If it is not possible for them to standardize prior to testing, the test board chairperson and/or the host unit commander will make the decision to continue and communicate the situation to the EFMB TCO.

j. All materials and equipment will be made available to candidates during standardization and study halls to practice techniques shown in this publication.

k. Evaluators on the CTLs should emphasize to candidates the performance steps/measures that are commonly improperly executed. This greatly assists candidates in their preparation for testing.

l. The test board must be involved throughout standardization to ensure that the standards in this publication are being demonstrated to the candidates.

m. In addition to the information stated in the previous paragraphs, the test board will ensure that the following are explained to the candidates during standardization:

- (1) The rebuttal process.
- (2) Administrative NO-GOs (see paragraph 4-7e).
- (3) Actions that will be considered to cause further injury to a casualty.
- (4) What is considered "secure" as it pertains to securing patients to litters or on vehicles or evacuation platforms.
- (5) What is considered a safety violation that will stop them during testing.

## CHAPTER 4

### CONDUCT EFMB TESTING

**4-1. REQUIREMENTS.** To qualify for and be awarded the EFMB, candidates must be eligible IAW paragraph 2-2. In addition, they must successfully complete the requirements and/or required number of tasks associated with each of the seven critical performance areas in paragraphs 4-11 through 4-17.

#### **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. If additional time is needed, the host unit commander will request an exception to policy IAW paragraph 2-7. 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 (see paragraph 2-14).

b. Inconsistent or improper unit training prior to the test period is not grounds for rebuttal.

#### **4-5. CANDIDATE EQUIPMENT.**

a. Table 2-2 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 IAW table 2-2 and paragraph 4-17.

b. During the WT, the candidates may wear the battle Army combat uniform (ACU) without the equipment in table 2-2. 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.

e. If modifications to the uniform or packing list are needed (i.e., body armor), the host unit commander will request an exception to policy IAW paragraph 2-7. The weight of the additions (i.e., body armor) will be subtracted from the rucksack packing list and be modified accordingly. The host unit may elect to utilize a weight standard during the foot march. All candidates' equipment must weigh the same as the equipment listed as carried/worn/placed in rucksack in table 2-2. Items that cannot be utilized to achieve weight standards include rocks, sandbags (unless securely taped shut), logs, water, or other items which could be picked up along the route. Each candidate's equipment must be weighed during the pre- and post- inspections to ensure compliance if this occurs.

#### **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.

(2) The principles and concept of tactical combat casualty care should be utilized in developing the battlefield scenario and the combat testing lanes. Paragraph 4-13g defines the three distinct phases of tactical combat casualty care.

(3) EFMB testing can be conducted in any field environment. The host unit should attempt to make the battlefield scenario similar to the current operating environment of the military.

b. Combat Testing Lanes.

(1) Candidates are tested on each task as outlined in this publication. 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. Different evaluators at each task are NOT authorized. It is not conducive to reaction-based testing.

(2) Tasks from the critical performance areas of TCCC, communications, warrior skills, and evacuation will be integrated in the CTLs. The test board chairperson will determine sequencing of the tasks on all combat testing lanes in the concept brief, ensuring a logical flow of events. Appendix E, paragraphs 3-1 and 4-13g provide additional information on creating the combat testing lanes. Example concept briefings are available on the EFMB TCO website.

(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. See FM 5-0 (Army Planning and Orders Production) for a sample OPORD or FRAGO.

(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.

c. Exceptions. The land navigation, 12-mile foot march, and WT events will not be in a battlefield scenario or combat lane setup.

#### **4-7. PERFORMANCE STANDARDS.**

a. All performance steps/measures are provided for the tested tasks in Appendix B and its supported annexes. This publication is the only reference required for hands-on tested tasks.

b. In some cases, there are different score sheets provided for similar tasks. The different score sheets are included to illustrate the difference in standards and performance steps/measures between the different types of equipment. The test board chairperson will select the type of equipment IAW paragraphs 4-13 to 4-17, thus the score sheet, which will be tested. This will be identified in the concept briefing submitted to the EFMB TCO.

c. The score sheets ensure that every candidate is graded by the same standards. At no time will evaluators deviate from the standards in the score sheets. 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 IAW paragraph 4-5c.

**4-8. CHANGES.** Changes are NOT authorized without approval of an exception to policy.

#### **4-9. REBUTTALS AND APPEALS.**

a. Rebuttals. Candidates will be explained the rebuttal process during standardization. During the test period, the test board chairperson will conduct rebuttal boards daily or more as needed. A minimum of three test board members, including the test board chairperson, must be present to conduct the rebuttal board and vote. Candidates must be given the opportunity to appear before the board to verbally present their reasons for any hands-on rebuttals, in addition to completing a rebuttal sheet. The host unit will reproduce and utilize the rebuttal sheets available in Appendix B of this publication. If an EFMB TCO is on site, they will monitor and provide guidance during the rebuttal boards.

b. Hands-on task rebuttal process. The lane OIC/NCOIC will review all score sheets and may overturn a NO-GO task to a GO at their level. Candidates who want to rebut a task must request their rebuttal immediately after the lane OIC/NCOIC informs



them of their performance on the lane. The candidate will initial the appropriate rebuttal block on the bottom section of their score sheet(s) and write their rebuttal on a rebuttal sheet. Additional paper may be utilized if needed. Once the candidate departs the lane OIC/NCOIC table, they may not come back later and request to rebut. Test board members will:

(1) Review the score sheets, written rebuttal and review this publication prior to the candidate, evaluator, and OIC/NCOIC entering the rebuttal board.

(a) All test board members will have a copy of this publication at the rebuttal board.

(b) Any additional reference needed for hands-on task rebuttals will be utilized at the discretion of the test board chairperson.

(2) The candidate will report to the test board chairperson to present their rebuttal and answer questions from the test board members. Evaluators will appear before the board to support their position along with the OIC/NCOIC from that lane.

(a) The candidate should not report to the test board in the presence of the evaluator and/or OIC/NCOIC, unless deemed necessary by the test board.

(b) Personnel may be recalled, if required, by the test board.

(c) The test board may request that noncandidates, support personnel, and other evaluators and candidates provide additional information.

(3) Review all information pertinent to the rebuttal and review the standards in this publication prior to voting.

(4) Adjudicate based upon the standards in this publication.

(a) The test board chairperson will make the decision in case of a tie vote.

(b) Render a decision on the candidate's rebuttal at the end of the rebuttal board. The test board can not delay adjudication until a later date.

(5) The candidate will report to the test board chairperson for their decision. For hands-on tasks, the decision of the test board is final and cannot be appealed.

(6) The test board chairperson will ensure that a copy of the rebuttal and the test board's decision are maintained in the candidate's folder in the EFMB operations center.

(7) A copy of all rebuttals will be forwarded to the EFMB TCO NLT 1 month after the completion of EFMB testing.

c. Written test rebuttal process.

(1) The WT rebuttal and appeal process will be explained to the candidates prior to taking the WT (see paragraph 4-11). If a candidate desires to rebut any questions on the WT, they must ask the test board for a rebuttal sheet (see Appendix B-7) when they turn in their WT and complete it at that time. They may not come back after turning in their WT and request to rebut.

(a) If a candidate requests to rebut, they will be given a rebuttal sheet, a pen, and their copy of the WT. They will not be given their answer sheet.

(b) It is the candidate's responsibility to make any annotations (i.e., question numbers) on the scrap piece of paper they are given when taking the WT.

(2) The test board will research all rebuttals on the day of the examination. If more information is needed by the test board and they find it necessary, they may call candidates in individually to afford them the opportunity to verbally communicate their rebuttal. However, this is not required for WT rebuttals.

(3) If the test board determines that the candidate's rebuttal does not merit warrant to be overturned, they will inform the candidate that they may appeal the decision through the EFMB TCO (see paragraph 4-9d).

(4) If the test board determines that the candidate's rebuttal does merit warrant, they will inform the EFMB TCO, who will review the rebuttal. The test board does not have the authority to make the decision to throw out or overturn any question. The candidate will be informed that they may appeal the decision through the EFMB TCO.

d. Appeal. The candidate has the right to appeal the test board's rebuttal decision on the WT event through the EFMB TCO to the Commander, AMEDDC&S. The appeal must be submitted by the candidate through the host unit and the EFMB TCO to the Commander, AMEDDC&S, not later than 15 days after completion of the EFMB test.

(1) If the EFMB TCO is on site, he will render a decision at that time, if possible.

(2) In the event the EFMB TCO is not on site, every effort will be made by the test board to contact the EFMB TCO via e-mail or phone. The candidate will be allowed to continue with testing until a decision is rendered. Other candidates that missed the question and have the potential to be a GO on the WT if the question is overturned will be provided the opportunity to continue with testing.

(3) If a question is overturned, all candidates affected by the decision will be rescored.

#### 4-10. SCORE SHEETS.

a. The score sheets provided in Appendix B 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 EFMB TCO will produce a new score sheet for the host unit to utilize. The host unit must provide this new score sheet to candidates to assist them in preparing for testing.

(1) The header and footer portions of each score sheet list the critical performance area followed by the task name (i.e., TCCC-Treat an Open Abdominal Wound).

(2) It is the hosting unit's responsibility to reproduce copies of the score sheets for each candidate to be tested.

b. The bottom of each score sheet also provides an area for the evaluator to write a detailed description of all NO-GO performance steps/asures.

c. Figure 4-1 is an example of a completed score sheet. The following are directions for completing score sheets:

(1) The candidate will legibly write their rank, name, and candidate number in the top portion of each score sheet prior to beginning testing on the applicable lane.

(2) The evaluator will:

(a) When evaluating the candidate's performance, place a check mark or "X" in the appropriate column and legibly write detailed comments on any and all deficiencies at the bottom of the score sheet. Also, any times associated with performance requirements will be written on the score sheet.

(b) Verbalize all appropriate "cues" as stated on the score sheets. Additional information to clarify the cue's intent may be given (i.e., "Pulse is strong and bounding").

(c) Sign their name on the back of the score sheet after evaluating the candidate's performance of tasks and times, if applicable.

(3) The lane OIC/NCOIC will review all score sheets and may overturn a NO-GO task to a GO at his level. He will inform the candidate of their performance on each task and afford them the opportunity to rebut any task(s). The candidate will initial the appropriate box on the back of the score sheet and write their rebuttal on a rebuttal sheet (see Appendix B-6) prior to departing the OIC/NCOIC table, if applicable. The candidate will initial before and after their rebuttal comments. The OIC/NCOIC will initial the appropriate box on the bottom of the score sheets.

(4) All score sheets will be consolidated and given to the EFMB operations center on site to be input into the EFMB database and filed in the candidate's folder.

<b>EFMB Test Score Sheet</b> <b>TCCC— INSERT A NASOPHARYNGEAL AIRWAY</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP)			
CANDIDATE'S RANK AND NAME PFC DUNN, JOHN		CANDIDATE # 121	
<b>TASK:</b> INSERT A NASOPHARYNGEAL AIRWAY.			
<b>CONDITIONS:</b> 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.			
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.			
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.			
<b>PERFORMANCE STEPS/MEASURES</b>		<b>GO</b>	<b>NO-GO</b>
1. Place the casualty supine with the head in a neutral position		X	
2. Take body substance isolation (BSI) precautions.		X	
3. Assess nasal passages for apparent obstruction.		X	
<b>EVALUATOR STATES:</b> "NASAL PASSAGES ARE NOT OBSTRUCTED."			
<b>CAUTION:</b> 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:			X
a. Measure the airway from the casualty's nostril to the earlobe.			X
b. Measure the airway from the casualty's nostril to the angle of the jaw.			X
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.		X	
<b>CAUTION:</b> 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.		X	
a. Push the tip of the nose upwards gently.		X	
b. Position the tube so that the bevel of the airway faces towards the septum.		X	
c. Insert the airway into the nostril and advance it until the flange rest against the nostril.		X	
<b>CAUTION:</b> 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.		X	
8. Did not cause further injury to the casualty.		X	
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)		YES NO JD
4a. Measured the airway from the casualty's earlobe to the corner of the mouth.			
LANE OIC/NCOIC INITIALS BGG	EVALUATOR'S SIGNATURE SFC B. Right		DATE Date tested

Worksheet #010 to construct AMEDDC&S Form 1232, 1 AUG 2010

Figure 4-1. Example Completed Work Sheet

**4-11. WRITTEN TEST.** 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. Candidates who initially fail the WT will be given a retest of the WT the evening before the foot march.

a. The test board will administer and grade the WT/retest and cannot delegate these responsibilities to a person who is not on the test board. Non-test board members may be utilized as proctors only. Test proctors must be officers or NCOs who are EFMB awardees. The test board chairperson will ensure that all test proctors are properly briefed.

(1) Test proctors will:

- (a) Read and comply with the requirements of paragraph 4-11.
- (b) Understand the importance of proper test security and administration.
- (c) Understand the order in which the examination material is to be distributed and collected.
- (d) Understand that they must continuously monitor the testing candidates.
- (e) Understand the actions to take if a candidate is suspected of cheating.
- (f) Understand that only questions from candidates concerning testing procedures, time checks, and the purpose and use of examinations may be answered.
- (g) Ensure that no talking between candidates in the testing area occurs from the time testing materials are passed out until all candidates have turned in their test materials and completed their rebuttals, if applicable.

b. Prior to the examinations, each test board member will:

- (1) Have read this publication, understand the importance of proper test security and administration, and comply with paragraph 2-17.
- (2) Ensure that all materials are available for the examination the day prior.
- (3) Ensure that the appropriate testing conditions exist. The environment will be free from distractions with adequate space and lighting.
- (4) Ensure that test proctors have been briefed on their roles and responsibilities.

(5) Sign for the exact number of examination booklets and sheets from the test board chairperson. Upon signature, the test board members accept responsibility for examination security; however, the test board chairperson still remains ultimately responsible for overall security.

(6) AT NO TIME WILL THE TEST BOARD LEAVE THE EXAMINATION MATERIAL UNATTENDED.

c. At the beginning of the examinations, the test board will:

(1) Ensure that the testing area is completely cleared with only authorized testing material present (i.e., scrap paper, pencils, answer sheet, and test).

(2) Ensure that candidates are not seated in positions that allow them to easily see other candidates' answer sheets.

(3) Ensure that no talking between candidates occurs in the testing area from the time testing materials are passed out until all candidates have turned in their test materials and completed their rebuttals, if applicable.

(4) Ensure that each candidate completes the required information on the front of the answer sheet, per instructions.

(5) Read the testing instructions verbatim as stated in table 4-1.

d. During the examination, each test board member or proctor will:

(1) Take the following actions for a candidate suspected of cheating.

(a) Allow the candidate to complete the examination, unless they are disrupting other candidates.

(b) Make a written documentation of the time the incident occurred and a summary of the observations.

(c) After the candidate turns in their examination, inform him of the suspected violations. Direct the candidate to report to the test board immediately.

(2) Continuously monitor the group.

(3) Under no circumstances leave the candidates unattended. At least one test board member must be in the testing area at all times.

(4) Only answer routine questions concerning testing procedures, time limits, and purpose and use of examinations. Test board members and proctors will not

provide explanations or answers to test questions. This includes definitions of words

(5) Provide periodic announcements of time remaining for the examination. At a minimum, warnings should be given at the last 30-, 10-, and 2-minute intervals.

(6) Direct candidates to the turn-in station when they have finished.

(7) Stop the examination when the allotted time has expired.

e. At the testing material turn in station, the test board member(s) will:

(1) Collect the test booklets, answer sheets, and scrap sheets of paper.

(2) Count the examination test booklet pages in front of candidate and ensure that no pages are missing before dismissing the candidate.

(3) Ensure that all answer sheets are properly filled out with no stray marks present and erasures are complete.

(4) Ask each candidate if they want to rebut any of the questions. All test rebuttals must be completed prior to the candidate leaving the test turn-in station. If the candidate does not wish to rebut, the candidate will be directed to the designated area to wait for test results.

(5) If the candidate wishes to rebut, the candidate will be provided a WT rebuttal sheet, a copy of the test booklet, and any notes they made while taking the test to fill out the rebuttal form. The answer sheet will not be returned to the candidate. At no time will the candidate be allowed to review their answer sheet once it has been turned-in. Candidates will not be provided a copy of the actual references to complete their rebuttal.

(6) Candidates will be directed to an area established for them to complete their rebuttal forms. They are not allowed to talk to each other or permitted to look at other candidates' paperwork. No further questions may be asked. Once completed, the candidate will return the rebuttal sheet, scrap sheets of paper, and test booklet to the test turn in station. The test board member will perform the tasks stated in paragraphs 4-11e(2) and (3) and direct the candidate to a designated area (separate from the other candidates) to wait to for the decision of test board on their rebuttal. No interaction with other candidates is permitted until after the candidate has appeared before the rebuttal board.

(7) Ensure that all examinations and answer sheets are accounted for prior to dismissing the candidates or leaving the designated area.

(8) Upon completion of the examination and rebuttals, the test board will take the test booklets and answer sheets to the test grading station.

- f. At the test grading station, the test board members will:
  - (1) Receive all test booklets, completed examinations, and rebuttals.
  - (2) Use the answer key cut out template provided by the EFMB TCO to grade the candidates' answer sheets.
  - (3) Mark all incorrect answers with a yellow, pink, or light blue highlighter only. No pen or pencil marks are permitted on the answer sheets by the test board members. The total number of correct answers will be marked on the front of the answer sheet.
  - (4) All answer sheet grading will be double checked to verify the correct score.
- g. After all examinations have been graded; the test board will convene to review all rebuttals IAW paragraph 4-9.
- h. After all examinations have been graded, and rebuttals are completed, no test review will be given.
- i. The test board chairperson will destroy all copies of the test booklets and secure all copies of the answer sheets IAW paragraph 2-17. If the EFMB TCO is on site, the test answer sheets will be hand delivered. If the EFMB TCO is NOT on site, the answer sheets must be mailed through the official military mail system.
- j. Changes are NOT authorized without an exception to policy approval.



<b>EFMB Written Test Instructions</b>	
1	You are about to take the EFMB Written Test. You must correctly answer 45 out of 60 questions to pass. NO talking is allowed from this point until you leave the testing area. If you have a question, raise your hand and a proctor will assist you. Clear all materials from your desk/table except test booklet, answer sheet, scratch paper, and pencil (If not pre-positioned, pass these items out to the candidates).
2	DO NOT touch any materials on your desk/table until told to do so.
3	You will use a number two pencil only in completing your answer sheet. A pencil sharpener is located at _____. If you need to sharpen your pencil while taking the test, move directly to the pencil sharpener without looking at other candidates testing material, sharpen your pencil, and then return to your chair.
4	At this time, look at the front of your answer sheet. Fill in all appropriate blocks. (Explain each section.). Put your answer sheet and the pencil down when finished.
5	DO NOT write on any material except the answer sheet or scratch paper.
6	DO NOT make any stray marks on your answer sheet; stray marks may count against you. If you must erase, erase completely. Completely fill in the correct bubbles on the sheet with your pencil.
7	At this time, pick up your test booklet. Review the test booklet to ensure all pages are present. The test booklet contains page _____ through _____. After verifying your pages, close the test booklet and place it face down in front of you. Does anyone have missing pages?
8	Giving and/or receiving any unauthorized assistance during this test, for example looking at other candidates' test materials, assisting another candidate, crib/cheat notes, and talking will constitute cheating and you will receive an administrative NO-GO and be dropped from EFMB testing. You will be referred to your chain of command for appropriate action.
9	You will NOT be allowed to leave the testing area until you have completed the test. However, if it becomes necessary to use the bathroom, raise your hand and a cadre member will escort and remain with you until you return to the testing area (optional). All of your examination materials will be secured prior to leaving the room.
10	When you are taking the examination, select the best answer to the question; interpretation may be required. Test administrators and proctors CANNOT provide explanations or answers to test questions, only testing procedures, time checks, and purpose and use of examinations. If you decide to skip a question and come back to it, ensure that you fill in the answer that corresponds to the appropriate question.
11	Once you have completed the test, check to ensure that you have answered all test questions and that the answer matches the corresponding question.
12	When you have completed your test, secure all examination items and take them to the test turn in station which is located _____. If there are other candidates waiting, form a line keeping at least three feet distance from the candidate in front of you. No talking or interaction is allowed between candidates. When called forward by the cadre, you will turn in your test booklet, answer sheet, scratch paper, and pencil.

**Table 4-1. Written Test Instructions**

13	They will count the pages in your test booklet to ensure that no pages are missing, your answer sheet is properly filled out with no stray marks present, and that any erasures are complete. The cadre may ask you if you want to rebut any of the questions, however, it is your responsibility to inform the cadre at that time if you want to rebut. All rebuttals must be completed prior to leaving the test turn-in station. If you do not wish to rebut, you will be directed to go to _____ to wait for your test results.
14	If you wish to rebut, you will be provided a written test rebuttal sheet, a copy of the test booklet, a pen, and any notes that you made while taking the test to fill out the rebuttal sheet. Your answer sheet will not be returned to you. At NO time will you be allowed to review your answer sheet once it has been turned in. You will NOT be provided a copy of any references to complete your rebuttal. You will be directed to an area established to complete your rebuttal sheet. You will NOT talk to each other or be permitted to look at other candidates' paperwork. NO further questions may be asked. Once completed, you will return the rebuttal sheet, scrap sheets of paper, and test booklet to the test turn in station. The test board member will count the pages in your test booklet to ensure that NO pages are missing and review your rebuttal form to ensure that it is legible. You will be directed to go to _____ to wait and appear before the test board for your rebuttal. NO interaction with other candidates is permitted until the test board renders their decision.
15	The test board will research all rebuttals. If clarification is required, they may call you into the rebuttal board to provide more information on your rebuttal.
16	If the test board determines that the candidate's rebuttal does NOT merit warrant to be overturned, they will inform the candidate that they may appeal the decision.
17	If the test board determines that the candidate's rebuttal does merit warrant, they will inform the EFMB TCO who will review the rebuttal. The test board does NOT have the authority to make the decision to throw out any question.
18	(If an EFMB TCO is on site, they will render a decision after reviewing the rebuttal. In the event an EFMB TCO is not on site, every effort will be made to contact the EFMB TCO via e-mail or phone. The candidate and others that missed the question and have the potential to be a GO on the written test if the questioned is overturned will be given the opportunity to continue with testing until a decision is rendered.
19	If a question is overturned, ALL candidates affected by the decision will be re-scored.
20	You have the right to appeal the test board's rebuttal decision on the WT event ONLY through the EFMB TCO to the Commander, AMEDDC&S. The appeal must be submitted by you through the host unit and the EFMB TCO to the Commander, AMEDDC&S, not later than 15 days after completion of the EFMB test.
21	Are there any questions on the rebuttal or appeal process for the written test?
22	During the examination, the cadre WILL announce, at intervals, the amount of time remaining. The start time and end time will be posted.
23	You will NOT discuss examination items with candidates who have not tested yet.
24	You will have one hour and thirty minutes to complete this test. At the end of one hour and thirty minutes, you will put your pencil down and turn in your examination material. Are there any questions?
25	Your time begins now. (Post start time and end time on board or butcher block).

**Table 4-1. Written Test Instructions (continued)**

**4-12. 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. The tasks listed in paragraph 4-12c are tested in a field environment with the required equipment IAW paragraph 4-5.

(1) Each point will be marked with a sign. The sign will-

(a) Be constructed of metal or wood.

(b) Measure 12 inches by 12 inches (30.4 by 30.4 centimeters).

(c) Be painted diagonally half white and half international orange.

(d) Be staked into the ground so that its bottom is between 5- and 7-feet (1.52 and 2.13 meters) above the ground. It WILL NOT BE mounted on trees or vegetation.

(e) Have a clearly identifiable, unique set of letters or numbers for identification. Other markings (grid coordinates, azimuths, directions) are NOT authorized on the signs or other areas within the land navigation course.

(2) The host unit will use a satellite-type navigational system to verify the points on the course.

(3) The host unit will not use pre-established points and score sheets from previous EFMB tests or points previously used by other units or agencies (i.e., EIB, Range Control). A minimum of five start points and five end points will be set up.

(4) The host unit will run standardization week using the same procedures as test week. Candidates, without assistance, will be allowed at least one opportunity to complete the day and night courses during standardization week. All signs must be changed between standardization and testing phases. Relocation of the points is not required.

(5) The host unit will place a minimum of three observers on the course to enforce land navigation standards.

(6) 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.

(7) Candidates will carry a red-, green-, or blue-lens flashlight and a chemical light stick during the night course. The Test Board Chairperson will establish an authorized flashlight for use during the night course. The use of white light or a chemical light stick is for emergencies only.

(8) Prior to testing, candidates will be briefed on their responsibility to provide first aid to other candidates if the need arises. Candidates are not penalized for providing assistance. They will be allowed to retake the test without penalty if they should fail as a result of rendering aid.

(9) Candidates will be checked by host units for unauthorized test aids before and after the start of both the day and night courses.

(10) All candidates must be escorted to their start point. The start time must simultaneously be given to all candidates. Candidates, without assistance, must negotiate each course within the time specified in the respective standard. Evaluators must be present within the vicinity of the end points to annotate the candidate's end time. They will NOT be penalized for the time it takes to move from the end point to the score sheet collection point.

(11) The land navigation site will have compass verification and pace count areas established. These areas will be checked for accuracy during validation.

(12) 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.

c. Tasks.

(1) Day course. The day course must measure between 3,500 and 4,000 meters from the start point, through the intermediate points, to the end point. The course has three direction changes, the first at point one (not the start point). No point on the course, to include distractor points, will be closer than 100 meters to another point. Candidates must navigate the course IAW the task standards.

(2) Night Course.

(a) The night course must measure between 3,000 and 3,500 meters from the start point, through the intermediate points, to the end point. The course has three direction changes, the first at point one (not the start point). No point on the course, to include distractor points, will be closer than 100 meters to another point. Candidates must navigate the course IAW the task standards.

(b) 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 a NO-GO.

(c) The host unit may start the night course no earlier than 1 hour after sunset. The test board chairperson will determine the actual start time based on local conditions.

d. Equipment.

(1) The equipment required for the day and night courses are specified in the land navigation score sheets. NO OTHER EQUIPMENT IS AUTHORIZED.

(2) For both the day and night courses, the host unit will issue 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.

(3) If the candidates are 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.

e. Changes. Changes are NOT authorized without approval of an exception to policy.

#### **4-13. 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 listed in paragraph 4-13c and pass 11 of the 14. The tasks are tested in a simulated battlefield scenario with the required equipment IAW paragraphs 4-5 and 4-6. 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.

(1) TCCC tasks may be tested all on the same CTL or split up on various CTLs. All evaluators of TCCC tasks must be awardees of the EFMB.

(2) 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.

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.
- (10) Perform needle chest decompression.
- (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. Communication.

(1) Upon arrival at the lane where TCCC 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.

(2) 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.

(3) 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 (i.e., "Pulse is strong and bounding."). FRAGOs will be utilized throughout the lane to communicate the situation.

e. Equipment. The host unit will provide all equipment and supplies for TCCC tasks at the tested sites (see Appendix E).

(1) The host unit may not recycle used consumable medical supplies during testing with the exception of cravats, tourniquets, hemostatic devices, Asherman chest seals, and Hypothermia Prevention and Management Kits.

(2) The host unit will have hazardous sharps disposable containers for each lane that is testing the TCCC tasks.

(3) 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.

(4) The test board will provide the final aid bag packing list. The test board will only authorize equipment that is listed in the tasks. No other equipment is authorized for use during testing.

(5) Casualty simulators are recommended for use in creating realism and properly evaluating the candidates on some of the tested tasks, if possible. Simulated casualty mannequins and training devices are required and/or may be utilized for various TCCC tasks (i.e., IV arm, torso to perform needle decompression). It is recommended that these devices be made to look as much like a real patient as possible by using uniforms and moulage. Staging and incorporation into the lane should be accomplished in a method to increase the practicality of the event.

(6) Several of the tasks have various techniques and/or equipment that can be tested. However, the host unit must standardize candidates on which techniques and/or equipment will be tested on the CTLs.

f. Moulage. All casualties will be moulaged to clearly indicate wounds without the necessity for verbal prompting by the evaluator. Casualties will be moulaged to the same standard during standardization as testing. The CTL OIC/NCOIC will ensure that the quality of moulage doesn't deteriorate as candidates rotate through the lanes.

g. Conducting Testing of TCCC. TCCC tasks may be tested all on the same CTL or split up on various CTLs. If the tasks are divided between the CTLs, testing of the

TCCC tasks will be aligned into the three distinct phases, each with its own characteristics and limitations. The three distinct phases are: care under fire, tactical field care, and combat casualty evacuation care. Medical and Casualty Evacuation tasks, Warrior Skills tasks, and Communication Skills tasks should be incorporated into these phases. The concept briefing will show where they will be evaluated. During standardization, candidates will be standardized on how and when they will react and what is expected from them when they are being evaluated. The three phases are broadly described below.

(1) Care under fire. This is the care rendered at the point of injury while both the medic and the casualty are under effective hostile fire. The risk of additional injuries from hostile fire at any moment is extremely high for both the casualty and medic. Available medical equipment is limited to that carried by the medic and the casualty.

(2) Tactical field care. This is the care rendered by the medic once he and the casualty are no longer under effective hostile fire. It also applies to situations in which an injury has occurred on a mission, but there has been no hostile fire. Available medical equipment is still limited to that carried into the field by mission personnel. Time to evacuation may vary from minutes to hours.

(3) Combat Casualty Evacuation (CASEVAC) care. This is the care rendered once the casualty has been picked up by an aircraft, vehicle, or boat. Additional medical personnel and equipment that has been pre-staged in these assets should be available during this phase of casualty management.

h. Body 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.

i. 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.

j. Changes. Changes are NOT authorized without approval of an exception to policy.

#### **4-14. 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. The test board chairperson will determine which vehicle or aircraft is tested if there is more than one option (i.e., the test board



chairperson will determine if paragraph 4-14c(4)(a) or 4-14c(4)(b) is tested). The tasks are tested in a simulated battlefield scenario with the required equipment IAW paragraphs 4-5 and 4-6.

(1) The host unit will not establish a combat testing lane with all evacuation tasks or evacuation platforms on it. Some of these tasks must be incorporated into the testing of the TCCC tasks. Paragraph 4-13g and Appendix E provide additional information on creating the combat testing lanes and TCCC.

(2) 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 IAW their approved concept briefing. 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. The test board chairperson will determine the placement of any obstacles, the distance, and the grade of terrain between obstacles. These criteria must be safe, achievable, and similar on each lane.

(3) 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.

(4) Candidates still in the running for the EFMB will not be used as casualties at any time during testing. Candidates will not be used during two-person carries or drags or as part of the litter bearer squad to load a vehicle or aircraft except when they are being tested. The test board chairperson can choose to utilize noncandidates or candidates as part of the litter bearer squad when performing the Evacuate Casualties Using Litter Carries task. If candidates are utilized in this capacity, the following guidelines apply:

(a) 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.

(b) 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.

(5) Casualties will weigh between 140 and 180 pounds (63.56 and 81.72 kilograms). Mannequins and/or filled sand bags are authorized as casualties on litters, including the SKED, as long as they meet the weight requirement and are wearing a type of military uniform. Mannequins are also authorized for use during the manual carries or extrication tasks, only if the casualty is intended to be unconscious. Casualties and mannequins will give a visual presentation of the injuries that are applicable to them (i.e., moulaged, dressings applied, splints applied, tourniquets applied).

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

(7) The host unit may request an exception to policy to utilize other military vehicles that are organic to their organization (i.e., M1114 Up-Armored HWMMV) in lieu of the vehicles listed in this chapter. The host unit must submit proposed task, conditions, standards, and performance steps/measures along with the exception to policy to the EFMB TCO for approval.

(8) The host unit may use a mockup medical evacuation helicopter with an approved exception to policy. The other alternative is for the host unit to request an exception to policy to test another nonstandard vehicle or evacuation platform in lieu of a medical evacuation helicopter. These will not replace the ones that are already being tested.

(9) 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.

(10) 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 (i.e., "For EFMB testing purposes, that power line is not present in your selection of your helicopter landing zone."). FRAGOs will be utilized throughout the lane to communicate the situation.

(11) When loading vehicles and evacuation platforms, 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 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.

(12) 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.

(13) The EFMB host unit will utilize the existing terrain and environment in creating obstacles as much as possible. For example, you should not just create a high wall in the middle of the woods if you would not normally find one there. In addition, there is no distance requirement for the carries, drags, or the litter carries.

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 (1¼-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.

d. Equipment. The host unit will provide all equipment and supplies for evacuation tasks at the tested sites.

e. Changes. Changes are NOT authorized without approval of an exception to policy.

#### **4-15. 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 4-15c and receive a GO in 4 of the 5. All tasks will be tested in a battlefield scenario with the required equipment IAW paragraphs 4-5 and 4-6.

(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.

(3) Candidates will not be allowed to use the issued GTA cards or information provided in the OPORD, FRAGO, or scenario brief until the task is tested.

(4) Candidates' notepads will not be used to prescript communications tasks prior to testing of the task.

(5) Evaluators will report all integrity violations to the lane OIC/NCOIC.

(6) The precedences on line 3 of the MEDEVAC request are determined from their assessment of the casualties and IAW table 4-2. Since these are moulaged casualties and not real patients, interpretation problems are possible. 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.

(a) Evacuation time periods are associated with each evacuation category. These time periods are flexible, mission dependent, and vary greatly among the services based upon the different types of evacuation assets. The times listed in table 4-2 are applicable for Army, Navy, and Marines. The Air Force is different.

(b) The Army uses "Urgent Surgical" and "Convenience" evacuation categories on the medical evacuation request. These evacuation categories are not used by all of the other branches of the military.

(7) Communications will not be tested as a stand alone lane. Tasks will be incorporated into the testing of the various CTLs. Appendix E provides additional information on creating the CTLs.

(8) 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.

(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.

Evacuation Category Precedence	Evacuation Time Periods
URGENT	To save life, limb, or eyesight within 1 hour.
URGENT SURGICAL	Condition may need immediate surgical intervention within 1 hour.
PRIORITY	Medical condition could deteriorate within 4 hours.
ROUTINE	Condition is not expected to deteriorate significantly while awaiting evacuation within 24 hours.
CONVENIENCE	Condition is not expected to significantly change for an extended period of time, greater than 72 hours.

**Table 4-2. Medical Evacuation Precedence**

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.

d. Equipment. Some of the communications tasks offer a choice of equipment. The test board chairperson selects the equipment. At no time will the equipment for tasks not selected be on the testing lane. The host unit will be required to obtain training fills for the automated net control devices (ANCD). It is also strongly recommended to have backup equipment in case of unexpected equipment failure.

e. Changes. Changes are NOT authorized without approval of an exception to policy.

#### **4-16. 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 4-16c, below, and pass 10 of the 13. These tasks are tested in a simulated battlefield scenario with the required equipment IAW paragraphs 4-5 and 4-6.

(1) 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.

(2) 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.

(3) 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.

(4) Warrior Skills tasks will not be tested as a stand alone lane. Tasks will be incorporated into the testing of the various CTLs. Appendix E provides additional information on creating the CTLs.

(5) 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.

(6) 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.

(7) The test board chairperson will determine the placement and order of any obstacles, the distance, and the grade of terrain between obstacles. This criteria must be realistic and similar on each lane for each candidate.

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 ordinance (UXO) or possible improvised explosive devise (IED).

d. 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.

e. Changes. Changes are NOT authorized without approval of an exception to policy.

#### **4-17. 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) Test board members will verify the march route is 63,360 feet (12 miles or 19,308 meters) with a calibrated measuring wheel. A vehicle odometer will not be used. Markers will be placed at each mile along the route.

(2) The test board chairperson will develop a thorough risk assessment and revise it, as necessary, depending on weather conditions. The risk for heat injuries is always present in strenuous events. Occurrences rise rapidly when the wet bulb globe temperature (WBGT) reaches 65°F. Risk reduction measures, such as unblousing the pants, are allowed. The test board chairperson may approve these measures as weather conditions necessitate.

(3) 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 will 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 hours at the six mile marker and 2:30 hours at the nine mile marker. Radios will be utilized to communicate official time at each location. Host units are not limited to the above stipulations.

(4) Standing operating procedures must be developed for the provision of medical care. Measures include WBGT readings, treatment of injuries, and evacuation procedures and routes. Active surveillance of the participants along the march route is essential. Sufficient ice must be available for immediate body cooling. Intravenous and oral fluids must be readily available for immediate re-hydration. Automated defibrillation should be available if transport to an acute care life support-qualified medical facility cannot be accomplished in less than six minutes. Position a combat lifesaver or medic, with aid bag, at each water point. They should have a radio or telephone for communications with the EFMB operations center. These personnel must be able to recognize the initial stages of heat injuries and take appropriate action. An aid station should be set up at the end of the march to evaluate the candidates for injuries, dehydration, confusion or disorientation, and temperature before releasing them. Immediate IV re-hydration is extremely beneficial.

(5) 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.

(6) The host unit will have a minimum of two stopwatches, a primary and an alternate, to maintain the official march time. The time starts when the last candidate crosses the start line. Elapsed time readings are recommended because they assist

the candidates in pacing themselves. A large race clock is recommended for the finish line.

(7) The host unit will brief the candidates in detail on the route, mile markers, water points, and direction changes. (A strip map of the route will be provided.)

(8) 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.

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

(10) 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.

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

(12) 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.

(13) 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.

(14) 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 2-2.
- (c) Receiving assistance along the route.
- (d) Not carrying the weapon and/or mask as stated in paragraphs 4-17b(9) and 4-17b(10).

(15) The host unit must maintain positive control of the finish line and allow no

contact between the candidates and noncandidates until the final inspection of equipment and medical clearance is completed.

c. Equipment. The host unit will provide all equipment and supplies to administer the foot march.

d. Changes. Changes are NOT authorized without approval of an exception to policy.

## APPENDIX A

### REFERENCES

#### Section I Required Publications.

**AR 25-55**, The Department of the Army Freedom of Information Act Program. (Cited in paragraph 2-17e.)

**AR 335-15**, Management Information Control System. (Cited in paragraph 2-8b (4) and 2-9b (3).)

**AR 600-8-22**, Military Awards. (Cited in paragraph 1-2, 2-1a, 2-18a, and 2-20b.)

**AR 670-1**, Wear and Appearance of Army Uniforms and Insignia. (Cited in paragraph 2-20a.)

**CTA 50-900**, Clothing and Individual Equipment. (Cited in Table 2-2.)

**FM 4-25.12**, Unit Field Sanitation Team. (Cited in paragraph 2-15b (2).)

**FM 5-0**, Army Planning and Orders Production. (Cited in paragraph 4-6b (4).)

**FM 5-19**, Composite Risk Management. (Cited in paragraph 2-8c (7).)

**FM 7-1**, Battle Focused Training. (Cited in paragraph 2-8d(22) and 2-16a(6).)

**FM 21-18**, Foot Marches. (Cited in paragraph 2-8h (6).)

**GTA 03-06-008**, CBRN Warning and Reporting System. (This graphic training aid may be downloaded off the General J. Reimer Training and Doctrine Digital Library on the Army Training Support Center's website, <http://www.atdtl.army.mil>.) (Cited in paragraph 4-15b (2).)

**GTA 05-02-012**, Coordinate Scale and Protractor. (This graphic training aid may be obtained from the installation Training Audiovisual Support Center.) (Cited in Table 2-2.)

**GTA 08-01-004**, MEDEVAC Request Form. (This graphic training aid may be downloaded off the General J. Reimer Training and Doctrine Digital Library on the Army Training Support Center's website, <http://www.atdtl.army.mil>.) (Cited in paragraph 4-15b (2).)

**GTA 09-12-001**, Unexploded Ordnance Procedures. (This graphic training aid may be downloaded off the General J. Reimer Training and Doctrine Digital Library on the Army Training Support Center's website, <http://www.atdtl.army.mil>.) (Cited in paragraph 4-15b (2).)

**ST 4-02.46**, Medical Support to Detainee Operations. (Cited in paragraph 2-15b (3).)

**STP 8-68W15-SM-TG**, Soldier's Manual and Trainer's Guide, MOS 68W, Health Care Specialist, Skill Levels 1/2/3. (Cited in paragraph 2-15b (4).)

**STP 21-1-SMCT**, Soldier's Manual of Common Tasks (SMCT) Skill Level 1. (Cited in paragraph 2-15b (4).)

**TC 25-20**, A Leader's Guide to After Action Reviews. (Cited in paragraph 2-8d (22) and 2-16a (6).)

## **Section II**

### **Related Publications.**

**AR 40-66**, Medical Record Administration and Health Care Documentation.

**FM 3-11.3**, Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Contamination Avoidance.

**FM 3-11.4**, Multiservice Tactics, Techniques, and Procedures for Nuclear, Biological, and Chemical (NBC) Protection.

**FM 3-11.5**, Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Decontamination.

**FM 3-21.8**, The Infantry Rifle Platoon and Squad.

**FM 3-21.38**, Pathfinder Operations.

**FM 3-22.9**, Rifle Marksmanship M16A1, M16A2/3, M16A4 and M4 Carbine.

**FM 3-23.35**, Combat Training with Pistols, M9 and M11.

**FM 3-25.26**, Map Reading and Land Navigation.

**FM 4-02**, Force Health Protection in a Global Environment.

**FM 4-25.11**, First Aid.

**FM 8-285**, Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries.

**FM 21-60**, Visual Signals.

**FM 21-75**, Combat Skills of the Soldier.

**TC 3-22.20**, Army Physical Readiness Training

**GTA 05-02-012**, Coordinate Scale and Protractor. (Simple Device) (This graphic training aid may be obtained from the installation Training Audiovisual Support Center.)

**STP 3-74D1-SM**, Chemical Operations Specialist, Skill Level 1. Soldier's Manual and Trainer's Guide, MOS 74D.

**STP 7-11B1-SM-TG**, Soldier's Manual and Trainer's Guide, MOS 11B, Infantry Skill Level 1.

**STP 21-24-SMCT**, Soldier's Manual of Common Tasks, Warrior Leader, Skill Level 2, 3, and 4.

**TB 11-5820-890-12**, Operator and Unit Maintenance for AN/CYZ-10 Automated Net Control Device (ANCD) (NSN 5810-01-343-1194) (EIC: QSU) with the Single Channel Ground and Airborne Radio Systems (SINCGARS).

**TM 3-4230-229-10**, Operator's Manual for Decontaminating Kit, Skin: M291, (NSN 4230-01-251-8702).

**TM 3-4230-235-10**, Operator's Manual for Decontamination Kit, Individual Equipment: M295 (NSN 6850-01-357-8456).

**TM 3-4240-279-10**, Operator's Manual for Mask, Chemical-Biological: Field, ABC-M17 (NSN 4240-00-542-4450) Small; (4240-00-542-4451) Medium; (4240-00-542-4452) Large; M17A1 (4240-00-926-4199) Small; (4240-00-926-4201) Medium; (4240-00-926-4200) Large; M17A2 (4240-01-143-2017) X-Small; (4240-01-143-2018) Small; (4240-01-143-2019) Medium; (4240-01-143-2020) Large.

**TM 3-4240-280-10**, Operator's Manual for Mask, Chemical-Biological: Aircraft, ABC-M24 and Accessories and Mask, Chemical-Biological, Tank, M25A1 and Accessories.

**TM 3-4240-300-10-2**, Operator's Manual for Chemical-Biological Mask Combat Vehicle, M42 (NSN 4240-01-258-0064) Small, (4240-01-258-0065) Medium, (4240-01-258-0066) Large. (Cited in Table 2-2.)

**TM 3-4240-346-10**, Operator's Manual for Chemical-Biological Mask: Field, M40A1 (NSN 4240-01-370-3821-Small) (4240-01-370-3822-Medium) (4240-01-370-3823-Large); Chemical-Biological Mask: Combat Vehicle, M42A2 (4240-01-4100-Small) (4240-01-413-4101-Medium) (4240-01-413-4102-Large).

**TM 9-1005-249-10**, Operator's Manual for Rifle, 5.56-mm, M16 (NSN 1005-00-856-6885) Rifle, 5.56-mm, M16A1 (1005-00-073-9421).

**TM 9-1005-317-10**, Operator's Manual for Pistol, Semiautomatic, 9mm, M9 (NSN 1005-01-118-2640).

**TM 9-1005-319-10**, Operator's Manual for Rifle, 5.56mm, M16A2 W/E (NSN 1005-01-128-9936) (EIC: 4GM); Rifle, 5.56mm, M16A3 (1005-01-357-5112); Rifle, 5.56mm, M16A4 (1005-01-383-2872) (EIC: 4F9) ; Carbine, 5.56mm, M4 W/E (1005-01-231-0973) (EIC: 4FJ); Carbine, 5.56mm, M4A1 (1005-01-382-0953) (EIC: 4GC).

**TM 10-8415-220-10**, Operator Manual for Joint Service Lightweight Integrated Suit Technology (JSLIST) Chemical Protective Ensemble.

**TM 11-5820-890-10-8**, Operator's Manual for SINGARS Ground Combat Net Radio, ICOM Manpack Radio, AN/PRC-119A (NSN 5820-01-267-9482) (EIC: L2Q), Short Range Vehicular Radio AN/VRC-87A (5820-01-267-9480) (EIC: L22), Short Range Vehicular Radio with Single Radio Mount AN/VRC-87C (5820-01-304-2045) (EIC: GDC), Short Range Vehicular Radio with Dismount AN/VRC-88A (5820-01-267-9481) (EIC: L23), Short Range/Long Range Vehicular Radio AN/VRC-89A (5820-01-267-9479) (EIC: L24), Long Range Vehicular Radio AN/VRC-90A (5820-01-268-5105) (EIC: L25) Short Range/Long Range Vehicular Radio with Dismount AN/VRC-91A (5820-01-267-9478) (EIC: L26), Short Range/Long Range Vehicular Radio AN/VRC-92A (5820-01-267-9477) (EIC: L27) used with Automated Net Control Device (ANCD) (AN/CYZ-10) Precision Lightweight GPS Receiver (PLGR) (AN/PSN-11) Secure Telephone Unit (STU) Frequency Hopping Multiplexer (FHMUX).

### **Section III**

#### **Prescribed Forms.**

**AMEDDC&S Form 1200**, Expert Field Medical Badge Statistics. (Cited in paragraph 2-8d (18) and 2-16a (1).)

**AMEDDC&S Form 1232**, Expert Field Medical Badge Qualification Record. (Cited in paragraph 2-8d (20) and 2-16a (5).)

**AMEDDC&S Form 1243-1**, Certificate of Verification – EFMB Test Requirements - Written Test. (Cited in paragraph 2-8d (23) and 2-16a (7).)

**AMEDDC&S Form 1243-2**, Certificate of Verification – EFMB Test Requirements - Evaluators. (Cited in paragraph 2-8d (23) and 2-16a (7).)

**AMEDDC&S Form 1243-3**, Certificate of Verification – EFMB Test Requirements – Lanes and Equipment. (Cited in paragraph 2-8d (23) and 2-16a (7).)

**AMEDDC&S Form 1243-4**, Certificate of Verification – EFMB Test Requirements – Land Navigation. (Cited in paragraph 2-8d (23) and 2-16a (7).)

**AMEDDC&S Form 1243-5**, Certificate of Verification – EFMB Test Requirements – 12-Mile Foot March. (Cited in paragraph 2-8d (23) and 2-16a (7).)

**AMEDDC&S Form 1243-6**, Certificate of Destruction – EFMB Written Test Materials. (Cited in paragraph 2-8d (23) and 2-16a (7).)

**Section IV**  
**Referenced Forms.**

**DA Form 7656**, Tactical Combat Casualty Care Card. (Cited in paragraph 4-14b(11).)

**DD Form 1380**, U.S. Field Medical Card, (Cited in paragraph B-2-5 (l. 1) ).



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## **APPENDIX B**

### **REPRODUCIBLE SCORE SHEETS AND REBUTTAL SHEETS**

#### **B-1. GENERAL.**

The various score sheets and rebuttal 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.

The score sheets are constructed from information in the available references and altered to provide evaluation of the individual tasks. Designed to be assessed individually, the conditions stated on the score sheets will require close attention when tasks are put together in a scenario based lane (i.e., transition from tactical field care to evacuation).

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<b>EFMB Test Score Sheet</b> <b>LAND NAV — NAVIGATE FROM ONE POINT TO ANOTHER DURING THE DAY</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)				
CANDIDATE'S RANK AND NAME		CANDIDATE #		
<b>TASK:</b> NAVIGATE FROM ONE POINT TO ANOTHER DURING THE DAY.				
<b>CONDITIONS:</b> 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.				
<b>STANDARDS:</b> 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.				
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES USE ONLY.</b>				
PERFORMANCE STEPS/MEASURES		GO	NO-GO	
1. Plot points on the map.				
2. Navigate from the start point, through the intermediate points, to the end point.				
3. Correctly record the point number or letter of at least three points, excluding the start point.				
4. Complete all performance measures within 3 hours.				
5. Return the map and score sheet.				
<b>DAY LAND NAVIGATION COURSE LANE # _____</b> <b>START TIME: _____ END TIME: _____ TOTAL TIME : ____ Hours ____ Minutes</b> <b>END POINT CADRE SIGNATURE: _____</b>				
	8 DIGIT GRID COORDINATES	POSITION STAKE NUMBER	GO	NO-GO
<b>START POINT</b>				
<b>1st POINT</b>				
<b>2d POINT</b>				
<b>3rd POINT</b>				
<b>END POINT</b>				
<b>TOTAL CORRECT/ INCORRECT POINTS</b>				
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

<b>EFMB Test Score Sheet</b> <b>LAND NAV — NAVIGATE FROM ONE POINT TO ANOTHER DURING THE NIGHT</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)			
CANDIDATE'S RANK AND NAME		CANDIDATE #	
<b>TASK:</b> NAVIGATE FROM ONE POINT TO ANOTHER DURING THE NIGHT.			
<b>CONDITIONS:</b> 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.			
<b>STANDARDS:</b> 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.			
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES USE ONLY.			
PERFORMANCE STEPS/MEASURES	GO	NO-GO	
1. Plot points on the map.			
2. Navigate from the start point, through the intermediate points, to the end point.			
3. Did not mark the route of travel with the flashlight.			
4. Correctly record the point number or letter of at least three points, excluding the start point.			
5. Complete all performance measures within 4 hours.			
6. Return the map and score sheet.			
<b>NIGHT LAND NAVIGATION COURSE</b> LANE # _____			
<b>START TIME:</b> _____ <b>END TIME:</b> _____ <b>TOTAL TIME :</b> ____ Hours ____ Minutes			
<b>END POINT CADRE SIGNATURE:</b> _____			
	8 DIGIT GRID COORDINATES	POSITION STAKE NUMBER	GO NO-GO
<b>START POINT</b>			
<b>1st POINT</b>			
<b>2d POINT</b>			
<b>3rd POINT</b>			
<b>END POINT</b>			
<b>TOTAL CORRECT/INCORRECT POINTS</b>			
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 # 002 to construct AMEDDC&S Form 1232, 1 NOV 11

<b>EFMB Test Score Sheet</b> <b>TCCC — PERFORM A TACTICAL COMBAT CASUALTY CARE PATIENT ASSESSMENT</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> PERFORM A TACTICAL COMBAT CASUALTY CARE PATIENT ASSESSMENT.		
<b>CONDITIONS:</b> Given multiple trauma casualties in a simulated combat environment and necessary equipment to perform applicable performance steps and measures.		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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 tasks).		
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.		

AMEDDC&S Pam 350-10

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.		
NOTE: A general impression is the observation of the casualty. Note clues to the patient's mechanism of injury, the patient's approximate age, height, weight, body position, appearance, signs of distress and any odors present (i.e., urine, vomit, feces).		
(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 amenable 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.		



AMEDDC&S Pam 350-10

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/stretchers.		
(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.		
g. Assess vital signs.		
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.		

AMEDDC&S Pam 350-10

(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.		
Abr W - Abraded wound.	Cont W - Contused wound.	FC - Fracture (compound) open.
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 verbalize 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 <i>or</i> 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.			
NOTE: For EFMB testing purposes, the candidate will verbalize the following to the evaluator.			
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.			
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	

<b>EFMB Test Score Sheet</b> <b>TCCC — CONTROL BLEEDING USING A TOURNIQUET</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> CONTROL BLEEDING USING A TOURNIQUET.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Take body substance isolation (BSI) precautions.		
2. Expose the wound.		
3. Apply an improvised tourniquet or Combat Application Tourniquet (CAT) to control bleeding.		
a. Improvised tourniquet.		
(1) Make a band at least 2 inches wide.		
(2) Position the tourniquet 2 – 4 inches above the edge of the wound but not on a joint.		
(3) Tie a half knot.		
(4) Place a stick (or similar object) on top of the knot.		
(5) Tie a full knot over the stick.		
(6) Twist the stick until the tourniquet is tight around the limb and the bright red bleeding has stopped.		
<b>EVALUATOR STATES:</b> "THE BRIGHT RED BLEEDING HAS STOPPED," AFTER CANDIDATE TWISTS WINDLASS TO AVOID INJURY TO THE SIMULATED CASUALTY.		
<b>CAUTION:</b> Do NOT over-tighten the tourniquet on the simulated casualty.		
(7) Secure the stick without losing positive control.		
(8) Do not cover the tourniquet.		
b. Combat Application Tourniquet (CAT).		
(1) Remove CAT Tourniquet from carrying pouch.		
(2) Slip the wounded extremity through the loop of the self-adhering band.		
(3) Position the CAT about 2 inches above the injury site.		
<b>NOTE:</b> 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.		
(4) 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.		
(5) 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.		
(6) Twist the windlass rod until bleeding has stopped.		
<b>EVALUATOR STATES:</b> "THE BRIGHT RED BLEEDING HAS STOPPED," AFTER CANDIDATE TWISTS WINDLASS TO AVOID INJURY TO THE SIMULATED CASUALTY.		
<b>NOTE:</b> Do NOT over-tighten the tourniquet on the simulated casualty.		
(7) Lock the windlass rod in place with the windlass clip.		
<b>NOTE:</b> 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.		
(8) Grasp the windless strap, pull it tight and adhere it to the Velcro on the windlass clip.		
(9) Do not cover the tourniquet.		

4. Place a "T" on the casualty's forehead and record the date and time the tourniquet was applied.			
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).			
<b>EVALUATOR WRITES:</b> TIME TOURNIQUET WAS APPLIED:			
5. If the tourniquet was applied on a casualty with an amputation, apply a dressing to cover the stump.			
6. 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
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE	

<b>EFMB Test Score Sheet</b> <b>TCCC — CONTROL BLEEDING USING A HEMOSTATIC DEVICE</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> CONTROL BLEEDING USING A HEMOSTATIC DEVICE.		
<b>CONDITIONS:</b> Given a casualty who has significant extremity hemorrhage in a simulated combat environment with the necessary materials to treat the casualty.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Take body substance isolation (BSI) precautions.		
2. Expose the wound.		
3. Apply a Combat Gauze.		
a. Open the sterile Combat Gauze package at either perforated edge.		
NOTE: 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.		
b. Remove the bandage from the package.		
c. Hold the rolled bandage in non-dominant hand and identify end of gauze using fingers of dominant hand.		
d. Using dominant hand, pack Combat Gauze into wound attempting to apply pressure directly over bleeding source.		
e. Continue to pack wound with remaining gauze while maintaining pressure over wound.		
NOTE: More than one Combat Gauze may be required to control bleeding. If second dressing is required, place on top of previous dressing.		
f. Continue to apply pressure for 3 minutes or until bleeding stops.		
<b>EVALUATOR STATES:</b> "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
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE

<b>EFMB Test Score Sheet</b> <b>TCCC — TRIAGE CASUALTIES</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> TRIAGE CASUALTIES.		
<b>CONDITIONS:</b> Given casualties in a simulated combat environment with the necessary equipment to perform the task.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualties.		
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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 can not 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.		



AMEDDC&S Pam 350-10

(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.		
a. Number of casualties.		
b. Each casualty's priority for treatment determined during triage.		
c. Special equipment required to evacuate the casualties, if applicable.		
d. Number of casualties by type, litter and/or ambulatory.		
e. Casualties' nationality and status, if other than U.S. Army.		

<b>EVALUATOR STATES:</b> "WHAT IS THE MEDICAL SITUATION?" WHEN THE CANDIDATE STATES THEY ARE READY TO GIVE THE MEDICAL SITUATION.				
<b>EVALUATOR WRITES:</b> THE MEDICAL SITUATION GIVEN BY THE CANDIDATE.				
Number of casualties: _____				
PT 1	PT 2	PT 3		
PT 4	PT 5			
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: _____				
<b>6. Did not cause further injury to the casualties.</b>				
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO			
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE		

<b>EFMB Test Score Sheet</b> <b>TCCC — CONTROL BLEEDING USING DRESSINGS</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> CONTROL BLEEDING USING DRESSINGS.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Take body substance isolation (BSI) precautions.		
2. Expose the wound.		
3. Loosen tourniquet slowly; if brisk bleeding returns, re-tighten tourniquet.		
<b>EVALUATOR STATES:</b> "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.		
<b>EVALUATOR STATES:</b> "THERE IS A PULSE."		
(6) Tuck or cut excess tails from dressing.		
<b>EVALUATOR STATES:</b> "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.		
<b>EVALUATOR STATES:</b> "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.			
<b>EVALUATOR STATES: "THERE IS A PULSE AND THE BLEEDING HAS STOPPED."</b>			
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
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE	

<b>EFMB Test Score Sheet</b> <b>TCCC — INITIATE A SALINE LOCK AND INTRAVENOUS INFUSION</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> INITIATE A SALINE LOCK AND INTRAVENOUS INFUSION.		
<b>CONDITIONS:</b> Given a casualty in a simulated combat environment that requires intravenous access and follow on IV fluids. Necessary materials and equipment are available.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		
NOTE: A mannequin or training aid will be used to initiate a saline lock and intravenous infusion.		
2. Prepare to establish a saline lock.		
NOTE: For EFMB testing purposes, other sizes of needles and catheters may be utilized other than those stated.		
a. Assemble and inspect the necessary equipment for defects, expiration date, and contamination.		
(1) 20 gauge IV catheter/needle x2.		
(2) 21 gauge 1/4" 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.		
<b>EVALUATOR STATES:</b> "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.		
<b>EVALUATOR:</b> 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.		
<b>EVALUATOR STATES:</b> "THERE ARE NO SIGNS OF INFILTRATION."		
<b>EVALUATOR STATES:</b> "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.		
<b>EVALUATOR STATES:</b> "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.		
<b>CAUTION:</b> 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.		
<b>EVALUATOR STATES:</b> "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.		

AMEDDC&S Pam 350-10

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.		
<b>CAUTION:</b> 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.		
<b>EVALUATOR STATES:</b> "THERE ARE NO SIGNS OF INFILTRATION."		
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS	YES NO
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE

<b>EFMB Test Score Sheet</b> <b>TCCC— INITIATE TREATMENT FOR HYPOVOLEMIC SHOCK AND PREVENT HYPOTHERMIA</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> INITIATE TREATMENT FOR HYPOVOLEMIC SHOCK AND PREVENT HYPOTHERMIA.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
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.		
<b>CAUTION:</b> 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.		
<b>EVALUATOR WRITES:</b> TIMES CANDIDATE MONITORS THE CASUALTY: _____		
_____		
8. Encourage the casualty to drink water, if conscious.		



AMEDDC&S Pam 350-10

9. 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
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE	

<b>EFMB Test Score Sheet</b> <b>TCCC— INSERT A NASOPHARYNGEAL AIRWAY</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)				
CANDIDATE'S RANK AND NAME	CANDIDATE #			
<b>TASK:</b> INSERT A NASOPHARYNGEAL AIRWAY.				
<b>CONDITIONS:</b> 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.				
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.				
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>				
PERFORMANCE STEPS/MEASURES	GO	NO-GO		
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.				
<b>EVALUATOR STATES:</b> "NASAL PASSAGES ARE NOT OBSTRUCTED."				
<b>CAUTION:</b> 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.				
<b>CAUTION:</b> 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.				
<b>CAUTION:</b> 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.				
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO			
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE		

Worksheet # 010 to construct AMEDDC&S Form 1232, 1 NOV 11

<b>EFMB Test Score Sheet</b> <b>TCCC— TREAT A PENETRATING CHEST WOUND</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> TREAT A PENETRATING CHEST WOUND.		
<b>CONDITIONS:</b> Given a casualty in a simulated combat environment with a penetrating chest wound and the necessary materials to treat the casualty.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Take body substance isolation (BSI) precautions.		
2. Check the casualty for signs and symptoms of a penetrating chest wound.		
<b>NOTE:</b> Casualty will exhibit one or more of the following signs and symptoms.		
a. A "sucking" or "hissing" sound when the casualty inhales.		
b. Difficulty breathing.		
c. A puncture wound of the chest.		
d. An impaled object protruding from the chest.		
e. Froth or bubbles around the injury.		
f. Coughing up blood or blood-tinged sputum.		
g. Pain in the chest or shoulder.		
3. Expose the wound.		
<b>NOTE:</b> Do not remove clothing stuck to the wound.		
4. Cover the open wound immediately with a gloved hand.		
5. Check for an exit wound.		
a. Feel and/or look at the casualty's chest and back.		
b. Remove the casualty's clothing, if necessary.		
<b>EVALUATOR STATES:</b> "THERE IS NO EXIT WOUND."		
6. 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).		
<b>NOTE:</b> 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.		
a. If using a field first aid dressing wrapper:		
(1) Cut the dressing wrapper on one long and two short sides and remove the dressing.		
(2) Apply the inner surface of the wrapper to the wound when the casualty exhales.		
(3) Ensure that the covering extends at least 2 inches beyond the edges of the wound.		
(4) Seal by applying overlapping strips of tape to three sides of the plastic covering to provide a flutter-type valve.		
(5) Cover the exit wound in the same way, if applicable, but tape the wound on all sides.		
<b>NOTE:</b> 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.		
(6) 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.		
<b>CAUTION:</b> 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.		
<b>CAUTION:</b> 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).		

AMEDDC&S Pam 350-10

10. 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
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE	

<b>EFMB Test Score Sheet</b> <b>TCCC— PERFORM NEEDLE CHEST DECOMPRESSION</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> PERFORM NEEDLE CHEST DECOMPRESSION.		
<b>CONDITIONS:</b> Given a casualty in a simulated combat environment with a tension pneumothorax and the necessary materials to treat the casualty.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		
b. Locate the insertion site. Locate the second intercostal space (between the second and third ribs) on the anterior chest wall at the midclavicular line (approximately in line with the nipple) on the same side of the casualty's chest as the penetrating wound; approximately two-finger widths below the clavicle.		
c. Insert a large bore (14 gauge; 3.25 inch or larger) needle and catheter unit.		
(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.		
<b>EVALUATOR STATES:</b> "YOU HEAR A POP," WHEN NEEDLE ENTERS THE CHEST CAVITY AND "YOU HEAR A HISS," WHEN AIR ESCAPES.		
<b>WARNING:</b> 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.		
<b>EVALUATOR:</b> 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 REBUT 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

<b>EFMB Test Score Sheet</b> <b>TCCC — TREAT AN OPEN ABDOMINAL WOUND</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> TREAT AN OPEN ABDOMINAL WOUND		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Take body substance isolation (BSI) precautions.	<input type="checkbox"/>	<input type="checkbox"/>
2. Position the casualty.	<input type="checkbox"/>	<input type="checkbox"/>
a. Place the casualty on his back (face up).	<input type="checkbox"/>	<input type="checkbox"/>
b. Flex the casualty's knees after the casualty assessment is completed.	<input type="checkbox"/>	<input type="checkbox"/>
c. Turn the casualty's head to the side and keep the airway clear if vomiting occurs.	<input type="checkbox"/>	<input type="checkbox"/>
3. Expose the wound.	<input type="checkbox"/>	<input type="checkbox"/>
4. Apply a sterile abdominal dressing.	<input type="checkbox"/>	<input type="checkbox"/>
a. Place the dressing directly on top of the wound.	<input type="checkbox"/>	<input type="checkbox"/>
b. Secure the dressing loosely.	<input type="checkbox"/>	<input type="checkbox"/>
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.		
<b>CAUTION:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>
d. If necessary, loosely cover the dressings with cravats. Tie them on the side of the casualty, opposite that of the dressing ties.	<input type="checkbox"/>	<input type="checkbox"/>
5. Did not cause further injury to the casualty.	<input type="checkbox"/>	<input type="checkbox"/>
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	YES      NO <input type="checkbox"/> <input type="checkbox"/>
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE

<b>EFMB Test Score Sheet</b> <b>TCCC — TREAT AN OPEN HEAD INJURY</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)				
CANDIDATE'S RANK AND NAME	CANDIDATE #			
<b>TASK:</b> TREAT AN OPEN HEAD INJURY.				
<b>CONDITIONS:</b> Given a casualty in a simulated combat environment with an open head injury and the necessary materials to treat the head injury.				
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.				
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>				
PERFORMANCE STEPS/MEASURES	GO	NO-GO		
1. Take body substance isolation (BSI) precautions.				
2. Assess the casualty's pupil size and reaction.				
a. Observe the size of each pupil.				
NOTE: A variation of pupil size may indicate a brain injury. In a very small percentage of people, unequal pupil size is normal.				
b. Shine a light into each eye to observe the pupillary reaction to light.				
NOTE: The candidate will not turn the pin light on for EFMB testing.				
<b>EVALUATOR STATES</b> "PUPILS ARE EQUAL AND REACTIVE TO LIGHT" IF APPLICABLE OR STATE OTHER OBSERVATIONS.				
NOTE: The pupils should constrict promptly when exposed to bright light. Failure of the pupils to constrict may indicate brain injury.				
3. Assess the casualty's motor function. Evaluate the casualty's strength, mobility, coordination, and sensation.				
NOTE: Progressive loss of strength or sensation is an important indicator of brain injury.				
4. Position the casualty.				
NOTE: 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.				
5. Treat the head injury.				
a. Expose the wound.				
b. Apply a dressing to the wound, either a first aid dressing or emergency trauma dressing can be used.				
6. Monitor the casualty at 15-minute intervals.				
7. Did not cause further injury to the casualty.				
<b>EVALUATOR WRITES:</b> TIMES CANDIDATE MONITORS THE CASUALTY: _____				
_____				
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO			
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE		

Worksheet # 014 to construct AMEDDC&S Form 1232, 1 NOV 11



<b>EFMB Test Score Sheet</b> <b>TCCC — IMMOBILIZE A SUSPECTED FRACTURE OF THE ARM</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> IMMOBILIZE A SUSPECTED FRACTURE OF THE ARM.		
<b>CONDITIONS:</b> Given a casualty in a simulated combat environment with a suspected closed fracture of the arm and the necessary materials to treat the casualty.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Take body substance isolation (BSI) precautions, if necessary.		
2. Check the casualty's radial pulse. If no pulse is felt, bandage and/or splint the extremity and arrange for immediate evacuation.		
<b>EVALUATOR STATES:</b> "THERE IS A PULSE" AFTER PULSE CHECK.		
3. Position the fractured arm by having the casualty support it with the uninjured arm and hand in the least painful position, if possible.		
<b>CAUTION:</b> DO NOT TRY TO REDUCE OR SET THE FRACTURE. SPLINT IT WHERE IT LIES.		
4. Immobilize the injury. Apply an appropriate treatment depending on the location of the injury and the equipment available.		
a. Use a basswood or an improvised splint for a fractured forearm.		
(1) Pad the splint.		
(2) Place the padded splint under the casualty's forearm so that it extends from the elbow to beyond the fingertips.		
(3) Place a rolled cravat or similar material in the palm of the cupped hand.		
(4) Tie the cravats in a nonslip knot in the following order and recheck the radial pulse after each cravat is applied.		
<b>EVALUATOR STATES:</b> "THERE IS A PULSE" AFTER EACH PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.		
(a) Above the fracture site near the elbow.		
(b) Below the fracture site near the wrist.		
(c) Over the hand and tied in an "X" around the splint.		
(5) Tie each cravat on the outside edge of the splint.		
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.		
(1) Prepare the splint using the uninjured arm for measurements.		
(a) Bend the prong ends of the splint away from the smooth side, about 1 ½ inches down on the outside of the splint.		
(b) With the smooth side against the elbow, place one end of the splint even with the top of the uninjured shoulder.		
(c) Select a point slightly below the elbow.		
(d) Remove the splint from the arm and bend the splint at the measured point to form an "L."		
(e) Pad the splint.		
<b>NOTE:</b> If padding is unavailable, apply the splint anyway.		
(2) Position the splint on the outside of the injured arm, extending from the shoulder to beyond the fingertips.		

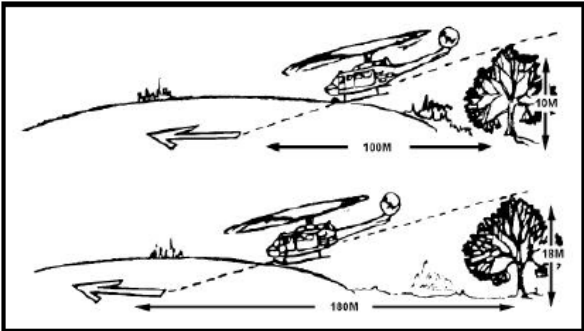
NOTE: Extend the "L" angle of the splint beyond, but do not touch the elbow of the injured arm. Extend the leg of the angle touching the forearm beyond the ends of the fingers. If the splint is too short, extend it with a basswood splint. If possible, have the casualty support the splint.		
(3) Place a rolled cravat or similar material in the palm of the cupped hand.		
(4) Check the radial pulse.		
<b>EVALUATOR STATES:</b> "THERE IS A PULSE" AFTER EACH PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.		
(5) Tie the cravats in a nonslip knot in the following order and recheck the radial pulse after each cravat is applied.		
(a) On the humerus above any fracture site.		
(b) On the humerus below any fracture site.		
(c) On the forearm above any fracture site.		
(d) On the forearm below any fracture site.		
(e) Around the hand and splint.		
(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.		
<b>EVALUATOR STATES:</b> "THERE IS A PULSE" AFTER EACH PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.		
(a) Above the injury.		
(b) Below the injury.		
(c) High on the humerus, above the first cravat.		
(d) Around the hand and wrist.		
(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 swathes.		
(a) Place the arm toward the midline in front of the body. Bind the forearm to the pelvic area with a cravat. Tie the knot on the uninjured side.		
(b) Apply an additional cravat above the elbow. Secure it on the uninjured side at breast pocket level.		
d. Use a SAM® splint for a fractured wrist or forearm.		
(1) Prepare the splint using the uninjured arm for measurements.		
(a) Unroll the splint and fold in half so it is flat.		
(b) Form the splint to the curvature of the forearm and roll the end to fit in the cupped hand.		
(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.		
(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.		
(b) If using Kerlex® or an ACE® wrap, wrap the material around the arm, secure it, and recheck the radial pulse.		
<b>EVALUATOR STATES:</b> "THERE IS A PULSE" AFTER EACH PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.		
5. Apply an arm sling and swathe using cravats.		

AMEDDC&S Pam 350-10

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.			
<b>EVALUATOR STATES: "THERE IS A PULSE" AFTER PULSE CHECK UNLESS OBVIOUSLY TIED TOO TIGHTLY.</b>			
7. 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
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE	

<b>EFMB Test Score Sheet</b> <b>TCCC- TREAT LACERATIONS, CONTUSIONS, AND EXTRUSIONS OF THE EYE</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> TREAT LACERATIONS, CONTUSIONS, AND EXTRUSIONS OF THE EYE.		
<b>CONDITIONS:</b> Given a casualty in a simulated combat environment who has an eye injury and the necessary materials to treat the casualty.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		
NOTE: Torn eyelids should be handled carefully. Wrap any detached fragments in a separate moist dressing and evacuate with the casualty.		
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.		
<b>CAUTION:</b> 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.		
NOTE: For EFMB testing purposes potable water may be used in place of saline to moisten bandage.		
(2) Place a field dressing over the eye pad.		
(3) 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.		
(4) Tell the casualty not to squeeze the eyelids together.		
c. Extrusion or avulsion.		

<b>CAUTION:</b> 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.			
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	

<b>EFMB Test Score Sheet</b> <b>EVAC — ESTABLISH A HELICOPTER LANDING POINT</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> ESTABLISH A HELICOPTER LANDING POINT.		
<b>CONDITIONS:</b> Given strobe lights, flashlights or vehicle lights, marker panels, and an area to be prepared for landing site.		
<b>STANDARDS:</b> 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.		
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
1. Select the landing site.		
<b>EVALUATOR STATES:</b> "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).		
<b>NOTE:</b> 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).		
 <p style="text-align: center;"><b>Landing Site Landing Ratio.</b></p>		
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.		

AMEDDC&S Pam 350-10

(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.		
<b>EVALUATOR STATES:</b> "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.		
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR THE 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

<b>EFMB Test Score Sheet</b> <b>EVAC — LOAD CASUALTIES ONTO A UH-60 HELICOPTER</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> LOAD CASUALTIES ONTO A UH-60 HELICOPTER.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> 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.		
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		
<b>WARNING:</b> 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.		



AMEDDC&S Pam 350-10

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/asures within 15 minutes.				
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR THE 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

<b>EFMB Test Score Sheet</b> <b>EVAC — LOAD CASUALTIES ONTO A HH-60L HELICOPTER</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCA-OP-T-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> LOAD CASUALTIES ONTO A HH-60L HELICOPTER.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
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 verbatim of injuries from forenamed task.		
a. Position litter casualties in the helicopter according to the nature of their injuries or condition.		
NOTE: Both litter casualties will be loaded in the litter pans on the right side of the aircraft.		
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.		
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. Under the supervision of the flight crew, serve as the number 1 position and with the assistance of the noncandidate Soldiers—		
a. Move the litter to the aircraft.		
NOTE: Move to the aircraft from the rear at a 45 degree angle allowing the litter to clear the external fuel tank.		
<b>CAUTION:</b> Do not allow the litter to come into contact with the external fuel tank.		
<b>WARNING:</b> 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.		
NOTE: The HH-60L can be loaded on both sides. Load the litter casualties so that their heads are facing the medical attendant's seat.		
b. Do not approach aircraft until the flight crew directs you to do so.		
c. Load litters onto litter pans.		
(1) Ensure the litter pan is lowered into the load position.		
(2) Direct the litter squad to slide the litter forward until the litter stirrups of both ends are secured on the pan.		
(3) Secure litter to pan with restraining straps.		
(4) Raise litter pan into the upper transport position.		
NOTE: For EFMB testing purposes the Crew Chief will operate the litter lift for the candidate.		
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.		

AMEDDC&S Pam 350-10

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.				
6. Load ambulatory casualty.				
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.				
c. Secure casualty in seat with buckle placed midline no more than 1 inch above the iliac crest.				
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.				
NOTE: Time ends when the litter squad departs the aircraft after loading and securing the last casualty.				
7. Did not cause further injury to the casualties or damage the aircraft.				
8. Correctly perform all performance steps/measures within 15 minutes.				
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR THE TASK:				
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO			
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE		

<b>EFMB Test Score Sheet</b> <b>EVAC — LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORM (M996, M997, OR M113)</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORM (M996, M997, OR M113).		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
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 verbiage 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.		
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR THE TASK:		

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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	

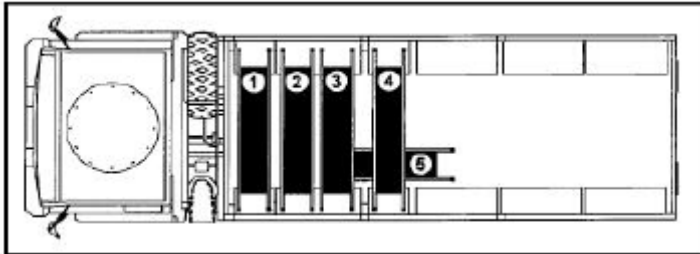
Worksheet # 020 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 2 of 2

<p align="center"><b>EFMB Test Score Sheet</b>  <b>EVAC — LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORM</b>  <b>(STRYKER MEDICAL EVACUATION VEHICLE (MEV) M1113)</b>                      (For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCS-OP-T)</p>		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORM, STRYKER MEDICAL EVACUATION VEHICLE (MEV) (M1113).		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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 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.		
<b>WARNING:</b> 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.		

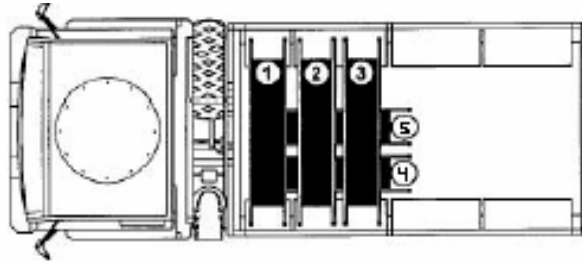
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a. Candidate directs/assists litter bearers to position forward litter stirrups in channels on platform.		
b. Slide litter forward until litter is fully loaded on platform.		
c. Disengage rear platform latch and slide platform towards the wall and 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.		
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR THE 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

<b>EFMB Test Score Sheet</b> <b>EVAC — LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (5-TON M-1085, M-1093, OR 2 ½-TON M-1081)</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (5-TON M-1085, M-1093, OR 2 ½-TON M-1081).		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Configure the vehicle properly. Prioritized, loaded, and secured five casualties within 15 minutes, in the proper sequence, without causing further injury to the casualties.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
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 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.		
NOTE: The candidate will only be evaluated on either the M-1085, M-1093, or M-1081.		
4. Configure and load an M-1085.		
 <p style="text-align: center;"><b>M-1085 Configuration.</b></p>		
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.		



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.

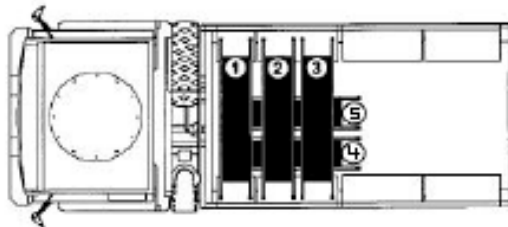
6. Configure and load an M-1081.

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.

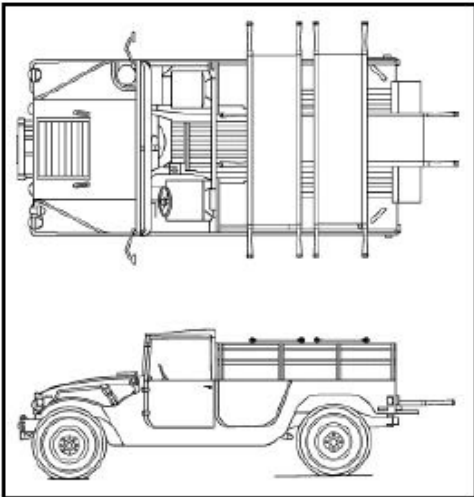
**EVALUATOR WRITES:** CANDIDATE'S TIME FOR THE TASK:

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
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<b>EFMB Test Score Sheet</b> <b>EVAC — LOAD CASUALTIES ONTO NONSTANDARD VEHICLE</b> <b>(2 ½-TON, 6X6 OR 5-TON, 6X6, CARGO TRUCK)</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (2 ½-TON, 6X6 OR 5-TON, 6X6, CARGO TRUCK).		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Configure the vehicle properly. Prioritize, load, and secure five casualties within 15 minutes, in the proper sequence, without causing further injury to the casualties.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
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 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.		
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR THE 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 # 023 to construct AMEDDC&S Form 1232, 1 NOV 11

<b>EFMB Test Score Sheet</b> <b>EVAC — LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (1 ¼-TON, 4X4, M998)</b> <small>(For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCC-OP-T)</small>		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> LOAD CASUALTIES ONTO NONSTANDARD VEHICLE (1 ¼-TON, 4X4, M998)		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Prioritize, load, and secure three casualties within 15 minutes, in the proper sequence, without causing further injury to the casualties.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
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.		
 <p><b>M998, 3-Casualty Configuration.</b></p>		
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.		

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.			
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR THE 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	

<b>EFMB Test Score Sheet</b> <b>EVAC — EXTRICATE CASUALTIES FROM A VEHICLE</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> EXTRICATE CASUALTIES FROM A VEHICLE.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Secure and extricate casualties from the vehicle without causing further injury.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
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.		
(2) 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.		

(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.		
<b>WARNING:</b> 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 its 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.		

AMEDDC&S Pam 350-10

(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.		
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

<b>EFMB Test Score Sheet</b> <b>EVAC — EVACUATE A CASUALTY USING A SKED LITTER</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)			
CANDIDATE'S RANK AND NAME			CANDIDATE #
<b>TASK:</b> EVACUATE A CASUALTY USING A SKED LITTER.			
<b>CONDITIONS:</b> Given a nonambulatory casualty who needs to be evacuated and a SKED litter is available.			
<b>STANDARDS:</b> Successfully package casualty onto a SKED and move them without causing further injury.			
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>			
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	



<b>EFMB Test Score Sheet</b> <b>EVAC — EVACUATE CASUALTIES USING ONE-PERSON CARRIES OR DRAGS</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCA-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE NUMBER	
<b>TASK:</b> EVACUATE CASUALTIES USING ONE-PERSON CARRIES OR DRAGS.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Transport the casualties using one-person carries and drags without causing further injury.		
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		
<b>WARNING:</b> 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.		

(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.		

AMEDDC&S Pam 350-10

(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) Place one arm under the casualty's knees and your other arm around his back.		
(3) Lift the casualty.		
(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.		
<b>CAUTION:</b> 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.		
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

<b>EFMB Test Score Sheet</b> <b>EVAC — EVACUATE CASUALTIES USING TWO-PERSON CARRIES OR DRAGS</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE NUMBER	
<b>TASK:</b> EVACUATE CASUALTIES USING TWO-PERSON CARRIES OR DRAGS.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Evacuate the casualties using two-person carries or drags without causing further injury.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		
<b>WARNING:</b> 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 expediently 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.		

AMEDDC&S Pam 350-10

(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.			
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	



<b>EFMB Test Score Sheet</b> <b>EVAC — EVACUATE CASUALTIES USING LITTER CARRIES</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE NUMBER	
<b>TASK:</b> EVACUATE CASUALTIES USING LITTER CARRIES.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Evacuate the casualties using appropriate litter carries without causing further injury.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
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).		
NOTE: If the casualty has a suspected neck or spinal injury, remove the casualty from the vehicle with a KED, OSS II or short spine board if the tactical situation permits (Evaluated IAW Extricate Casualties from a Vehicle Task).		
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.		
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.		
(1) You may place a pistol belt or similar material around the casualty's chest to help pull him from the vehicle.		
(2) 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.		
(3) 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.		
(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.		

AMEDDC&S Pam 350-10

(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.		
(17) 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.		
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.		

AMEDDC&S Pam 350-10

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.		
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

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<b>EFMB Test Score Sheet</b> <b>COMMO — ASSEMBLE AND OPERATE A SINGGARS (ASIP)</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> ASSEMBLE AND OPERATE A SINGGARS (ASIP).		
<b>CONDITIONS:</b> Given a SINGGARS 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.		
<b>STANDARDS:</b> Assemble the radio, set the operating frequency for single channel unsecured operation, and perform a radio check within 5 minutes.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Install battery.		
2. Screw whip antenna into antenna base, hand tight.		
3. Screw antenna base into "RT ANT" connector, hand tight.		
4. Connect handset connector to "AUD/DATA" connector.		
5. Set "FCTN" to "TST," should read "GOOD."		
6. Set "FCTN" to "LD."		
7. Set "MODE" to "SC" via "MENU" key, then "COMSEC" to "PT".		
8. Set "CHAN" to desired channel via "MENU" key.		
9. Press "FREQ," then "CLR" on the keypad.		
10. Enter the frequency given and press "STO" on the keypad.		
11. Set "RF PWR" to desired setting ("LO," "M," "HI") via "MENU" key.		
12. Set "FCTN" to "SQ ON."		
13. Perform a radio check using correct radio procedure and prowords.		
14. Complete all performance steps/measures within 5 minutes.		
<b>EVALUATOR WRITES:</b> TIME REQUIRED TO PERFORM 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 # 030 to construct AMEDDC&S Form 1232, 1 NOV 11



<b>EFMB Test Score Sheet</b> <b>COMMO — ASSEMBLE AND OPERATE A SINCGARS</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)				
CANDIDATE'S RANK AND NAME	CANDIDATE #			
<b>TASK:</b> ASSEMBLE AND OPERATE A SINCGARS.				
<b>CONDITIONS:</b> 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.				
<b>STANDARDS:</b> Assemble the radio, set the operating frequency for single channel unsecured operation, and perform a radio check within 5 minutes.				
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.				
PERFORMANCE STEPS/MEASURES	GO	NO-GO		
1. Install battery.				
2. Screw whip antenna into antenna base, hand tight.				
3. Screw antenna base into "RT ANT" connector, hand tight.				
4. Connect handset connector to "AUD/DATA" connector.				
5. Set "MODE" to "SC," "CHAN" to position "1," "COMSEC" to "PT," and "PWR" to desired setting.				
6. Set "FCTN" to "TST," should read "GOOD."				
7. Set "FCTN" to "LD."				
8. Press "FREQ," then "CLR" on the keypad.				
9. Enter the given frequency and press "STO" on the keypad.				
10. Set the "FCTN" to "SQ ON."				
11. Perform a radio check using correct radio procedure and prowords.				
12. Complete all performance measures within 5 minutes.				
<b>EVALUATOR WRITES:</b> TIME REQUIRED TO PERFORM TASK:				
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO			
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE		

Worksheet # 031 to construct AMEDDC&S Form 1232, 1 NOV 11

<b>EFMB Test Score Sheet</b> <b>COMMO — LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINGGARS (ASIP)</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINGGARS (ASIP).		
<b>CONDITIONS:</b> Given a SINGGARS 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.		
<b>STANDARDS:</b> Load radio for single channel secure operations and complete a radio check within 10 minutes.		
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
1. Set "FCTN" to "TST." Wait for "GOOD" on display.		
2. Set "FCTN" to "LD."		
NOTE: Steps 1 and 2 may be skipped if this task is performed after "Assemble and Operate a SINGGARS (ASIP)" task.		
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."		
NOTE: For EFMB testing purposes the evaluator will provide the User ID and password to the candidate.		
(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 "SINGGARS." With "SINGGARS" 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 SINGGARS (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.		

AMEDDC&S Pam 350-10

<b>EVALUATOR WRITES: TIME REQUIRED TO PERFORM TASK:</b>		
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

<b>EFMB Test Score Sheet</b> <b>COMMO — LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINCGARS</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINCGARS.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Load radio for single channel secure operations and complete a radio check within 10 minutes.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Set "FCTN" to "TST." Wait for "GOOD" on display.		
2. Set "FCTN" to "LD."		
NOTE: Steps 1 and 2 may be skipped if this task is performed after "Assemble and Operate a SINCGARS" task.		
3. Set "COMSEC" to "CT."		
4. Set "MODE" to "FH."		
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."		
NOTE: For EFMB testing purposes the evaluator will provide the User ID and password to the candidate.		
(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 position.		
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.		

<b>EVALUATOR WRITES:</b> TIME REQUIRED TO PERFORM 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

<b>EFMB Test Score Sheet</b> <b>COMMO — PREPARE AND TRANSMIT A MEDEVAC REQUEST (USING SECURE MODE RADIO)</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> PREPARE AND TRANSMIT A MEDEVAC REQUEST (USING SECURE MODE RADIO).		
<b>CONDITIONS:</b> Given three or four treated casualties (a minimum of one has a life threatening injury), GTA 08-01-004, a secure mode of communication (SINGGARS 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.		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
NOTE: 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.		
1. Collect all applicable information needed for the MEDEVAC request line items one through nine.		
a. Obtain the grid coordinates for the pickup site.		
b. Obtain radio frequency, call sign, and suffix.		
c. Determine the number of patients and precedence.		
NOTE: Casualties are prioritized IAW Medical Evacuation precedences as listed in Chapter 4, Table 4-2.		
d. Determine the type of special equipment required.		
e. Determine the number and type (litter or ambulatory) of patients.		
f. Determine the security of the pickup site.		
g. Determine how the pickup site will be marked.		
h. Determine patient nationality and status.		
i. Obtain pickup site CBRN contamination information normally obtained from the senior person or medic.		
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.		
2. Record the gathered MEDEVAC information using the authorized brevity codes (GTA 08-01-004).		
a. Location of pickup site (line 1).		
b. Radio frequency, call sign, and suffix (line 2).		
c. Number of patients by precedence (line 3).		
d. Special equipment required (line 4).		
e. Number of patients by type (line 5).		
f. Security of pickup site (line 6).		
g. Method of marking pickup site (line 7).		
h. Patient nationality and status (line 8).		
i. CBRN contamination (line 9).		
3. Transmit the MEDEVAC Request.		
a. Contact the unit that controls the evacuation assets.		
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.		
(1) Load the correct frequency of the evacuation asset unit into the SINGGARS.		

AMEDDC&S Pam 350-10

NOTE: The SINGARS will be assembled and operational. The following are the only steps the candidate is required to perform in preparing the SINGARS 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.			
<b>EVALUATOR WRITES:</b> 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	

<b>EFMB Test Score Sheet</b> <b>COMMO — SUBMIT NBC 1 REPORT</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> SUBMIT NBC 1 REPORT.		
<b>CONDITIONS:</b> 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).		
<b>STANDARDS:</b> Submit Spot Report to give attack notification. Submit NBC 1 Report using the correct format and content within 10 minutes.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
1. After protecting yourself from a CBRN attack, record and submit a Spot Report immediately using the S-A-L-U-T-E format.		
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.		
c. Remarks. Include any information not included in the S-A-L-U-T-E format.		
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.		



AMEDDC&S Pam 350-10

c. Submit CBRN 1 Report to higher headquarters (evaluator for testing purposes).			
3. Correctly perform all performance steps/measures within 10 minutes.			
<b>EVALUATOR WRITES:</b> TIME REQUIRED TO PERFORM 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	

<b>EFMB Test Score Sheet</b> <b>COMMO — SUBMIT EXPLOSIVE HAZARD SPOT REPORT</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)				
CANDIDATE'S RANK AND NAME			CANDIDATE #	
<b>TASK:</b> SUBMIT EXPLOSIVE HAZARD SPOT REPORT.				
<b>CONDITIONS:</b> 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).				
<b>STANDARDS:</b> Submit 9-line Explosive Hazard Spot Report using the correct format and content within 5 minutes.				
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>				
PERFORMANCE STEPS/MEASURES			GO	NO-GO
1. After taking protective measures from a UXO or IED hazard, record and submit a written 9 line explosive hazard spot report.				
a. Gather and record information in a standard 9-line Explosive Hazard Spot Report format.				
(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).				
<b>NOTE:</b> Be prepared to provide a guide to the EOD team.				
2. Correctly perform all performance steps/measures within 5 minutes.				
<b>EVALUATOR WRITES: TIME REQUIRED TO PERFORM TASK:</b>				
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 # 036 to construct AMEDDC&S Form 1232, 1 NOV 11

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<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK WITH JSLIST MOPP GEAR</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCC-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK WITH JSLIST MOPP GEAR.		
<b>CONDITIONS:</b> Given your assigned protective mask and carrier.		
<b>STANDARDS:</b> Don, clear, and check your mask within 9 seconds.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		
<b>WARNING: DO NOT WEAR CONTACT LENSES WITH THE PROTECTIVE MASK. REMOVE CONTACT LENSES WHEN THE USE OF CHEMICAL AGENTS IS IMMINENT.</b>		
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.		
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR DONNING THE MASK:		
5. Resume breathing.		
6. Close the mask carrier and continue your mission.		

AMEDDC&S Pam 350-10

7. Correctly perform all applicable performance steps/measures in sequence without becoming a casualty.			
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 # 037 to construct AMEDDC&S Form 1232, 1 NOV 11

Page 2 of 2

<p align="center"><b>EFMB Test Score Sheet</b>  <b>WARRIOR SKILLS — PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK</b>                      (For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCS-OP-T)</p>		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK.		
<b>CONDITIONS:</b> Given your assigned protective mask with hood and carrier.		
<b>STANDARDS:</b> Don, clear, and check your mask within 9 seconds.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		
<b>WARNING: DO NOT WEAR CONTACT LENSES WITH THE PROTECTIVE MASK. REMOVE CONTACT LENSES WHEN THE USE OF CHEMICAL AGENTS IS IMMINENT.</b>		
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.		
<b>EVALUATOR WRITES: CANDIDATE'S TIME FOR DONNING THE MASK:</b>		
5. Resume breathing.		
6. Secure the mask hood.		

NOTE: There are no time standards for donning the hood.			
<b>CAUTION: BE CAREFUL WHEN PULLING ON THE HOOD, BECAUSE IT COULD SNAG ON THE BUCKLES OF THE HEAD HARNESS AND TEAR</b>			
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.			
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	

<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — DECONTAMINATE YOURSELF USING CHEMICAL DECONTAMINATING KITS</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> DECONTAMINATE YOURSELF USING CHEMICAL DECONTAMINATING KITS.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Decontaminate all exposed skin and your eyes within 5 minutes.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Decontaminate your skin using the M291 SDK or RSDL.		
NOTE: Time begins when candidate begins any step/measure listed below.		
a. Remove one decontaminating packet (or RSDL applicator) from carrying pouch.		
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).		
c. Scrub skin starting with hands, including back of hand, palm, and fingers.		
d. Hold breath, close eyes, and lift the hood and mask away from chin.		
e. Continue to hold breath and scrub face.		
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).		
g. Reseal, clear, and check mask.		
h. Using a second packet (or original RSDL and remaining lotion in packet), scrub neck and ears and wipe hands.		
i. Drop the decontamination packet to the ground.		
<b>CAUTION:</b> 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.		
<b>EVALUATOR WRITES:</b> 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 # 039 to construct AMEDDC&S Form 1232, 1 NOV 11



<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — PROTECT YOURSELF FROM CBRN INJURY/CONTAMINATION WITH JOINT SERVICE LIGHTWEIGHT INTEGRATED SUIT TECHNOLOGY (JSLIST) CHEMICAL PROTECTIVE ENSEMBLE</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> PROTECT YOURSELF FROM CBRN INJURY/CONTAMINATION WITH JOINT SERVICE LIGHTWEIGHT INTEGRATED SUIT TECHNOLOGY (JSLIST) CHEMICAL PROTECTIVE ENSEMBLE.		
<b>CONDITIONS:</b> You are in mask only with remaining assigned JSLIST gear available.		
<b>STANDARDS:</b> Achieve mission-oriented protection posture MOPP 4 within 8 minutes by performing all steps in sequence.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Put on JSLIST gear.		
NOTE: Time begins when candidate begins any step/measure listed below.		
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.		
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.		
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).					
<b>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.</b>					
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.					
<b>EVALUATOR WRITES: CANDIDATE'S TIME FOR TASK:</b>					
REASON(S) FOR FAILURE		DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
LANE OIC/NCOIC INITIALS		EVALUATOR'S SIGNATURE	DATE		

<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — PROTECT YOURSELF FROM CBRN INJURY/CONTAMINATION WITH MOPP GEAR</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCA-OP-T)					
CANDIDATE'S RANK AND NAME			CANDIDATE #		
<b>TASK:</b> PROTECT YOURSELF FROM CBRN INJURY/CONTAMINATION WITH MOPP GEAR.					
<b>CONDITIONS:</b> You are in mask only with remaining assigned MOPP gear available.					
<b>STANDARDS:</b> Perform all steps in sequence and achieve MOPP 4 within 8 minutes.					
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>					
PERFORMANCE STEPS/MEASURES			GO	NO-GO	
1. Put on MOPP gear for MOPP 1.					
NOTE: Time begins when candidate begins any step/measure listed below.					
a. Don the trousers.					
(1) Put the overgarment trousers on over your normal duty uniform.					
(2) Secure the trousers by snapping and zipping them and adjusting the waistband for a snug fit.					
(3) Do not fasten the bottom of the trousers at this time.					
b. Don the jacket.					
(1) Put on the overgarment jacket.					
(2) Zip it up.					
(3) Fasten the snaps/Velcro®.					
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.					
<b>EVALUATOR WRITES:</b> 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

<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — PERFORM SELF-AID FOR MILD NERVE AGENT POISONING</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> PERFORM SELF-AID FOR MILD NERVE AGENT POISONING.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> 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.		
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		
<b>EVALUATOR STATES:</b> "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.		

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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.		
<b>WARNING:</b> 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.		
<b>CAUTION:</b> 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.		
<b>WARNING:</b> 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.			
<b>WARNING:</b> 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.			
<b>EVALUATOR WRITES:</b> 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	

EFMB Test Score Sheet		
<b>WARRIOR SKILLS — PROTECT YOURSELF FROM CHEMICAL OR BIOLOGICAL INJURY/CONTAMINATION WHEN REMOVING MISSION ORIENTED PROTECTIVE POSTURE USING JOINT SERVICE LIGHTWEIGHT INTEGRATED SUIT TECHNOLOGY (JSLIST)</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> PROTECT YOURSELF FROM CHEMICAL OR BIOLOGICAL INJURY/CONTAMINATION WHEN REMOVING MISSION ORIENTED PROTECTIVE POSTURE USING JOINT SERVICE LIGHTWEIGHT INTEGRATED SUIT TECHNOLOGY (JSLIST).		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
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 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.		
NOTE: Weapon will be cleared and placed on safe prior to decontamination.		
a. Remove and discard the chemical protective helmet cover.		
b. Cover the gear with the M295 IEDK.		
c. Brush or rub into the material.		
d. Shake the excess off gently.		
e. Set the gear aside on an uncontaminated surface (such as, a poncho, a canvas, or similar material).		
2. Prepare for decontamination.		
a. Candidate—		
(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.		
(2) Loosens the bottom of the coat by pulling the material away from the body.		
(3) Feels for the suspender snap couplers on the outside of the coat and releases the snap couplers.		
(4) Unfastens the hook and pile fasteners at the wrist and ankles and refasten loosely.		
(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.		
3. Decontaminate the mask and hood.		
a. Candidate- Chemical and biological contamination.		
(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.		
(2) Starts at the eyelens outserts, and wipes all exposed parts of the mask.		
(3) Wipes the front edge of the hood including the barrel locks and fasteners under your Buddy's chin.		
(4) Decontaminates his (candidate's) gloves in preparation to release the hood seal.		

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.		
<b>CAUTION: BOTH SOLDIERS MUST TAKE CARE TO AVOID CONTAMINATING THE INSIDE SURFACE OF THE COAT.</b>		
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.		
<b>CAUTION: BOTH SOLDIERS MUST TAKE CARE TO AVOID CONTAMINATING THEIR CLOTHING AND SKIN.</b>		
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.		
<b>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.</b>		
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.		



<b>CAUTION:</b> 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.			
<b>EVALUATOR WRITES:</b> 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	

<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — PROTECT YOURSELF FROM BIOLOGICAL OR CHEMICAL INJURY/CONTAMINATION</b> <b>WHEN REMOVING MOPP GEAR</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCA-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> PROTECT YOURSELF FROM BIOLOGICAL OR CHEMICAL INJURY/CONTAMINATION WHEN REMOVING MOPP GEAR.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		
<b>CAUTION:</b> 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.		

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.		
<b>EVALUATOR WRITES: CANDIDATE'S TIME FOR TASK:</b>		
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

<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — STORE THE M40-SERIES PROTECTIVE MASK WITHOUT HOOD</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)				
CANDIDATE'S RANK AND NAME	CANDIDATE #			
<b>TASK:</b> STORE THE M40-SERIES PROTECTIVE MASK WITHOUT HOOD.				
<b>CONDITIONS:</b> Given the "ALL CLEAR" signal, remove your protective mask and store it in its carrier.				
<b>STANDARDS:</b> Remove protective mask and correctly store it inside its carrier within 1 minute.				
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>				
PERFORMANCE STEPS/MEASURES	GO	NO-GO		
1. Remove protective mask after the "all clear" signal is given.				
<b>NOTE:</b> Time begins when candidate begins any step/measure listed below.				
a. Remove helmet.				
b. Loosen the cheek straps.				
c. Remove the mask.				
d. Replace helmet on head.				
e. Remove any moisture that has accumulated on the mask.				
2. Store mask.				
a. Hold the front of the mask in a horizontal position.				
b. Pull the head harness over the front of the mask.				
c. Store the mask inside the carrier with the eye lenses up and facing away from the body.				
d. Close the carrier opening.				
<b>NOTE:</b> Time ends when candidate closes the mask carrier.				
3. Correctly perform all performance steps/measures within 1 minute.				
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR TASK:				
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> </table>	YES	NO
YES	NO			
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE		

Worksheet # 045 to construct AMEDDC&S Form 1232, 1 NOV 11

<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — STORE THE M40-SERIES PROTECTIVE MASK WITH HOOD</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> STORE THE M40-SERIES PROTECTIVE MASK WITH HOOD.		
<b>CONDITIONS:</b> Given the "ALL CLEAR" signal, remove your protective mask with hood and store it in its carrier.		
<b>STANDARDS:</b> Remove protective mask and correctly store it inside its carrier within 1 minute.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Remove protective mask with hood after the "all clear" signal is given.		
<b>NOTE:</b> 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.		
<b>NOTE:</b> Time ends when candidate closes the mask carrier.		
3. Correctly perform all performance steps/measures within 1 minute.		
<b>EVALUATOR WRITES:</b> 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

<p align="center"><b>EFMB Test Score Sheet</b>  <b>WARRIOR SKILLS — DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON AN M4 OR M4A1 CARBINE</b>                      (For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCA-OP-T)</p>		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON AN M4 OR M4A1 CARBINE.		
<b>CONDITIONS:</b> Given your assigned M4 OR M4A1 CARBINE and a magazine.		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
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.		

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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.		
<b>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.</b>		
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).		

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.					
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR TASK:					
REASON(S) FOR FAILURE		DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
LANE OIC/NCOIC INITIALS		EVALUATOR'S SIGNATURE	DATE		



<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON AN M16-SERIES RIFLE</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCA-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON AN M16-SERIES RIFLE.		
<b>CONDITIONS:</b> Given your assigned M16-series rifle and a magazine.		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
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.		
e. Place the bolt cam pin by putting it in the bolt carrier and turning it one-quarter turn.		

Worksheet # 048 to construct AMEDDC&S Form 1232, 1 NOV 11

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.		
<b>CAUTION: THE SELECTOR LEVER MUST BE ON "SAFE" BEFORE CLOSING THE UPPER RECEIVER.</b>		
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 with a slow, smooth motion until the trigger is fully forward (the hammer should not fall).		
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.		

<b>EVALUATOR WRITES: CANDIDATE'S TIME FOR TASK:</b>			
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	

<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK ON A M9 PISTOL</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCA-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> DISASSEMBLE, ASSEMBLE, AND PERFORM A FUNCTIONS CHECK E AN M9 PISTOL.		
<b>CONDITIONS:</b> Given an M9 pistol and a magazine.		
<b>STANDARDS:</b> Clear, disassemble, and assemble an M9 pistol and perform a function check within 3 minutes.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Clear the pistol prior to disassembling the pistol.		
NOTE: Time begins when candidate begins any step/measure listed below.		
NOTE: The lever will initially be set in the "FIRE" position and an empty magazine will be in the pistol.		
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 slightly 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.		
<b>CAUTION:</b> 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.						
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR TASK:						
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1"> <thead> <tr> <th data-bbox="1269 842 1338 888">YES</th> <th data-bbox="1338 842 1443 888">NO</th> </tr> </thead> <tbody> <tr> <td style="height: 200px;"></td> <td></td> </tr> </tbody> </table>	YES	NO		
YES	NO					
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE				

<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — CORRECT MALFUNCTION OF AN M4 CARBINE OR M16-SERIES RIFLE</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCA-OP-T)				
CANDIDATE'S RANK AND NAME	CANDIDATE #			
<b>TASK:</b> CORRECT MALFUNCTION OF AN M4 CARBINE OR M16-SERIES RIFLE.				
<b>CONDITIONS:</b> Given a magazine with at least seven blank rounds and one dummy round and your assigned M4 carbine or M16-series rifle.				
<b>STANDARDS:</b> Eliminate the stoppage within 10 seconds when the rifle fails to fire.				
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>				
PERFORMANCE STEPS/MEASURES	GO	NO-GO		
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.				
<b>EVALUATOR WRITES:</b> CANDIDATE'S TIME FOR TASK:				
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> </table>	YES	NO
YES	NO			
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE		

Worksheet # 050 to construct AMEDDC&S Form 1232, 1 NOV 11

<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — MOVE UNDER DIRECT FIRE</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCA-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> MOVE UNDER DIRECT FIRE.		
<b>CONDITIONS:</b> 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.		
<b>STANDARDS:</b> Move under direct fire using the correct individual tactical fire and movement techniques that are dictated by terrain features.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
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.		

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.		
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



<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — REACT TO INDIRECT FIRE</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)				
CANDIDATE'S RANK AND NAME	CANDIDATE #			
<b>TASK:</b> REACT TO INDIRECT FIRE.				
<b>CONDITIONS:</b> 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.				
<b>STANDARDS:</b> React to indirect fire using correct techniques that are dictated by the terrain and enemy activity.				
<b>NOTE:</b> THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.				
PERFORMANCE STEPS/MEASURES	GO	NO-GO		
1. Shout "incoming" in a loud, easily recognizable voice.				
2. Perform immediate action for indirect fire per your FRAGO. If you have no other instructions, take the following actions:				
a. Look to your leader for additional instructions. If you cannot see your leader, but can see other team members, follow them.				
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.				
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.				
3. Select temporary fighting position.				
a. Choose a position that takes advantage of available cover and concealment.				
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.				
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.				
c. Choose a position that will allow you to stay low when observing and firing, whenever possible.				
d. Choose a position with a background that does not silhouette you against the surrounding environment.				
4. Correctly perform all performance steps/measures.				
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO			
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE		

Worksheet # 052 to construct AMEDDC&S Form 1232, 1 NOV 11

<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — MOVE OVER, THROUGH, OR AROUND OBSTACLES</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> MOVE OVER, THROUGH, OR AROUND OBSTACLES.		
<b>CONDITIONS:</b> 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).		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Cover your advance using smoke when crossing an obstacle.		
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.		
<b>WARNING:</b> 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.		











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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/asures without causing further injury to yourself.			
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	YES	NO
LANE OIC/NOIC INITIALS	EVALUATOR'S SIGNATURE	DATE	






<b>EFMB Test Score Sheet</b> <b>WARRIOR SKILLS — REACT TO AN UXO OR POSSIBLE IED</b> (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> REACT TO AN UXO OR POSSIBLE IED.		
<b>CONDITIONS:</b> In a field environment, given an item(s) of simulated unexploded ordnance (UXO) or possible improvised explosive device (IED), marking materials, and the 9-line Explosive Hazard Spot Report format guide (GTA 09-12-001).		
<b>STANDARDS:</b> 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.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
NOTE: 1. 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. 2. 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.		
<b>DANGER:</b> 1. Never approach any closer to a UXO once it has been identified. Approaching UXO may cause it to explode. 2. 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. 3. Many types of UXOs may contain an incendiary or a chemical, biological, or radiological hazard in addition to explosives. 4. Do NOT make radio transmissions within 100 meters of a UXO. Some types of UXO 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.		
<b>DANGER:</b> 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.		

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(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 is 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.		
<b>DANGER:</b> 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:		
NOTE: For EFMB testing purposes, the candidate will verbally inform the evaluator the appropriate evacuation distance.		
(i) Bombs, dispensers, large projected munitions (90 millimeter diameter and larger) evacuate a 360-degree perimeter at least 600 meters.		
(ii) Submunitions, placed, thrown, small projected munitions (smaller than 90-millimeter diameter) evacuate a 360-perimeter at least 300 meters.		
(e) If personnel or equipment cannot be evacuated, seek as much frontal and overhead cover as possible.		
(f) If UXO is suspected to have a chemical agent, ensure all personnel stay upwind of item and are in full MOPP.		
(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: Place UXO training aid near personnel, facilities, or equipment (within the Soldier's area of responsibility). Soldier should identify UXO from a distance of 5 to 10 meters away, or through the use of binoculars.		
<b>DANGER:</b> To avoid causing an IED to explode: Do NOT attempt to move the IED. Do NOT approach the IED. Avoid using communication/electronic equipment within established exclusion area.		
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.		
<b>WARNING:</b> Adjust exclusion areas based on mission, enemy, terrain, troops, time, and civilians (METT-TC).		

Threat Description		Explosives Mass (TNT Equivalent)	Building Evacuation distance	Outdoor Evacuation Distance
	Pipe Bomb	5 lbs 2.3 kg	70 ft 21 m	850 ft 259 m
	Suicide Belt	10 lbs 4.5 kg	90 ft 27 m	1,080 ft 330 m
	Suicide Vest	20 lbs 9 kg	110 ft 34 m	1,360 ft 415 m
	Briefcase/Suitcase Bomb	50 lbs 23 kg	150 ft 46 m	1,850 ft 564 m
	Compact Sedan	500 lbs 227 kg	320 ft 98 m	1,500 ft 457 m
	Sedan	1,000 lbs 454 kg	400 ft 122 m	1,750 ft 534 m
	Passenger/Cargo Van	4,000 lbs 1,814 kg	640 ft 195 m	2,750 ft 838 m
	Small Moving Van/Delivery Truck	10,000 lbs 4,536 kg	880 ft 263 m	3,750 ft 1,143 m
	Moving Van/Water Truck	30,000 lbs 13,608 kg	1,240 ft 375 m	6,500 ft 1,982 m
	Semitrailer	60,000 lbs 27,216 kg	1,570 ft 475 m	7,000 ft 2,134 m

Threat Description		LPG Mass/Volume	Fireball Diameter	Safe Distance
	Small LPG Tank	20 lbs/ 5 gal/ 9 kg/ 19 lb	40 ft 12 m	180 ft 48 m
	Large LPG Tank	100 lbs/25 gal 45 kg/95 lb	69 ft 21 m	276 ft 84 m
	Commercial/Residential LPG Tank	2,000 lbs/ 500 gal/ 907 kg/ 1,893 lb	184 ft 56 m	736 ft 224 m
	Small LPG Truck	8,000 lbs/ 2,000 gal/ 3,630 kg/ 7,570 lb	292 ft 89 m	1,188 ft 358 m
	Semi tanker LPG	40,000 lbs/ 10,000 gal 18,144 kg/ 37,850 lb	499 ft 152 m	1,996 ft 608 m

**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 HQ in accordance with higher headquarters guidance.		
2. Correctly perform all performance steps/measures for either UXO hazard or possible IED.		
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

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<b>EXPERT FIELD MEDICAL BADGE WRITTEN TEST EXAMINATION REBUTTAL SHEET</b>		
Date:	Candidate Number:	Rank:
Name:		
Written Test Question Number Being Rebutted:		
Reason for Rebuttal:		
Candidate's Signature:		
Test Board Remarks:		
Test Board Decision (circle):		
<input type="radio"/>	Approved	<input type="radio"/> Disapproved
<small>Note: If disapproved by the test board, the candidate may appeal to the EFMB TCO. If the candidate wishes to appeal it to the EFMB TCO, they must be allowed to continue with testing until a decision is made. If approved by the test board, it may not be overturned, but forwarded to the EFMB TCO for a decision. If the EFMB TCO is on site, they will render their decision at that time. If not on site, the test board chairperson will contact them for a decision.</small>		
Date:		
Test Board Chairperson's Signature:		
EFMB TCO Decision (circle):		
<input type="radio"/>	Approved	<input type="radio"/> Disapproved
EFMB TCO Signature:		
<small>Note: A separate rebuttal form will be completed for each question being rebutted by the candidate. Rebuttal form will be filed in the candidate's folder in the EFMB operations center.</small>		

**APPENDIX C**

**GRAPHIC TRAINING AIDS**


**C-1. GENERAL.**

The various graphic training aids (GTAs) contained within this appendix are also available at local TASCs and on the AKO General Reimer's Library.

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MEDEVAC REQUEST FORM

GTA 08-01-004

LINE	ITEM	EVACUATION REQUEST MESSAGE
1	Location of Pickup Site.	
2	Radio Frequ., Call Sign, & Suffix.	
3	No. of Patients by Precedence.	
4	Special Equipment Required.	
5	Number of Patients by Type.	
6	Security of Pickup Site (Wartime).	
6	Number and Type of Wound, Injury, or Illness (Peacetime).	
7	Method of Marking Pickup Site.	
8	Patient Nationality and Status.	
9	NBC Contamination (Wartime).	
9	Terrain Description (Peacetime).	

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AUG 2002 (This supersedes GTA 08-01-004 MAY 1997)

DISTRIBUTION: US ARMY TRAINING SUPPORT CENTERS (TSCs)  
HEADQUARTERS, DEPARTMENT OF THE ARMY,  
ATTN: ATIC-ITST-T, GTA Program, Fort Eustis, VA 23064-5166

LINE ITEM	EXPLANATION
1. Location of Pickup Site.	Encrypt grid coordinates. When using <i>DRYAD Numeral Cipher</i> , the same <i>SET line</i> will be used to encrypt <u>grid</u> 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).
2. Radio Frequency, Call Sign, Suffix.	Encrypt the frequency of the radio at the pickup site, <i>not</i> 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.
3. No. of Patients by Precedence.	Report only applicable info & 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" btwn. each category.)
4. Spec Equipment.	Encrypt applicable brevity codes. A = None, B = Hoist, C = Extraction equipment, D = Ventilator.
5. No. of Patients by Type.	Report only applicable information and encrypt brevity code. If requesting MEDEVAC for both types, insert the word "break" between the litter entry and ambulatory entry: L + # of Pnt -Litter; A + # of Pnt - Ambul (sitting).
6. Security Pickup Site (Wartime).	N = No enemy troops in area, P = Possibly enemy troops in area (approach with caution), E = Enemy troops in area (armed escort required), X = Enemy troops in area (armed escort required).
6. Number and type of Wound, Injury, Illness (Peacetime).	Specific information regarding patient wounds by type (gunshot or shrapnel). Report serious bleeding, along with patient blood type, if known.
7. Method of Marking Pickup Site.	Encrypt the brevity codes. A = Panels, B = Pyrotechnic signal, C = Smoke Signal, D = None, E = Other.
8. Patient Nationality and Status.	Number of patients in each category need not be transmitted. Encrypt only applicable brevity codes. A = US military, B = US civilian, C = Non-US mil, D = Non-US civilian, E = EPW.
9. NBC Contamination, (Wartime).	Include this line only when applicable. Encrypt the applicable brevity codes. N = nuclear, B = biological, C = chemical.
9. 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).

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**Sample NBC 3 Report (Detailed Information of CERWCVA Attack Incident)**

Line	Number	Checked	Signature	Position	Remarks
A	0101010101				
B	0101010101				
C	0101010101				
D	0101010101				
E	0101010101				
F	0101010101				
G	0101010101				
H	0101010101				
I	0101010101				
J	0101010101				
K	0101010101				
L	0101010101				
M	0101010101				
N	0101010101				
O	0101010101				
P	0101010101				
Q	0101010101				
R	0101010101				
S	0101010101				
T	0101010101				
U	0101010101				
V	0101010101				
W	0101010101				
X	0101010101				
Y	0101010101				
Z	0101010101				

**Sample NBC 6 Report (Areas of Actual Contamination)**

Line	Number	Checked	Signature	Position	Remarks
A	0101010101				
B	0101010101				
C	0101010101				
D	0101010101				
E	0101010101				
F	0101010101				
G	0101010101				
H	0101010101				
I	0101010101				
J	0101010101				
K	0101010101				
L	0101010101				
M	0101010101				
N	0101010101				
O	0101010101				
P	0101010101				
Q	0101010101				
R	0101010101				
S	0101010101				
T	0101010101				
U	0101010101				
V	0101010101				
W	0101010101				
X	0101010101				
Y	0101010101				
Z	0101010101				

**Sample NBC 4 Report (Recent Monitoring Survey Results)**

Line	Number	Checked	Signature	Position	Remarks
A	0101010101				
B	0101010101				
C	0101010101				
D	0101010101				
E	0101010101				
F	0101010101				
G	0101010101				
H	0101010101				
I	0101010101				
J	0101010101				
K	0101010101				
L	0101010101				
M	0101010101				
N	0101010101				
O	0101010101				
P	0101010101				
Q	0101010101				
R	0101010101				
S	0101010101				
T	0101010101				
U	0101010101				
V	0101010101				
W	0101010101				
X	0101010101				
Y	0101010101				
Z	0101010101				

**Sample NBC 3 Report (Detailed Information of CERWCVA Attack Incident)**

Line	Number	Checked	Signature	Position	Remarks
A	0101010101				
B	0101010101				
C	0101010101				
D	0101010101				
E	0101010101				
F	0101010101				
G	0101010101				
H	0101010101				
I	0101010101				
J	0101010101				
K	0101010101				
L	0101010101				
M	0101010101				
N	0101010101				
O	0101010101				
P	0101010101				
Q	0101010101				
R	0101010101				
S	0101010101				
T	0101010101				
U	0101010101				
V	0101010101				
W	0101010101				
X	0101010101				
Y	0101010101				
Z	0101010101				

**Sample NBC 2 Report (Evaluation Grid)**

Line	Number	Checked	Signature	Position	Remarks
A	0101010101				
B	0101010101				
C	0101010101				
D	0101010101				
E	0101010101				
F	0101010101				
G	0101010101				
H	0101010101				
I	0101010101				
J	0101010101				
K	0101010101				
L	0101010101				
M	0101010101				
N	0101010101				
O	0101010101				
P	0101010101				
Q	0101010101				
R	0101010101				
S	0101010101				
T	0101010101				
U	0101010101				
V	0101010101				
W	0101010101				
X	0101010101				
Y	0101010101				
Z	0101010101				

**Sample NBC 4 Report (Overview of Results)**

Line	Number	Checked	Signature	Position	Remarks
A	0101010101				
B	0101010101				
C	0101010101				
D	0101010101				
E	0101010101				
F	0101010101				
G	0101010101				
H	0101010101				
I	0101010101				
J	0101010101				
K	0101010101				
L	0101010101				
M	0101010101				
N	0101010101				
O	0101010101				
P	0101010101				
Q	0101010101				
R	0101010101				
S	0101010101				
T	0101010101				
U	0101010101				
V	0101010101				
W	0101010101				
X	0101010101				
Y	0101010101				
Z	0101010101				

GTA 03-06-008

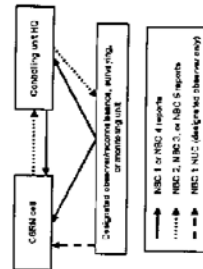
November 2007

\*GTA 03-06-008

CBRN

Warning and Reporting System

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Headquarters, Department of the Army  
 November 2007

\*This publication supersedes GTA 3-4-8, August 1996.

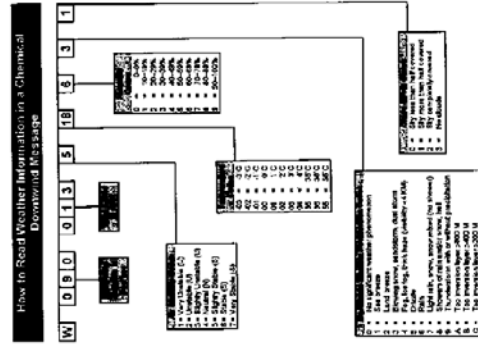
**Legend**

1 = 1st priority  
2 = 2nd priority  
3 = 3rd priority  
4 = 4th priority  
5 = 5th priority  
6 = 6th priority  
7 = 7th priority  
8 = 8th priority  
9 = 9th priority  
0 = 10th priority

W = 0 0 0 0 1 1 3 3 3 1 8 3 3 1 1

1 = 1st priority  
2 = 2nd priority  
3 = 3rd priority  
4 = 4th priority  
5 = 5th priority  
6 = 6th priority  
7 = 7th priority  
8 = 8th priority  
9 = 9th priority  
0 = 10th priority

1 = 1st priority  
2 = 2nd priority  
3 = 3rd priority  
4 = 4th priority  
5 = 5th priority  
6 = 6th priority  
7 = 7th priority  
8 = 8th priority  
9 = 9th priority  
0 = 10th priority



**Elevation Download Message Format**

Field	Length	Format	Comments
1	1	0-9	Priority
2	1	0-9	Priority
3	1	0-9	Priority
4	1	0-9	Priority
5	1	0-9	Priority
6	1	0-9	Priority
7	1	0-9	Priority
8	1	0-9	Priority
9	1	0-9	Priority
10	1	0-9	Priority
11	1	0-9	Priority
12	1	0-9	Priority
13	1	0-9	Priority
14	1	0-9	Priority
15	1	0-9	Priority
16	1	0-9	Priority
17	1	0-9	Priority
18	1	0-9	Priority
19	1	0-9	Priority
20	1	0-9	Priority
21	1	0-9	Priority
22	1	0-9	Priority
23	1	0-9	Priority
24	1	0-9	Priority
25	1	0-9	Priority
26	1	0-9	Priority
27	1	0-9	Priority
28	1	0-9	Priority
29	1	0-9	Priority
30	1	0-9	Priority
31	1	0-9	Priority
32	1	0-9	Priority
33	1	0-9	Priority
34	1	0-9	Priority
35	1	0-9	Priority
36	1	0-9	Priority
37	1	0-9	Priority
38	1	0-9	Priority
39	1	0-9	Priority
40	1	0-9	Priority
41	1	0-9	Priority
42	1	0-9	Priority
43	1	0-9	Priority
44	1	0-9	Priority
45	1	0-9	Priority
46	1	0-9	Priority
47	1	0-9	Priority
48	1	0-9	Priority
49	1	0-9	Priority
50	1	0-9	Priority

**Chemical Download Message**

1	1	0-9	Priority
2	1	0-9	Priority
3	1	0-9	Priority
4	1	0-9	Priority
5	1	0-9	Priority
6	1	0-9	Priority
7	1	0-9	Priority
8	1	0-9	Priority
9	1	0-9	Priority
10	1	0-9	Priority
11	1	0-9	Priority
12	1	0-9	Priority
13	1	0-9	Priority
14	1	0-9	Priority
15	1	0-9	Priority
16	1	0-9	Priority
17	1	0-9	Priority
18	1	0-9	Priority
19	1	0-9	Priority
20	1	0-9	Priority
21	1	0-9	Priority
22	1	0-9	Priority
23	1	0-9	Priority
24	1	0-9	Priority
25	1	0-9	Priority
26	1	0-9	Priority
27	1	0-9	Priority
28	1	0-9	Priority
29	1	0-9	Priority
30	1	0-9	Priority
31	1	0-9	Priority
32	1	0-9	Priority
33	1	0-9	Priority
34	1	0-9	Priority
35	1	0-9	Priority
36	1	0-9	Priority
37	1	0-9	Priority
38	1	0-9	Priority
39	1	0-9	Priority
40	1	0-9	Priority
41	1	0-9	Priority
42	1	0-9	Priority
43	1	0-9	Priority
44	1	0-9	Priority
45	1	0-9	Priority
46	1	0-9	Priority
47	1	0-9	Priority
48	1	0-9	Priority
49	1	0-9	Priority
50	1	0-9	Priority

**Meaning of Lane Items in NBC Reports**

Lane	Number	Meaning	Remarks
A	1	1st priority	1st priority
B	2	2nd priority	2nd priority
C	3	3rd priority	3rd priority
D	4	4th priority	4th priority
E	5	5th priority	5th priority
F	6	6th priority	6th priority
G	7	7th priority	7th priority
H	8	8th priority	8th priority
I	9	9th priority	9th priority
J	0	10th priority	10th priority
K	1	1st priority	1st priority
L	2	2nd priority	2nd priority
M	3	3rd priority	3rd priority
N	4	4th priority	4th priority
O	5	5th priority	5th priority
P	6	6th priority	6th priority
Q	7	7th priority	7th priority
R	8	8th priority	8th priority
S	9	9th priority	9th priority
T	0	10th priority	10th priority

**Meaning of Lane Items in NBC Reports (Continued)**

Lane	Number	Meaning	Remarks
U	1	1st priority	1st priority
V	2	2nd priority	2nd priority
W	3	3rd priority	3rd priority
X	4	4th priority	4th priority
Y	5	5th priority	5th priority
Z	6	6th priority	6th priority
AA	7	7th priority	7th priority
AB	8	8th priority	8th priority
AC	9	9th priority	9th priority
AD	0	10th priority	10th priority

**Meaning of Lane Items in NBC Reports (Continued)**

Lane	Number	Meaning	Remarks
AE	1	1st priority	1st priority
AF	2	2nd priority	2nd priority
AG	3	3rd priority	3rd priority
AH	4	4th priority	4th priority
AI	5	5th priority	5th priority
AJ	6	6th priority	6th priority
AK	7	7th priority	7th priority
AL	8	8th priority	8th priority
AM	9	9th priority	9th priority
AN	0	10th priority	10th priority

**Meaning of Lane Items in NBC Reports (Continued)**

Lane	Number	Meaning	Remarks
AO	1	1st priority	1st priority
AP	2	2nd priority	2nd priority
AQ	3	3rd priority	3rd priority
AR	4	4th priority	4th priority
AS	5	5th priority	5th priority
AT	6	6th priority	6th priority
AU	7	7th priority	7th priority
AV	8	8th priority	8th priority
AW	9	9th priority	9th priority
AX	0	10th priority	10th priority

# PROTECTIVE MEASURES

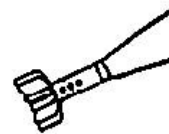
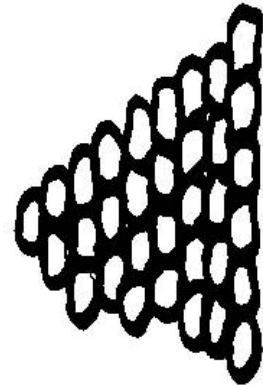
GENERAL GUIDELINES
1. BUILD BARRICADE FAR ENOUGH AWAY FROM UXO SO IT CAN NOT FALL ON IT.
2. ALWAYS INTERLOCK SANDBAGS.
3. BUILD TALL ENOUGH TO DEFLECT FRAGMENTATION AND BLAST EFFECTS
4. UTILIZE THE MINIMUM NUMBER OF PERSONNEL.
5. UTILIZE ALL PERSONAL PROTECTIVE EQUIPMENT.

## CONSTRUCTION OF BARRICADES SANDBAGS/ EARTH BERMS

FULL CIRCLE ..... 105 MM AND SMALLER

SEMI-CIRCLE..... 105 MM UP TO 8 INCH

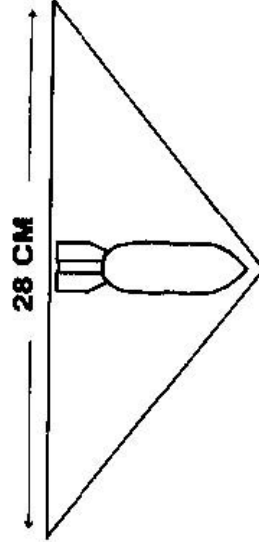
WALL.....LARGE MISSILE AND BOMBS



GPO : 1995 O - 162-326

GRAPHIC TRAINING AID  
GTA 09-12-001

# UNEXPLODED ORDNANCE (UXO) PROCEDURES



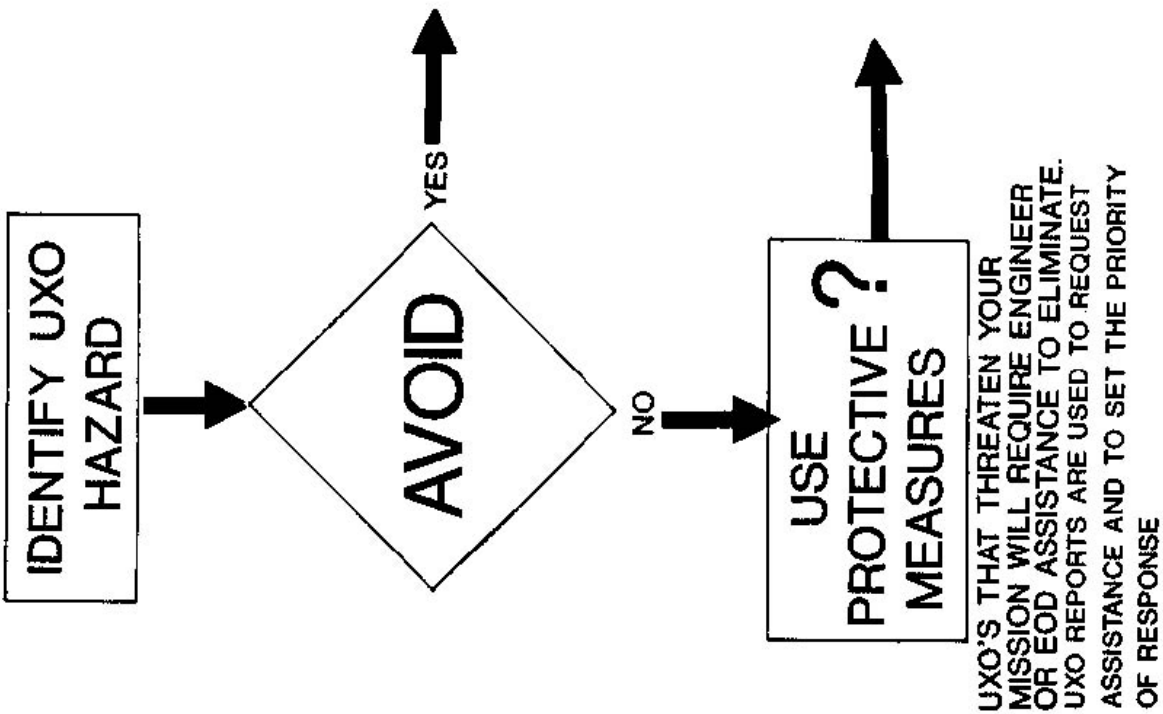
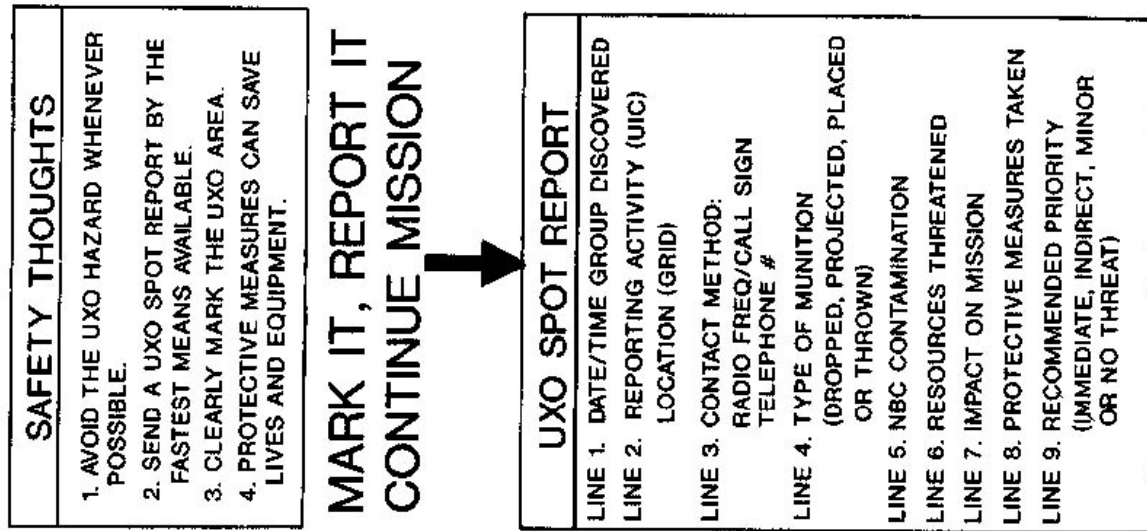
## UXO MARKER

WHITE BOMB ON A  
RED BACKGROUND

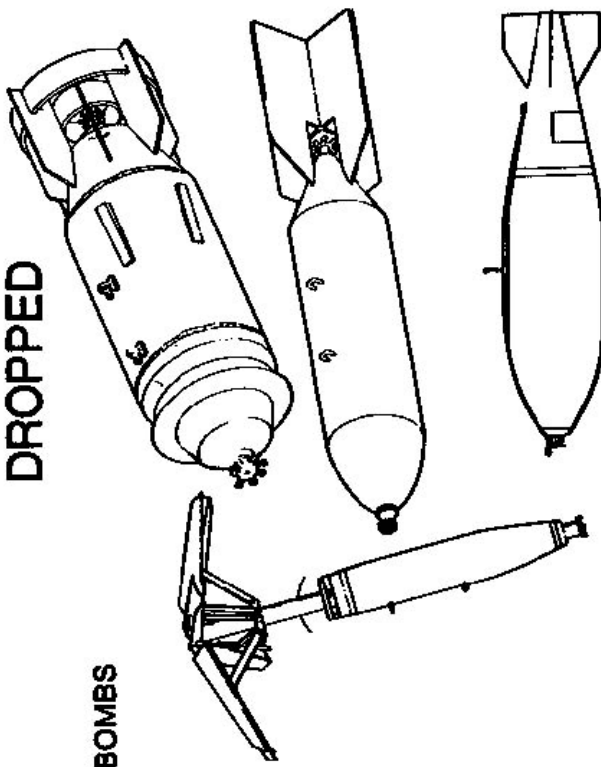
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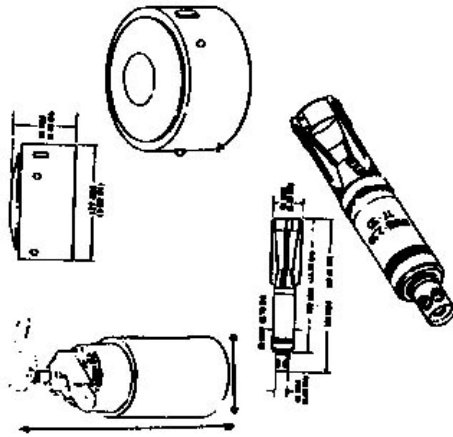


**DROPPED**



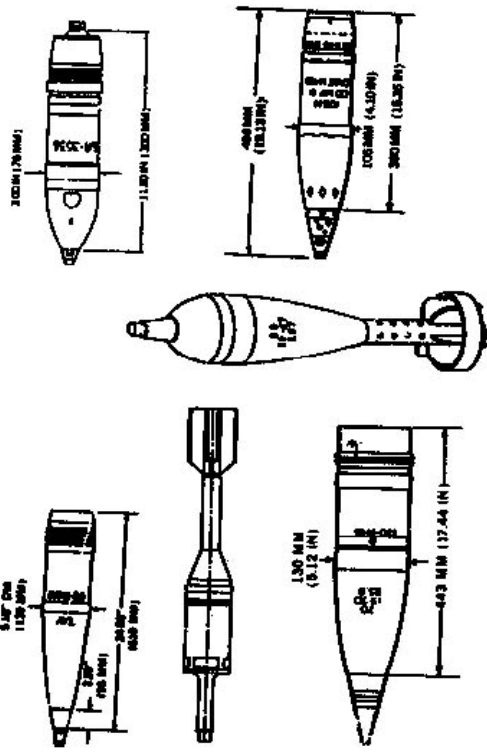
**BOMBS**

**SUB-MUNITIONS**

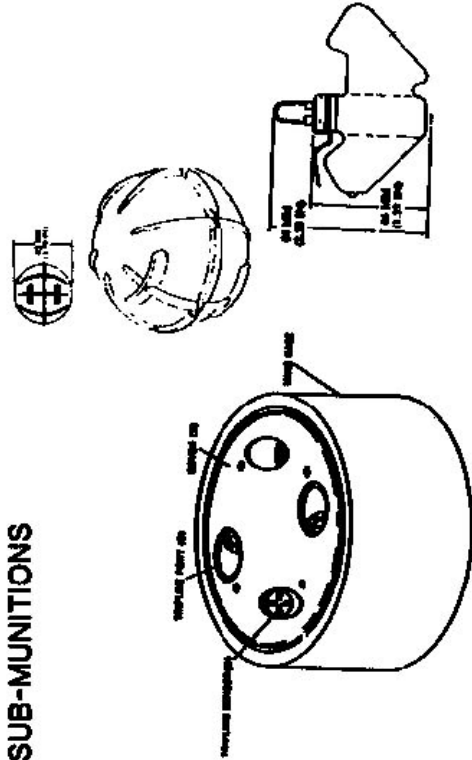


**PROJECTED**

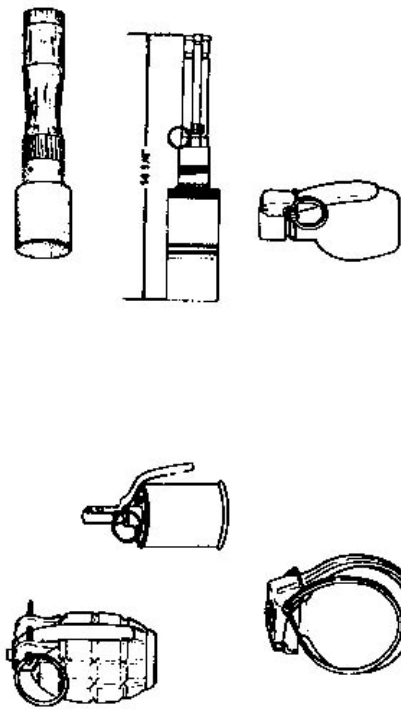
**PROJECTILES**



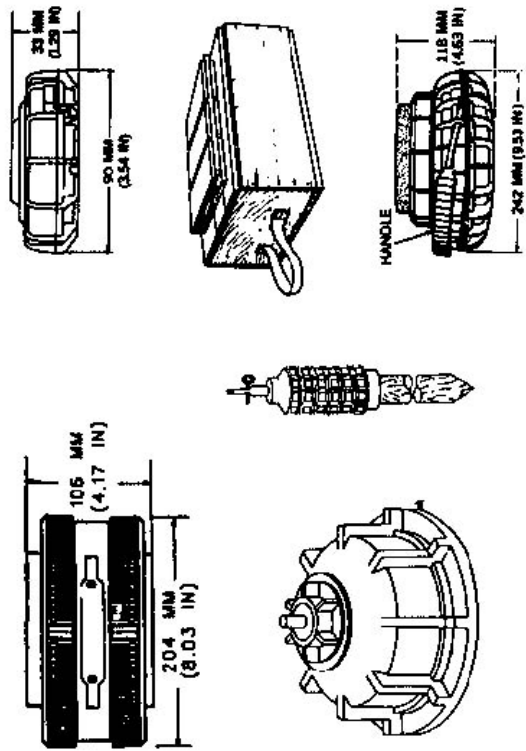
**SUB-MUNITIONS**



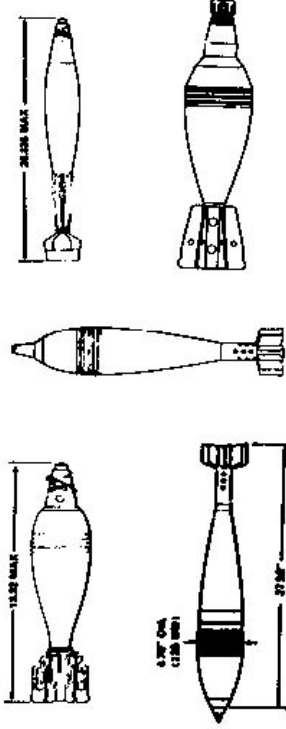
**THROWN**



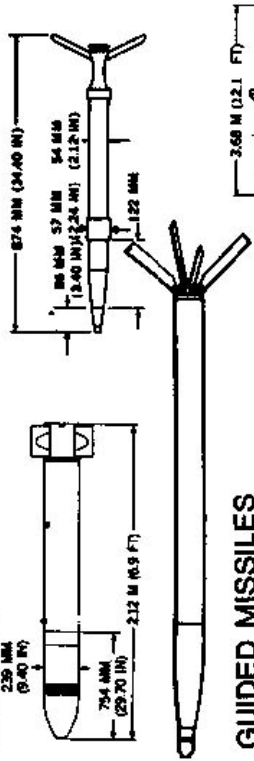
**PLACED**



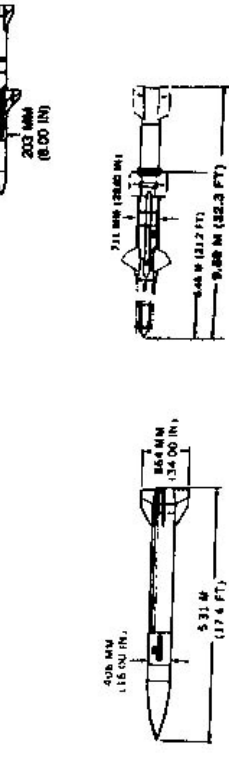
**MORTARS**



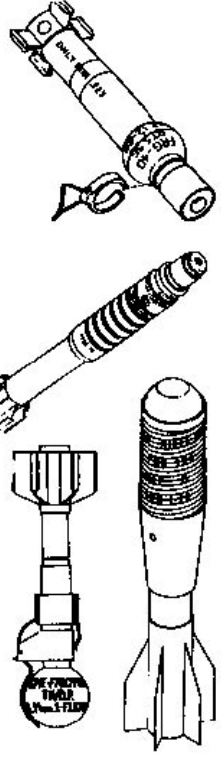
**ROCKETS**



**GUIDED MISSILES**



**RIFLE GRENADES**



**APPENDIX D**

**REPRODUCIBLE FORMS AND CERTIFICATES**

**D-1. GENERAL.**

The various forms and certificates of verification and destruction contained within this appendix are designed for EFMB testing and reporting purposes.

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**EXPERT FIELD MEDICAL BADGE TESTING STATISTICS**  
(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

ADMINISTERING UNIT	TESTING LOCATION	TESTING DATES		
<b>Note:</b> If a candidate failed out of EFMB on a lane on more than one critical performance area, count the candidate as failed on the critical performance area that they failed out of first.				
CRITICAL PERFORMANCE AREAS AND TASKS		TESTED	PASSED	FAILED
<b>ARMY PHYSICAL FITNESS TEST (Totals)</b>				
<b>WEAPONS QUALIFICATION (Totals)</b>				
<b>CARDIOPULMONARY RESUSCITATION CERTIFICATION (Totals)</b>				
<b>WRITTEN TEST – First Attempt (Totals)</b>				
<b>WRITTEN TEST – Second Attempt (Totals)</b>				
<b>FOOT MARCH (Totals)</b>				
<b>LAND NAVIGATION TASKS (Totals)</b>				
a. Navigate from one point to another during the day.				
b. Navigate from one point to another during the night.				
<b>COMMUNICATION TASKS (Totals)</b>				
a. Assemble and operate a SINCGARS or SINCGARS (ASIP).				
b. Load FH/COMSEC data and conduct radio check using SINCGARS or SINCGARS (ASIP).				
c. Prepare and transmit a MEDEVAC request.				
d. Submit NBC 1 report.				
e. Submit Explosive Hazard Spot Report.				
<b>WARRIOR SKILLS TASKS (Totals)</b>				
a. Protect yourself from chemical/biological contamination using your assigned protective mask.				
b. Decontaminate yourself using chemical decontaminating kits.				
c. Protect yourself from CBRN injury/contamination with MOPP or JSLIST gear.				
d. Perform self-aid for mild nerve agent poisoning.				
e. Protect yourself from biological or chemical injury/contamination when removing MOPP or JSLIST gear.				
f. Store the M40-series protective mask with or without hood.				
g. Correct malfunction of an M4 carbine or M16-series rifle.				
h. Disassemble, assemble, and perform a function check on a M9 pistol.				
i. Move under direct fire.				
j. Disassemble, assemble, and perform a functions check an M16-series rifle or M4/M4A1 carbine.				
k. React to indirect fire.				
l. Move over, through, or around obstacles.				
m. React to an UXO or possible IED.				
<b>MEDICAL AND CASUALTY EVACUATION TASKS (Totals)</b>				
a. Establish a helicopter landing point.				
b. Load casualties onto medical evacuation platform.				
c. Load casualties onto second medical evacuation platform (different from above).				
d. 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).				
e. Load casualties onto nonstandard vehicle (1 ¼-ton, 4x4, M998).				
f. Extricate casualties from a vehicle.				
g. Evacuate a casualty using a SKED litter.				
h. Evacuate casualties using one-person carries or drags.				
i. Evacuate casualties using two-person carries or drags.				
j. Evacuate casualties using litter carries.				

AMEDDC&S Pam 350-10

CRITICAL PERFORMANCE AREAS AND TASKS	TESTED	PASSED	FAILED
<b>TACTICAL COMBAT CASUALTY CARE TASKS (Totals)</b>			
a. Perform a tactical combat casualty care patient assessment.			
b. Control bleeding using a tourniquet.			
c. Control bleeding using a hemostatic device.			
d. Triage casualties.			
e. Initiate treatment for hypovolemic shock and prevent hypothermia.			
f. Initiate a saline lock and intravenous infusion.			
g. Insert a nasopharyngeal airway.			
h. Treat a penetrating chest wound.			
i. Perform needle chest decompression.			
j. Treat an open abdominal wound.			
k. Control bleeding using dressings.			
l. Treat an open head injury.			
m. Treat lacerations, contusions, and extrusions of the eye.			
n. Immobilize a suspected fracture of the arm.			
<b>CANDIDATE TOTALS</b>			
<b>TOTAL EFMBs AWARDED</b>			
Was EFMB testing formally validated by the EFMB Test Control Office, AMEDDC&S?			
How many hours/days of standardization were provided by the administering unit?		Hours/	Days
What was the test number for the EFMB Written Test (listed in top right corner of test)?			
<b>ILLNESS AND INJURIES INCURRED DURING EFMB</b>			
Environmental Heat Injury.			
Environmental Cold Injury.			
Disease (Enteric/URI/Other).			
Injury (Other).			
Pre-existing Condition.			
Treated on Site and RTD.			
*Evacuated to Hospital or MTF.			
*Comments (Reason for Evacuation, if Returned to Testing, etc) :			
TYPED NAME, GRADE, AND BRANCH OF EFMB CHAIRPERSON	SIGNATURE	DATE (YYYYMMDD)	

**EXPERT FIELD MEDICAL BADGE QUALIFICATION RECORD**  
 (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C., section 301.

PURPOSE: To award the individual the Expert Field Medical Badge.

ROUTINE USES: To provide the local PAC this information so orders are issued for award of the badge.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: While the individual has the right to refuse disclosure of his/her Social Security number, this information is needed to issue the orders. Failure to provide the Social Security number may result in denial of the award of the badge.

1. THRU	2. TO	3. FROM	
4. NAME (Last, First, MI)	5. GRADE	6. MOS	7. SSN

8. UNIT

CRITICAL PERFORMANCE AREAS AND TASKS	TEST REQUIREMENTS	TEST DATE (YYYYMMDD)	GO	NO-GO	CANDIDATE SCORE
9. ARMY PHYSICAL FITNESS TEST	180 POINTS (60 PER EVENT)				
10. WEAPONS QUALIFICATION	MARKSMAN				
11. CARDIOPULMONARY RESUSCITATION CERTIFICATION	CURRENT				
12. WRITTEN TEST					
a. Written Test – First attempt.	45 OF 60				
b. Written Test – Second attempt (Only if failed the first attempt).	45 OF 60				
13. LAND NAVIGATION TASKS					
a. Navigate from one point to another during the day.	3 OF 4 POINTS				
b. Navigate from one point to another during the night.	3 OF 4 POINTS				
14. COMMUNICATION TASKS	4 OF 5 TASKS				
a. Assemble and operate a SINGARS or SINGARS (ASIP).					
b. Load FH/COMSEC data and conduct radio check using SINGARS or SINGARS (ASIP).					
c. Prepare and transmit a MEDEVAC request.					
d. Submit NBC 1 report.					
e. Submit Explosive Hazard Spot Report.					
15. WARRIOR SKILLS TASKS	10 OF 13 TASKS				
a. Protect yourself from chemical/biological contamination using your assigned protective mask.					
b. Decontaminate yourself using chemical decontaminating kits.					
c. Protect yourself from CBRN injury/contamination with MOPP or JSLIST gear.					
d. Perform self-aid for mild nerve agent poisoning.					
e. Protect yourself from biological or chemical injury/contamination when removing MOPP or JSLIST gear.					
f. Store the M40-series protective mask with or without hood.					
g. Correct malfunction of an M4 carbine or M16-series rifle.					
h. Disassemble, assemble, and perform a function check on a M9 pistol.					
i. Move under direct fire.					
j. Disassemble, assemble, and perform a functions check an M16-series rifle or M4/M4A1 carbine.					
k. React to indirect fire.					
l. Move over, through, or around obstacles.					
m. React to an UXO or possible IED.					



AMEDDC&S Pam 350-10

CRITICAL PERFORMANCE AREAS AND TASKS	TEST REQUIREMENTS	TEST DATE (YYYYMMDD)	GO	NO-GO	CANDIDATE SCORE
16. TACTICAL COMBAT CASUALTY CARE TASKS	11 OF 14 TASKS				
a. Perform a tactical combat casualty care patient assessment.					
b. Control bleeding using a tourniquet.					
c. Control bleeding using a hemostatic device.					
d. Triage casualties.					
e. Initiate treatment for hypovolemic shock and prevent hypothermia.					
f. Initiate a saline lock and intravenous infusion.					
g. Insert a nasopharyngeal airway.					
h. Treat a penetrating chest wound.					
i. Perform needle chest decompression.					
j. Treat an open abdominal wound.					
k. Control bleeding using dressings.					
l. Treat an open head injury.					
m. Treat lacerations, contusions, and extrusions of the eye.					
n. Immobilize a suspected fracture of the arm.					
17. MEDICAL AND CASUALTY EVACUATION TASKS	8 OF 10 TASKS				
a. Establish a helicopter landing point.					
b. Load casualties onto medical evacuation platform (UH-60 or HH-60L, M996, 997, M113, or M1113 STRYKER MEV).					
c. Load casualties onto a different medical evacuation platform (UH-60 or HH-60L, M996, 997, M113, or M1113 STRYKER MEV).					
d. 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).					
e. Load casualties onto nonstandard vehicle (1 ¼-ton, 4x4, M998).					
f. Extricate casualties from a vehicle.					
g. Evacuate a casualty using a SKED litter.					
h. Evacuate casualties using one-person carries or drags.					
i. Evacuate casualties using two-person carries or drags.					
j. Evacuate casualties using litter carries.					
18. FOOT MARCH	3 HOURS				
19. <input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED FOR AWARD OF EFMB (IAW AMEDDC&S PAM 350-10)					
20. REMARKS					
21. TYPED NAME, GRADE, AND BRANCH OF EFMB CHAIRPERSON		22. SIGNATURE		23. DATE (YYYYMMDD)	

<p><b>CERTIFICATE OF VERIFICATION</b>  <b>EFMB TEST REQUIREMENTS - WRITTEN TEST</b>  <b>Complete and Return</b>  <b>No Later Than 10 Days Prior to EFMB Start Date</b>  <small>(For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCA-OP-T)</small></p>
<p>The EFMB Written Test, (Number _____), received from the EFMB Test Control Office, AMEDDC&amp;S has been reviewed by the EFMB Test Board. No further clarification on the EFMB Written Test content is necessary prior to its administration to the EFMB candidates.</p>
<p>Date:</p>
<p>Name/Rank/Organization of EFMB Test Board Chairperson:</p>
<p>Test Board Chairperson's Signature:</p>

AMEDDC&S Form 1243-1, 1 NOV2011

<p><b>CERTIFICATE OF VERIFICATION</b>  <b>EFMB TEST REQUIREMENTS - EVALUATORS</b>  <b>Complete and Return</b>  <b>No Later Than 5 Days After EFMB Testing Cycle</b>  <small>(For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCA-OP-T)</small></p>
<p>The EFMB Test Board has verified all EFMB Lane Evaluators. All evaluators are familiar with their respective tasks and performance steps/measures and can demonstrate hands on performance of all tasks to standard. Evaluators have all required references on hand for their respective tasks.</p>
<p>Date:</p>
<p>Name/Rank/Organization of EFMB Test Board Chairperson:</p>
<p>Test Board Chairperson's Signature:</p>

AMEDDC&S Form 1243-2, 1 NOV2011

<p><b>CERTIFICATE OF VERIFICATION</b>  <b>EFMB TEST REQUIREMENTS – LANES AND EQUIPMENT</b>  <b>Complete and Return</b>  <b>No Later Than 5 Days After EFMB Testing Cycle</b>  <small>(For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCA-OP-T)</small></p>
<p>The EFMB Test Board has verified all EFMB Lanes. All the EFMB lanes meet all the requirements and have the proper equipment for testing, per AMEDDC&amp;S Pam 350-10. All equipment is functioning properly.</p>
<p>Date:</p>
<p>Name/Rank/Organization of EFMB Test Board Chairperson:</p>
<p>Test Board Chairperson's Signature:</p>

AMEDDC&S Form 1243-3, 1 NOV2011

<p><b>CERTIFICATE OF VERIFICATION</b>  <b>EFMB TEST REQUIREMENTS – LAND NAVIGATION</b>  <b>Complete and Return</b>  <b>No Later Than 5 Days After EFMB Testing Cycle</b>  <small>(For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCA-OP-T)</small></p>
<p>The EFMB Test Board has verified the location of all the points with a satellite-type navigational system. The signs at the points are constructed of metal 12 inches by 12 inches, and painted half-white and half-international orange and have a clearly identifiable unique letter or number. The signs are staked into the ground so that the bottom of the sign is between 5-7 feet above the ground.</p>
<p>Date:</p>
<p>Name/Rank/Organization of EFMB Test Board Chairperson:</p>
<p>Test Board Chairperson's Signature:</p>

AMEDDC&S Form 1243-4, 1 NOV2011

<p><b>CERTIFICATE OF VERIFICATION</b>  <b>EFMB TEST REQUIREMENTS – 12-MILE FOOT MARCH</b>  <b>Complete and Return</b>  <b>No Later Than 5 Days After EFMB Testing Cycle</b>  <small>(For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCA-OP-T)</small></p>
<p>The EFMB Test Board has verified the 12 Mile Foot March with a calibrated wheel or GPS device. The route measures 63,360 feet (equivalent to 12 miles or 19.3 kilometers).</p>
<p>Date:</p>
<p>Name/Rank/Organization of EFMB Test Board Chairperson:</p>
<p>Test Board Chairperson's Signature:</p>

AMEDDC&S Form 1243-5, 1 NOV2011

<p><b>CERTIFICATE OF DESTRUCTION</b>  <b>EFMB WRITTEN TEST MATERIALS</b>  <b>Complete and Return</b>  <b>No Later Than 5 Days After EFMB Testing Cycle</b>  <small>(For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCA-OP-T)</small></p>
<p>The original and all copies of the EFMB Written Test and Answer Keys (Number _____) received from the EFMB Test Control Office, AMEDDC&amp;S and reproduced for use in conducting the EFMB Written Test have been destroyed. No copies of the test or answer keys have been retained by this organization or distributed to other organizations/individuals.</p>
<p>Date:</p>
<p>Name/Rank/Organization of EFMB Test Board Chairperson:</p>
<p>Test Board Chairperson's Signature:</p>

AMEDDC&S Form 1243-6, 1 NOV2011

## **APPENDIX E**

### **EFMB PLANNING MATERIAL**

#### **E-1. GENERAL.**

The various matrices and examples contained within this appendix are included to assist units in planning to conduct EFMB testing. They are designed for EFMB use only. The EFMB host unit should modify the material to fit their concept of operations and plan. They may be reproduced locally as needed.

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**APPENDIX E-1**

**EFMB SCHEDULE EXAMPLES**

**E-1-1. GENERAL.** The information contained within this appendix provides information and examples for planning the various phases associated with hosting EFMB testing.

**E-1-2. EXAMPLE SCHEDULES.**

- a. The example standardization and testing schedules are based off of four candidate platoons. The EFMB host unit will decide the number they will have.
- b. The number of days required for setup, preparation of the evaluators, validation and standardization of candidates is the EFMB host unit's decision. Adequate time should be allowed to ensure that they are accomplished to standard (See Chapter 3).
- c. Recovery time is not listed in these examples. Normally two days are allotted for recovery following the completion of EFMB testing.
- d. The time limit to complete all EFMB testing, including the written test, is 120 hours. This may be spread over six days as long as the time the first tested event started and the end time on the 12-mile foot march are within this time period.

	<b>Day 1 Mon.</b>	<b>Day 2 Tues.</b>	<b>Day 3 Wed.</b>	<b>Day 4 Thur.</b>
<b>AM</b>	Setup	Setup	Prep	Prep
<b>PM</b>	Setup	Prep	Prep	Prep

**Table E-1-1. Example EFMB Setup and Preparation Schedule**

	<b>Day 5 Fri.</b>	<b>Day 6 Sat.</b>	<b>Day 7 Sun.</b>	<b>Day 8 Mon.</b>
<b>AM</b>	CML 1	CML 3	REVAL	Foot March
<b>PM</b>	CML 2	DLN NLN	REVAL	WT

**Table E-1-2. Example EFMB Validation Schedule**

		Day 8 Tues.	Day 9 Wed.	Day 10 Thur.	Day 11 Fri.	Day 12 Sat.
1st Plt	AM	INPROC	CML 1	DLN	CML 3	CML 2
	PM	Study	CML 1	NLN	CML 3	CML 2
2nd Plt	AM	INPROC	CML 2	CML 1	DLN	CML 3
	PM	Study	CML 2	CML 1	NLN	CML 3
3rd Plt	AM	INPROC	CML 3	CML 2	CML 1	DLN
	PM	NLN	CML 3	CML 2	CML 1	Study
4th Plt	AM	INPROC	DLN	CML 3	CML 2	CML 1
	PM	Study	NLN	CML 3	CML 2	CML 1

Table E-1-3. Example EFMB Standardization Schedule

		Day 13 Sun.	Day 14 Mon.	Day 15 Tues.	Day 16 Wed.	Day 17 Thur.	Day 17 Thur. P.M.	Day 18 Fri
1st Plt	AM	WT	CML 1	DLN	CML 3	CML 2	Written Test Retest (if needed)	12 Mile March and Graduation
	PM	Study	CML 1	NLN	CML 3	CML 2		
2nd Plt	AM	WT	CML 2	CML 1	DLN	CML 3		
	PM	Study	CML 2	CML 1	NLN	CML 3		
3rd Plt	AM	WT	CML 3	CML 2	CML 1	DLN		
	PM	NLN	CML 3	CML 2	CML 1	Study		
4th Plt	AM	WT	DLN	CML 3	CML 2	CML 1		
	PM	Study	NLN	CML 3	CML 2	CML 1		

Table E-1-4. Example EFMB Testing Schedule

## APPENDIX E-2

### EFMB COMBAT TESTING LANE EXAMPLES

**E-2-1. GENERAL.** The information contained within this appendix provides example concepts for the configuration and tasks on the CTLs. Adjustments should be made by the EFMB host unit as required.

#### **E-2-2. ESTIMATING THE NUMBER OF CANDIDATES THAT CAN BE SUPPORTED.**

a. The EFMB host unit must estimate the total number of candidates that they can support. The Appendices, E-1 through E-11, work together in planning this information.

b. The testing of all tasks that comprise the following critical performance areas must be tested on CTLs.

- (1) EFMB TCCC tasks.
- (2) EFMB Communications tasks.
- (3) EFMB Medical and Casualty Evacuation tasks.
- (4) EFMB Warrior Skills tasks.

c. The EFMB test board chairperson will decide the tasks, sequence, and the situation that will make up each CTL. The number of CTLs is the decision of the EFMB test board chairperson. The following are some factors and issues that should be reviewed when designing the concept of operation for the CTLs.

- (1) Number of candidates that will be supported.
- (2) Number of cadre and noncandidates available.
- (3) Number and availability of vehicles, evacuation platforms, and equipment.
- (4) The type of scenario or mission the CTLs should revolve around to make it relevant to the current operational environment.
- (5) Number of mannequins, simulated casualty mannequins, and training devices available to minimize the personnel requirements for noncandidates.
- (6) Tasks should be planned in a logical sequence. Special attention should be made to the conditions statements and information within each task listed on the scoresheets.



(7) Locations and times that a new candidate should be sent down the lane once another candidate reaches a particular point.

(8) Ways to minimize the number of noncandidates required to support the lanes.

(9) If there is limited personnel availability, look at utilizing weighted mannequins and/or simulated casualty mannequins IAW the guidance in this publication.

### **E-2-3. EXAMPLE CTL FLOW AND OPERATIONAL DIAGRAMS AND ASSOCIATED ASSUMPTIONS.**

a. The example CTLs are based on a projection of 200 total candidates who will make it through the entire EFMB test cycle. The Combat Testing Lane Flow Diagrams will clearly depict the flow of the lanes and the personnel that support them. The CTL Operational Diagrams depict the relationship between the lanes on the CTL. Units should modify these examples to fit their vision of concept of operation, number of candidates to be tested, and organizational capabilities.

b. These are the critical assumptions associated with these examples:

(1) There is a projection of 200 total candidates.

(2) Candidates will be broken down into four platoons and will go through standardization and testing IAW the examples in Appendix E-1.

(3) There are three CTLs established with all of the hands-on tasks from the critical performance areas listed in paragraph E-2-2b.

(4) Weighted mannequins and simulated “dummy” casualties are not available at the site. Actual Soldiers will perform all duties.

(5) Appendix E-3 was utilized in determining the times associated with the tasks listed in parenthesis following each task with the lane total time in the top right corner.

(6) Appendices E-4 and E-5 were utilized in determining cadre and noncandidate requirements.

(7) Appendix E-6 was utilized in planning the number of candidates that can be supported.

(8) Appendix E-9 was utilized in planning vehicle, generator, and trailer support.

c. Additional examples of possible combat testing lanes are available on the EFMB TCO website.

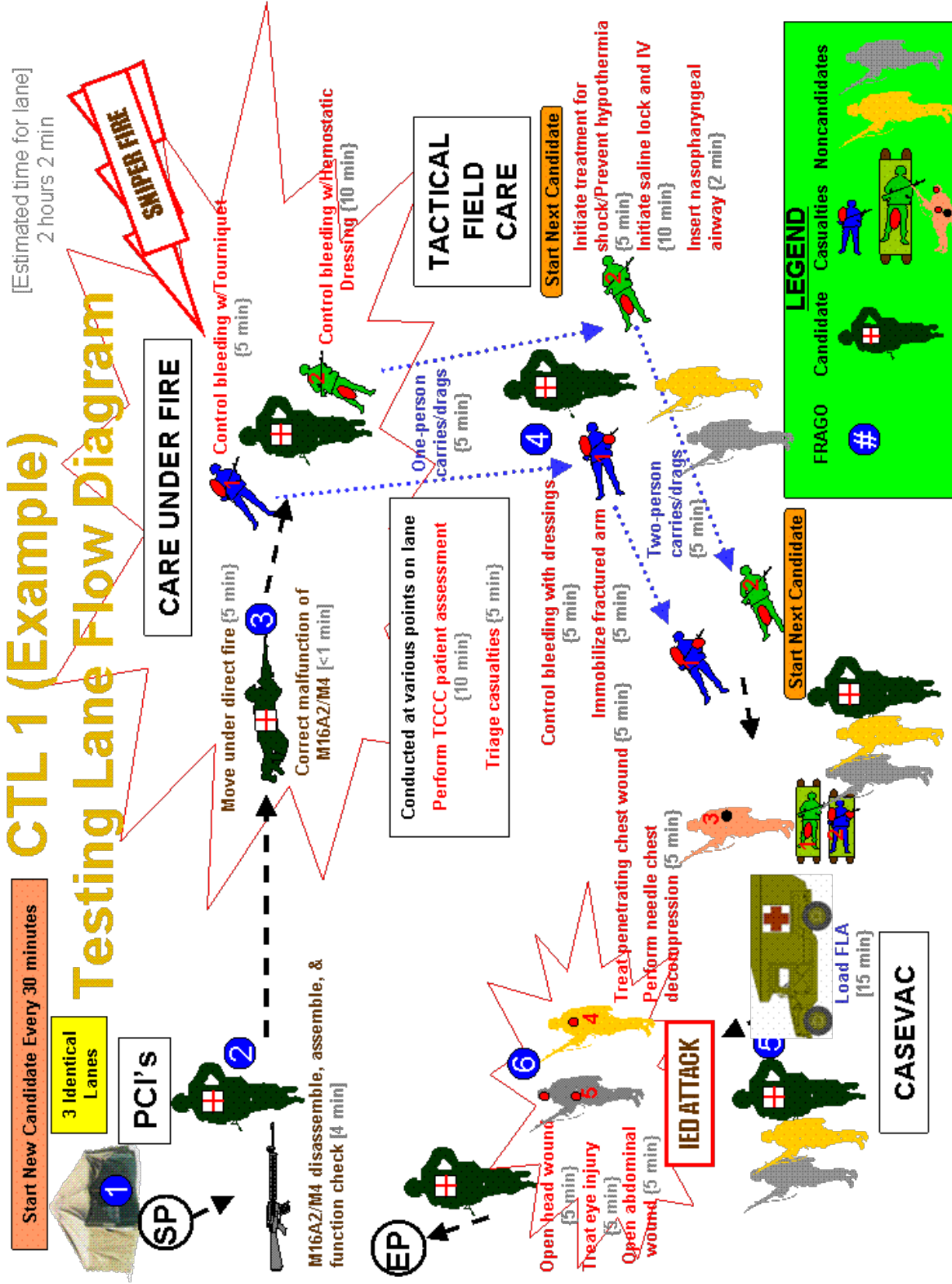


Table E-1. Example EFMB Combat Testing Lane 1 Flow.

[Estimated time for lane]  
2 hours 2 min

# CTL 1 (Example) Operational Diagram

Start New Candidate Every 30 minutes

3 Identical Lanes

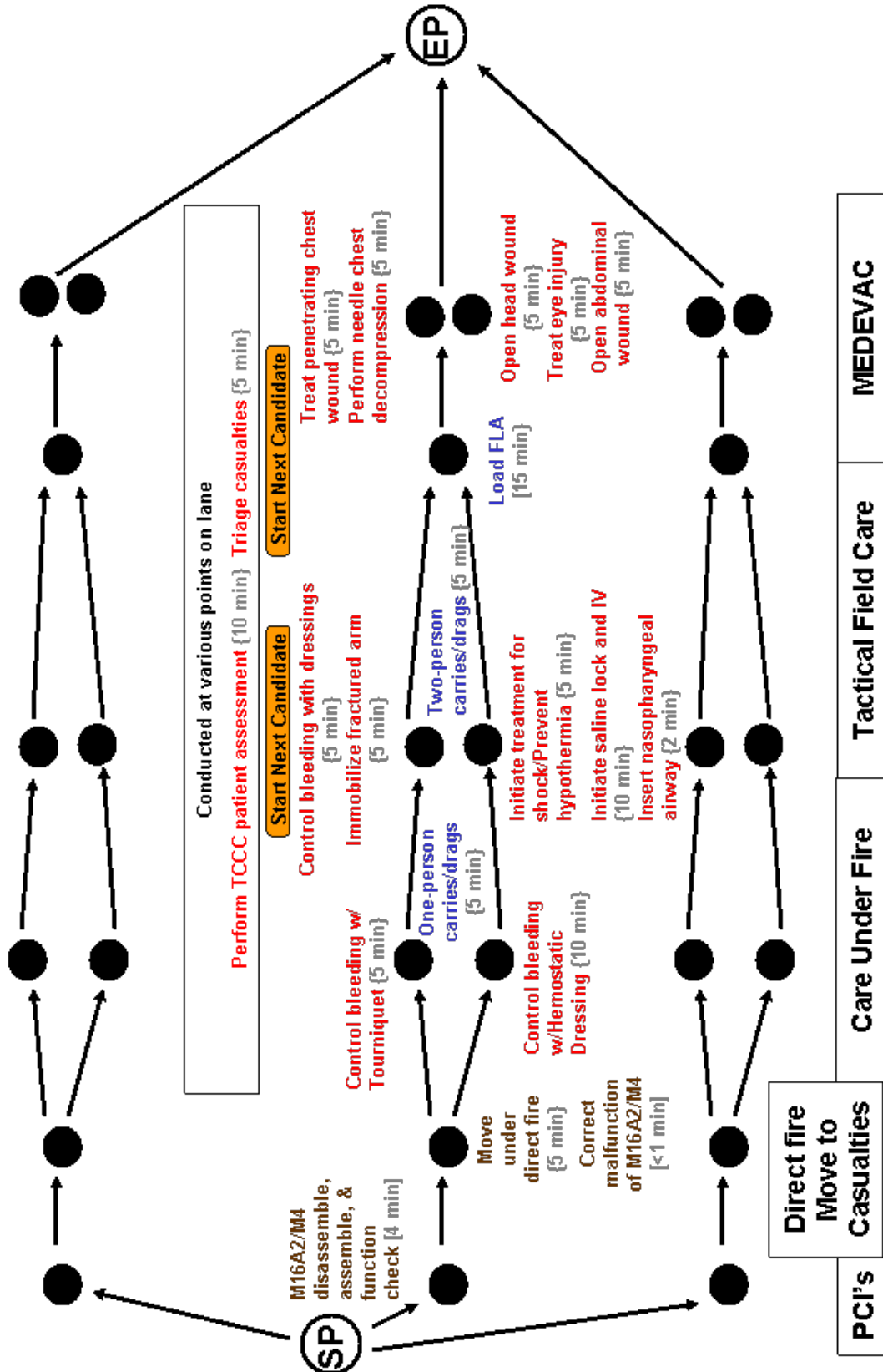


Table E-2. Example EFMB Combat Testing Lane 1 Operational Diagram.

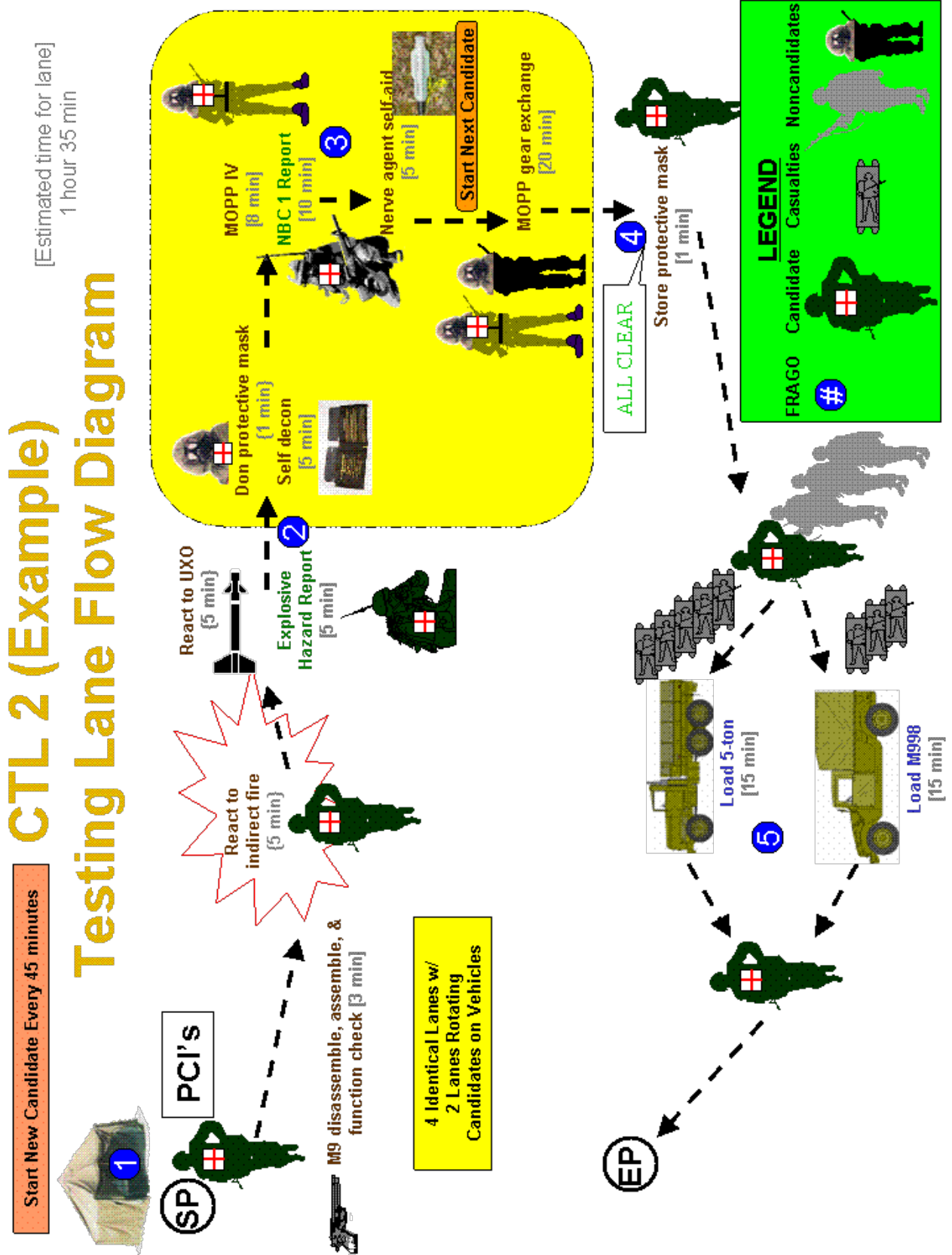


Table E-3. Example EFMB Combat Testing Lane 2 Flow.

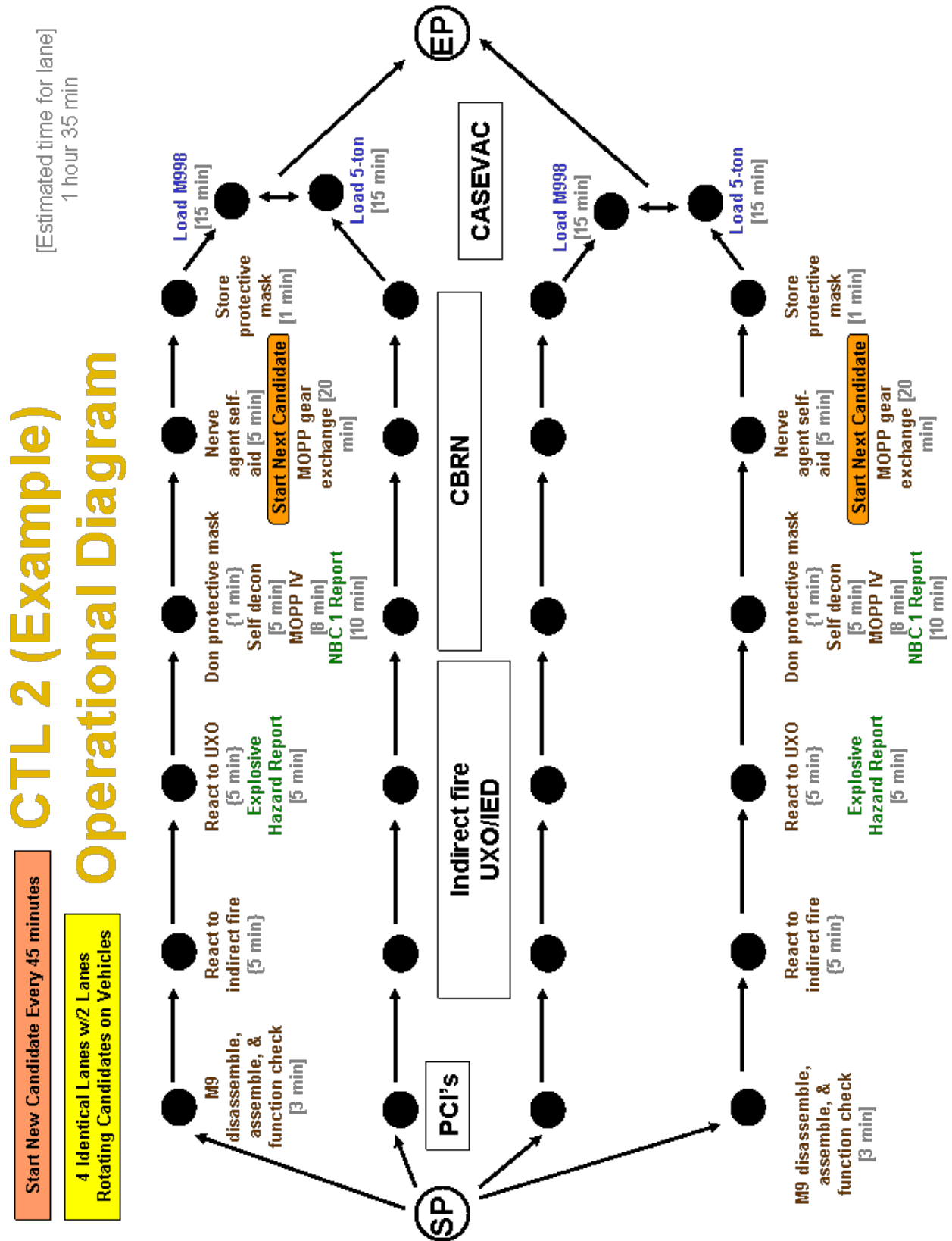


Table E-4. Example EFMB Combat Testing Lane 2 Operational Diagram.

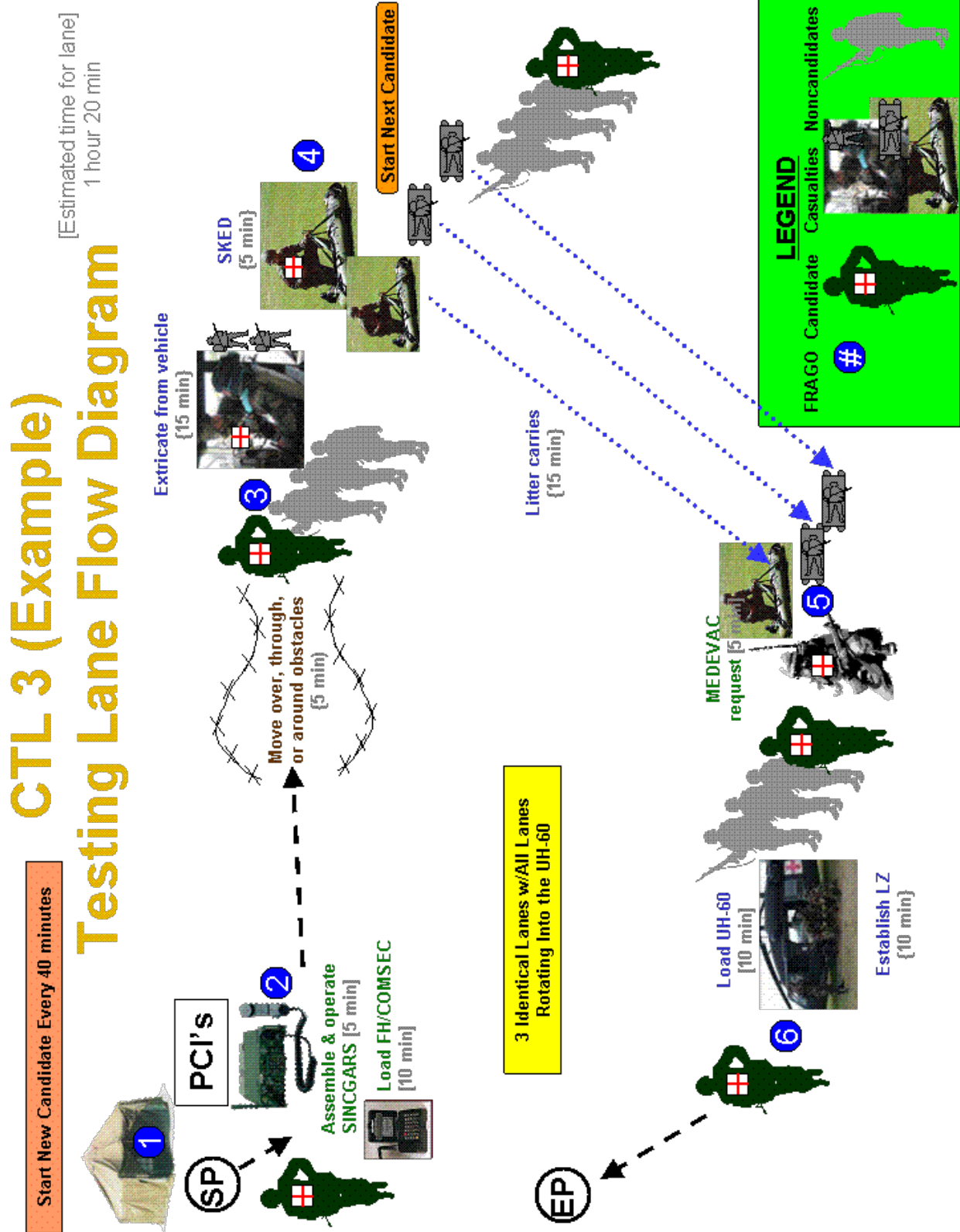


Table E-5. Example EFMB Combat Testing Lane 3 Flow.

[Estimated time for lane]  
2 hours 2 min

# CTL 3 (Example) Operational Diagram

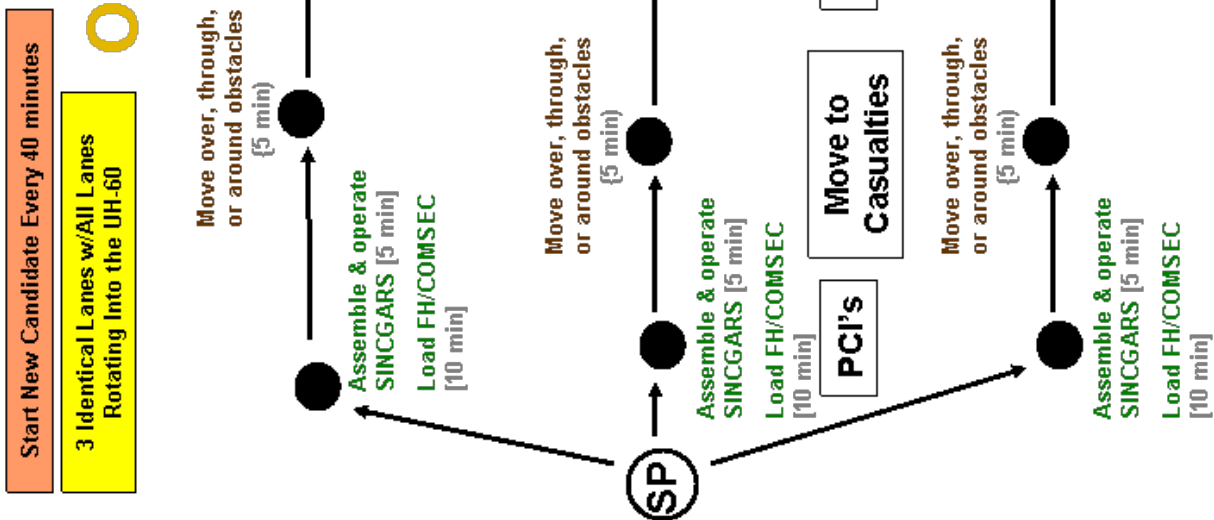


Table E-6. Example EFMB Combat Testing Lane 3 Operational Diagram.

## APPENDIX E-3

### EFMB TASK TIME LIMITS AND ESTIMATES

#### E-3-1. GENERAL.

a. The information contained within this appendix is provided to assist in planning the time factors associated with planning EFMB testing.

b. Table E-3-1 provides a matrix of all EFMB tasks and the time limits or estimates for candidates to complete them.

(1) Tasks with a prescribed time limit for EFMB testing are listed in the applicable column.

(2) Tasks that do not have a prescribed time limit for EFMB testing are listed in the applicable column. These estimates are a fair estimate for the reasonable candidate. However, the testing concept of operation and environmental factors could increase or decrease the time for candidates to perform some of the more physically demanding tasks.

c. This appendix only addresses the times associated with individual EFMB tasks. Other factors should be considered in planning the time required for a candidate to negotiate an entire lane or event.

(1) The time required for the candidate to move from one task to the location of the next.

(2) Time to prepare the lane, moulage casualties, position noncandidate personnel, vehicles, equipment, and testing environment for the next candidate.

(3) Time to move to and from the testing lane or event. This time and the distance associated with the move will also drive your transportation planning requirements.

(4) The amount of time necessary in between starting candidates on the individual lanes on the CTLs.

(5) The location of possible choke points and a plan of action if a bottleneck occurs.

(6) The amount of time available per day for testing. This is normally driven by the amount of daylight.



<b>EFMB CRITICAL PERFORMANCE AREAS AND TASKS</b>	<b>EFMB Time Limit</b>	<b>Estimated Time (No EFMB Limit)</b>	<b>TOTAL</b>
<b>MEDICAL AND CASUALTY EVACUATION TASKS TOTALS</b>	<b>60</b>	<b>55</b>	<b>115</b>
Establish a helicopter landing point.	N/A	10	10
Load casualties onto a helicopter (UH-60 or HH-60L).	15	N/A	15
Load casualties onto ground evacuation platform (M996, M997, M113, or M1113 STRYKER MEV).	15	N/A	15
Load casualties onto nonstandard vehicle (5-Ton M-1085, M-1093, 2 ½-Ton M-1081, 2 ½-ton, 6x6 or 5-ton, 6x6, or cargo truck).	15	N/A	15
Load casualties onto nonstandard vehicle (1 ¼-ton, 4x4, M998).	15	N/A	15
Extricate a casualty from a vehicle.	N/A	15	15
Evacuate a casualty using a SKED litter.	N/A	5	5
Evacuate casualties using one-person carries or drags.	N/A	5	5
Evacuate casualties using two-person carries or drags.	N/A	5	5
Evacuate casualties using litter carries.	N/A	15	15
<b>TACTICAL COMBAT CASUALTY CARE TASKS TOTALS</b>	<b>0</b>	<b>82</b>	<b>82</b>
Perform a tactical combat casualty care patient assessment.	N/A	10	10
Control bleeding using a tourniquet.	N/A	5	5
Control bleeding using a hemostatic device.	N/A	10	10
Triage casualties.	N/A	5	5
Initiate treatment for hypovolemic shock and prevent hypothermia.	N/A	5	5
Initiate a saline lock and intravenous infusion.	N/A	10	10
Insert a nasopharyngeal airway.	N/A	2	2
Treat a penetrating chest wound.	N/A	5	5
Perform needle chest decompression.	N/A	5	5
Treat an open abdominal wound.	N/A	5	5
Control bleeding using dressings.	N/A	5	5
Treat an open head injury.	N/A	5	5
Treat lacerations, contusions, and extrusions of the eye.	N/A	5	5
Immobilize a suspected fracture of the arm.	N/A	5	5
<b>WARRIOR SKILLS TASKS TOTALS</b>	<b>68</b>	<b>21</b>	<b>89</b>
Protect yourself from chemical/biological contamination using your assigned protective mask.	N/A	1	1
Decontaminate yourself using chemical decontaminating kits.	5	N/A	5
Protect yourself from CBRN injury/contamination with MOPP or JSLIST gear.	8	N/A	8
Perform self-aid for mild nerve agent poisoning.	5	N/A	5
Protect yourself from biological or chemical injury/contamination when removing MOPP or JSLIST gear.	20	N/A	20
Store the M40-series protective mask with or without hood.	1	N/A	1
Correct malfunction of an M4 carbine or M16-series rifle.	1	N/A	1
Disassemble, assemble, and perform a function check an M9 pistol.	3	N/A	3
Move under direct fire.	N/A	5	5
Disassemble, assemble, and perform a functions check an M16-series rifle or M4/M4A1 carbine.	4	N/A	4
React to indirect fire.	N/A	5	5
Move over, through, or around obstacles.	N/A	5	5
React to an UXO or possible IED.	N/A	5	5

**Table E-3-1. EFMB Task Time Limits and Estimates**

<b>EFMB CRITICAL PERFORMANCE AREAS AND TASKS CONT.</b>	<b>EFMB Time Limit</b>	<b>Estimated Time (No EFMB Limit)</b>	<b>TOTAL</b>
<b>COMMUNICATION TASKS TOTALS</b>	<b>35</b>	<b>0</b>	<b>35</b>
Assemble and operate a SINCGARS or SINCGARS (ASIP).	5	N/A	5
Load FH/COMSEC data and conduct radio check using SINCGARS or SINCGARS (ASIP).	10	N/A	10
Prepare and transmit a MEDEVAC request.	5	N/A	5
Submit NBC 1 report.	10	N/A	10
Submit Explosive Hazard Spot Report.	5	N/A	5
<b>LAND NAVIGATION TASKS TOTALS</b>	<b>420</b>	<b>0</b>	<b>420</b>
Navigate from one point to another during the day.	180	N/A	180
Navigate from one point to another during the night.	240	N/A	240
<b>WRITTEN TEST TOTALS</b>	<b>120</b>	<b>0</b>	<b>120</b>
<b>FOOT MARCH TOTALS</b>	<b>180</b>	<b>0</b>	<b>180</b>
<b>NOTE:</b> Times are in minutes.			

**Table E-3-1. EFMB Task Time Limits and Estimates (continued)**

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## APPENDIX E-4

### EFMB PERSONNEL (NONCANDIDATE) PLANNING

#### E-4-1. GENERAL.

a. This appendix provides information for estimating and planning noncandidate personnel support requirements for EFMB.

b. For EFMB hands-on testing planning purposes only, a noncandidate Soldier is defined as any Soldier who serves as a litter bearer, litter patient, ambulatory patient, casualty, or as a contaminated Soldier on the EFMB lanes. This category of personnel does not include evaluators, cadre, or support personnel.

c. Noncandidate personnel are required to support the EFMB on a variety of tasks. These tasks are listed in the following paragraphs.

d. Table E-4-2 provides a listing of noncandidate personnel requirements per EFMB task. Table E-4-3 shows an estimate based on the concepts in Appendix E-2.

(1) The exact number of noncandidate personnel required is based on the concept of operations for the particular EFMB. This is due to the fact that some of these noncandidate personnel may be utilized on more than one task.

(2) Paragraphs 4-11 through 4-17 and the tasks within Appendix B provide additional information on noncandidate requirements.

(3) Weighted mannequins and casualty simulators were not utilized in these examples. However, their use IAW this publication can greatly decrease the Soldiers required to act as noncandidates. See paragraph 4-11 through 4-17 for more guidance.

e. Table E-4-1 provides a blank matrix for planning noncandidate personnel requirements.

#### E-4-2. LITTER BEARERS.

a. For EFMB hands-on testing planning purposes only, a litter bearer is defined as a Soldier who assists the candidate in moving a casualty. This includes transporting a casualty with litter carries, two-person carries or drags, and also extricating from a vehicle.

b. Litter bearers are required on the following tasks.

(1) Load casualties onto a helicopter (UH-60 or HH-60L).

(2) Load casualties onto ground evacuation platform (M996, M997, M1113, or M1113 STRYKER MEV).

(3) Load casualties onto nonstandard vehicle (5-Ton M-1085, M-1093, 2½-Ton M-1081, 2½ -ton, 6x6, or 5-ton, 6x6, cargo truck).

(4) Load casualties onto nonstandard vehicle (1¼-ton, 4x4, M998).

(5) Extricate a casualty from a vehicle (any military vehicle).

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

(7) Evacuate casualties using litter carries.

#### **E-4-3. LITTER PATIENTS.**

a. For EFMB hands-on testing planning purposes only, a litter patient is defined as a Soldier who is unable to walk and/or has sustained injuries that warrant being transported on a litter.

b. Litter patients are required on the following tasks.

(1) Load casualties onto a medical evacuation helicopter (UH-60 or HH-60L).

(2) Load casualties onto ground evacuation platform (M996, M997, M1113, or M1113 STRYKER MEV).

(3) Load casualties onto nonstandard vehicle (5-Ton M-1085, M-1093, 2½-Ton M-1081, 2½ -ton, 6x6, or 5-ton, 6x6, cargo truck).

(4) Load casualties onto nonstandard vehicle (1¼-ton, 4x4, M998).

(5) Evacuate a casualty using a SKED litter.

(6) Evacuate casualties using litter carries.

#### **E-4-4. AMBULATORY PATIENTS.**

a. For EFMB hands-on testing planning purposes only, an ambulatory patient is defined as a Soldier who is able to walk and whose injuries do not warrant being transported on a litter.

b. Ambulatory patients are required on the following tasks.

(1) Load casualties onto a helicopter (HH-60L only).

(2) Load casualties onto ground evacuation platform (M996, M997, M1113, or M1113 STRYKER MEV).

**E-4-5. CASUALTIES.**

a. For EFMB hands-on testing planning purposes only, a casualty is defined as a Soldier who has been injured and requires treatment, extricated from a vehicle, or evacuated using one or two-man manual carries or drags. Depending on the sequence of tasks and the concept of operations for the EFMB, some casualties may end up becoming litter patients or ambulatory patients.

b. Table E-4-1 does not break down the number of casualties on the TCCC tasks. This is highly variable since most casualties will have multiple simulated injuries. The number and type of injuries on each casualty is the decision of the EFMB test board chairperson. Most sites will utilize four or five casualties on the TCCC tasks.

c. Casualties are required on the following tasks.

(1) Tactical combat casualty care tasks.

- (a) Perform a tactical combat casualty care patient assessment.
- (b) Control bleeding using a tourniquet.
- (c) Control bleeding using a hemostatic device.
- (d) Triage casualties.
- (e) Initiate treatment for hypovolemic shock and prevent hypothermia.
- (f) Initiate a saline lock and intravenous infusion.
- (g) Insert a nasopharyngeal airway.
- (h) Treat a penetrating chest wound.
- (i) Perform needle chest decompression.
- (j) Treat an open abdominal wound.
- (k) Control bleeding using dressings.
- (l) Treat an open head injury.
- (m) Treat lacerations, contusions, and extrusions of the eye.

- (n) Immobilize a suspected fracture of the arm.
- (2) Extricate casualties from a vehicle.
- (3) Evacuate casualties using one-person carries or drags.
- (4) Evacuate casualties using two-person carries or drags.

**E-4-6. CONTAMINATED SOLDIER.**

a. For EFMB hands-on testing planning purposes only, a simulated contaminated Soldier is required on the following task. Candidates will only test on one of the following tasks depending on which type of CBRN protective gear they were issued, MOPP or JSLIST. Only one of the following tasks will be tested at the EFMB site.

(1) Protect yourself from biological or chemical injury/contamination when removing MOPP gear.

(2) Protect yourself from chemical or biological injury/contamination when removing mission oriented protective posture using JSLIST.

b. If possible, the Soldier performing in this capacity should be rotated out to provide a break from being in MOPP IV for a sustained amount of time. The EFMB host unit should evaluate their capabilities and constraints along with the environmental factors.

<b>EFMB CRITICAL PERFORMANCE AREAS AND TASKS</b>	<b>Litter Bearers</b>	<b>Litter Patients</b>	<b>Ambulatory Patients</b>	<b>Casualties</b>	<b>Contaminated Soldier</b>	<b>TOTAL</b>
<b>MEDICAL AND CASUALTY EVACUATION TASKS TOTALS</b>						
Establish a helicopter landing point.						
Load casualties onto a helicopter (UH-60 or HH-60L).						
Load casualties onto ground evacuation platform (M996, M997, M113, or M1113 STRYKER MEV).						
Load casualties onto nonstandard vehicle (5-Ton M-1085, M-1093, 2½-Ton M-1081, 2½-ton, 6x6, 5-ton, 6x6, or cargo truck).						
Load casualties onto nonstandard vehicle (1¼-ton, 4x4, M998).						
Extricate a casualty from a vehicle.						
Evacuate a casualty using a SKED litter.						
Evacuate casualties using one-person carries or drags.						
Evacuate casualties using two-person carries or drags.						
Evacuate casualties using litter carries.						
<b>TACTICAL COMBAT CASUALTY CARE TASKS TOTALS</b>						
Perform a tactical combat casualty care patient assessment.						
Control bleeding using a tourniquet.						
Control bleeding using a hemostatic device.						
Triage casualties.						
Initiate treatment for hypovolemic shock and prevent hypothermia.						
Initiate a saline lock and intravenous infusion.						
Insert a nasopharyngeal airway.						
Treat a penetrating chest wound.						
Perform needle chest decompression.						
Treat an open abdominal wound.						
Control bleeding using dressings.						
Treat an open head injury.						
Treat lacerations, contusions, and extrusions of the eye.						
Immobilize a suspected fracture of the arm.						
<b>WARRIOR SKILLS TASKS TOTALS</b>						
Protect yourself from chemical/biological contamination using your assigned protective mask.						
Decontaminate yourself using chemical decontaminating kits.						
Protect yourself from CBRN injury/contamination with MOPP or JSLIST gear.						
Perform self-aid for mild nerve agent poisoning.						
Protect yourself from biological or chemical injury/contamination when removing MOPP or JSLIST gear.						
Store the M40-series protective mask with or without hood.						
Correct malfunction of an M4 carbine or M16-series rifle.						
Disassemble, assemble, and perform a function check an M9 pistol.						
Move under direct fire.						
Disassemble, assemble, and perform a functions check an M16-series rifle or M4/M4A1 carbine.						

**Table E-4-1. EFMB Noncandidate Personnel Planning Matrix**



<b>EFMB CRITICAL PERFORMANCE AREAS AND TASKS</b>	<b>Litter Bearers</b>	<b>Litter Patients</b>	<b>Ambulatory Patients</b>	<b>Casualties</b>	<b>Contaminated Soldier</b>	<b>TOTAL</b>
<b>WARRIOR SKILLS TASKS CONTINUED</b>						
React to indirect fire.						
Move over, through, or around obstacles.						
React to an UXO or possible IED.						
<b>COMMUNICATION TASKS TOTALS</b>						
Assemble and operate a SINCGARS or SINCGARS (ASIP).						
Load FH/COMSEC data and conduct radio check using SINCGARS or SINCGARS (ASIP).						
Prepare and transmit a MEDEVAC request.						
Submit NBC 1 report.						
Submit Explosive Hazard Spot Report.						
<b>LAND NAVIGATION TASKS TOTALS</b>						
Navigate from one point to another during the day.						
Navigate from one point to another during the night.						
<b>WRITTEN TEST TOTALS</b>						
<b>FOOT MARCH TOTALS</b>						
<b>EFMB TOTALS</b>						

**Table E-4-1. EFMB Noncandidate Personnel Planning Matrix (continued)**

<b>EFMB CRITICAL PERFORMANCE AREAS AND TASKS</b>	<b>Litter Bearers</b>	<b>Litter Patients</b>	<b>Ambulatory Patients</b>	<b>Casualties</b>	<b>Contaminated Soldier</b>	<b>TOTAL</b>
<b>MEDICAL AND CASUALTY EVACUATION TASKS TOTALS</b>	<b>17</b>	<b>19</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>40</b>
Establish a helicopter landing point.	0	0	0	0	0	0
Load casualties onto a helicopter (UH-60 or HH-60L).	3	3	0	0	0	6
Load casualties onto ground evacuation platform (M996, M997, M113, or M1113 STRYKER MEV).	3	2	1	0	0	6
Load casualties onto nonstandard vehicle (5-Ton M-1085, M-1093, or 2½-Ton M-1081) or (2½ -ton, 6x6 or 5-ton, 6x6, cargo truck).	3	5	0	0	0	8
Load casualties onto nonstandard vehicle (1¼-ton, 4x4, M998).	3	3	0	0	0	6
Extricate a casualty from a vehicle.	1	0	0	1	0	2
Evacuate a casualty using a SKED litter.	0	0	0	2	0	2
Evacuate casualties using one-person carries or drags.	0	2	0	0	0	2
Evacuate casualties using two-person carries or drags.	1	2	0	0	0	3
Evacuate casualties using litter carries.	3	2	0	0	0	5
<b>TACTICAL COMBAT CASUALTY CARE TASKS TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>4</b>
Perform a tactical combat casualty care patient assessment.	0	0	0	0	0	0
Control bleeding using a tourniquet.	0	0	0	0	0	0
Control bleeding using a hemostatic device.	0	0	0	0	0	0
Triage casualties.	0	0	0	0	0	0
Initiate treatment for hypovolemic shock and prevent hypothermia.	0	0	0	0	0	0
Initiate a saline lock and intravenous infusion.	0	0	0	0	0	0
Insert a nasopharyngeal airway.	0	0	0	0	0	0
Treat a penetrating chest wound.	0	0	0	0	0	0
Perform needle chest decompression.	0	0	0	0	0	0
Treat an open abdominal wound.	0	0	0	0	0	0
Control bleeding using dressings.	0	0	0	0	0	0
Treat an open head injury.	0	0	0	0	0	0
Treat lacerations, contusions, and extrusions of the eye.	0	0	0	0	0	0
Immobilize a suspected fracture of the arm.	0	0	0	0	0	0
<b>WARRIOR SKILLS TASKS TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>
Protect yourself from chemical/biological contamination using your assigned protective mask.	0	0	0	0	0	0
Decontaminate yourself using chemical decontaminating kits.	0	0	0	0	0	0
Protect yourself from CBRN injury/contamination with MOPP or JSLIST gear.	0	0	0	0	0	0
Perform self-aid for mild nerve agent poisoning.	0	0	0	0	0	0
Protect yourself from biological or chemical injury/contamination when removing MOPP or JSLIST gear.	0	0	0	0	1	1
Store the M40-series protective mask with or without hood.	0	0	0	0	0	0
Correct malfunction of an M4 carbine or M16-series rifle.	0	0	0	0	0	0
Disassemble, assemble, and perform a function check an M9 pistol.	0	0	0	0	0	0
Move under direct fire.	0	0	0	0	0	0
Disassemble, assemble, and perform a functions check an M16-series rifle or M4/M4A1 carbine.	0	0	0	0	0	0

**Table E-4-2. EFMB Noncandidate Personnel Requirements By Task**

<b>EFMB CRITICAL PERFORMANCE AREAS AND TASKS</b>	<b>Litter Bearers</b>	<b>Litter Patients</b>	<b>Ambulatory Patients</b>	<b>Casualties</b>	<b>Contaminated Soldier</b>	<b>TOTAL</b>
<b>WARRIOR SKILLS TASKS CONTINUED</b>						
React to indirect fire.	0	0	0	0	0	0
Move over, through, or around obstacles.	0	0	0	0	0	0
React to an UXO or possible IED.	0	0	0	0	0	0
<b>COMMUNICATION TASKS TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Assemble and operate a SINCGARS or SINCGARS (ASIP).	0	0	0	0	0	0
Load FH/COMSEC data and conduct radio check using SINCGARS or SINCGARS (ASIP).	0	0	0	0	0	0
Prepare and transmit a MEDEVAC request.	0	0	0	0	0	0
Submit NBC 1 report.	0	0	0	0	0	0
Submit Explosive Hazard Spot Report.	0	0	0	0	0	0
<b>LAND NAVIGATION TASKS TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Navigate from one point to another during the day.	0	0	0	0	0	0
Navigate from one point to another during the night.	0	0	0	0	0	0
<b>WRITTEN TEST TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FOOT MARCH TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>EFMB TOTALS</b>	<b>17</b>	<b>19</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>45</b>

**Table E-4-2. EFMB Noncandidate Personnel Requirements By Task (continued)**

**E-4-7. EXAMPLE NONCANDIDATE REQUIREMENTS AND ASSOCIATED ASSUMPTIONS.**

a. This example noncandidate personnel requirement is based on a projection of 200 total candidates who will make it through the entire EFMB test cycle. Units should modify this example to fit their concept of operation, number of candidates to be tested, and organizational capabilities.

b. These are the critical assumptions associated with this example:

- (1) There is a projection of 200 total candidates.
- (2) Candidates will be broken down into four platoons and will go through standardization and testing IAW the examples in Appendix E-1.
- (3) There are three CTLs established IAW the examples in Appendix E-2.
- (4) Support personnel for the 12-mile foot march and proctors on the written test will be drawn from the cadre personnel base utilized on the CTLs and/or land navigation.
- (5) Evaluators and other cadre will perform any transportation requirements.
- (6) Meals are being picked up in mermitees from the dining facility; they are not prepared on site.
- (7) Weighted mannequins and casualty simulators are not available at the site. Actual Soldiers will perform all duties.
- (8) Medical support and coverage is broken down to three 2-medics with ambulance teams.
- (9) Personnel in the ranks shown are available.

<b>QTY</b>	<b>Noncandidate Duty Position</b>	<b>Rank</b>	<b>EFMB Required</b>
<b>109</b>	<b><i>NONCANDIDATES TOTAL PERSONNEL REQUIREMENT (Example)</i></b>		
36	CTL 1 (TCCC task heavy CTL)	Immaterial	Not Required
34	CTL 2	Immaterial	Not Required
39	CTL 3	Immaterial	Not Required
<b>109</b>	<b><i>TOTAL NONCANDIDATE PERSONNEL REQUIREMENT (Example)</i></b>		
0	<i>EFMB Awardees Required IAW AMEDDC&amp;S Pam 350-10 to Perform Duties</i>		
0	<i>EFMB Awardees Recommended in Addition to Required Personnel to Perform Duties</i>		
109	<i>EFMB Awardees Not Required and/or Strongly Recommended to Perform Duties</i>		

**Table E-4-3. Example Noncandidate Personnel Requirements to Conduct an EFMB with 200 Candidates (See Paragraph E-4-7b for Assumptions)**

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## APPENDIX E-5

### EFMB PERSONNEL (CADRE) PLANNING

**E-5-1. GENERAL.** This appendix provides information for estimating and planning cadre personnel support requirements for EFMB. Paragraph 2-10 outlines supplementary personnel planning information. Chapters 2, 3, and 4 outline criteria, duties, and requirements of cadre personnel. Medical support and personnel will not be addressed in detail in this appendix, but must be planned by the EFMB host unit.

#### **E-5-2. TYPES OF EFMB CADRE PERSONNEL.**

a. The EFMB host unit decides how many cadre are required to conduct their EFMB. This publication requires some personnel to be awardees of the EFMB, other positions are recommended by the EFMB TCO. The following are some of the key factors that go into this decision making process on the number of cadre required and in what capacity they will serve.

(1) The total number of candidates that will be on site.

(2) The concept of operations, including how many CTLs will be utilized and the number of lanes coming off of each CTL.

(3) Number of cadre personnel available.

(4) Number of cadre who have been awarded the EFMB.

(5) Experience of the available personnel.

b. The following cadre positions are mandatory to be awardees of the EFMB.

(1) EFMB test board chairperson.

(2) EFMB test board members.

(3) OICs/NCOICs of all CTLs.

(4) All evaluators on the TCCC tasks.

c. Other cadre positions are not required to be awardees of the EFMB, but it is recommended if possible.

(1) Land Navigation and Foot March OICs/NCOICs.

(2) EFMB OIC and NCOIC.

- (3) Operations Center NCOIC.
- (4) Evaluators on the other EFMB hands-on tasks.
- (5) Platoon sergeants for the candidates.

d. Operations Center Staff, opposing forces, supply, meal and LSA support cadre personnel are not required to be awardees of the EFMB.

e. For the following examples in planning EFMB cadre personnel, cadre personnel will be broken down into four major groups. Subordinate duty positions will be listed under each major group. The EFMB host unit may elect to have individuals serve in more than one capacity depending on various factors including those listed earlier in this section. They may also elect to have additional cadre positions (i.e., individuals to moulage casualties, vehicle operators/drivers, gate guards).

- (1) EFMB Test Board.
  - (a) Test board chairperson.
  - (b) Test board members.
- (2) Lane OIC or NCOIC.
  - (a) CTL 1, 2, and 3 OIC/NCOIC.
  - (b) Land Navigation OIC/NCOIC.
  - (c) 12-Mile Foot March OIC/NCOIC.
- (3) Evaluator.
  - (a) CTL 1, 2, and 3 evaluators.
  - (b) Land Navigation evaluators.
- (4) Support Personnel.
  - (a) Opposing forces.
  - (b) Supply.
  - (c) Meal and LSA support.
  - (d) Medical support.

- (5) Operations Center Staff.
  - (a) EFMB OIC.
  - (b) EFMB NCOIC.
  - (c) Operations Center NCOIC.
  - (d) Operations Center Support Staff.
  - (e) Platoon Sergeants for Candidates.

**E-5-3. EXAMPLE CADRE REQUIREMENTS AND ASSOCIATED ASSUMPTIONS.**

a. This example cadre personnel requirement is based on a projection of 200 total candidates who will make it through the entire EFMB test cycle. Units should modify this example to fit their concept of operation, number of candidates to be tested, and organizational capabilities.

b. These are the critical assumptions associated with this example:

- (1) There is a projection of 200 total candidates.
- (2) Candidates will be broken down into four platoons and will go through standardization and testing IAW the examples in Appendix E-1.
- (3) There are three CTLs established IAW the examples in Appendix E-2.
- (4) Support personnel for the 12-mile foot march and proctors on the written test will be drawn from the cadre personnel base utilized on the CTLs and/or land navigation.
- (5) Evaluators and other cadre will perform any transportation requirements.
- (6) Meals will be picked up in mermitees from the dining facility; they are not prepared on site.
- (7) Weighted mannequins and casualty simulators are not available at the site. Actual Soldiers will perform all duties.
- (8) Medical support and coverage are not included.
- (9) Personnel in the ranks shown are available.



<b>QTY</b>	<b>Cadre Duty Position</b>	<b>Rank</b>	<b>EFMB Required</b>
<b>5</b>	<b><i>EFMB TEST BOARD TOTAL PERSONNEL REQUIREMENT (Example)</i></b>		
1	Test Board Chairperson	O-4	Yes
4	Test Board Members	E-8 / O-3	Yes
<b>5</b>	<b><i>LANE OICs or NCOICs TOTAL PERSONNEL REQUIREMENT (Example)</i></b>		
3	CTLs (CTL 1, CTL 2, and CTL 3)	E-7	Yes
1	Land Nav	E-7	Recommended
1	Foot March	E-7	Recommended
<b>46</b>	<b><i>EVALUATORS TOTAL PERSONNEL REQUIREMENT (Example)</i></b>		
13	CTL 1 (TCCC task heavy CTL)	E-5	Yes
13	CTL 2	E-5	Recommended
11	CTL 3	E-5	Recommended
9	Land Navigation	E-5	Not Required
<b>24</b>	<b><i>SUPPORT PERSONNEL TOTAL PERSONNEL REQUIREMENT (Example)</i></b>		
6	Opposing forces CTL 1	E-4	Not Required
4	Opposing forces CTL 2	E-4	Not Required
3	Opposing forces CTL 3	E-4	Not Required
2	Supply	E-4	Not Required
3	Meal support	E-5	Not Required
6	Medical support	Immaterial	Not Required
<b>10</b>	<b><i>OPERATIONS CENTER STAFF TOTAL PERSONNEL REQUIREMENT (Example)</i></b>		
1	EFMB OIC	O-3	Recommended
1	EFMB NCOIC/Field First Sergeant	E-7	Recommended
1	Operations Center NCOIC	E-7	Recommended
3	Operations Center Support Staff	Immaterial	Not Required
4	Platoon Sergeants for Candidates	E-5	Recommended
<b>84</b>	<b><i>TOTAL CADRE PERSONNEL REQUIREMENT (Example)</i></b>		
21	<i>EFMB Awardees Required IAW AMEDDC&amp;S Pam 350-10 to Perform Duties</i>		
33	<i>EFMB Awardees Recommended in Addition to Required EFMB Awardees to Perform Duties</i>		
30	<i>EFMB Awardees Not Required and/or Strongly Recommended to Perform Duties</i>		

**Table E-5-1. Example Cadre Personnel Requirements to Conduct an EFMB with 200 Candidates (See Paragraph E-5-3b for Assumptions)**

## APPENDIX E-6

### EFMB PERSONNEL AND TIME PLANNING MATRICES

**E-6-1. GENERAL.** The information contained within this appendix provides information for estimating and planning personnel requirements for EFMB. It also addresses the number of candidates that can be supported and the time aspect of planning the CTLs. Adjustments should be made by the EFMB host unit as required.

#### **E-6-2. ESTIMATING THE NUMBER OF CANDIDATES THAT CAN BE SUPPORTED.**

a. The EFMB host unit must estimate the total number of candidates that they can support. The appendices in Annex E work together in planning this information.

b. The EFMB host unit must also look at numerous other factors in determining the number of candidates that they can support. Some examples include:

- (1) How many prospective candidates do you have within your organization?
- (2) Will you be accepting candidates from other organizations and installations?
- (3) Once a candidate fails a portion of EFMB testing, will they be allowed to continue on during the EFMB test cycle or will they return to their unit?
- (4) What are your organization's logistical constraints ranging from budget, time, personnel, equipment, and vehicles?

#### **E-6-3. TIME BETWEEN STARTING CANDIDATES ON A CTL LANE.**

a. The time that the evaluators must wait between starting candidates on a CTL lane is dependent on the concept of operations, the tasks and their associated times, the number of evaluators and noncandidates supporting the lanes, and the total number of candidates that must negotiate the lane.

b. Table E-6-1 depicts an example of the time between starting candidates on a CTL lane and how it determines the number of candidates that would be able to negotiate the lane per EFMB testing day.

c. These are the critical assumptions associated with this example:

- (1) Daylight conditions are present by 0700 and candidates must be off the lanes by 1800.
- (2) Cadre and noncandidates will breakfast prior to 0700 and eat dinner after candidates are off the lanes. Lunch will be eaten as time permits.

(3) All candidates will negotiate the tasks on the lanes IAW the maximum EFMB time standards or estimated times.

<b>Start Times of Candidates Broken Down to Various Times</b>			
Every 45 mins	Every 40 mins	Every 35 mins	Every 30 mins
0700	0700	0700	0700
0745	0740	0735	0730
0830	0820	0810	0800
0915	0900	0845	0830
1000	0940	0920	0900
1045	1020	0955	0930
1130	1100	1030	1000
1215	1140	1105	1030
1300	1220	1140	1100
1345	1300	1215	1130
1430	1340	1250	1200
1515	1420	1325	1230
1600	1500	1400	1300
	1540	1435	1330
	1620	1510	1400
		1545	1430
		1620	1500
			1530
13 Candidates Per CTL Lane Per Day	15 Candidates Per CTL Lane Per Day	17 Candidates Per CTL Lane Per Day	18 Candidates Per CTL Lane Per Day

**Table E-6-1. Example Time Between Starting Candidates on a CTL Lane**

**E-6-4. NUMBER OF CANDIDATES THAT CAN BE SUPPORTED ON CTL LANES.**

a. The number of candidates that can be pushed down the CTL lanes is dependent on the concept of operations and the number of evaluators and noncandidates available to run the lanes.

b. Table E-6-2 depicts the number of candidates that can be sent down various numbers of lanes on a CTL per day and during four days of EFMB testing based on the standardization and testing schedule examples in Appendix E-1. This table is based off the information in table E-6-1

c. The EFMB host unit should first develop their CTL concept of operations and determine the estimated time for a candidate to negotiate each CTL. Trigger points should be established to start the next candidate down the lane while not interfering with the candidate(s) already on the lane.

d. The EFMB host unit can then utilize the information in conjunction with this information in determining the number of candidates that they can effectively support.

e. Historically, the number of candidates decreases dramatically after the first tested event and continues to decline as EFMB testing continues. However, be careful in anticipating this degradation. Keep in mind that you must be prepared to handle 100 percent of the candidates throughout the EFMB test period in the event they perform well.

Start Time Increments								
Every 45 mins per day	Every 45 mins During 4 Days Testing	Every 40 mins per day	Every 40 mins During 4 Days Testing	Every 35 mins per day	Every 35 mins During 4 Days Testing	Every 30 Mins per day	Every 30 Mins During 4 Days Testing	Number of Lanes per CTL
13	52	15	60	17	68	18	72	1 Lane per CTL
26	104	30	120	34	136	36	144	2 Lanes per CTL
39	156	45	180	51	204	54	216	3 Lanes per CTL
52	208	60	240	68	272	72	288	4 Lanes per CTL
65	260	75	300	85	340	90	360	5 Lanes per CTL

**Table E-6-2. Number of Candidates That Can be Supported on CTL Lanes**

**E-6-5. NUMBER OF EVALUATORS, NONCANDIDATES, AND ADDITIONAL SUPPORT PERSONNEL REQUIRED PER CTL LANE.**

a. The number of personnel, to include evaluators, noncandidate personnel, and additional support personnel required on the various CTL lanes, is dependent on the concept of operations and the total number of candidates that must negotiate the lane.

b. Tables E-6-3, E-6-4, and E-6-5 are planning matrices that can be utilized to assist you in planning these areas after you have designed your lane concepts. Utilize the other areas within Appendix E-2 in your planning process.

c. The EFMB host unit should closely look at their CTL concept of operations and determine the number of various personnel necessary to support it. Trigger points should be established to start the next candidate down the lane while not interfering with the candidate(s) already on the lane.

d. It is strongly recommended to use the same evaluator with a candidate all the way to the end of the lane. This minimizes the round robin type effect and facilitates in creating more realistic and effective testing lanes.

e. Some examples of possible additional support personnel are OPFOR personnel, personnel to moulage casualties, and runners for the CTL NCOIC.

	# EVALUATORS			
	CTL 1	CTL 2	CTL 3	TOTAL
1 LANE				
2 LANES				
3 LANES				
4 LANES				
5 LANES				

**Table E-6-3. Number of Evaluators per CTL Lane**

	# NONCANDIDATE PERSONNEL			
	CTL 1	CTL 2	CTL 3	TOTAL
1 LANE				
2 LANES				
3 LANES				
4 LANES				
5 LANES				

**Table E-6-4. Number of Noncandidates per CTL Lane**

	# CTL ADDITIONAL SUPPORT PERSONNEL			
	CTL 1	CTL 2	CTL 3	TOTAL
1 LANE				
2 LANES				
3 LANES				
4 LANES				
5 LANES				

**Table E-6-5. Number of CTL Additional Support Personnel per CTL Lane**

## APPENDIX E-7

### CLASS VIII PLANNING MATRIX

**E-7-1. GENERAL.** This appendix provides information for estimating and planning Class VIII medical supplies support requirements for EFMB.

#### **E-7-2. CLASS VIII REQUIREMENTS.**

a. Chapter 4-13 and Appendix B-2 provide guidance on what Class VIII medical supplies are required to complete the tasks within the TCCC critical performance area.

(1) Many of the TCCC tasks allow the EFMB host unit to select different techniques and supplies. The EFMB host unit should closely read through each TCCC task and select which they will use and plan their Class VIII requirements accordingly.

(2) The EFMB host unit should come up with their plan on how much hands on the candidates will receive during standardization to plan their Class VIII requirements. They may select to only use fresh sterile items during a demonstration and have candidates reuse certain items during standardization.

(3) Chapter 4-13 provides guidance on the reuse of certain Class VIII items and addresses other issues associated with planning the packing list for EFMB testing.

(4) Overage should be planned for preparing evaluators prior to and during validation.

b. Other minimal amounts of Class VIII will be required on the Medical and Casualty Evacuation tasks. Used items from training and evaluator preparation are best utilized for the following examples:

(1) Cravats for securing the litters to the various vehicles and evacuation platforms.

(2) Dressings for moulaging the litter patients and casualties so they appear to have the injuries stated on their DD Form 1380, Field Medical Cards.

#### **E-7-3. USE OF THE CLASS VIII PLANNING MATRIX.**

a. This planning matrix does not list all choices of supplies available in the Army supply system. The EFMB host unit should work with their medical supply personnel to verify national stock numbers (NSNs) and other information as applicable.

b. Place the number of items required per task for one candidate and then add them up for a total per item per candidate. Multiply this by the number of total candidates. Add the appropriate amount of overage for standardization and evaluator preparation.

Item	NSN	UI	TCCC Patient Assessment	Control bleeding-tourniquet	Control bleeding-hemostatic	Shock and hypothermia	Initiate a saline lock and IV	Treat chest wound	Perform needle chest	Treat an open abd. wound	Control bleeding-dressings	Treat an open head injury	Treat eye injury	Immobilize a arm fracture	TOTAL
Adhesive Tape Surgical 1"	6510-00-926-8882	roll													
Airway Pharyngeal, 100 mm	6515-00-687-8052	each													
Airway Pharyngeal, 80 mm	6515-00-958-2232	each													
Airway, Nasopharyngeal	6515-00-300-2900	each													
Alcohol Pads	6510-00-786-3736	package													
Band, Constricting	6515-01-146-7794	each													
Bandage 37 x 37 x 52" (Cravat)	6510-00-201-1755	each													
Bandage Elastic 6" x 4.5 yd (Ace Wrap)	6510-00-935-5823	each													
Bandage Gauze (Kerlix)	6510-00-105-5807	each													
Bandage Gauze 4 1/2" (Kerlix)	6510-00-058-3047	each													
Bandage, ADH, .75 x 3"	6510-00-913-7909	each													
Bandages, Hemostatic	6510-01-502-6938	each													
Battery 1.5 V	6135-00-835-7210	each													
Case Sphygmomanometer	6515-01-039-0164	each													
Catheter & Needle, 14 gauge	6515-01-239-2494	each													
Catheter & Needle, 18 gauge	6515-01-282-4878	each													
Collar, Cervical		each													
Combat Application Tourniquet (CAT)	6515-01-521-7976	each													
Combat Medic Vest System (CMVS)	6532-01-446-2594	each													
Combitube, Adult	6515-01-421-1388	each													
Depressor, Tongue, 100s	6515-00-324-5500	package													
Disposal Container (Sharps)	6530-01-249-6670	each													
Dressing Chest Seal (Asherman) Wound	6510-01-408-1920	each													
Dressing, Field 11 1/4" (Abdominal)	6510-00-201-7425	each													
Dressing, Field 7 1/2 x 8"	6515-00-201-7430	each													
Dressing, Field First Aid	6510-00-159-4883	each													
Dressings, Tegoderm 3"x4"	M1633	each													
Emergency Trauma Dressing (ETD)	6510-01-492-2275	each													
Field Medical Card (FMC), 10s	DD Form 1380	booklet													
First Aid Kit Eye Dressing	6545-00-853-6309	each													
Flashlight 3 V DC	6230-00-264-8261	each													

Item	NSN	UI	TCCC Patient Assessment	Control bleeding-tourniquet	Control bleeding-hemostatic	Trage casualties	Shock and hypothermia	Initiate a saline lock and IV	Insert a NPA	Treat chest wound	Perform needle chest	Treat an open abd. wound	Control bleeding-dressings	Treat an open head injury	Treat eye injury	Immobilize a arm fracture	TOTAL
Gauze 18 x 3"	6510-00-202-0800	each															
Gloves Examination, Large	6515-00-226-7692	pair															
Gloves, Patient Exam	6515-01-491-5719	box															
Goggles, Industrial	4240-00-052-3776	pair															
Hespan INJ, 500 ml	6505-01-281-1247	each															
Hextend 500ml	6505-01-498-8636	each															
Hypothermia Prevention Control Kit	6515-010532-8056	each															
Intravenous Administration, INJ	6515-00-115-0032	sets															
Intravenous Infusion Set (Tubing)	6515013306218	each															
Knife Pocket 2.5, 1 each	5110-01-279-9332	each															
Light, Pen		each															
Medical Aid Bag	60MP00BK	each															
Medical Aid Bag M-3	6545-01-161-7145	each															
Needle 21 gauge	6515-00-754-2838	each															
Needle/catheter, 14 gauge, 3"	6515-01-467-1335	each															
Needle/catheter, 18 gauge	6515-01-315-6227	each															
Needle/catheter, 20 gauge		each															
Packages Oral Hydration Solution	6505-01-197-8809	each															
Pad Cotton	6510-01-452-1743	each															
Pen Ball Point Black	7520-00-935-7135	each															
Povidone Iodine, CLN, 4 oz.	6505-00-491-7557	bottle															
Povodine Pads	6510-01-029-7352	package															
Ringer's INJ, 500 ml	6505-01-330-6267	each															
Saline Lock adapter plugs	2N3379	each															
Scissors Bandage 7.25"	6515-00-935-7138	each															
Sphygmomanometer	6515-01-039-4884	each															
Splint Basswood	6515-00-372-1200	package															
Splint Universal 36 x 4.5"	6515-01-225-4681	each															
Splint, SAM	6510-01-217-1236	each															





## APPENDIX E-8

### SUPPLIES AND EQUIPMENT PLANNING

**E-8-1. GENERAL.** This appendix provides information for estimating and planning supplies (other than Class VIII) and equipment (other than vehicles, generators, and trailers) support requirements for EFMB. See Appendix E-7 and E-9 for information on Class VIII and vehicle, generator, and trailer planning.

#### **E-8-2. SUPPLY AND EQUIPMENT REQUIREMENTS.**

a. Chapter 4-11 through 4-17 and the EFMB score sheets in Appendix B-2 provide guidance and requirements for supplies and equipment required for EFMB testing. These should be read carefully and planned accordingly to ensure everything is available to establish the site and conduct EFMB testing.

b. Other supplies and equipment are required to support the EFMB. Some of these areas include the following:

- (1) CTLs and other testing areas.
- (2) EFMB operations center.
- (3) LSA and eating areas.
- (4) In-processing, and out-processing and awards ceremony.

#### **E-8-2. USE OF THE SUPPLIES AND EQUIPMENT PLANNING MATRIX.**

a. This planning matrix does not list all choices of supplies and equipment available in the Army supply system or that is on-hand at the unit level. The EFMB host unit should work with their supply personnel and organizations within their command to verify national stock numbers (NSNs), availability of equipment and other information as applicable.

b. To use this matrix, place the number of items required per area and add them to get a cumulative total amount required. You can also factor in the unit cost to determine the monetary figures for items that must be ordered.

ITEM DESCRIPTION	NSN	UI	TOC	LSA	PFT	OC	WPH FIRE	LMD NAV	WT	CTL 1	CTL 2	CTL 3	RD MCH	AWDS CMY	TOTAL	UNIT COST	TOTAL COST	
Acetate, overlay																		
Aid Bags, Combat Medic																		
Air Horns																		
Alcohol Pens																		
All purpose flour																		
ANCDs w/W4 (fill) Cables																		
Audio Tape Recorders																		
Batteries for ANCDs																		
Batteries for NVGs																		
Batteries, AA Cell																		
Batteries, C Cell																		
Batteries, D Cell																		
Battle sounds tape/CD																		
Binder, 1"																		
Binder, 2" D Ring View																		
Blank Adapters																		
Blankets, Wool																		
Broom																		
Burlap/stripped BDUs																		
Calculator																		
Camo Set																		
Camo Spt Set																		
Camo sticks																		
CDs, blank																		
CDs, envelopes																		
CDs, labels																		
Chemical Lights (Blue)																		
Chemical Lights (Green)																		
Chemical Lights (Red)																		
Chemical Lights (Yellow)																		
Cleaner, All Purpose 12s																		
Clip Boards																		
Clock, Race																		
Clock, Wall																		
CLP for Weapons																		
CLS/Aid Bag Complete																		
Compass																		
Computer Screen Wipes																		
Computer, Pwr Duster																		
Computer w/keyboard, mouse, cables																		
Cord, 550																		
Correction Fluid																		
Cups, Foam 1000 8 oz																		
Cylinders for M60 Simulator																		
Document protectors																		
Dry eraser																		
DVD Player																		
Ear Plugs																		
Easel/Butcher Block																		
Engineer tape																		
Extension Cords, 100'																		
Extension Cords, 50'																		
Eye Protection (Goggles)																		

ITEM DESCRIPTION	HSII	UI	T0C	LSA	PFT	OC	WPHI FIRE	LUD IIAV	WT	CTL 1	CTL 2	CTL 3	RD MCH	AWDS CMV	TOTAL	UNIT COST	TOTAL COST
Field tables																	
Fire Extinguishers																	
Flashlight, Road Guard																	
Flashlights																	
Folder, Classification																	
Folder, Hanging 25 per																	
Folder, Manila 100s																	
Folding chairs																	
Gloves, Pwdr Free 100 per																	
GPS																	
GTA 03-06-08 NBC Report Format Guide																	
GTA 05-02-012 Protractors																	
GTA 08-01-004 MEDEVAC Request																	
GTA 09-12-001 UXO Procedures																	
Hammer for Wpn Rng																	
Hand held mirrors																	
Hand washing devices																	
Highlighter, set																	
IV Arms																	
JSLIST Large Complete																	
JSLIST Medium Complete																	
JSLIST Small Complete																	
JSLIST Suits (LG)																	
JSLIST Suits (MED)																	
JSLIST Suits (XL)																	
Kitty litter																	
Lab tables																	
Labels, 1"x2 3/4"																	
Litter straps																	
Litters																	
M16 or M4 rifles																	
M291 Decon Kits																	
M295 Decon Kits																	
M60 Simulator																	
M8 Detector Paper																	
M9 Pistol																	
Magazines for M9																	
Magazines for rifles																	
Mallets																	
Mannequins, Weighted																	
Maps																	
Marker, Black																	
Marker, Red																	
Markers, dry erase																	
Mechanical Pencil 0.5mm																	
Megaphone																	
Mop Handle																	
Mop Head																	
Mouflage Sets (Complete)																	
Mouse Pads																	
Multimedia Projector																	
Nails for Wpn Zero																	
NBC Markers (Chem sign)																	
NVGs																	

ITEM DESCRIPTION	HSII	UI	T0C	LSA	PFT	OC	WPHI FIRE	LUD IIAV	WT	CTL 1	CTL 2	CTL 3	RD MCH	AWDS CMV	TOTAL	UNIT COST	TOTAL COST
OE 254 Antenna																	
Overshoe Boots (XL)																	
PA System with Speakers																	
Pad, Paper																	
Paper, Copy 10 reams																	
Paper, easel lined																	
Paper, easel plain																	
Pen, Black																	
Pencil, #2																	
Ponchos																	
Post-It 3x3 Pck of 6																	
Power strips (outlets)																	
Printers with cables																	
Protective Mask, Large																	
Protective Mask, Medium																	
Protective Mask, Small																	
Punch, 2 hole																	
Punch, 3 hole																	
Push pin, 100 per																	
Push Up Event Clickers																	
Radio, Hand Held battery charger																	
Radio, Hand Held extra batteries																	
Radio, Hand Held w/batteries																	
Red felt markers																	
Red pens																	
Resuscitannies																	
Rubber buckets																	
Rubber or Plastic Containers, large																	
Runner Number Yests																	
Safety goggles																	
Sand bags																	
Scissors																	
Scouring Pads 10 pads																	
Screen																	
Shredder, Paper																	
SIMMANs																	
SINCGAR Batteries																	
SINCGAR Battery Charger																	
SINCGAR Radios Man Pack Comp.																	
SINCGAR Radios w/Speaker Sys.																	
Soap, hand, liquid																	
Spine boards																	
Sponge																	
Staple Gun																	
Staple, Remover																	
Stapler																	
Staples, paper																	
Staples, Staple Gun																	
Stop Watches																	
Surge Protector, Pwr Strip																	
Switchboard, Field Tele.																	
TA-312 Field Telephone																	
Tabs, Folder, Hanging 25																	
Tape, 100mph																	

ITEM DESCRIPTION	HSII	UI	T0C	LSA	PFT	OC	WPHI FIRE	LUD IIAV	WT	CTL 1	CTL 2	CTL 3	RD MCH	AWDS CMV	TOTAL	UNIT COST	TOTAL COST
Tape, black thin line tape																	
Tape, scotch 10 rolls																	
Tent, DEPMED, 8 Section																	
Tent, GP Medium																	
Tent, GP Small																	
Tissue, Facial 6 boxes																	
Toilet brushes																	
Toilet paper 96 rolls																	
Toner, Printer																	
Towel, paper 2400 per																	
Traffic Cone																	
Trash bags, 33 gallon 125s																	
Trash can, large																	
Trash can, small																	
Tray, Desk																	
Trimmer, Paper																	
Tripods																	
TV																	
Used EDU/ACU/DCU sets																	
Video Recorders																	
Water chlorination kit																	
Water containers, 5 gallon																	
Water Cooler																	
WD 1 wire on DR8																	
Weapons Cleaning Kits																	
Weapons Racks w/locks and chains M9																	
Weapons Racks w/locks and chains rifles																	
Weighted Mannequins																	
Wet bulb or similar item																	
Wire Cutters																	
Ziploc bags (gallon size)																	



## APPENDIX E-9

### VEHICLE, TRAILER, AND GENERATOR PLANNING

**E-9-1. GENERAL.** This appendix provides information for planning vehicles, trailers, water, and generator support requirements for EFMB. Chapter 4-14 provides additional information on the selection of vehicles for EFMB testing.

#### **E-9-2. VEHICLES FOR TESTING PURPOSES.**

a. The EFMB host unit is required to select vehicles from two different classes for both MEDEVAC and CASEVAC to evaluate on the CTLs. The exact number required is based on the number of sub lanes indicated in the concept briefing. Some examples of tasks are:

(1) Load casualties onto medical evacuation platform (UH-60 or HH-60L, M996, M997, M113, or M1113 STRYKER MEV).

(2) Load casualties onto nonstandard vehicle (5-Ton M-1085, M-1093, 2½-Ton M-1081, 2½-ton, 6x6, or 5-ton, 6x6, cargo truck).

(3) Load casualties onto nonstandard vehicle (1¼-ton, 4x4, M998).

(4) Extricate a casualty from a vehicle (any military vehicle).

b. Vehicles may also be utilized to create the scenario and realism of a simulated combat environment.

#### **E-9-3. VEHICLES FOR SUPPORT PURPOSES.**

a. Vehicles will also be required for support of the EFMB. Some examples include:

(1) Transporting candidates and cadre to and from showers, to testing areas, and other locations.

(2) Picking up meals from dining facility.

(3) Transporting equipment, ammunition, and pyrotechnics.

(4) Providing medical (ambulance) coverage.

(5) Transporting VIPs.

b. Vehicles may also be required in other support capacities dependent on other factors. The EFMB host unit should evaluate their capabilities and constraints.



c. Vehicles from the CTLs are frequently utilized in support capacities when not in use during standardization or testing.

#### **E-9-4. TRAILERS.**

a. Trailers may be needed to transport equipment and supplies.

b. Trailers with mounted generator sets are often utilized.

c. Most sites will position water buffalos in each CTL, land navigation course, LSA, and near the finish line of the 12-mile foot march. If unavailable, 5-gallon water cans may be utilized.

#### **E-9-5. GENERATORS.**

a. Generator sets may also be required in various areas if fixed electrical outlets are not available. Some examples of their possible use include the following:

(1) Providing power for lights and electrical outlets.

(2) Providing power for environmental control units (ECUs).

(3) Providing power for PA systems on the CTLs.

(4) Providing power for smoke machines on the CTLs..

b. The size of generators and the number required should be evaluated by the EFMB host unit.

#### **E-9-6. OTHER VEHICLE AND GENERATOR RELATED ISSUES.**

a. Preventive maintenance checks and services (PMCSs) should be conducted daily, even when not in use. The EFMB leadership should conduct periodic checks to ensure compliance.

b. Maintenance support should be on call or available on site to ensure that maintenance issues do not hinder EFMB testing.

c. All vehicle operators must be licensed. Not having enough licensed vehicle operators is a frequent problem at EFMB sites. The EFMB host unit should plan accordingly prior to ensure this does not become an issue.

d. The EFMB leadership should ensure all vehicles are dispatched and monitor the expiration of dispatches on site.

- e. GSA fuel credit cards, fuel keys, vehicle keys, and log books should be secured in the operations center or other secure location nightly.
- f. Vehicle and trailer chock blocks should be utilized. Drip pans should also be utilized IAW unit standing operating procedures (SOP).
- g. Vehicle operators should receive adequate sleep prior to operating a vehicle. This should be monitored by the EFMB leadership due to the fact that long hours are often incurred during hosting an EFMB test cycle.
- h. Fuel and petroleum oil lubricants (POL) support should be planned by the EFMB host unit. If a fuel point is not easily accessible, sufficient numbers of fuel cans should be available to support the EFMB.
- i. The storage of fuel points should be IAW local standing operating procedures (SOP) and Army guidelines. Cadre should be briefed on actions to be taken in case of a spill.
- j. Safety should be monitored at all times. Ground guides should be utilized in areas where Soldiers are present. Vehicle and generator operation should be included in risk management planning procedures.
- k. Vehicle operation in the land navigation area, especially at night, and the 12-mile foot march route should be limited to mission essential operation. Road guards and/or signs should be placed as necessary to inform vehicles that Soldiers are in the area.

**E-9-7. VEHICLE, TRAILER, WATER, AND GENERATOR PLANNING MATRIX.** The following matrix may be utilized to plan the number of vehicles, trailers, water buffalos, and generators required to conduct an EFMB based on the specific information of the site locations and concept of operation.

ITEM	TOC	LSA	CTL 1	CTL 2	CTL 3	Land Nav	Foot March	Written Test	TOTAL
UH-60 Helicopter									
HH-60L Helicopter									
M996									
M997									
M113									
M1113 STRYKER MEV									
5-Ton M-1085									
5-Ton M-1093									
2 ½-Ton M-1081									
2 ½ -ton, 6x6, cargo truck									
5-ton, 6x6, cargo truck									
1 ¼-ton, 4x4, M998									
Van, TMP									
Sedan, TMP									
Bus									
Trailer									
Water Buffalo									
Generator Set									

**Table E-9-1. Vehicle, Trailer, Water Buffalo, and Generator Planning Matrix**

## APPENDIX E-10

### EFMB PLANNING CHECKLISTS

**E-10-1. GENERAL.** This appendix provides coordination and planning matrices for units hosting EFMB testing. Chapters 2, 3, and 4 provide additional information on the various phases associated with hosting EFMB testing. The other sections in Appendix E provide detailed information on planning EFMB testing.

#### **E-10-2. USE OF EFMB PLANNING CHECKLISTS.**

a. Table E-10-1 is designed as an example EFMB planning checklist for an Active Army unit that is not deployed.

b. Table E-10-2 is designed as an example EFMB planning checklist for an Army Reserve or National Guard unit that is not deployed.

c. Table E-10-3 is designed as an example EFMB planning checklist for an Army unit that is requesting to conduct EFMB testing while deployed.

d. Units should use these as an example and add applicable information as needed. They are not all encompassing, but show the main actions that must occur in hosting EFMB testing. Actions listed in the example EFMB planning checklists are not necessarily in the order they have to be performed.

Action	Deadlines to EFMB TCO
Analyze Ability to Conduct EFMB Testing	
Appoint Test Board Chairperson, OIC, and NCOIC	
Submit Request to Conduct the EFMB to the EFMB TCO	NLT 120 Days Prior TSD
Prepare and Forward Memorandum of Instruction (MOI) and Candidate Letter to Units and EFMB TCO for Posting on the EFMB TCO Website	
Check EFMB TCO Website Weekly for Updates and Material to Assist in Executing the EFMB	
Ensure Ammo and Pyrotechnics is Allocated for EFMB	
Request Ammo and Pyrotechnics for EFMB	
Conduct Site Recon of Training Areas and Develop Combat Testing Lane Layout and Task Breakdown	
Schedule EFMB Testing Areas and Support Facilities	
Request Equipment, Vehicles, Supplies, Personnel and Meal Support, Pyro/Ammo, Porta-potties, and Dumpsters	
Request Personnel and Other Resources	
Designate EFMB Test Board Members	
Appoint Lane and Event NCOICs/OICs and Evaluators	
Schedule and Conduct In Progress Reviews (IPRs)	
Ensure that Candidates and Their Units Are Training Their Soldiers for EFMB Testing	
Conduct Training to Prepare Evaluators for Their Duties	
Conduct Training as Needed for Drivers, Pyro Handlers, Safety, etc.	
Request Necessary Transportation	
Submit Concept Briefing to the EFMB TCO	NLT 60 Days Prior TSD
Prepare Risk Management Worksheets	
Receive Candidate Names and Information	
Submit Exceptions to Policy to the EFMB TCO	NLT 45 Days Prior TSD
Communicate any Problems, Issues, and Questions to the EFMB TCO for Assistance or Clarification	
Confirm all Requests	
Notify Candidates of Any Approved Exceptions to Policy	NLT 30 Days Prior TSD
Verify Candidate Names	
Sign for EFMB Testing Areas and Support Facilities	
Sign for Equipment, Vehicles, Supplies, Personnel and Meal Support, Pyro/Ammo, Porta-potties, and Dumpsters	
Establish and Prepare EFMB Operations Center	
Establish and Prepare EFMB Testing Areas/Evaluators	
Establish and Prepare the Living Support Area	
Provide for After-Duty-Hours Site Security	
Test Board Chairperson Receives Written Test	
Test Board Member Reviews Written Test	

Test Board Member Makes Copies of Written Test	
Review and Revise Risk Management Worksheets	
Conduct Validation	
In-process Personnel and Verify Candidates' Eligibility	
Conduct Standardization	
Conduct Testing	
Prepare EFMB Orders and Provide Copies	
Conduct Awards Ceremony	
Out-process Personnel	
Recovery Operations and Post-EFMB Requirements	
Conduct After Action Review	
Provide Certificates of Verification/Destruction to TCO	IAW Suspense Dates
Provide EFMB Testing Statistics to the EFMB TCO	NLT 3 Days After TED
Provide Copy of EFMB Database to the EFMB TCO	NLT 3 Days After TED
Provide Copies of EFMB Awardees' Orders to TCO	NLT 1 Week After TED
Provide Written Test Answer Sheets to EFMB TCO	NLT 1 Week After TED
Provide After Action Report (AAR) and copies of rebuttals to the EFMB TCO	NLT 1 Month After TED
<b>NOTE: Test Start Date (TSD), Test End Date (TED).</b>	

**Table E-10-1. Example EFMB Planning Checklist for Active Army Unit (Not Deployed)**

Action	Deadlines to EFMB TCO
Analyze Ability to Conduct EFMB Testing	
Appoint Test Board Chairperson, OIC, and NCOIC	
Submit Request to Conduct the EFMB to the EFMB TCO	NLT 180 Days Prior TSD
Prepare and Forward Memorandum of Instruction (MOI) and Candidate Letter to Units and EFMB TCO for Posting on the EFMB TCO Website	
Check EFMB TCO Website Weekly for Updates and Material to Assist in Executing the EFMB	
Ensure Ammo and Pyrotechnics is Allocated for EFMB	
Request Ammo and Pyrotechnics for EFMB	
Conduct Site Recon of Training Areas and Develop Combat Testing Lane Layout and Task Breakdown	
Schedule EFMB Testing Areas and Support Facilities	
Request Equipment, Vehicles, Supplies, Personnel and Meal Support, Pyro/Ammo, Porta-potties, and Dumpsters	
Request Personnel and Other Resources	
Designate EFMB Test Board Members	
Appoint Lane and Event NCOICs/OICs and Evaluators	
Schedule and Conduct In Progress Reviews (IPRs)	
Ensure that Candidates and Their Units Are Training Their Soldiers for EFMB Testing	
Conduct Training to Prepare Evaluators for Their Duties	
Conduct Training as Needed for Drivers, Pyro Handlers, Safety, etc.	
Request Necessary Transportation	
Submit Concept Briefing to the EFMB TCO	NLT 120 Days Prior TSD
Prepare Risk Management Worksheets	
Receive Candidate Names and Information	
Submit Exceptions to Policy to the EFMB TCO	NLT 90 Days Prior TSD
Confirm all Requests	
Notify Candidates of Any Approved Exceptions to Policy	NLT 30 Days Prior TSD
Communicate any Problems, Issues, and Questions to the EFMB TCO for Assistance or Clarification	
Verify Candidate Names	
Sign for EFMB Testing Areas and Support Facilities	
Sign for Equipment, Vehicles, Supplies, Personnel and Meal Support, Pyro/Ammo, Porta-potties, and Dumpsters	
Establish and Prepare EFMB Operations Center	
Establish and Prepare EFMB Testing Areas/Evaluators	
Establish and Prepare the Living Support Area	
Provide for After-Duty-Hours Site Security	
Test Board Chairperson Receives Written Test	

Test Board Member Reviews Written Test	
Test Board Member Makes Copies of Written Test	
Review and Revise Risk Management Worksheets	
Conduct Validation	
In-process Personnel and Verify Candidates' Eligibility	
Conduct Standardization	
Conduct Testing	
Prepare EFMB Orders and Provide Copies	
Conduct Awards Ceremony	
Out-process Personnel	
Recovery Operations and Post-EFMB Requirements	
Conduct After Action Review	
Provide Certificates of Verification/Destruction to TCO	IAW Suspense Dates
Provide EFMB Testing Statistics to the EFMB TCO	NLT 3 Days After TED
Provide Copy of EFMB Database to the EFMB TCO	NLT 3 Days After TED
Provide Copies of EFMB Awardees' Orders to TCO	NLT 1 Week After TED
Provide Written Test Answer Sheets to EFMB TCO	NLT 1 Week After TED
Provide After Action Report (AAR) and copies of rebuttals to the EFMB TCO	NLT 1 Month After TED
<b>NOTE: Test Start Date (TSD), Test End Date (TED).</b>	

**Table E-10-2. Example EFMB Planning Checklist for Army Reserve or National Guard Unit (Not Deployed)**



Action	Deadlines to EFMB TCO
Analyze Ability to Conduct EFMB Testing	
Appoint Test Board Chairperson, OIC, and NCOIC	
Obtain Approval from Senior Combatant General Officer and the Senior Medical Commander in Area	
Submit Approval Memorandum from CFLCC and Senior Medical Commander in Area	NLT 120 Days Prior TSD
Provide Detailed Answers to Figures 2-1 and 2-2 to the EFMB TCO	NLT 120 Days Prior TSD
Submit Concept Briefing to the EFMB TCO	NLT 120 Days Prior TSD
Submit Request to Conduct the EFMB to the EFMB TCO	NLT 120 Days Prior TSD
Prepare and Forward Memorandum of Instruction (MOI) and Candidate Letter to Units and EFMB TCO for Posting on the EFMB TCO Website	
Check EFMB TCO Website Weekly for Updates and Material to Assist in Executing the EFMB	
Ensure Ammo and Pyrotechnics is Allocated for EFMB	
Request Ammo and Pyrotechnics for EFMB	
Conduct Site Recon of Training Areas and Develop Combat Testing Lane Layout and Task Breakdown	
Schedule EFMB Testing Areas and Support Facilities	
Request Equipment, Vehicles, Supplies, Personnel and Meal Support, Pyro/Ammo, Porta-potties, and Dumpsters	
Request Personnel and Other Resources	
Designate EFMB Test Board Members	
Appoint Lane and Event NCOICs/OICs and Evaluators	
Schedule and Conduct In Progress Reviews (IPRs)	
Ensure that Candidates and Their Units Are Training Their Soldiers for EFMB Testing	
Conduct Training to Prepare Evaluators for Their Duties	
Conduct Training as Needed for Drivers, Pyro Handlers, Safety, etc.	
Request Necessary Transportation	
Prepare Risk Management Worksheets	
Receive Candidate Names and Information	
Submit Exceptions to Policy to the EFMB TCO	NLT 45 Days Prior TSD
Communicate any Problems, Issues, and Questions to the EFMB TCO for Assistance or Clarification	
Confirm all Requests	
Notify Candidates of Any Approved Exceptions to Policy	NLT 30 Days Prior TSD
Verify Candidate Names	
Sign for EFMB Testing Areas and Support Facilities	
Sign for Equipment, Vehicles, Supplies, Personnel, & Meal	

Support, Pyro/Ammo, Porta-potties, and Dumpsters	
Establish and Prepare EFMB Operations Center	
Establish and Prepare EFMB Testing Areas/Evaluators	
Establish and Prepare the Living Support Area	
Provide for After-Duty-Hours Site Security	
Test Board Chairperson Receives Written Test	
Test Board Member Reviews Written Test	
Test Board Member Makes Copies of Written Test	
Review and Revise Risk Management Worksheets	
Conduct Validation	
In-process Personnel and Verify Candidates' Eligibility	
Conduct Standardization	
Conduct Testing	
Prepare EFMB Orders and Provide Copies	
Conduct Awards Ceremony	
Out-process Personnel	
Recovery Operations and Post-EFMB Requirements	
Conduct After Action Review	
Provide Certificates of Verification/Destruction to TCO	IAW Suspense Dates
Provide EFMB Testing Statistics to the EFMB TCO	NLT 3 Days After TED
Provide Copy of EFMB Database to the EFMB TCO	NLT 3 Days After TED
Provide Copies of EFMB Awardees' Orders to TCO	NLT 1 Week After TED
Provide Written Test Answer Sheets to EFMB TCO	NLT 1 Week After TED
Provide After Action Report (AAR) and copies of rebuttals to the EFMB TCO	NLT 1 Month After TED
<b>NOTE: Test Start Date (TSD), Test End Date (TED).</b>	

**Table E-10-3. Example EFMB Planning Checklist for Deployed Army Unit**

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## APPENDIX E-11

### EFMB TRAINING

**E-11-1. GENERAL.** This appendix provides a brief summary of the EFMB Training Package and supporting EFMB training material produced by the EFMB TCO. Training Soldiers for EFMB testing is the responsibility of their chain of command; it is not the responsibility of the unit hosting EFMB testing. All units will train their Soldiers prior to sending them to the EFMB test site (See paragraph 2-14).

#### **E-11-2. PLANNING AND CONDUCTING EFMB TRAINING.**

a. The commencement of an EFMB training program should occur as soon as you know that you or your Soldiers will be attending EFMB testing. Procrastination, absence of training, or lack of training prior to arriving at the EFMB test site normally does not have a positive outcome.

b. Example training schedules are available to plan your EFMB training program.

c. Presentations are available to assist you in planning and executing a successful EFMB training program.

d. Everything needed to establish an EFMB training program is available on the EFMB TCO website (See paragraph 2-21).

e. The EFMB TCO may be contacted with any questions in regards to preparing yourself or your Soldiers for EFMB testing (See paragraph 2-21).

#### **E-11-3. EFMB TRAINING MATERIAL.**

a. Units and candidates should be cautious in utilizing EFMB training material obtained from other sources other than the EFMB TCO. Information obtained from other sources is outdated, irrelevant for EFMB testing purposes, or contains numerous errors.

b. An EFMB training program is available on the EFMB TCO website (See paragraph 2-21). This includes training material for both the written test and all EFMB tested tasks. The information and material available may change, but updates will be available on the EFMB TCO website.

c. Ensure you are utilizing up to date material in your preparations for EFMB testing.

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## GLOSSARY

### SECTION I

#### Abbreviations.

**ACU**

Army Combat Uniform

**AHA**

American Heart Association

**AHS**

Academy of Health Sciences

**AMEDD**

Army Medical Department

**AMEDDC&S**

US Army Medical Department Center and School

**ANCD**

automated net control device

**AOC**

area of concentration

**APFT**

Army Physical Fitness Test

**AR**

Army Regulation

**ASIP**

Advanced System Improvement Program

**ATNAA**

antidote treatment, nerve agent, autoinjectors

**BDU**

battle dress uniform

**BTLS**

basic trauma life support

**CASEVAC**

casualty evacuation

**CBRN**

Chemical, Biological, Radiological, and Nuclear

**CCT**

color, condition, and temperature

**cm**

centimeters

**CMB**

Combat Medical Badge

**COMSEC**

communications security

**CPR**

cardiopulmonary resuscitation

**CPT**

captain

**CSF**

cerebral spinal fluid

**CTA**

common table of allowances

**CTL**

combat testing lane

**CVC**

combat vehicle crewman

**DA**

Department of the Army

**DCAP-BTLS**

deformities, contusions, abrasions, punctures or penetration, burns, tenderness, lacerations, swelling

**DoD**

Department of Defense

**DSN**

defense switched network

**DVC**  
device

**EFMB**  
Expert Field Medical Badge

**EIB**  
Expert Infantry Badge

**FH**  
frequency hop

**FM**  
field manual

**FRAGO**  
fragmentary order

**GTA**  
graphic training aid

**IAW**  
in accordance with

**IED**  
improvised explosive device

**IEDK**  
individual equipment decontamination kit

**IV**  
intravenous

**JVD**  
jugular vein distension

**LCE**  
load-carrying equipment

**LOC**  
litter obstacle course

**MEDEVAC**  
medical evacuation



**mm**  
millimeters

**MOPP**  
mission-oriented protective posture

**MOS**  
military occupational specialty

**NBC**  
nuclear, biological, and chemical

**NCOIC**  
noncommissioned officer in charge

**NPA**  
nasopharyngeal airway

**NSN**  
national stock number

**OIC**  
officer in charge

**OPORD**  
operation order

**PAM**  
pamphlet

**PERRL**  
pupils equal round and reactive to light

**PMS**  
pulse, motor, and sensory

**RSDL**  
reactive skin decontaminating lotion

**SDK**  
skin decontaminating kit

**SFC**  
sergeant first class

**SGT**

sergeant

**SINGARS**

single channel ground and airborne radio system

**SKL**

Simple Key Loader

**SMCT**

Soldier's Manual of Common Tasks

**SOI**

signal operation instructions

**SOP**

standing operating procedure

**SPC**

specialist

**SSN**

social security number

**STP**

soldier training publication

**TC**

training circular

**TCCC**

Tactical Combat Casualty Care

**TCO**

test control office(r)

**TIC**

tenderness, instability, and crepitus

**TM**

technical manual

**TRD**

tenderness, rigidity, and distention

**UXO**

unexploded ordnance

**WBG**

wet bulb globe temperature

**WQ**

weapons qualification

**WT**

written test

**2 PAM CI**

pralidoxime chloride

**SECTION II**

**Terms.**

**Battlefield scenario**

Simulated combat conditions and situations created for evaluating Soldiers on tasks.

**Combat lane**

A path or trail used to evaluate candidates on a set of tasks under simulated combat conditions.

**Esprit-de-corps**

The common spirit existing in members of a group that inspires devotion, enthusiasm, and strong regard for the honor of the group.

**Lane validation**

The validation process conducted by the EFMB Test Board prior to the standardization and test week to ensure that tasks are tested IAW this publication.

**Moulage**

A simulation of a medical wound or injury used as a training aid.

**Reaction-style testing**

Simulated combat conditions that are created in which soldiers are tested against preestablished standards for reaction performance.

**Standardization review**

A review conducted by the TCO to ensure that EFMB tests are administered consistently throughout the Army IAW this publication.

**Standardization week**

The week prior to test week in which candidates are shown the tasks, conditions, and standards on which they are to be evaluated.

**Test deviation**

A deviation from the standards outlined in this publication during testing.

**SECTION III**

**Special Abbreviations and Terms.**

**CTL**

Combat Testing Lane

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(MCCS-OP)

FOR THE COMMANDER:

OFFICIAL:

\\ Original Signed \\  
BRENDA J. KNIGHT  
Secretary to the General Staff

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