

**BY ORDER OF THE COMMANDER  
8TH FIGHTER WING**

**8TH FIGHTER WING INSTRUCTION 44-101**

**2 JULY 2014**



**Medical**

**PUBLIC ACCESS DEFIBRILLATION  
(PAD) PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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(Colonel Leigh A. Swanson)

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This instruction implements AFPD 44-1, *Medical Operations*. This instruction establishes the 8th Fighter Wing's Public Access Defibrillation (PAD) program. The program provides guidance for Automated External Defibrillators (AED) in strategic locations based upon population traffic and occupational or cardiac arrest risk. PADs are AEDs generally intended for use by non-medically trained individuals in base buildings. The AEDs allow ready access for use in attempts to revive victims of sudden cardiac arrest prior to arrival of first-responder medical personnel. This instruction identifies responsibilities, maintenance, quality assurance, and documentation requirements. It applies to all personnel assigned, attached, or associated units to the 8th Fighter Wing, Kunsan Air Base, Republic of Korea. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route the AF Forms 847 from the field through the appropriate functional chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

**SUMMARY OF CHANGES**

This document is substantially revised and must be completely reviewed. Changes include: Funding for the PAD Program, PAD Medical Director, Program Director (changed to Program

Coordinator), and Unit Commander responsibility updates. Exercise requirements for Site Coordinators along with checklists and the AED Replacement Matrix are attached.

## **1. Responsibilities:**

**1.1. 8th Fighter Wing Commander (8 FW/CC).** The 8 FW/CC has the overall responsibility for the PAD program. The 8 FW/CC directs the Commander, 8th Medical Group (8 MDG/CC) to ensure proper medical objectives are maintained for the PAD program.

1.1.1. In coordination with the PAD Program Director and PAD Medical Coordinator, approve a PAD model that will fit the needs of the 8 FW.

1.1.2. The 8 FW will appropriate funds for PAD's in shared areas in attachment 8.

1.1.3. PAD AED's will be located at 15 locations across the base as indicated in attachment 8. 1.1.4. Replacement of program AED's will follow the Replacement Matrix in attachment 8

**1.2. 8th Medical Group Commander (8 MDG/CC).** The 8 MDG/CC is responsible to the 8 FW/CC for implementation of the PAD program. The 8 MDG/CC will ensure all medical objectives are maintained and provide professional guidance on program administration. The 8 MDG/CC will appoint, in writing, a Medical Director and Program Coordinator for the PAD program.

1.2.1. Appoints PAD Program Coordinator (Attachment 2). PAD Program Coordinator and PAD Medical Director can be the same individual.

**1.3. Medical Director.** The Medical Director will be a Licensed Healthcare Provider, who is proficient in emergency Medical Protocols, Cardiopulmonary Resuscitation (CPR), and the use of AEDs in accordance with 42 U.S.C 238p and Guidelines for Public Access Defibrillation Programs, 66 Federal Register 28495-28511. The Medical Director is responsible for providing oversight of training, coordination of emergency medical services, clinical protocols, and formulation of AED deployment strategies. The Medical Director or designee will provide quality assurance and review all Event Summary Sheets within five days of AED use.

**1.4. Program Coordinator.** The Program Coordinator will be appointed from the staff of the 8MDG, usually the Education and Training Department.

1.4.1. The Program Coordinator will:

1.4.1.1. Oversee all training processes for adult CPR/AED training.

1.4.1.2. Be responsible for providing recommendations to squadron commanders for individuals to serve as Site Coordinators.

1.4.1.3. Provide annual inspections of site AEDs/continuity binders and maintain documentation of those inspections.

1.4.1.4. Maintain a master list of the location (Building and Room Number) of all AEDs on Kunsan AB, and all Site Coordinators' names and phone numbers.

1.4.1.5. Coordinates with the PAD Medical Director, medical logistics and Biomedical Equipment Repair Technician (BMET) on all installation AED purchases.

**1.5. Site Coordinators.** The Site Coordinators and their alternates, as a minimum, will be trained in BLS/AED and appointed in writing by their squadron commander or equivalent. They may be a building custodian or unit member demonstrating an interest in supporting a PAD Program. A Site Coordinator should only be responsible for the PADs in one or two buildings. They should maintain an AED continuity binder. Additional Site Coordinator responsibilities are:

1.5.1. User Inspection checks of the PAD to ensure its readiness for proper function, to include a daily (every normal duty day) visual check of the status indicator and completion of AED daily checklist, see (Attachment 3).

1.5.2. Designate targeted responders and maintain a list of these individuals in the continuity binder, see (Attachment 4). Targeted responders must be current HS/AED. Maintain a list of trainings conducted in the continuity binder.

1.5.3. Ensure validation of biannual CPR/AED of all targeted responders to ensure they are properly trained, certified, and/or recertified in CPR and AED procedures.

1.5.4. Inform the Program Coordinator in writing prior to relocating any AED.

1.5.5. Obtain written approval by the 8 MDG/CC prior to installation/replacement of any AED.

1.5.5.1. Coordinate with 8th Civil Engineer Squadron for initial installation of AEDs.

1.5.6. Once a PAD has been used in an emergency situation, the Site Coordinator and/or designee will complete the PAD Event Summary Sheet for PAD Medical Director (Attachment 5) and forward it to the PAD Medical Director for review by email at priority precedence. The PAD Medical Director should receive the completed report within one duty day of deploying the PAD. After an AED is used, the Site Coordinator should contact Mental Health to discuss Traumatic Stress Response (TSR) service options for all individuals involved in the emergency.

1.5.7. Ensure completion of routine operator checks using the respective manufacturer's AED functional operations checklist.

1.5.8. Fund replacement parts and batteries.

1.5.9. Equipment custodian for the Unit PAD(s) and maintains the equipment until a letter is signed by the Unit commander, reassigning the duties of Site Coordinator.

1.5.10. Responsible for the re-stocking of accessory supplies after a unit was used in an emergency situation or as they expire.

1.5.11. Conducts and documents quarterly CPR/PAD exercise scenarios to ensure certified, trained staff know PAD location, that all equipment is operational and that staff respond appropriately. Evaluation of these quarterly exercises will be documented on a unit exercise evaluation form (Attachment 6). The exercise evaluation form, if possible, should be filled out by at least two BLS/HeartSaver qualified observers. The PAD Exercise Log will be kept on file by the Site Coordinator for the annual inspection conducted by the PAD Program Coordinator. If the Site PAD Coordinator needs additional guidance, contact the installation PAD Coordinator.

**1.6. Targeted Responders.** “Targeted Responders” are a core group of personnel most likely to utilize the AED within their facility based upon staffing, type of facility, continuity, and risk.

1.6.1. Those individuals identified by Site Coordinators as targeted responders must be trained in an approved Heart Saver CPR/AED course. Targeted responders may contact their Squadron CPR/BLS/AED Instructor to schedule CPR/BLS/AED training.

1.6.2. Targeted responders shall ensure that the 8FW IMT 10, PAD Event Summary Sheet (Attachment 5) is filled out and given to the Site Coordinator.

**1.7. Unit Commander/Functional Unit Director.** The Unit Commander/Functional Unit Director has the overall responsibility for the conduct of the unit’s PAD Program. The Unit Commander/Functional Unit Director ensures, through proper coordination with the PAD Site Coordinator and the PAD Medical Director, that medical objectives are maintained for the PAD Program within the unit.

1.7.1. The commander of each unit shall appoint, in writing, a Unit PAD Coordinator (see Attachment 7) who will serve as the primary liaison between the local organization’s PAD program, PAD Program Coordinator, PAD Medical Director and 8 MDG Medical Support Squadron Logistics. The Commander must appoint a primary and alternate site coordinator as a minimum.

1.7.2. The PAD program is not a medical program. It is a user program. Therefore, each unit commander is responsible to ensure funds are allocated for the purchase of any batteries, or consumable supplies and long-term training on the PAD.

1.7.3. Due to the significance of the 8 FW PAD Program, PAD's in shared areas have been identified and will be coordinated by the MDG as "unfunded requirements" and submitted to the Wing Staff Agency: CPTS/CC for inclusion on "FW's unfunded lists" for presentation at the Wing's Financial Working Group Board. The 8 FW will appropriate funds for PAD's in shared areas, see (Attachment 8).

**2. Medical Logistics and Maintenance.** Acquisition and maintenance of AEDs will be coordinated with the 8th Medical Group, Medical Logistics office. Additional Medical Logistics responsibilities are to:

2.1. Ensure routine maintenance is performed. Should the AED require servicing, the Site Coordinator will arrange this out-of-cycle maintenance with the 8 MDG Medical Logistics Office, BMET.

2.2. Certify new AEDs and perform periodic accountability.

2.3. Monitor safety recall/health device alert notifications, and ensure subsequent recall remedies are completed. Accountability and management of safety recalls and health device alert notifications will be accomplished utilizing the Defense Medical Logistics Standard Support System (DMLSS). AED units will be placed in this system to monitor the locations and points of contact, in the event of any recall or notification.

2.4. Ensure all 8 FW AEDs are standardized for the sake of continuity and safety.

**3. Quality Assurance.** The Medical Director or designee will review all Event Summary Sheets to assess quality of care. The Medical Director will report to ECOMS any completed Event Summary Sheets at the next scheduled bimonthly meeting.

**4. General electrical safety procedures include:**

4.1. Do not use the AED when the rescuer or victim is soaking wet or standing in water.

4.1.1. Do not use the AED in areas of high concentration of volatile gas or combustible fumes.

4.1.2. Do not attempt to use the AED if the patient is still in contact with “live voltage” electrical wiring that caused the heart stoppage.

**5. Acquisition.** Any Work Center requesting acquisition of an AED must submit an equipment request IAW AFI41-209, *Medical Logistics Support*, Section 7.28.

S. CLINTON HINOTE, Colonel, USAF  
Commander

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 44-102 *Medical Care Management*, 20 January 2012

AFI 41-209, *Medical Logistics Support*, 30 June 2006

AFMAN 33-363, *Management of Records*, 1 March 2008

Federal Tort Claims Act, Title 28, United States Code, sections 1346(b), pages 2671-80

***Prescribed Forms***

8FW IMT 10, *Public Access Defibrillation (PAD) Events Summary Sheet*.

***Adopted Forms***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**AED**—Automated External Defibrillators

**BLS**—Basic Life Support

**BMET**—Biomedical Equipment Repair Technician

**CPR**—Cardiopulmonary Resuscitation

**DMLSS**—Defense Medical Logistics Standard Support System

**ECOMS**—Executive Committee of Medicine

**FW**—Fighter Wing

**OPR**—Office of Primary Responsibility

**PAD**—Public Access Defibrillation

**RDS**—Records Disposition Schedule

**TSR**—Traumatic Stress Response

## Attachment 2

**APPOINTMENT OF MEDICAL DIRECTOR AND PROGRAM DIRECTOR FOR THE  
PAD PROGRAM**

**Figure A2.1. Appointment of Medical Director and Program Director for the PAD Program**

	<p><b>DEPARTMENT OF THE AIR FORCE 8TH MEDICAL GROUP (PACAF) KUNSAN AIR BASE, REPUBLIC OF KOREA</b></p>			
	<p>XX XXX XXXX</p>			
<p>MEMORANDUM FOR 8FW/CC FROM: 8MDG/CC</p>				
<p>SUBJECT: Appointment of Medical Director and Program Director for the Public Access Defibrillation (PAD) Program</p>				
<p>1. The following individuals are appointed as the Medical Director and Program Director for the 8th Medical Group's Public Access Defibrillation (PAD) Program IAW 8 FW Instruction 44-101, <i>Public Access Defibrillation (PAD) Program</i> and AFI 44-102, <i>Medical Operations</i>.</p>				
	<u>RANK / NAME:</u>	<u>OFFICE SYMBOL:</u>	<u>DUTY PHONE:</u>	<u>DEROS:</u>
Medical Director –	XX XXXX	8 MDG/SGH	782-XXXX	XX XXX XX
Program Coordinator –	XX XXXX	8 MDG/SGNE	782-XXXX	XX XXX XX
<p>2. This letter supersedes all others, same subject. Changes will be updated as they occur. Please contact XX XXXX at 782-XXX, if you require any further information.</p>				
<p>XX XXXX, Col, USAF Commander</p>				

### Attachment 3 AED DAILY CHECKLIST

Figure A3.1. AED Daily Checklist

<b>AED DAILY CHECKLIST</b>				Month:	Year:
Coming Organization:		ECNF#:		Electronic Expiration Date: Battery Installation Date:	
Bldg#:		Model#:			
AED Coordinator:		SN#:			
		REV#:			
Day	Status Indicator Blank Yes    NO	Inspected By	Comments/Discrepancies/Overall Condition of AED (Optional)		
1	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<b>Daily Check:</b> Visually inspect the AED to ensure proper location, cleanliness, no sign of tampering or inappropriate opening and the Status Indicator displays a <b>Green Check</b> . If the Status Indicator box displays a <b>Red X</b> , perform a manual test, check to see if cable is attached properly to unit. Replace batteries if the unit still does not display a <b>Green Check</b> . If unit still does not display a <b>Green Check</b> , contact the 8" MDG \Biomedical Equipment Repair shop (BMER) @ 782-7707 (Please have your AED ECNF# ready).  <b>Monthly Check:</b> Check supplies, accessories and spares for damage or expiration. Replace immediately if any damaged or expired items are found. Check the exterior of the AED and the connector sockets for cracks or other signs of damage. Contact BMER. Check the exterior of AED and the connector sockets for dirt or contamination. Clean AED if dirt or contamination is found.  For Tracking/Recall Notification purposes please contact BMER if any changes are made to the location or Property Custodian of the AED.  8" MDSS/SGSLE Biomedical Equipment Repair 782-7707, Bldg. 41C	
2	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
3	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
4	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
5	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
6	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
7	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
8	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
9	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
10	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
11	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
12	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
13	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
14	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
15	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
16	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
17	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
18	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
19	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
20	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
21	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
22	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
23	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
24	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
25	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
26	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
27	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
28	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
29	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
30	<input type="checkbox"/> Yes <input type="checkbox"/> NO				
31	<input type="checkbox"/> Yes <input type="checkbox"/> NO				

This Log will be verified by BMER annually to insure User Maintenance of AED (Do Not Discard)

Please Reference your AED User Manual for

Attachment 4

APPOINTMENT OF TARGETED RESPONDERS

Figure A4.1. Appointment of Targeted Responders

	<p><b>DEPARTMENT OF THE AIR FORCE</b>  <b>XXXXXXX (PACAF)</b>  <b>KUNSAN AIR BASE, REPUBLIC OF KOREA</b></p>		
	<p><b>DATE</b></p>		
<p>MEMORANDUM FOR 8 MDG/SGH              8 MDG/SGNE</p>			
<p>FROM: 8 XXXX</p>			
<p>SUBJECT: Appointment of Targeted Responders</p>			
<p>1. The following individual(s) has been appointed as the Targeted Responders for the 8 XXXX (Actual Location) in accordance with 8 FWI 44-101, Para 1.5.2:</p>			
<b><u>RANK/NAME:</u></b>	<b><u>OFFICE SYMBOL:</u></b>	<b><u>DUTY PHONE:</u></b>	<b><u>DEROS:</u></b>
	8 XXX/XX	782 - XXXX	XX XXX XX
<p>2. This letter supersedes all others, same subject. Changes will be updated as they occur.              If you have any questions please contact me at XXXX.XXXX@us.af.mil.</p>			
<p><b>Signature Block</b>  <b>Unit PAD Site Coordinator</b></p>			

Attachment 5

PUBLIC ACCESS DEFIBRILLATION (PAD) EVENT SUMMARY SHEET

Figure A5.1. Public Access Defibrillation (PAD) Event Summary Sheet

PUBLIC ACCESS DEFIBRILLATION (PAD) EVENT SUMMARY SHEET		EVENT	
		DATE:	TIME:
THIS IS A QUALITY ASSURANCE DOCUMENT AND MUST BE HAND CARRIED TO THE 8TH MEDICAL GROUP/MEDICAL DIRECTOR OR 8TH MEDICAL GROUP/PAD PROGRAM COORDINATOR.			
LOCATION OF EVENT:	PAD NO.	VICTIM'S NAME:	
WAS THE EVENT WITNESSED OR NON-WITNESSED? <input type="checkbox"/> WITNESSED <input type="checkbox"/> NON-WITNESSED			
NAME OF RESCUER(S)			
INTERNAL RESPONSE PLAN ACTIVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS 9-1-1 CALLED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SABC STARTED/PULSE TAKEN AT INITIAL ASSESSMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS CPR GIVEN BEFORE THE AED ARRIVED? <input type="checkbox"/> YES <i>(if YES, list name(s) of CPR rescuer(s) below)</i> <input type="checkbox"/> NO			
WERE SHOCKS GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
			TOTAL NUMBER OF SHOCKS:
DESCRIBE HISTORY OF SITUATION:			

## Attachment 6

## 8 MDG QUARTERLY UNIT PAD EXERCISE EVALUATION

Figure A6.1. 8 MDG Quarterly Unit PAD Exercise Evaluation

8 MDG QUARTERLY UNIT PAD EXERCISE EVALUATION	DATE:	
EVALUATION CRITERIA	YES	NO
Indoors/Outdoors		
1. Discovery of the “downed” victim within one minute. <b>CRITICAL</b>		
2. Staff state/identify location of the nearest PAD		
3. Activate EMS. (Responder has someone SIMULATE calling 911 with location and situation, i.e. victim down in Bldg 833, second floor, near Fitness Center. Patient is conscious/unconscious, breathing/not breathing). <b>CRITICAL</b>		
3. CPR/PAD certified staff at victim’s side within 3 minutes.		
4. CPR/PAD certified staff describes appropriate victim assessment and initiation of CPR. Assess Circulation, Airway, Breathing (SIMULATE). <b>CRITICAL</b>		
5. PAD and appropriate PAD supplies arrive at victim’s side within 4 minutes after victim’s discovery. . <b>CRITICAL</b>		
6. PAD is functional/PAD supplies available/chest pad application described. <b>CRITICAL</b>		
7. Turn on PAD (Rescuer verbalizes) and SIMULATES following PAD prompts. <b>CRITICAL</b>		
<b>NAME OF EXERCISE PARTICIPANTS:</b>		
<b>FEEDBACK TO PARTICIPANTS:</b>		
<b>EVALUATOR:</b>		
<b>SAMPLE SCENERIO:</b> You are having lunch at the BX. You hear a call for help from the adjacent table. A woman is shouting that her girlfriend suddenly stopped talking, clutched her throat and collapsed face forward onto the table and into her soup. She is not breathing and unconscious. What would you do?		

Attachment 7

APPOINTMENT OF PUBLIC ACCESS DEFIBRILLATION ON SITE COORDINATOR

Figure A7.1. Appointment of Public Access Defibrillation on Site Coordinator

	<p><b>DEPARTMENT OF THE AIR FORCE</b>  <b>8TH XXX XXX (PACAF)</b>  <b>KUNSAN AIR BASE, REPUBLIC OF KOREA</b></p>		
	<p><b>DATE</b></p>		
<p>MEMORANDUM FOR 8 MDG/SGNE</p>			
<p>FROM: 8 XXXX</p>			
<p>SUBJECT: Appointment of Public Access Defibrillation Site Coordinator</p>			
<p>1. The following individual(s) has been appointed as the Unit Public Access Defibrillation Site Coordinator for the 8 XXXX (Actual Location) in accordance with 8 FWI 44-101, Para 1.7.1:</p>			
<p><b>Primary</b>  <b>RANK/NAME:</b></p>	<p><b>OFFICE</b>  <b>SYMBOL:</b></p>	<p><b>DUTY</b>  <b>PHONE:</b></p>	<p><b>DEROS:</b></p>
	<p>8 XXX/XX</p>	<p>782 -XXXX</p>	<p>XX XXX XX</p>
<p><b>Alternate</b>  <b>RANK/NAME:</b></p>	<p><b>OFFICE</b>  <b>SYMBOL:</b></p>	<p><b>DUTY</b>  <b>PHONE:</b></p>	<p><b>DEROS:</b></p>
	<p>8 XXX/XX</p>	<p>782 -XXXX</p>	<p>XX XXX XX</p>
<p>2. This letter supersedes all others, same subject. Changes will be updated as they occur.                  If you have any questions please direct them to the personnel listed above.</p>			
<p>YOUR COMMANDER'S                  SIGNATURE                  COMMANDER'S TYPED NAME                  DUTY TITLE</p>			

## Attachment 8

## 8FW PAD PROGRAM AED REPLACEMENT MATRIX

Figure A8.1. 8FW PAD Program AED Replacement Matrix

ECN	LOCATION Bldg # NAME	ACQUISITION DATE	REPLACEMENT YEAR
NEW	1000 Base Theater	FY 2014	FY 2021
NEW	1113 Base Exchange	FY 2014	FY 2021
NEW	1115 Commissary	FY 2014	FY 2021
5750	2565 35 <sup>th</sup> AMU	June 2009	FY 2015
6034	1057 Bowling Alley	September 2010	FY 2015
6446	1055 Fitness Center	October 2012	FY 2016
6445	1055 Fitness Center	October 2012	FY 2016
6444	1055 Fitness Center	October 2012	FY 2017
6443	915 80 <sup>th</sup> FS	October 2012	FY 2017
6442	2548 C-PAD DFAC	October 2012	FY 2018
6441	765 Avionics	October 2012	FY 2018
6447	550 O'Malley DFAC	October 2012	FY 2019
6449	1027 Falcon CAC	October 2012	FY 2019
6448	2223 8MXS	October 2012	FY 2020
6440	501 8FW Chapel	October 2012	FY 2020