

~~TOP SECRET~~

DRAFT

## SAFSS OPERATIONS PROCEDURES

SUBJECT:  ~~(S)~~ Procedures--Emergency Recovery of Satellite  
Debris or Reentry Vehicles

(b)(1)  
(b)(3)

1. ~~(TS)~~ Purpose. This document establishes responsibilities, policy and procedures for requesting emergency recovery of satellite reentry vehicles and classified satellite vehicle debris. The attachments establish the procedures to be followed by the Office of the Secretary of the Air Force, Space Systems (SAFSS) Duty Officer (DO) when requesting an emergency recovery operation.

2. (U) Background.

a. ~~(TS)~~ The SAFSS is engaged in activities of great importance to the national security which must be protected by stringent security measures. The SAFSS is, therefore, concerned that a satellite reentry vehicle or classified debris may come down during an emergency, in an area not accessible to dedicated recovery units. This requires procedures that provide rapid collection and assessment of information and deployment of available assets to an emergency landing area when requested.

b. ~~(S)~~ The Office of the Joint Chiefs of Staff (OJCS) has the authority to initiate the rapid deployment of available assets to an emergency landing area in response to a SAFSS request for search and recovery (SAR) assistance.

~~TOP SECRET~~

3. ~~(TS)~~ Responsibilities. The SAFSS DO is the focal point for coordination between all elements of the SAFSS and the OJCS National Military Command System (J-36), Space Response Cell (SRC) for the support from the unified and specified commands for search and recovery assistance, and other assistance as required. The SAFSS DO will request the OJCS/SRC to initiate emergency search and recovery actions in accordance with the following procedures:

a. ~~(S)~~ The SAFSS DO will become familiar with the proper communications channels necessary to effect a rapid response in the event  procedures must be implemented; maintain cognizance on all pending launches and deorbits, and will advise the OJCS/SRC of changes to SAFSS launch, deorbit, and RV recovery dates. When an operational event is scheduled, an SAFSS DO will be present to monitor the activity and request  procedures if necessary.

b. ~~(TS)~~ When  procedures must be implemented, the SAFSS DO will perform the procedures in Checklist 1: Recovery of Satellite Debris (Launch Failure), Checklist 2: Recovery of Satellite Debris (Uncontrolled Deorbit), or Checklist 3: Recovery of Reentry Vehicle (RV). The request for initiation of  will be via AUTOSEVOCOM (KY-3) or Grey line from the SAFSS to the SRC. Normally, no written request will be issued.

(b)(1)  
(b)(3)

c. ~~(S)~~ The SAFSS DO will obtain prior approval from one of the following individuals before contacting the OJCS to request the initiation of

**emergency search and recovery assistance:**

**Secretary of the Air Force (SAF/S)**

**Deputy Under Secretary of the Air Force (Space Systems)(SAF/USS)**

**Director, Office of Space Systems (SAF/SS)**

d. ~~(S)~~ The SAFSS DO will maintain close contact with the appropriate SAFSS operating units and the SRC and provide additional information as it becomes known.

e. ~~(S)~~ The SAFSS DO will keep the SAF/S, SAF/USS, SAF/SS, and others as appropriate, informed regarding recovery operations. The SAFSS DO will maintain a journal of  operational events which will include, at a minimum, a description of key events, time and date of each event, and names of individuals involved.

(b)(1)  
(b)(3)

**Attachments:**

1. Checklist 1: Emergency Recovery of Satellite Debris (Launch Failure)
2. Checklist 2: Emergency Recovery of Satellite Debris (Uncontrolled Reentry)
3. Checklist 3: Emergency Recovery of Reentry Vehicle

CHECKLIST 1

EMERGENCY RECOVERY OF SATELLITE DEBRIS (LAUNCH FAILURE)

1. THIS CHECKLIST IS USED WHEN A SAFSS PAYLOAD HAS FAILED TO ACHIEVE ORBIT DUE TO A LAUNCH FAILURE AND  PROCEDURES MUST BE INITIATED.

SAFSS DO \_\_\_\_\_ DATE/TIME \_\_\_\_\_

2. OBTAIN  APPROVAL AUTHORITY:

(b)(1)  
(b)(3)

CONTACT ONE OF THE FOLLOWING INDIVIDUALS, IN THE ORDER LISTED, TO OBTAIN APPROVAL AUTHORITY TO PROCEED WITH EMERGENCY SEARCH AND RECOVERY ACTIONS.

IF AFTER HOURS, THE PHONE NUMBERS ARE:

HOME PHONE

HOME KY-71

SAF/S

SAF/USS

SAF/SS

(b)(3)

(NOTE: THE ABOVE INDIVIDUALS SHOULD BE CALLED ON THE OPEN LINE FIRST TO REQUEST THEY BRING THEIR KY-71 "UP" SO THEY CAN BE CONTACTED.)

a. SAMPLE FORMAT:

"THIS IS \_\_\_\_\_ (NAME) \_\_\_\_\_ FROM THE SAFSS. WE HAVE RECEIVED INFORMATION THAT THE LAUNCH OF MISSION \_\_\_\_\_ WAS UNSUCCESSFUL. I AM CALLING TO OBTAIN YOUR APPROVAL TO INITIATE EMERGENCY SEARCH AND RECOVERY ACTIONS THROUGH THE OJCS. PERTINENT INFORMATION IS AS FOLLOWS:"

LAUNCH SITE \_\_\_\_\_

LAUNCH/LIFT OFF TIME \_\_\_\_\_ Z

IMPACT AREA \_\_\_\_\_

TIME OF IMPACT \_\_\_\_\_ Z

BEACON FREQUENCIES (IF KNOWN):

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

OTHER INFORMATION (SPECIAL PRECAUTIONS):

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

b. INDIVIDUAL CONTACTED (SAF/S, SAF/USS, SAF/SS): \_\_\_\_\_

c. APPROVAL AUTHORITY WAS OBTAINED/DENIED: \_\_\_\_\_

d. DATE/TIME: \_\_\_\_\_

e. DEBRIS TO BE SALVAGED/DESTROYED: \_\_\_\_\_

f. OTHER INSTRUCTIONS: \_\_\_\_\_

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

3. INITIATE  PROCEDURES:

(b)(1)  
(b)(3)

a. CONTACT THE J-36 SPACE RESPONSE CELL AND REQUEST THAT

PROCEDURES BE INITIATED. OJCS/SRC PHONE NUMBERS ARE:

KY-3:  GREY:  BLACK:

(b)(3)

(NOTE: IF UNABLE TO CONTACT THE SRC ON A SECURE LINE, EITHER FROM THE SAFSS TO THE SRC, OR THE SRC TO THE SAFSS, THEN AN ALTERNATE MEANS OF PASSING THE INFORMATION SHOULD BE MADE, SUCH AS A PERSONAL VISIT TO THE OJCS/SRC.)

b. SAMPLE FORMAT:

"THIS IS THE SAFSS DUTY OFFICER \_\_\_\_\_ (NAME) \_\_\_\_\_. I HAVE AN URGENT

REQUEST FOR [ ] ASSISTANCE TO SEARCH AND RECOVER CLASSIFIED  
SATELLITE VEHICLE DEBRIS. IF YOU HAVE ANY QUESTIONS REGARDING OUR NEED  
FOR THIS ASSISTANCE, PLEASE REFER TO YOUR [ ] PROCEDURES LOCATED  
IN YOUR OPERATIONS INSTRUCTIONS. PLEASE COPY THE FOLLOWING INFORMATION:"

(b)(1)  
(b)(3)

LAUNCH SITE \_\_\_\_\_

LAUNCH/LIFT OFF TIME \_\_\_\_\_ Z

IMPACT AREA \_\_\_\_\_

TIME OF IMPACT \_\_\_\_\_

BEACON FREQUENCIES (IF KNOWN)

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

OTHER INFORMATION (SPECIAL PRECAUTIONS)

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

DISPOSITION OF DEBRIS \_\_\_\_\_

4. TIME-SENSITIVE REQUIREMENT (TSR):

TIME-SENSITIVE TASKING OF THE OVERHEAD COLLECTORS MAY BE REQUIRED DURING  
[ ] OPERATIONS TO REPORT REACTIONS TO THE LAUNCH FAILURE BY NON-  
U.S. ENTITIES. THE OJCS/SRC CAN ISSUE A TSR TO THE OCMC AND/OR THE CSC,  
AS REQUIRED.

(b)(1)  
(b)(3)

SAMPLE FORMAT:

"WE REQUEST THAT THE OJCS/SRC PREPARE AND ISSUE A TSR TO \_\_\_\_\_ (OCMC AND/OR  
CSC) \_\_\_\_\_ AS FOLLOWS:

DISCIPLINES: \_\_\_\_\_ COMINT/OPELINT/PHOTINT (CIRCLE AS REQUIRED)

STATEMENT OF REQUIREMENTS (EXAMPLES):

COMINT: REPORT ALL REACTIONS TO THE REENTRY BY NON U.S. ENTITIES; OF PARTICULAR CONCERN ARE SOVIET REACTIONS.

(DD/MON/YR/TIMEZ)

(DD/MON/YR/TIMEZ)

DURATION: START: \_\_\_\_\_ STOP: \_\_\_\_\_

OPELINT: AREA OF INTEREST: \_\_\_\_\_

SIGNALS OF INTEREST: \_\_\_\_\_

LOCATION ACCURACY: \_\_\_\_\_

EMITTER LOCATION FREQUENCY: \_\_\_\_\_

REPORTING TIMELINESS: \_\_\_\_\_

(DD/MON/YR/TIMEZ)

(DD/MON/YR/TIMEZ)

DURATION: START: \_\_\_\_\_ STOP: \_\_\_\_\_

REMARKS: \_\_\_\_\_

PHOTINT: AREA OF INTEREST: \_\_\_\_\_

FIRST ACCESS REQUIRED: \_\_\_\_\_

REPEAT COVERAGE: \_\_\_\_\_

PERIOD REQUIRED: \_\_\_\_\_

BACKGROUND AND JUSTIFICATION: MONITORING OF IMPACT AREA FOR ACTIVITIES WHICH WOULD PROVIDE INFORMATION ON THE LOCATION OF DEBRIS OR POTENTIAL RETRIEVAL ACTIVITIES BY FOREIGN GOVERNMENTS IS CRITICAL TO NATIONAL SECURITY.

5. OBTAIN POINT OF CONTACT AT LAUNCH SITE:

NAME: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

NOTIFY OJCS/SRC: \_\_\_\_\_

6. COMPLETE NOTIFICATION OF CONCERNED SAFSS PERSONNEL:

AT A MINIMUM THE FOLLOWING SAFSS PERSONNEL SHOULD BE NOTIFIED IN THE  
EVENT OF A LAUNCH FAILURE: SAF/S, SAF/USS, SAF/SS, DEPUTY DIRECTOR FOR  
S&T, DEPUTY DIRECTOR FOR POLICY AND SECURITY, AND THE MISSION PROGRAM  
ELEMENT MONITOR.

7. CONTINUE TO MONITOR, AND LOG KEY EVENTS AND ACTIONS.

8. TERMINATION OF  RECOVERY OPERATIONS:

(b)(1)  
(b)(3)

SAF/S TERMINATION RECOMMENDED: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

OJCS/SRC NOTIFIED: \_\_\_\_\_

9. PREPARE A WRITTEN REPORT OF SAFSS  OPERATIONS.

(b)(1)  
(b)(3)



*Copy Checklist 1. then make corrections as indicated*

CHECKLIST X

*Uncontrolled Reentry*  
~~(LAUNCH FAILURE)~~

EMERGENCY RECOVERY OF SATELLITE DEBRIS

*REENTERED THE EARTH'S ATMOSPHERE*

1. THIS CHECKLIST IS USED WHEN A SAFSS PAYLOAD HAS ~~FAILED TO ACHIEVE ORBIT UNCONTROLLED, IMPACTING ON CONUS OR FOREIGN TERRITORY, DUE TO A LAUNCH FAILURE~~ AND  PROCEDURES MUST BE INITIATED.

SAFSS DO \_\_\_\_\_ DATE/TIME \_\_\_\_\_

2. OBTAIN  APPROVAL AUTHORITY:

(b)(1)  
(b)(3)

CONTACT ONE OF THE FOLLOWING INDIVIDUALS, IN THE ORDER LISTED, TO OBTAIN APPROVAL AUTHORITY TO PROCEED WITH EMERGENCY SEARCH AND RECOVERY ACTIONS.

IF AFTER HOURS, THE PHONE NUMBERS ARE:

HOME PHONE                      HOME KY-71

SAF/S

SAF/USS

SAF/SS

(b)(3)

(NOTE: THE ABOVE INDIVIDUALS SHOULD BE CALLED ON THE OPEN LINE FIRST TO REQUEST THEY BRING THEIR KY-71 "UP" SO THEY CAN BE CONTACTED.)

a. SAMPLE FORMAT:

"THIS IS \_\_\_\_\_ (NAME) \_\_\_\_\_ FROM THE SAFSS. WE HAVE RECEIVED INFORMATION THAT ~~THE LAUNCH OF MISSION~~ \_\_\_\_\_ *HAS REENTERED THE EARTH'S ATMOSPHERE* ~~WAS UNSUCCESSFUL~~ I AM *UNCONTROLLED* CALLING TO OBTAIN YOUR APPROVAL TO INITIATE EMERGENCY SEARCH AND RECOVERY ACTIONS THROUGH THE OJCS. PERTINENT INFORMATION IS AS FOLLOWS:"

~~LAUNCH SITE~~ \_\_\_\_\_  
~~IMPACT DATE/TIME~~ \_\_\_\_\_  
~~LAUNCH/LIFT OFF TIME~~ \_\_\_\_\_ Z  
~~IMPACT LOCATION~~ \_\_\_\_\_  
IMPACT ~~AREA~~ \_\_\_\_\_  
                    *COORDINATES*

~~TIME OF IMPACT~~ \_\_\_\_\_

BEACON FREQUENCIES (IF KNOWN):

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

OTHER INFORMATION (SPECIAL PRECAUTIONS):

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

b. INDIVIDUAL CONTACTED (SAF/S, SAF/USS, SAF/SS): \_\_\_\_\_

c. APPROVAL AUTHORITY WAS OBTAINED/DENIED: \_\_\_\_\_

d. DATE/TIME: \_\_\_\_\_

e. DEBRIS TO BE SALVAGED/DESTROYED: \_\_\_\_\_

f. OTHER INSTRUCTIONS: \_\_\_\_\_

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

3. INITIATE  PROCEDURES:

a. CONTACT THE J-36 SPACE RESPONSE CELL AND REQUEST THAT

PROCEDURES BE INITIATED. OJCS/SRC PHONE NUMBERS ARE:

KY-3:  GREY:  BLACK:

(NOTE: IF UNABLE TO CONTACT THE SRC ON A SECURE LINE, EITHER FROM THE SAFSS TO THE SRC, OR THE SRC TO THE SAFSS, THEN AN ALTERNATE MEANS OF PASSING THE INFORMATION SHOULD BE MADE, SUCH AS A PERSONAL VISIT TO THE OJCS/SRC.)

b. SAMPLE FORMAT:

"THIS IS THE SAFSS DUTY OFFICER \_\_\_\_\_ (NAME) . I HAVE AN URGENT

(b)(1)  
(b)(3)

(b)(3)

REQUEST FOR [ ] ASSISTANCE TO SEARCH AND RECOVER CLASSIFIED  
SATELLITE VEHICLE DEBRIS. IF YOU HAVE ANY QUESTIONS REGARDING OUR NEED  
FOR THIS ASSISTANCE, PLEASE REFER TO YOUR [ ] PROCEDURES LOCATED  
IN YOUR OPERATIONS INSTRUCTIONS. PLEASE COPY THE FOLLOWING INFORMATION:"

(b)(1)  
(b)(3)

~~LAUNCH SITE~~ \_\_\_\_\_  
~~IMPACT DATE/TIME~~ \_\_\_\_\_  
~~LAUNCH/LIFT OFF TIME~~ \_\_\_\_\_ Z  
~~IMPACT LOCATION~~ \_\_\_\_\_  
~~IMPACT AREA~~ \_\_\_\_\_  
COORDINATES \_\_\_\_\_  
~~TIME OF IMPACT~~ \_\_\_\_\_  
BEACON FREQUENCIES (IF KNOWN)

OTHER INFORMATION (SPECIAL PRECAUTIONS)

DISPOSITION OF DEBRIS \_\_\_\_\_

4. TIME-SENSITIVE REQUIREMENT (TSR):

TIME-SENSITIVE TASKING OF THE OVERHEAD COLLECTORS MAY BE REQUIRED DURING  
[ ] OPERATIONS TO REPORT REACTIONS TO THE ~~LAUNCH FAILURE~~ <sup>UNCONTROLLED REENTRY</sup> BY NON-  
U.S. ENTITIES. THE OJCS/SRC CAN ISSUE A TSR TO THE OCMC AND/OR THE CSC,  
AS REQUIRED.

(b)(1)  
(b)(3)

SAMPLE FORMAT:

"WE REQUEST THAT THE OJCS/SRC PREPARE AND ISSUE A TSR TO \_\_\_\_\_ (OCMC AND/OR  
CSC) AS FOLLOWS:

DISCIPLINES: COMINT/OPELINT/PHOTINT (CIRCLE AS REQUIRED)

STATEMENT OF REQUIREMENTS (EXAMPLES):

COMINT: REPORT ALL REACTIONS TO THE REENTRY BY NON U.S. ENTITIES; OF PARTICULAR CONCERN ARE SOVIET REACTIONS.

(DD/MON/YR/TIMEZ)

(DD/MON/YR/TIMEZ)

DURATION: START: \_\_\_\_\_ STOP: \_\_\_\_\_

OPELINT: AREA OF INTEREST: \_\_\_\_\_

SIGNALS OF INTEREST: \_\_\_\_\_

LOCATION ACCURACY: \_\_\_\_\_

EMITTER LOCATION FREQUENCY: \_\_\_\_\_

REPORTING TIMELINESS: \_\_\_\_\_

(DD/MON/YR/TIMEZ)

(DD/MON/YR/TIMEZ)

DURATION: START: \_\_\_\_\_ STOP: \_\_\_\_\_

REMARKS: \_\_\_\_\_

PHOTINT: AREA OF INTEREST: \_\_\_\_\_

FIRST ACCESS REQUIRED: \_\_\_\_\_

REPEAT COVERAGE: \_\_\_\_\_

PERIOD REQUIRED: \_\_\_\_\_

BACKGROUND AND JUSTIFICATION: MONITORING OF IMPACT AREA FOR ACTIVITIES WHICH WOULD PROVIDE INFORMATION ON THE LOCATION OF DEBRIS OR POTENTIAL RETRIEVAL ACTIVITIES BY FOREIGN GOVERNMENTS IS CRITICAL TO NATIONAL SECURITY.

5. OBTAIN POINT OF CONTACT AT <sup>PROGRAM OFFICE:</sup> ~~LAUNCH SITE.~~

NAME: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

NOTIFY OJCS/SRC: \_\_\_\_\_

6. COMPLETE NOTIFICATION OF CONCERNED SAFSS PERSONNEL:

AT A MINIMUM THE FOLLOWING SAFSS PERSONNEL SHOULD BE NOTIFIED IN THE  
EVENT OF A LAUNCH FAILURE: SAF/S, SAF/USS, SAF/SS, DEPUTY DIRECTOR FOR  
S&T, DEPUTY DIRECTOR FOR POLICY AND SECURITY, AND THE MISSION PROGRAM  
ELEMENT MONITOR.

7. CONTINUE TO MONITOR, AND LOG KEY EVENTS AND ACTIONS.

8. TERMINATION OF  RECOVERY OPERATIONS:

(b)(1)  
(b)(3)

SAF/S TERMINATION RECOMMENDED: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

OJCS/SRC NOTIFIED: \_\_\_\_\_

9. PREPARE A WRITTEN REPORT OF SAFSS  OPERATIONS.

*Copy Checklist 1.  
You make corrections  
as indicated.*

3

CHECKLIST X  
REENTRY VEHICLE RV  
EMERGENCY RECOVERY OF ~~SATELLITE DEBRIS~~ (LAUNCH FAILURE)

1. THIS CHECKLIST IS USED WHEN A SAFSS <sup>REENTRY VEHICLE</sup> ~~PAILOD~~ HAS FAILED TO <sup>DE</sup>ACHIEVE ORBIT ~~INTO THE PLANNED RECOVERY AREA~~ ~~DUE TO A LAUNCH FAILURE~~ AND  PROCEDURES MUST BE INITIATED.

SAFSS DO \_\_\_\_\_ DATE/TIME \_\_\_\_\_

2. OBTAIN  APPROVAL AUTHORITY:

(b)(1)  
(b)(3)

CONTACT ONE OF THE FOLLOWING INDIVIDUALS, IN THE ORDER LISTED, TO OBTAIN APPROVAL AUTHORITY TO PROCEED WITH EMERGENCY SEARCH AND RECOVERY ACTIONS.

IF AFTER HOURS, THE PHONE NUMBERS ARE:

HOME PHONE                      HOME KY-71

SAF/S

SAF/USS

SAF/SS

(b)(3)

(NOTE: THE ABOVE INDIVIDUALS SHOULD BE CALLED ON THE OPEN LINE FIRST TO REQUEST THEY BRING THEIR KY-71 "UP" SO THEY CAN BE CONTACTED.)

a. SAMPLE FORMAT:

"THIS IS \_\_\_\_\_ (NAME) FROM THE SAFSS. WE HAVE RECEIVED <sup>RV</sup> FROM MISSION \_\_\_\_\_ HAS FAILED TO DEORBIT INTO THE PLANNED RECOVERY AREA. INFORMATION THAT ~~THE LAUNCH OF MISSION~~ \_\_\_\_\_ ~~HAS UNSUCCESSFUL~~. I AM

CALLING TO OBTAIN YOUR APPROVAL TO INITIATE EMERGENCY SEARCH AND RECOVERY ACTIONS THROUGH THE OJCS. PERTINENT INFORMATION IS AS FOLLOWS:"

~~LAUNCH SITE~~ SPLASH DOWN TIME \_\_\_\_\_ 2  
~~LAUNCH/LIFT OFF TIME~~ \_\_\_\_\_  
~~IMPACT LOCATION~~ \_\_\_\_\_  
~~IMPACT AREA~~ \_\_\_\_\_  
COORDINATES

SOLUBLE SINK PLUG LIFE

~~TIME OF IMPACT~~

FLASHING BEACON LIFE

BEACON FREQUENCIES (IF KNOWN):

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

OTHER INFORMATION (SPECIAL PRECAUTIONS):

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

b. INDIVIDUAL CONTACTED (SAF/S, SAF/USS, SAF/SS): \_\_\_\_\_

c. APPROVAL AUTHORITY WAS OBTAINED/DENIED: \_\_\_\_\_

d. DATE/TIME: \_\_\_\_\_

~~e. DEBRIS TO BE SALVAGED/DESTROYED: \_\_\_\_\_~~

<sup>e</sup>  
f. OTHER INSTRUCTIONS: \_\_\_\_\_

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

3. INITIATE  PROCEDURES:

a. CONTACT THE J-36 SPACE RESPONSE CELL AND REQUEST THAT

PROCEDURES BE INITIATED. OJCS/SRC PHONE NUMBERS ARE:

KY-3:  GREY:  BLACK:

(NOTE: IF UNABLE TO CONTACT THE SRC ON A SECURE LINE, EITHER FROM THE SAFSS TO THE SRC, OR THE SRC TO THE SAFSS, THEN AN ALTERNATE MEANS OF PASSING THE INFORMATION SHOULD BE MADE, SUCH AS A PERSONAL VISIT TO THE OJCS/SRC.)

b. SAMPLE FORMAT:

"THIS IS THE SAFSS DUTY OFFICER \_\_\_\_\_ (NAME) . I HAVE AN URGENT

(b)(1)  
(b)(3)

(b)(3)

REQUEST FOR  ASSISTANCE TO SEARCH AND RECOVER <sup>AN ERRANT</sup> CLASSIFIED  
~~REENTRY~~ SATELLITE VEHICLE DEBRIS. IF YOU HAVE ANY QUESTIONS REGARDING OUR NEED  
FOR THIS ASSISTANCE, PLEASE REFER TO YOUR  PROCEDURES LOCATED  
IN YOUR OPERATIONS INSTRUCTIONS. PLEASE COPY THE FOLLOWING INFORMATION:"

(b)(1)  
(b)(3)

~~LAUNCH SITE~~ \_\_\_\_\_  
SPLASH DOWN \_\_\_\_\_  
~~LAUNCH/LIFT OFF TIME~~ \_\_\_\_\_ Z  
IMPACT LOCATION \_\_\_\_\_  
IMPACT AREA \_\_\_\_\_  
                    COORDINATES \_\_\_\_\_  
~~TIME OF IMPACT~~ \_\_\_\_\_

BEACON FREQUENCIES (IF KNOWN)

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

OTHER INFORMATION (SPECIAL PRECAUTIONS)

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

~~DISPOSITION OF DEBRIS~~ \_\_\_\_\_

4. TIME-SENSITIVE REQUIREMENT (TSR):

TIME-SENSITIVE TASKING OF THE OVERHEAD COLLECTORS MAY BE REQUIRED DURING  
 OPERATIONS TO REPORT REACTIONS TO THE <sup>ERRANT RECOVERY VEHICLE</sup> ~~LAUNCH FAILURE~~ BY NON-  
U.S. ENTITIES. THE OJCS/SRC CAN ISSUE A TSR TO THE OCMC AND/OR THE CSC,  
AS REQUIRED.

(b)(1)  
(b)(3)

SAMPLE FORMAT:

"WE REQUEST THAT THE OJCS/SRC PREPARE AND ISSUE A TSR TO           (OCMC AND/OR  
CSC)           AS FOLLOWS:

DISCIPLINES:           COMINT/OPELINT/PHOTINT (CIRCLE AS REQUIRED)



STATEMENT OF REQUIREMENTS (EXAMPLES):

COMINT: REPORT ALL REACTIONS TO THE REENTRY BY NON U.S. ENTITIES; OF PARTICULAR CONCERN ARE SOVIET REACTIONS.

(DD/MON/YR/TIMEZ)

(DD/MON/YR/TIMEZ)

DURATION: START: \_\_\_\_\_ STOP: \_\_\_\_\_

OPELINT: AREA OF INTEREST: \_\_\_\_\_

SIGNALS OF INTEREST: \_\_\_\_\_

LOCATION ACCURACY: \_\_\_\_\_

EMITTER LOCATION FREQUENCY: \_\_\_\_\_

REPORTING TIMELINESS: \_\_\_\_\_

(DD/MON/YR/TIMEZ)

(DD/MON/YR/TIMEZ)

DURATION: START: \_\_\_\_\_ STOP: \_\_\_\_\_

REMARKS: \_\_\_\_\_

PHOTINT: AREA OF INTEREST: \_\_\_\_\_

FIRST ACCESS REQUIRED: \_\_\_\_\_

REPEAT COVERAGE: \_\_\_\_\_

PERIOD REQUIRED: \_\_\_\_\_

BACKGROUND AND JUSTIFICATION: MONITORING OF IMPACT AREA FOR ACTIVITIES WHICH WOULD PROVIDE INFORMATION ON THE LOCATION OF <sup>THE RV</sup> ~~DEBRIS~~ OR POTENTIAL RETRIEVAL ACTIVITIES BY FOREIGN GOVERNMENTS IS CRITICAL TO NATIONAL SECURITY.

5. OBTAIN POINT OF CONTACT AT <sup>PROGRAM OFFICE:</sup> ~~LAUNCH SITE~~:

NAME: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

NOTIFY OJCS/SRC: \_\_\_\_\_

6. COMPLETE NOTIFICATION OF CONCERNED SAFSS PERSONNEL:

AT A MINIMUM THE FOLLOWING SAFSS PERSONNEL SHOULD BE NOTIFIED IN THE  
*ERRANT REENTRY VEHICLE*  
EVENT OF A ~~LAUNCH FAILURE~~: SAF/S, SAF/USS, SAF/SS, DEPUTY DIRECTOR FOR  
S&T, DEPUTY DIRECTOR FOR POLICY AND SECURITY, AND THE MISSION PROGRAM  
ELEMENT MONITOR.

7. CONTINUE TO MONITOR, AND LOG KEY EVENTS AND ACTIONS.

8. TERMINATION OF  RECOVERY OPERATIONS: (b)(1)

SAF/S TERMINATION RECOMMENDED: \_\_\_\_\_ (b)(3)

DATE/TIME: \_\_\_\_\_

OJCS/SRC NOTIFIED: \_\_\_\_\_

9. PREPARE A WRITTEN REPORT OF SAFSS  OPERATIONS.