

Chemical/Biological Sample Documentation

For use of this form, see FM 3-3; the proponent agency is TRADOC.

INSTRUCTIONS

Place the biological sample inside a refrigerator, ice chest, or insulated container; and keep it as cool as possible at all times.

Sample Identification Number: _____

Date and Time Sample Collected: _____

Reason for Collection (check those that apply):

- | | |
|---|---|
| <input type="checkbox"/> Chem/Bio Attack | <input type="checkbox"/> Chem/Bio Alarm Activated |
| <input type="checkbox"/> Positive M256 Chemical Detection | <input type="checkbox"/> Positive Recon Team Findings |
| <input type="checkbox"/> Soldiers Becoming Sick | <input type="checkbox"/> Soldiers Dying |
| <input type="checkbox"/> Other _____ | |

Location of Attack _____
(UTM or place)

Date and Time of Attack _____

Unit Identification _____
(Co, Bn, Bde, Div, Corps)

Terrain Description (check those that apply):

- | | | | | | |
|--------------------------------|---------------------------------|--|--------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Flat | <input type="checkbox"/> Hills | <input type="checkbox"/> Mountains | <input type="checkbox"/> Desert | <input type="checkbox"/> Jungle | <input type="checkbox"/> Forest |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Grassy | <input type="checkbox"/> Sparse Trees/Shrubs | <input type="checkbox"/> Other _____ | | |

Weather (check those that apply):

- | | | | | | | |
|--------------------------------------|---------------------------------|-------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Cloudy | <input type="checkbox"/> Rain | <input type="checkbox"/> Fog | <input type="checkbox"/> Snow | <input type="checkbox"/> Dust | <input type="checkbox"/> Mist |
| <input type="checkbox"/> Other _____ | | | | | | |

Wind at Collection Site (check only one):

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> None/Calm | <input type="checkbox"/> Mild Breeze | <input type="checkbox"/> Windy | <input type="checkbox"/> Gusts |
|------------------------------------|--------------------------------------|--------------------------------|--------------------------------|

Odor (check those that apply):

- | | | | | | |
|-----------------------------------|--------------------------------------|---------------------------------|-------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Sweet | <input type="checkbox"/> Fruity | <input type="checkbox"/> Irritating | <input type="checkbox"/> Pepper | <input type="checkbox"/> Flower |
| <input type="checkbox"/> Changing | <input type="checkbox"/> Other _____ | | | | |

Symptoms (check those that apply):

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Skin Swelling | <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Nausea | <input type="checkbox"/> Dry Mouth |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Dark Skin Blotches | <input type="checkbox"/> Unconscious | |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Bleeding Sores | <input type="checkbox"/> Other _____ | |

Symptoms:

Time of Onset: _____

Duration (of Symptoms): _____

NBC 1 Observer's Initial or Follow-Up Report

For use of this form, see FM 3-3; the proponent agency is TRADOC.

From	To
Precedence <input type="checkbox"/> FLASH <input type="checkbox"/> IMMEDIATE	Security Classification
Date-Time (Zulu, Local, or Letter Time Zone)	
Type of Report <input type="checkbox"/> Chemical <input type="checkbox"/> Nuclear <input type="checkbox"/> Biological	Category of Report <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up

Instructions

1. Line items DELTA and HOTEL are mandatory for NBC 1 reports.
2. Line items ALFA, ECHO, GOLF, INDIA, KILO, LIMA, MIKE, SIERRA, YANKEE, and ZULU ALFA are optional for NBC 1 reports.
3. Line items BRAVO, CHARLIE, FOXTROT, PAPA ALFA ROMEO, and PAPA BRAVO ROMEO are reported if data is available.

Section I--Chemical or Biological Only

Description	Line	Data					
Strike Serial Number, if known (assigned by NBCE)	ALFA						
Position of Observer	BRAVO						
Azimuth of Attack from Observer (state degrees or mils)	CHARLIE						
Date and Time Attack Started (Zulu, local, or letter zone)	DELTA						
Time Attack Ended, if known	ECHO						
Location of Attack (UTM or place) (state actual or estimated)	FOXTROT						
Means of Delivery, if known	GOLF						
Type of Agent and Height of Burst, if known	HOTEL						
Type and Number of Munitions or Aircraft (state which)	INDIA						
Description of Terrain (bare, scrubby vegetation, wooded, urban, or unknown)	KILO						
Date and Time Contamination Detected (Zulu, local, or letter zone)	SIERRA						
Representative Downwind Direction, 4 digits (state degrees or mils), Wind Speed, 3 digits (state kmph or knots)	YANKEE						
Temperature (centigrade), 2 digits, Cloud Cover, 1 digit, Significant Weather Phenomena, 1 digit, Air Stability, 1 digit	ZULU ALFA						
Remarks	ZULU BRAVO						

Section II--Nuclear Only

Description	Line	Data							
Strike Serial Number (assigned by NBCC)	ALFA								
Date and Time Attack Started (Zule, local, or letter zone)	DELTA								
Location of Attack (UTM or place) (state actual or estimated)	FOXTROT								
Estimated Yield (KT or MT)	NOVEMBER								
Direction of Left and Right Radial Lines (state degrees or mils)	YANKEE								
Effective Wind Speed (3 digits--kmph or knots) Downwind Distance of Zone I (3 digits--km) Cloud Radius (2 digits--km, see Instruction 1)	ZULU								
Remarks	ZULU BRAVO								

NBC 2 Evaluated Data Report

For use of this form, see FM 3-3; the proponent agency is TRADOC.

From	To
PRECEDENCE IMMEDIATE	Security Classification

Date-Time (Zulu, Local, or Letter Time Zone)

Type of Report <input type="checkbox"/> Chemical <input type="checkbox"/> Nuclear <input type="checkbox"/> Biological	Category of Report <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up
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Instructions

1. Line items ALFA, DELTA, FOXTROT, HOTEL, and NOVEMBER are mandatory for NBC 2 reports.
2. Line items ECHO, GOLF, INDIA, KILO, YANKEE, and ZULU ALFA are optional for NBC 2 reports.

Section I--Chemical or Biological Only

Description	Line	Data						
Strike Serial Number (assigned by NBCE)	ALFA							
Date and Time Attack Started (Zulu, local, or letter zone)	DELTA							
Date and Time Attack Ended (Zulu, local, or letter zone)	ECHO							
Location of Attack (UTM or place)(state actual or estimated)	FOXTROT							
Means of Delivery, if known	GOLF							
Type of Agent and Height of Burst, if known	HOTEL							
Number of Shells in Attack	INDIA							
Description of Terrain (bare, scrubby vegetation, wooded, urban, or unknown)	KILO							
Representative Downwind Direction, (4 digits, degrees or mils, state which), Wind Speed (3 digits, kmph or knots, state which)	YANKEE							
Temperature (Centigrade, 2 digits), Cloud Cover (1 digit), Significant Weather Phenomena (1 digit), Air Stability (1 digit)	ZULU ALFA							
Remarks	ZULU BRAVO							

Section II--Nuclear Only

Description	Line	Data							
Strike Serial Number (assigned by NBCE)	ALFA								
Date and Time Attack Started (Zule, local, or letter zone)	DELTA								
Location of Attack (UTM or place) (actual or estimated, state which)	FOXTROT								
Means of Delivery, if known	GOLF								
Type of Burst (air, surface, or unknown, state which)	HOTEL								
Crater Diameter (meters), if known	KILO								
Estimated Yield (KT or MT)	NOVEMBER								
Remarks	ZULU BRAVO								

NBC 3 Immediate Warning of Predicted Contamination and Hazard Areas

For use of this form, see FM 3-3; the proponent agency is TRADOC.

From	To
Precedence IMMEDIATE	Security Classification
Date-Time (Zulu, Local, or Letter Time Zone)	
Type of Report <input type="checkbox"/> Nuclear <input type="checkbox"/> Chemical <input type="checkbox"/> Biological	Category of Report <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up

Instructions

1. If effective wind speed is less than 8 kmph, line ZULU of the NBC nuclear report consists of only three digits for the radius of Zone 1.
2. Line items ALFA, DELTA, FOXTROT, HOTEL, PAPA ALFA, and ZULU are mandatory for NBC 3 reports.
3. Line items ECHO, NOVEMBER, PAPA BRAVO, and ZULU ALFA are optional for NBC 3 reports.
4. Line item YANKEE is optional for chemical/biological NBC 3 reports; but, it is reported if available for nuclear NBC 3 reports.

Section I--Chemical or Biological Only

Description	Line	Data					
Strike Serial Number (assigned by NBCC)	ALFA						
Date and Time Attack Started (Zulu, local, or letter zone)	DELTA						
Date and Time Attack Ended (Zulu, local, or letter zone)	ECHO						
Location of Attack (UTM or place) (actual or estimated, state which)	FOXTROT						
Type of Agent	HOTEL						
Coordinates of Predicted Hazard Area (if contours complete, or a complete circle, record the first grid coordinate as the first and the last coordinate)	PAPA ALFA						
Duration of Hazard (in days, hours, min., etc.)	PAPA BRAVO						
Downwind Direction of Hazard and Wind Speed (4 digits)	YANKEE						
Significant Weather Phenomena (see CDM for codes)	ZULU ALFA						
Remarks	ZULU BRAVO						

Section II--Nuclear Only

Description	Line	Data							
Strike Serial Number Causing Contamination	ALFA								
Date and Time Attack Started (Zulu, local, or letter zone)	DELTA								
Location of Ground Zero	FOXTROT								
Reference DTG of Estimated Contours When Not at H + 1	OSCAR								
Level of Radiation in cGyph, Dose Rate Trend, Actual Radiation Decay Rate/Relative Radiation Decay Rate	ROMEO								
H + 1 Date and Time (Zulu, local, or letter zone)	TANGO								
1,000-cGyph Countour Line Coordinates (UTM) (coded red on overlay)	UNIFORM								
300-cGyph Countour Line Coordinates (UTM) (coded green on overlay)	VICTOR								
100-cGyph Countour Line Coordinates (UTM) (coded blue on overlay)	WHISKEY								
20-cGyph Countour Line Coordinates (UTM) (coded black on overlay)	XRAY								
Remarks	ZULU BRAVO								

NBC 4 Radiation Dose Rate Measurements or Chemical/Biological Areas of Contamination

For use of this form, see FM 3-3; the proponent agency is TRADOC.

From	To
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Precedence IMMEDIATE	Security Classification
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Date-Time (Zulu, Local, or Letter Time Zone)

Type of Report <input type="checkbox"/> Chemical <input type="checkbox"/> Nuclear <input type="checkbox"/> Biological	Category of Report <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up
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Instructions

1. Line items QUEBEC, ROMEO, and SIERRA may be repeated as often as necessary.
2. Line items HOTEL, QUEBEC, ROMEO, and SIERRA are mandatory for NBC 4 reports.
3. Line items ALFA and KILO are optional for NBC 4 reports.

Section I--Chemical or Biological Only

Description	Line	Data					
Strike Serial Number (assigned by NBCC)	ALFA						
Type of Agent	HOTEL						
Description of Terrain (bare, scrubby vegetation, wooded, urban, unknown)	KILO						
Location of Reading (UTM) (state whether test was air or liquid)	QUEBEC						
Date and Time of Reading (Zulu, local, or letter zone)	SIERRA						
Type of Agent	HOTEL						
Description of Terrain (bare, scrubby vegetation, wooded, urban, unknown)	KILO						
Location of Reading (UTM) (state whether test was air or liquid)	QUEBEC						
Date and Time of Reading (Zulu, local, or letter zone)	SIERRA						
Type of Agent	HOTEL						
Description of Terrain (bare, scrubby vegetation, wooded, urban, unknown)	KILO						
Location of Reading (UTM) (state whether test was air or liquid)	QUEBEC						
Date and Time of Reading (Zulu, local, or letter zone)	SIERRA						
Remarks	ZULU BRAVO						

Section II--Nuclear Only

Description	Line	Data							
Strike Serial Number (assigned by NBCC)	ALFA								
Crater Diameter (meters) if known	KILO								
Location of Reading (UTM)	QUEBEC								
Dose Rate (cGyph) (the words "Initial," "Peak," "Increasing," or "Decreasing" may be added)	ROMEO								
Date and Time of Reading (Zulu, local, or letter zone)	SIERRA								
Location of Reading (UTM)	QUEBEC								
Dose Rate (cGyph) (the words "Initial," "Peak," "Increasing," or "Decreasing" may be added)	ROMEO								
Date and Time of Reading (Zulu, local, or letter zone)	SIERRA								
Location of Reading (UTM)	QUEBEC								
Dose Rate (cGyph) (the words "Initial," "Peak," "Increasing," or "Decreasing" may be added)	ROMEO								
Date and Time of Reading (Zulu, local, or letter zone)	SIERRA								
Remarks	ZULU BRAVO								

NBC 5 Contamination Area Report

For use of this form, see FM 3-3; the proponent agency is TRADOC.

From	To
Precedence IMMEDIATE	Security Classification

Date-Time (Zulu, Local, or Letter Time Zone)

Type of Report <input type="checkbox"/> Chemical <input type="checkbox"/> Nuclear <input type="checkbox"/> Biological	Category of Report <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up
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Instructions

1. Line items HOTEL, TANGO, and XRAY are mandatory for chemical/biological NBC 5 reports.
2. Line item TANGO is reported if available for nuclear NBC 5 reports.
3. Line item XRAY is optional for nuclear NBC 5 reports.
4. Line items ALFA, DELTA, FOXTROT, ROMEO, SIERRA, UNIFORM, VICTOR, and, WHISKEY are optional for NBC 5 reports.
5. When a countour closes to form a completed ring, the first coordinate is repeated.
6. When requested, decay rates are to be transmitted according to line item ROMEO.

Section I--Chemical or Biological Only

Description	Line	Data
Strike Serial Number(s) Causing Contamination	ALFA	
Date and Time Attack Started (Zulu, local, or letter zone)	DELTA	
Type of Agent; Height of Burst	HOTEL	
Date and Time Contamination Initially Detected (Zulu, local, or letter zone)	SIERRA	
Date and Time of Latest Survey of Contamination in the Area (Zulu, local, or letter zone)	TANGO	
Area of Tactical Significance of Toxic Contamination (UTM) (coded yellow on overlay)	XRAY	
Remarks	ZULU BRAVO	

Section II--Nuclear Only

Section II--Nuclear Only									
Description	Line	Data							
Strike Serial Number, if known (assigned by NBCE)	ALFA								
Position of Observer	BRAVO								
Azimuth of Attack from Observer (state degrees or mils and grid or magnetic)	CHARLIE								
Date and Time attack started (Zulu, local, or letter Zone)	DELTA								
Location of Attack (UTM or place) (state actual or estimated)	FOXTROT								
Means of Delivery, if known	GOLF								
Type of Burst (state air, surface, or unknown)	HOTEL								
Flash-to-Bang Time (seconds)	JULIET								
Crater Diameter (meters), if known	KILO								
Cloud Width at H + 5 Minutes (degrees or mils)	LIMA								
Cloud Angle (top or bottom) or Cloud Height (top or bottom) at H + 10 Minutes (state degrees, mils, meters, or feet)	MIKE								
Location of Radioactive Cloud Outline (UTM)	PAPA ALFA ROMEO								
Downwind Direction of Radioactive Cloud (state degrees or mils)	PAPA BRAVO ROMEO								
Remarks	ZULU BRAVO								

NBC 6 Detailed Information of Chemical or Biological Attack(s)

For use of this form, see FM 3-3; the proponent agency is TRADOC.

From	To
Precedence <b style="text-align: center;">IMMEDIATE	Security Classification
Date-Time (Zulu, Local, or Letter Time Zone)	
Type of Report <input type="checkbox"/> Chemical <input type="checkbox"/> Biological	Category of Report <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up

Instructions

1. Prepare this report to accompany chemical/biological samples sent for analysis or upon request.
2. Complete report in narrative form, giving as much detailed information as possible for each line item.

Description	Line	Data
Strike Serial Number (assigned by NBCC)	ALFA	
Date and Time Attack Started (Zulu, local, or letter zone)	DELTA	
Date and Time Attack Ended (Zulu, local, or letter zone)	ECHO	
Area Attacked (location, UTM, or place) (state actual or estimated)	FOXTROT	
Means of Delivery, if known	GOLF	
Type of Agent and Height of Burst, if known	HOTEL	
Number of Munitions or Aircraft	INDIA	
Description of Terrain/Vegetation	KILO	
Location (UTM) and Type of Sample(s)	QUEBEC	
Date and Time Contamination Initially Detected (Zulu, local, or letter zone)	SIERRA	
Date and Time of Latest Survey of Contamination (Zulu, local, or letter zone)	TANGO	
Area of Measured Chemical Contamination (UTM) (coded yellow on overlay)	XRAY	
Downwind Direction (state degrees or miles) and Wind Speed (kmph)	YANKEE	

Continued on reverse

Remarks

ZULU BRAVO