

601, Are You OK?

By LCdr. Paul Lanzilotta

My crew was ending a short detachment to Savannah, Ga. The five of us were scheduled as Dash 2 in a section of Hummers leaving that afternoon for a quick ferry back to our home field. We had assembled in the morning, ready to fly home without any buffoonery.

Our NATOPS brief started on time, was thorough, and covered several contingencies, including aircraft fall out and backup plans. We walked through our detachment maintenance space to read the aircraft-discrepancy book (ADB), but also to say farewell to our hard-working Sailors who had provided 100-percent-up airplanes throughout the week. A couple of ADs played dominoes on a nearby table in a time-honored ritual.

As the senior crew member, I diligently tried to set a good example while reading the ADB, taking care not to rush. By chance, I had not flown in this particular aircraft throughout the week, so I was not as familiar with its history. As I leafed through the book, I noticed a consistent pattern of ICS gripes that had been signed off, with associated components shifted to different crew positions. I discussed the systems status with the maintenance-control chief and our XO, who had written the gripes and stood nearby, ready to man-up the lead aircraft. I would avoid the temptation to take a broken airplane flying. If there were ICS problems with the aircraft on man-up, then we would consider leaving the crew member with the affected station to ride the airlift home.

As I settled into my seat, I checked the ICS, and it did not work. After basic troubleshooting—simple disconnect and reconnect—I got it working. The air-control officer (ACO), sitting next to me, was cold mike only and would have to use his foot pedal or call-switch to talk. I discussed the situation with the aircraft commander, and we decided that, as long as we had ICS before taxi, we would take it.

We took off, using a standard rendezvous technique, and headed home, transiting the hour-long flight at FL210. Predictably, my ICS completely quit 15 minutes

into flight. All of my communications to the cockpit had to be relayed through the ACO by yelling or writing it on a pullout greaseboard. The conditions weren't optimum, but we were a ferry flight, and we only were a little more than an hour from home.

The RO went forward to deliver a camera to the pilot, who wanted to take a happy snap of the lead aircraft. As he went forward, I scooted forward into his seat. I wanted to add warmth into the cabin by manually adjusting the cabin-temperature selector. As soon as I toggled up the switch, thick, white smoke filled the cabin. I immediately stopped toggling and yelled to the ACO to tell the pilots to turn off the air conditioning and don oxygen; he then donned his mask. I retook the center seat and began the ritual of switching ICS cords and fitting the mask to my face. The RO quickly appeared at the door with eyes like saucers and mimicked us by donning oxygen. I could not fill him in on the details without a functioning ICS, so he assumed we were executing a different procedure and turned off the avionics-cooling system. I busied myself by demonstrating to the ACO which page in the PCL we should view to back up the pilots. With the air conditioning secured as part of the emergency procedure, the airplane quickly depressurized.

At this time, the XO in the lead aircraft asked on TAC, "601, are you OK?"

Apparently, they had noticed our change in position and saw the front-end donning oxygen masks. I answered we were executing the "Smoke or Fumes from Air Conditioning System" emergency, and we would hang on their wing for the final 30 minutes of flight. I didn't notice at the time, but they didn't answer.

After the ACO and I coordinated with written comments back and forth, our lead asked again on TAC, "601, what is your status?"

I remembered the note from NATOPS located in the "Explosive Decompression" emergency procedure that emphasizes the loss of transmit capability for UHF-3,



4, and 5 when cabin altitude is above 15,000 feet. Our TAC was in radio 3, and we could not transmit on that radio anymore. With that reminder complete, I dialed TAC into V/UHF-2 and called our lead to reassure them. We completed the flight with no other CRM challenges, but I walked away with more lessons in my “experience bucket” and maybe a little less stuff in my “luck bucket.”

“Writing notes to coordinate” in the event of ICS failure can be more difficult than you might expect. Writing notes is often mentioned as a comm alternative when we get to ICS failure in the briefing guide. While wearing oxygen masks in the back of an E-2, writing with your right hand on the grease board to your left is close to impossible. Legibly writing with your left hand, with a grease pencil, when you are naturally right-handed, also can take more time than you might expect in an emergency.

I was reminded that NATOPS knowledge could be handy, even when the emergency you’re handling is not specifically addressed in NATOPS. I submitted a change to our NATOPS PCL after the flight, which adds the note regarding UHF-3, 4, and 5 into all procedures in which depressurization is expected, not just “Explosive

Decompression.” The reminder would have been beneficial during our flight. I am sure someone else would appreciate that note if they find themselves using the emergency generator, depressurized, and above 15,000 feet, with only V/UHF-1 to use for transmit.

I was reminded that solid CRM can win the day every time there is a high workload, nonstandard situation, or an emergency procedure in progress. My ACO quickly took the reins when we had our mini-event, which was exactly what the PIC and I expected. We executed in accordance with our NATOPS brief, and we backed up each other. We used mutual support within our section to maintain overall situational awareness. Most importantly, we landed with a mild story to tell the skipper, instead of something more colorful. 🦅

LCdr. Lanzilotta flies with VAW-121.

Concur with the NATOPS change. Although everyone is aware you lose UHF-3, 4, and 5 during decompression, it would be to everyone’s benefit to include the note in emergency procedures where decompression occurs.—Lt. Angela Domingos, E-2 analyst, Naval Safety Center.