

**UNITED STATES ARMY  
RADAR -- STANDARD INSTRUMENT APPROACH PROCEDURE**

Bearings, headings, courses, and radials are magnetic. Elevations and altitudes are in feet, MSL, except HAT, HAA, TCH, and RA. Altitudes are minimum altitudes unless otherwise indicated. Ceilings are in feet above airport elevation. Distances are in nautical miles unless otherwise indicated, except visibilities which are in statute miles or in feet RVR.

Initial approach minimum altitude(s) shall correspond with those established for enroute operation in the particular area or as set forth below. Positive identification must be established with the radar controller. From initial contact with radar to final authorized landing minimums, the instructions of the radar controller are mandatory except when: (A) Visual contact is established on final approach at or before descent to the authorized landing minimums; or (B) at pilot's discretion if it appears desirable to discontinue the approach.

Except when the radar controller may direct otherwise prior to final approach, a missed approach shall be executed as provided below when: (A) communications on final approach is lost for more than 5 seconds during a precision approach, or for more than 30 seconds during a surveillance approach; (B) directed by radar controllers; (C) visual contact is not established upon descent to authorized landing minimums; or (D) if landing is not accomplished.

RADAR TERMINAL AREA MANEUVERING SECTORS AND ALTITUDES (Sectors and distances measured from radar antenna)											MISSED APPROACH	
FROM	T O	DISTANCE	ALTITUDE	DISTANCE	ALTITUDE	DISTANCE	ALTITUDE	DISTANCE	ALTITUDE	DISTANCE	ALTITUDE	MAP:

**MINIMUMS**

TAKEOFF:	STANDARD	SEE FAA FORM 8260-21 FOR THIS AIRPORT					ALTERNATE:	N A									
CATEGORY =====>	A			B			C			D			E				
	DH/MDA	VIS	HAT/HAA	DH/MDA	V I S	HAT/HAA	DH/MDA	V I S	HAT/HAA	DH/MDA	V I S	HAT/HAA	DH/MDA	V I S	HAT/HAA		

NOTES:

LOST COMMUNICATIONS (ALL RWYS):

ADDITIONAL FLIGHT DATA			
TDZE: _____	RWY: _____	TDZE: _____	RWY: _____
TDZE: _____	RWY: _____	TDZE: _____	RWY: _____
MAG VAR: _____		EPOCH YEAR: _____	

CITY AND STATE	ELEVATION: AIRPORT NAME:	FACILITY IDENTIFIER:	PROCEDURE NO. / AMDT NO. / EFFECTIVE DATE:	SUP
				AMDT:
				DATED:

ALL AFFECTED PROCEDURES REVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	COORDINATES OF FACILITIES	REQUIRED EFFECTIVE DATE
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COORDINATED WITH:						
ATA <input type="checkbox"/>	AAT <input type="checkbox"/>	ALPA <input type="checkbox"/>	APA <input type="checkbox"/>	AOPA <input type="checkbox"/>	NBAA <input type="checkbox"/>	OTHER (specify) _____

FLIGHT CHECKED BY		
NAME:	FIFO	DATE:

DEVELOPED BY		
NAME:	FIFO	DATE:

APPROVED BY		
NAME:	UNIT	DATE:

CHANGES:

REASONS: