

GENERAL Warning

ESHK Stockholm Karolinska Universitetssjukhuset Solna. Do not mistake for Karolinska Universitetssjukhuset Huddinge. Landing permitted only on ESHK Twin FATO/TLOF.

Single FATO/TLOF closed permanently.

**Operational Hours**

H24 / PPR

Airport information

Ambulance and rescue flights only!

PPR 10 min PN on RAKEL, "talgrupp" group 339 Hkp-KS to RCC SOS Alarm. Internationellt (Finland/Sverige) FISE-HEMS-2. * CBR status skickas till MSISDN 3711110 eller talgrupp 9371030
Fallback: +46(0)8 454 26 22. Heliport open when heliport beacon is ON. **CAUTION!** Landing prohibited when beacon is off!

ALTN: ESHL, ESHC and ESSB **NOTE:** ESHK Single FATO/TLOF Closed permanently!

Obstacles: See NOTAM and AIP SUP for obstacles in sectors. Frequent crane operation in vicinity.

Director of operation: lennart.samuelsson@regionstockholm.se +46(0)725460538 Mo-Fr

08:00-16:00 LT. Outside office hrs, contact Hospital Security central, +46(0)8-123 888 88 (Dial 2 for Solna).

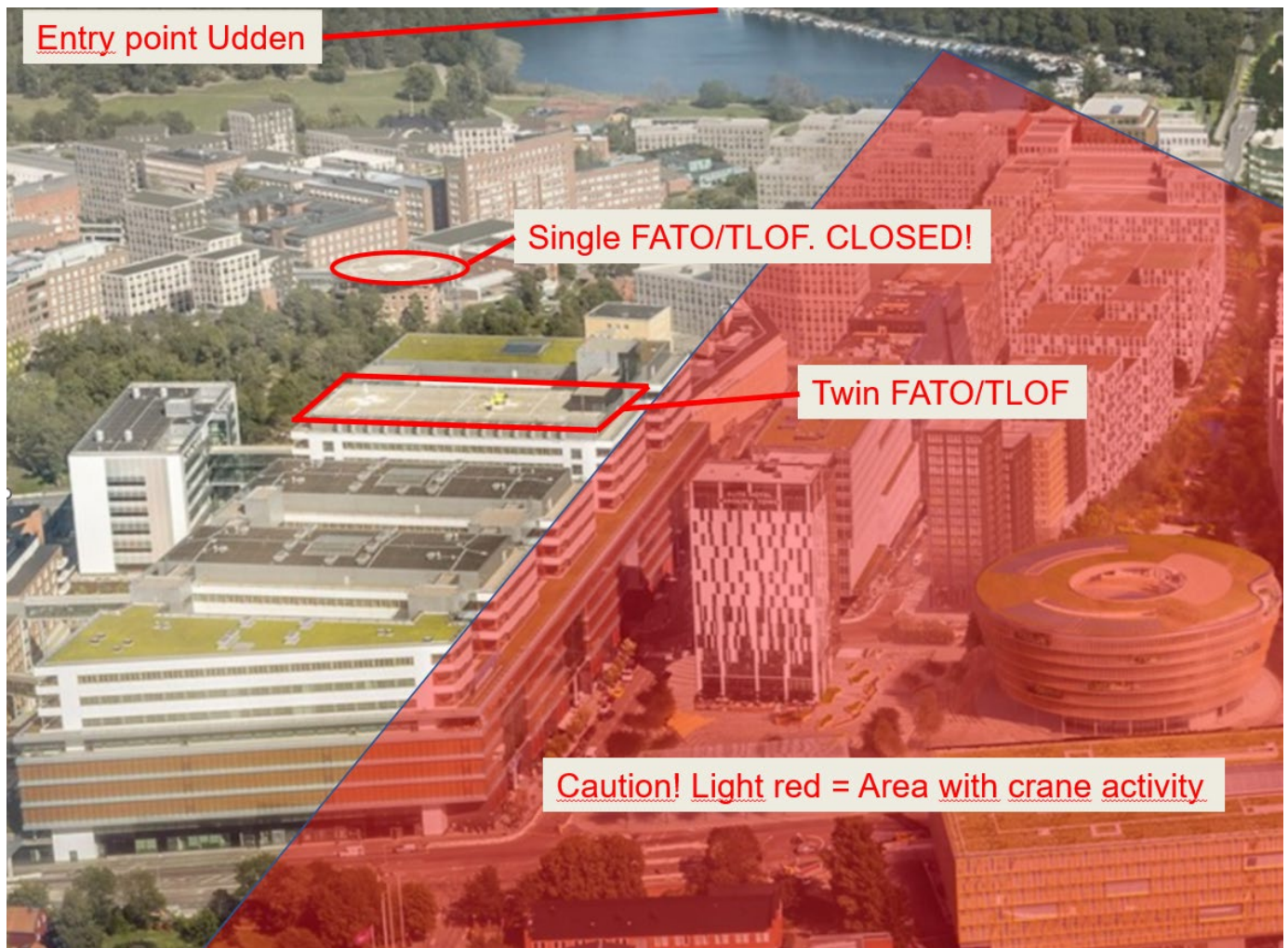
Communication

AIP ESSB: "Outside ATS hours of operation intentions should be transmitted on frequency 118.105 when flying over Stockholm city".

ESHK com: RAKEL group 339 Hkp-KS, internationellt (Finland/Sverige) FISE-HEMS-2. Direct to security central Solna 330-3501/stand by 330-3510. In the case of heavy traffic to and from ESHK and for non RAKEL equipped helicopters use VHF 122.875 as backup if Bromma TWR 118.105 is blocked by radio traffic. Report landing and takeoff to Bromma TWR and SOS alarm.

Communication

Contact Bromma TWR (ESSB) 118.105 for clearance prior entry in CTR and prior takeoff.

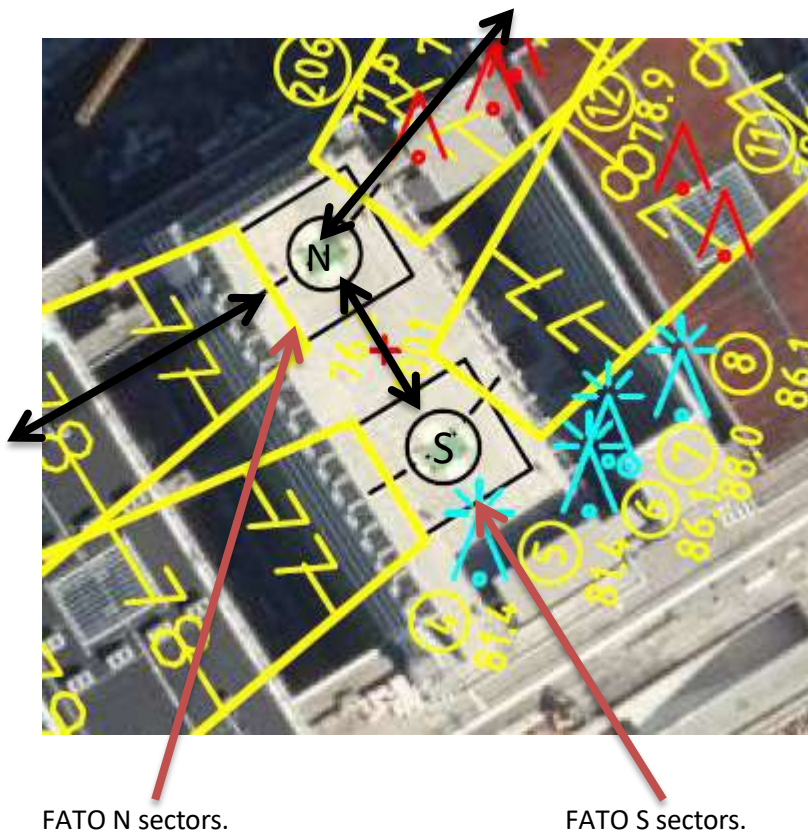


Heliport information

ESHK Karolinska Universitetssjukhuset Solna
Single FATO/TLOF CLOSED PERMANENTLY!

ESHK Karolinska Universitetssjukhuset Solna Twin FATO/TLOF									
Elevated. Located on 14:th floor, building C.	ARP 59°20'57.29548"N 018°01'55.03267"E.								
Dimensions: Max rotor diameter 16,3 m. Max D value 19,6 m. Bearing strength 11 ton. Restrictions apply for helicopters > 7 ton. 220V available at FATO N and FATO S. 400V 16A available center east side of heliport.	AD ELEV 250 ft. TLOF North (N) 19,6m x 19,6m. Max 11 ton. TLOF South (S) 19,6m x 19,6m. Max 7 ton. Surface: Concrete.								
	<table> <tr> <th colspan="2">SECTORS</th></tr> <tr> <th>APPROACH</th><th>DEPARTURE</th></tr> <tr> <td>SW 058 GEO/053 MAG</td><td>SW 238 GEO/233 MAG</td></tr> <tr> <td>NE 218 GEO/213 MAG</td><td>NE 038 GEO/033 MAG</td></tr> </table>	SECTORS		APPROACH	DEPARTURE	SW 058 GEO/053 MAG	SW 238 GEO/233 MAG	NE 218 GEO/213 MAG	NE 038 GEO/033 MAG
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RFF Class H2 < 24 m. Two oscillating foam monitors at each FATO. Fire Extinguishers 1x45 kg foam, 1x45kg powder, 1x30kg CO2, 2xCO2, 2x12kg powder. 3x25 lit. foam for mix. North side emergency exit floor 13: 3x12kg powder, 1x 5kg CO2, 1x12kg foam. 3x25 lit. foam for mix.	Lights: Heliport flash Perimeter lights green Floodlights 1 at each FATO/TLOF Illuminated windsock Direction lights on helideck showing landing and takeoff direction. Heliport edge lighting for embarkation and disembarkation								

ESHK Twin FATO/TLOF, North and South



ESHK Restrictions for helicopters with Landing Mass above 7 ton.

1. Landing and takeoff with helicopter > 7,0 ton Landing Mass only permitted at FATO/TLOF N.
2. Landing and takeoff with helicopter > 7,0 ton Landing Mass only permitted if FATO/TLOF S is clear, due to overlapping safety areas. Ground taxi permitted from TLOF N to TLOF S for parking of helicopter up to 11 tonnes at commanders discretion, using own guidance.
3. If helicopter > 7,0 tonnes LW shut down on TLOF (rotor not turning), helicopter up to 7,0 ton is permitted to land and take off from other FATO/TLOF.
4. Both FATO/TLOF can be used when helicopter are ≤ 7,0 ton.
5. **Simultaneous operations are prohibited.** Commanders to coordinate takoff and landing based on patient status.

Noise Abatement procedure

1. **Mandatory entry and exit points** Pampas Marina (southwest sector) and Udden (northeast sector)
2. Avoid overflying area Vasastan below 2000 ft agl. See fig. below.
3. Use Noise abatement procedure according to RFM if possible.
4. Avoid prolonged engine operation on ground.

