

# **AIRSOFT RULES MANUAL FOR PRACTICE IN THE MILSIM MODALITY**



**PMA**®  
PRO MILITARY AIRSOFT  
BRASIL

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OF ARMS AND LOGO PMA HAS RIGHTS RESERVED.



This manual is intended to offer a compendium of complete rules to practice Airsoft Milsim mode. Although your creation has as its aim the Milsim Mode, these rules can be used to practice the sport in other ways without any prejudice to the original content.

The formulation of this Manual encourages sports practice diversity Airsoft, enabling the organizers of events, owners of fields or sports enthusiasts have a pre-established rules option to provide to your customers or friends.

These rules were designed through consultations to experienced athletes, forums dedicated to the topic, in addition to international and national experiences in operations and large events, and thus achieve the wishes of the demand for practitioners of Milsim mode to have leaner rules, adaptable and in addition to providing greater realism in gameplay events and games daily.

The creators of the PMA Rules are open to suggestions to improve democratically this content via email [pma@pmabr.com.br](mailto:pma@pmabr.com.br) or by accessing the [www.pmabr.com.br](http://www.pmabr.com.br) website.

Thank you for your attention. Enjoy!

THIS TRANSLATION HAS BEEN MADE WITH THE HELP OF AUTOMATIC TRANSLATORS. ASK YOUR UNDERSTANDING WITH POSSIBLE INTERPRETATION ERRORS



## **CHAPTER 1 of the BRAZILIAN LAWS**

In Brazil the documents or laws governing the Airsoft guns are the R-105 and the gatehouse of the COLOG 2 of 2010. Below short summary on the main points.

- 1-The Airsoft guns are characterized with airguns by spring action or gas;
- 2-their use and purchase are allowed for over 18 years with the orange or red end;
- 3-the owner of a pressure gun must not carry your equipment ostensibly, choosing to Marry and own trunk of vehicles;
- 4-it is not necessary to GT (traffic) to carry your weapon;
- 5-along with your gun, the owner must keep the receipt of the product in your name, or term with signature notarized;
- 6-For the purchase of weapons of pressure by gas action is necessary the owner possess CR (certificate of registration).

## **CHAPTER 2 SAFETY**

For the practice of any sport is important attention to safety standards of sport and also the place where it is practicing the activity. Below we list the most important rules for safe practice Airsoft plus recommendations for athletes and local practice.

- 1-permanent use of goggles with ballistic protection features;
- 2-use of ' barrel plug» in areas outside of combat;
- 3-use of equipment compatible with the practice of sports. Weight x x Comfort;
- 4-For fighting in smaller environments (CQB) or smaller Territories that 3000 square meters indicate the use of mask and helmet.

## **CHAPTER 3 the CONCEPT MILSIM**

Military simulation, generally longer operations with stricter rules where the goals have greater complexity, organization chart structures follow the scope as well as the technical, military preparations. Generally use rules as the RA and SAR as the basis for engagement and elimination, however, other items are inserted, and other rules can be created. Use ammunition realcap-compatible or lowcap ' s.

Greater emphasis on Simulation in a collective way and application of military knowledge.

- RealCap/LowCap
- Requires greater tactical/operational discipline
- Requires greater deepening in the plans
- + Strategic.
- Shapes the collective spirit of small and large fractions.
- Favors Task forces. Major events, disciplined use of VTR's.



- Operation starts for planning.
- Duration 6:00-3days

## **CHAPTER 4 THE LOADOUT**

Loadout includes all the equipment that the Airsoft practitioner carries, clothing and accessories. Important to keep the defaults for teams in order to differentiate the opponents. To practice Airsoft Milsim mode and with the PMA rules indicate the loadout below

- 1-camouflage Uniform intended for the environment if you want to practice the sport
- 2-tactical vest with door and door accessories compatible with your gun mags and tactical
- 3-Boot need lightweight and waterproof
- 4- Flashlight
- 5- Helmet
- 6-radio UHF/VHF System

## **CHAPTER 5 THE WEAPONS AND FEATURES**

The guns in the PMA rule are differentiated as your power and tactical employment. Thus each gun your independent feature, use the gas or spring has its limitations for FPS and minimum engagement distance. The lack of observance and respect these limitations, prevents the operator to participate in the activity. Guns must be cronadas before the start of each match and labeled in accordance with the corresponding color.

- 1- Pistols or Revolvers (spring or gas)-up to 45 ammunition or 3mags-up Hicap
  - no minimum distance
  - maximum 350 FPS
  - green label
  - up to 15 bbs by mag
- 2- Submachine guns-until 272 ammunition or 8-to midcap mags or realcap
  - no minimum distance
  - maximum 380 FPS
  - green label
  - up to 34 bbs by mag
- 2- Assault rifle-until 272 ammunition or 8-to midcap mags or realcap
  - no minimum distance
  - maximum 400 FPS
  - green label
  - up to 34 bbs by mag
- 3- Long rifle-until 272 ammunition or 8-to midcap mags or realcap
  - minimum distance 15 m
  - maximum 450 FPS
  - yellow label



- up to 34 bbs by mag
- mandatory bipod and scope

4- Rifle or machine gun-support up to 800 munitions or 4 mags-see hicap

- minimum distance 15 m
- maximum 450 FPS
- yellow label
- up to 200 bbs by mag

5- Sniper rifle-up 261 munitions or 8-to midcap mags or realcap

- Minimum distance 25 m
- maximum 550 FPS
- red label
- up to 23 bbs by mag
- required bolt/spring

6- Electric Sniper rifle-up 120 munitions or 8-to midcap mags or realcap

- Minimum distance 25 m
- maximum 550 FPS
- red label
- up to 15 bbs by mag
- required bolt/spring
- barrel with 590mm minimum
- only single shot – semi automatic mode
- mandatory scope

Regardless of the physical characteristics of each gun, it will be framed in the class and tactical job only and exclusively by your FPS shooting power. There is no tolerance for the FPS. The player can reload their mags every time you return to Base. You will not be able to reload at the field Hospital. When you run a shot, make sure this obeying the minimum distance to the use of your equipment. Shots made outside the minimum distance shall be punished in accordance with the Organization's guidelines.

## **CAPÍTULO 6**

### **DAS CLASSES E ESPECIALIDADES**

PMA rules are directly related to the practice of Milsim mode, in which case, for the good progress and compliance with the rules, operators shall be divided into classes and specialties following the criteria and concepts below:

#### **1- Assault**

Basic operator usually carries assault rifle as primary weapon and which has the function of engagement and direct combat with another operator.

#### **2- DMR**

Designed Man Rifle, is the operator that carries long rifle, generally supports the Assault with shots from long distance or more specific targets.

#### **3- SAW**



Operator that carries the support rifle, providing fire support in specific locations and with more firepower.

#### 4- Sniper

Tactical operator, which carries the Sniper rifle and has tactical job, may or may not act of your GC or platoon. Often makes use of a machine gun as secondary equipment, or even acts accompanied by an Assault class operator.

#### 5- Engineer

Generally any operator assigned Class with the Engineering specialty, serves on the disarmament of bombs, installations or structures or concert of weapons and equipment. In operations with PMA Rules only the engineer can act on occasions requiring such expertise. You can have an operator of this speciality every 6 men, or if the event or operation requires one can adopt different amounts.

#### 6- Communication/Radio Operator

Secondment of expertise that this related directly to radio operation. Operator of any class. PMA rules only this specialty can mount Radio stations. Usually this operator also acts in conjunction with the command of large and small fractions brokering the radio communications. You can have an operator of this speciality every 15 men, or if the event or operation requires one can adopt different amounts.

#### 7- Medic

Can be an operator of any class, the choice should from the Cmte. designated fraction. The medical operator must carry Standard medical records, which must be provided by the organization. Only he can perform the service to other operators in case of a HIT. When the doctor this HIT it cannot provide service to yourself. You can have an operator of this speciality every 10 men, or if the event or operation requires one can adopt different amounts.

The class or the operator shall be identified in Individual medical records, sutaches or patches can be developed to assist in this identification, or used the models in annex 1.

## **CHAPTER 7 THE EQUIPMENT AND ACCESSORIES**

To practice using Airsoft PMA rules, you can use any device developed for this purpose in compliance with the legislation in force in the country. The equipment and accessories will be divided without 2 categories-individual or collective employment

#### - Individual

Nvgs  
Flashlights  
Knives (simulated or otherwise)  
Radio

#### - Collective

Smoke grenades  
sound grenades and light  
Bbs Claymor Mine  
grenades land



mine Bomb or dynamite  
simulated ballistic shield

Will not be allowed to use equipment and accessories not listed above. To combat equipment and accessories, the damage done will be explained in chapter-death and injury. In case of prohibition specifies an item here related to the organizing team of the event or operation should establish limitations or impediments to use.

## **CHAPTER 8 THE COMBAT**

For the preparation of combat using PMA rules, it is necessary to observe the following items.

- 1- Division of teams by recording or planning taking into consideration factors such as mission to be accomplished, favouring the terrain, or the organizer's own criteria
- 2- You can create a base or field hospital in suitable location with considerable distance between opposing teams. The perimeter of this Base or HC must be identified by track zebrada, railing or physical structure. To this Base or HC, is necessary to the permanence of a Ranger or Judge, that will make the annotation of input control on individual medical records through a pen marks text of any color in case the event or operation does not make the figure of Ranger or Judge at the Base or HC, is necessary for the operator to register your entry with the pen that must stay in place. This marking shall be made with the pen marks text in any color on the number of injury which forced the operator to return the Base or HC or on a blank space in specific cases. The organiser may choose not to make this appointment, being free entrance at the base or HC.
- 3- When the operator must scream HIT, stay in place and put a red cloth over his head. The sequence of the procedure for service as well as the damage follow in chapter-death and injury.
- 4- The Bases or HC will be protected by landmines around the perimeter to prevent your enemy team approach more than 20 metres from the Base or HC of the opponent, so any operator who disobey this metric will be HIT and should return to your HC or Base.
- 5- The operator that is inside your Base or HC can shoot enemies that are outside. As the enemy outside the 20 meters can also fire into the Base or HC. Operators in HIT inside the Base or HC should follow the same process as the operator in HIT in other areas of combat explained in chapter-death and injury
- 6- The surrender is voluntary, when accepted, the operator shall return to your Base surrendered or HC. There are no prisoners in the PMA rules. The accepted the surrender of the placement of red cloth on the head, after this Act, the operator accepted the surrender can no longer shoot until they return to Base or HC. When you return to Base or HC the operator should ask the Ranger that rendered the marking with pen marks text in a blank location of your Individual medical records. That square cannot be used.  
-If there are no Bases or Hcs in the game: the surrendered must put the red cloth over your head, sit back and wait for the doctor. When the arrival of the doctor to consider how to HIT in the chest and follow the normal procedure.





-If  
it is  
not

being carried out on the basis of input control or HC: the surrendered must put the red cloth on the head and move up to the Base or HC, to enter automatically into combat may return.

7- In case of doubt if the operator this HIT or not, the Ranger or Judge must be requested and your decision on the issue is sovereign.

8- If operator use a gun with trigger distance limitation, and even so the firing outside the minimum distance established, this operator automatically in HIT and should return to Base or HC. The operator hit should stay in the game.

9- The fights can occur in shifts or continuously. In the case of shift option, during breaks or HC, Bases are considered Safety Zone cannot occur local attacks or shootings. Other areas of the field that are not already established as Safety Zone are always active combat areas during the entire period of operation or event.

10- The loan is allowed to gun mags compatible between operators during the games. But it's not allowed the Bbs loan individually.

11- Remuniciamento is not permitted beyond the maximum set out in the Chapter of weapons and Features. The remuniciamento can only be carried out inside the Base. Remuniciar is not allowed within HC, just inside the Base.

12- If no operator has enough to supply the mags total established capacity for your gun, it can store your ammunition in plastic bags, but cannot make use of tools for remuniciar your mags during combat, this procedure must be performed manually. Tools may be used to remuniciamento mags inside the Base.

13- Not allowed physical contact between operators of opposing teams during the game. Except for use of the Knife Kill, explained in chapter-death and injury.

14- The operator HIT can't shoot or go independent of the place where it was hit to start the medical procedure. As the Chapter Death and injury.

15 - The operator HIT can be removed by any other operator. But it should not make use of the legs to aid in removal.

16- In case of real injury, should make use of the whistle, radio or any other means to communicate immediately the organization. The Organization shall communicate, through own means that the game stopped in all areas of combat. Do not remove the protective eyewear. You must stay in place until it receives information from the organization. Or return to Base or HC for the restart of the game.

## CHAPTER 9





## DEATH AND INJURY

The most sensitive in any rule to practice Airsoft guns, are the issues involving death and injury in combat. PMA rules were designed in order to easily adapt to the concerns of event organizers or operations, in addition to easy fitness the theme chosen for the game.






The processes of care and cure are easily identified through Standard medical records and medical records. The two sheets are available for download through the site [www.pmabr.com.br](http://www.pmabr.com.br). Standard medical records should always be in your items, and order of the procedures by which the operator does not know which item to choose.

Individual medical records or FMI can also be changed by modifying it if so how many times the operator can be reached in a single event or operation. As Individual medical records standard (IMF) follows with 40 spaces for for inclusion of injury. To change just disable the number of squares you want. Or you can create unique tokens as examples in the [www.pmabr.com.br](http://www.pmabr.com.br) page or through the Facebook fanpage <https://www.facebook.com/pmabr/>

Medical records standard (FMP) is filled with injuries and damage, as well as the healing procedure, items should be changed in their positions or even in quantities. The relationship between the type of injury and the healing process must also be constantly changed and the organizer of the event or operation opt to keep more or less players on the field. Another issue to be taken into account in the production or modification of is where the injury occurred and what are the chances of a cure easier or not depending on the affected region

Below is an example of:

	FICHA MÉDICA PADRÃO		OP.	NUM.
	NÚMERO	FERIMENTO	AÇÃO	
	1	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE	
	2	MÉDIO	O TIRO TRANSSOUL FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE	
	3	GRAVE CRÍTICO	ACERTOU UMA VEIA IMPORTANTE, O FERIDO DEVE IR AO HC AO HC	
	4	GRAVE	O TIRO COMPROMETEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO E PERMANEÇA 15 MINUTOS FORA DE COMBATE	
	5	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE	
	6	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE	
	7	MÉDIO CRÍTICO	O TIRO ACERTOU UM OSSO, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 10 MINUTOS FORA DE COMBATE	
	8	MÉDIO CRÍTICO	O TIRO ACERTOU UM OSSO, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 10 MINUTOS FORA DE COMBATE	
	9	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE	
	10	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE	
	1	GRAVE CRÍTICO	O TIRO ACERTOU SUA ARTICULAÇÃO, UM OPERADOR DEVERÁ LEVAR O FERIDO AO HC	
	2	GRAVE	O TIRO COMPROMETEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO O FERIDO DEVE PERMANECER 15 MINUTOS FORA DE COMBATE	
	3	GRAVE	O TIRO COMPROMETEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE	
	4	MÉDIO CRÍTICO	O TIRO ACERTOU UM OSSO, FAÇA UM CURATIVO O FERIDO DEVE PERMANECER 10 MINUTOS FORA DE COMBATE	
	5	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE	
	6	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE	
	7	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE	
	8	MÉDIO CRÍTICO	O TIRO ACERTOU UM OSSO, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 10 MINUTOS FORA DE COMBATE	
	9	MÉDIO	O TIRO TRANSSOUL FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE	
	10	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE	
	1	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE	
	2	MÉDIO CRÍTICO	O TIRO ACERTOU UMA COSTELA, FAÇA UM CURATIVO O FERIDO DEVE PERMANECER 10 MINUTOS FORA DE COMBATE	
	3	GRAVE CRÍTICO	O TIRO ACERTOU SEU PULMÃO, UM OPERADOR DEVERÁ LEVAR O FERIDO AO HC	
	4	GRAVE	O TIRO COMPROMETEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO E PERMANEÇA 15 MINUTOS FORA DE COMBATE	
	5	GRAVE	O FERIMENTO FOI GRAVE, O PACIENTE PRECISA DE UM CURATIVO E MORFINA, NÃO DEVE ENTRAR EM COMBATE ENQUANTO FIZER USO DA MEDICAÇÃO.	
	6	GRAVE CRÍTICO	ACERTOU UMA VEIA IMPORTANTE, O FERIDO DEVE IR AO HC AO HC	
	7	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE	
	8	GRAVE	O TIRO COMPROMETEU O RIM, DE AGUA AO FERIDO E FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE	
	9	GRAVE CRÍTICO	ACERTOU UMA VEIA IMPORTANTE, O FERIDO DEVE IR AO HC	
	10	MÉDIO	O TIRO TRANSSOUL FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE	
	1	GRAVE CRÍTICO	O TIRO ACERTOU EM CHEIO, UM MEDICO DEVERÁ LEVAR O FERIDO AO HC	
	2	GRAVE CRÍTICO	O TIRO ACERTOU PRÓXIMO À TEMPORA, UM OPERADOR DEVERÁ LEVAR O FERIDO AO HC	
	3	GRAVE	O TIRO ACERTOU PRÓXIMO AO MAXILAR, DE AGUA AO FERIDO E FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE	
	4	GRAVE	O TIRO ACERTOU NA TESTA, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE	
	5	MÉDIO	O TIRO TRANSSOUL E NÃO ACERTOU ÁREA VITAL, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE	
	6	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE	
	7	GRAVE	O TIRO ACERTOU PRÓXIMO AO MAXILAR, DE AGUA AO FERIDO E FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE	
	8	GRAVE CRÍTICO	O TIRO ACERTOU NA TESTA, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE	
	9	GRAVE CRÍTICO	O TIRO ACERTOU EM CHEIO, UM MEDICO DEVERÁ LEVAR O FERIDO AO HC	
	10	GRAVE	O TIRO ACERTOU NA TESTA, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE	

	FICHA MÉDICA INDIVIDUAL		OP. BLACK NIGHT
	OPERADOR		
			



For

the preparation of the event or transaction, the organisation shall produce the required amount of FMP for all doctors, may or may not be equal to each other.

You must also print the IMF in an amount compatible with the attached personal data in the FMIs can be completed by own operator at the time of receipt. But it is important that this record has the name of the operator and the class or specialty.

### Simplified Individual Medical Records - FMI

If the event organizer opts for the simplification of the procedure of HIT, he can make use of the IMF, as example below. The use of this IMF does not change the process of medical care, only regulates separately the amount of returns the Base or HC, or even negates this possibility as well as the location of the injury on generalized moment of note of the operator that acts as a doctor. This content is also available for download through the site. Nothing prevents the event organizer create your own FMIs according to the needs of your event or operation.

A simplified FMI example where the organizer chose to leave the operator only entitled to 4

PMA		FICHA MÉDICA INDIVIDUAL				OP.	
OPERADOR							
				BASE HC	BASE HC		

PMA		FICHA MÉDICA INDIVIDUAL				OP.	
OPERADOR							
				BASE HC	BASE HC		

FMI simplified example

Important that the formulation of the FMIs and Dr\_sdp\_gdg have relation with each other. If the Organizer chooses to only one trip to the HC or Base, and FMP there are many fields of injuries that require the operator return to HC or Base, can cause the premature exit of the match operator. Unless we establish in the BASE field briefing/HC will only be punctuated in the event of return to remunciamiento for example

If they are cancelled all the squares to return to HC or Base, or even the IMF there is no such item, the event organization can establish that the return is free or even if there are no bases or HCs in the game. This fact must be noted in the design of the FMP, because if there are no bases or HCs, the contents of the FMP should not predict such a fact. In this sense the player loses the straight the prerogative to choose not to wait for the medical care and return to Base or HC, and even stay in place until your attendance. If the player chooses to move, it will be eliminated from the game or game.

Down the procedure for the service:



when the operator must scream HIT regardless of the place where it was hit.

2- The operator shall not leave the place where he was shot, except when loaded by another operator to a safe place or out of combat.

3- After scream HIT, the operator must over your head a red cloth.

4- ask the doctor, via radio, signal or cries

5- When the doctor arrives, the operator must inform where you hit. What part of the body. e.g. Arm

6- the doctor should ask the FMI of the operator.

7- the doctor asks the operator to say a number from 01 to 10.

8- the operator says a number. e.g. 06

9- the doctor should check on what's the injury on FMP related field the Arm number 06.

10- the doctor notes the number 06 on IMF, tb in the field Arm.

11- the doctor tells the operator what his wound and what is the process for healing.

One example:

OPERATOR - HIT, doctor

DOCTOR - where were you hit?

OPERATOR - in leg.

DOCTOR - give me your FMI.

DOCTOR - Say a number of 01 to 10.

OPERATOR - number 05

DOCTOR - Was a flesh wound, you were lucky a bandage in place will be enough.

The doctor should wrap an entire on-site bandage the wound. The operator can get back in the game. The doctor should note the number 5 in space on the leg and give the IMF the operator.

	1	GRAVE CRÍTICO	O TIRO ACERTOU SUA ARTICULAÇÃO, UM OPERADOR DEVERÁ LEVAR O FERIDO AO HC
	2	GRAVE	O TIRO COMPROMETEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO O FERIDO DEVE PERMANECER 15 MINUTOS FORA DE COMBATE
	3	GRAVE	O TIRO COMPROMETEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE
	4	GRAVE	O TIRO ACERTOU UM OSSO, FAÇA UM CURATIVO O FERIDO DEVE PERMANECER 10 MINUTOS FORA DE COMBATE
	5	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE
	6	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE
	7	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE
	8	MÉDIO CRÍTICO	O TIRO ACERTOU UM OSSO, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 10 MINUTOS FORA DE COMBATE
	9	MÉDIO	O TIRO TRANSPASSOU, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE
	10	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE

		FICHA MÉDICA INDIVIDUAL		OP. BLACK NIGHT	
OPERADOR		5			

### Standard medical records without FMI

Another simplified form of using PMA rules, is not using FMIs. Therefore all content is established in the FMP.

It is important to remember that for this use must be different chips for all doctors, or a reasonable amount that meets the demand in order to not be common to find chips same content with ease.

Another important factor is to identify players through numbers, credentials, sutaches or criteria that can easily and simply tell one player from another.

The procedure for this case is a little different, but follows the same rites of other procedures. But the Doctor won't do any notes in the FMI, since it does not exist, the note regarding the identification of the injured will be made on own FMP.



Remember that in this process there is no control as to the return to Base or trips to the HC, therefore, if the organizer of the event or game you want to limit remuniamentos, simply provide that the place of return is a HC and not a Base. When using FMP without IMF and the player is returned to the Base after a HIT by free will he must after putting your red cloth on the head, also wrap in your chest one of his bandages.

Remember when creating FMP using established bandages in order to track the number of HITs that the player may suffer during the match. Because only the finish of her bindings will eliminate definitively the event player or fight.

Below is example of FMP without FMI and the fulfillment process.

PMA BRASIL		FICHA MÉDICA PADRÃO	OP. <i>Black Night</i>	NUM. <i>4</i>		
	NÚMERO	FERIMENTO	Ação		FERIDO	
	1	GRAVE CRÍTICO	O TIPO COMPROBATEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO E PERMANEÇA 20 MINUTOS FORA DE COMBATE.			
	2	MÉDIO	O TIPO TRANSBASSOU, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE.			
	3	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE.			
	4	GRAVE	O TIPO COMPROBATEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO E PERMANEÇA 15 MINUTOS FORA DE COMBATE.			
	5	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE.			
	6	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE.			
	7	MÉDIO CRÍTICO	O TIPO ACERTOU UM OSSO, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 15 MINUTOS FORA DE COMBATE.			
	8	GRAVE CRÍTICO	O TIPO COMPROBATEU O MOVIMENTO, FAÇA UM CURATIVO QUE MENCIONE O BRASO JUNTO AO CORPO, OPERADOR DEVE PERMANECER ASSIM POR 40 MINUTOS.			
	9	MÉDIO	O TIPO TRANSBASSOU, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE.			
	10	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE.			
	1	GRAVE CRÍTICO	O TIPO COMPROBATEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO E PERMANEÇA 20 MINUTOS FORA DE COMBATE.			
	2	GRAVE	O TIPO COMPROBATEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO E PERMANEÇA 15 MINUTOS FORA DE COMBATE.			
	3	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE.			
	4	MÉDIO CRÍTICO	O TIPO ACERTOU UM OSSO, FAÇA UM CURATIVO O FERIDO DEVE PERMANECER 15 MINUTOS FORA DE COMBATE.			
	5	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE.			
	6	MÉDIO CRÍTICO	O TIPO ACERTOU UM OSSO, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 15 MINUTOS FORA DE COMBATE.			
	7	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE.			
	8	GRAVE	O TIPO COMPROBATEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO E PERMANEÇA 15 MINUTOS FORA DE COMBATE.			
	9	MÉDIO	O TIPO TRANSBASSOU, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE.			
	10	LEVE	SORTE, DE AGUA AO FERIDO E ELE PODE VOLTAR AO COMBATE.			
	1	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE.			
	2	MÉDIO CRÍTICO	O TIPO ACERTOU UMA COSTELA, FAÇA UM CURATIVO O FERIDO DEVE PERMANECER 15 MINUTOS FORA DE COMBATE.			
	3	COLETE?	SE ESTIVER FAZENDO USO DE COLETE FECHADO O USUÁRIO NÃO CAUSOU DANOS E ELE PODE VOLTAR AO COMBATE, CASO NÃO UTILIZE PERMANEÇA 15 MINUTOS FORA DE COMBATE.			
	4	GRAVE	O TIPO COMPROBATEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO E PERMANEÇA 15 MINUTOS FORA DE COMBATE.			
	5	GRAVE	O FERIMENTO FORTE, O USUÁRIO PRECISA DE UM CURATIVO E MORTFICA, NÃO DEVE ENTRAR EM COMBATE, DEIXANDO FALAR UM MÉDICO.			
	6	GRAVE CRÍTICO	ACERTOU UMA VIDA IMPORTANTE, O FERIDO DEVE IR AO HC ADIHO.			
	7	GRAVE	O TIPO COMPROBATEU O TIPO DE AGUA AO FERIDO E FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE.			
	8	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE.			
	9	COLETE?	SE ESTIVER FAZENDO USO DE COLETE FECHADO O USUÁRIO NÃO CAUSOU DANOS E ELE PODE VOLTAR AO COMBATE, CASO NÃO RETORNE A BASE OU HC.			
	10	MÉDIO	O TIPO TRANSBASSOU, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE.			
	1	GRAVE CRÍTICO	O TIPO ACERTOU EM CHUVA, UM MÉDICO DEVE AVALIAR O FERIDO AO HC.			
	2	MASCARA?	SE ESTIVER FAZENDO USO DE MASCARA O USUÁRIO NÃO CAUSOU DANOS E ELE PODE VOLTAR AO COMBATE, CASO NÃO UTILIZE PERMANEÇA 15 MINUTOS FORA DE COMBATE.			
	3	GRAVE	O TIPO ACERTOU PROXIMO AO MAXILAR, DE AGUA AO FERIDO E FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE.			
	4	GRAVE	O TIPO ACERTOU NA VENTRA, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE.			
	5	MÉDIO	O TIPO TRANSBASSOU E NÃO ACERTOU ÁREA VITAL, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE.			
	6	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE.			
	7	GRAVE	O TIPO ACERTOU PROXIMO AO MAXILAR, DE AGUA AO FERIDO E FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE.			
	8	GRAVE CRÍTICO	O TIPO ACERTOU NA VENTRA, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE.			
	9	CAPACETE?	SE ESTIVER FAZENDO USO DE CAPACETE O USUÁRIO NÃO CAUSOU DANOS E ELE PODE VOLTAR AO COMBATE, CASO NÃO UTILIZE PERMANEÇA 20 MINUTOS FORA DE COMBATE.			
	10	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE.			

You can see that in this case the FMP received additional free space, so that in them are noted the numbers of injured met, in order to prevent the same hurt repeat the number chosen more than once. In the example above were available 3 spaces for each type of injury, but this number can vary according to the plug created by each event organizer or operation. When the spaces of a specific injury are complete the next injured player can no longer opt for that number and must be advised by the doctor. (the doctor has no more material to perform a particular cure)

Down the procedure for:

1- When the operator must scream HIT regardless of the place where it was hit.





operator shall not leave the place where he was shot, except when loaded by another operator to a safe place or out of combat.

3- After scream HIT, the operator must over your head a red cloth.

4- ask the doctor, via radio, signal or cries

5- When the doctor arrives, the operator must inform where you hit. What part of the body. e.g. Arm

6- the doctor should ask for or identify the number or identification of the operator.

7- the doctor asks the operator to say a number from 01 to 10.

8- the operator says a number. e.g. 06

9- the doctor should check on what's the injury on FMP related field the Arm number 06.

10- the doctor notes the number of operator in the free space of the selected injury.

11- the doctor tells the operator what his wound and what is the process for healing.

One example:

OPERATOR - HIT, doctor

DOCTOR - where were you hit?

OPERATOR - in leg.


DOCTOR – What's your number?

OPERATOR - 231

DOCTOR - Say a number of 01 to 10.

OPERATOR - number 06

DOCTOR - The shot HIT a BONE, BANDAGE, YOU MUST STAY 10 MINUTES OUT. The doctor should note the player number on FMP on a free space for the selected injury.

	1	GRAVE CRÍTICO	O TIRO COMPROMETEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO E PERMANEÇA 20 MINUTOS FORA DE COMBATE			
	2	GRAVE	O TIRO COMPROMETEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO O FERIDO DEVE PERMANECER 15 MINUTOS FORA DE COMBATE			
	3	LEVE DE RASPÃO	MUITA SORTE, VOCÊ PODE VOLTAR AO COMBATE			
	4	MÉDIO CRÍTICO	O TIRO ACERTOU UM OSSO, FAÇA UM CURATIVO O FERIDO DEVE PERMANECER 10 MINUTOS FORA DE COMBATE			
	5	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE			
	6	MÉDIO CRÍTICO	O TIRO ACERTOU UM OSSO, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 10 MINUTOS FORA DE COMBATE	231		
	7	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE			
	8	GRAVE	O TIRO COMPROMETEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO O FERIDO DEVE PERMANECER 13 MINUTOS FORA DE COMBATE			
	9	MÉDIO	O TIRO TRANSPASSOU, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE			
	10	LEVE	SORTE, DE AGUA AO FERIDO E ELE PODE VOLTAR AO COMBATE			


### 1- Why the Doctor asks IMF and annotates the number chosen or even in the FMP?




The annotation serves for the operator do not choose again the same number when it is shot in the same set of members. Since the cure to that numbering is the operator.

### 2- Why when the operator return to Base or HC should have a markup in your highlighter pen FMI?

To register your return when this is required for your healing wound. In addition to limiting the number of entries in the HC or Base. Just consider the entry when the operator trespass the area enclosed.



	1	LEVE	SORTE, UM CURATIVO NO LOCAL SERÁ O SUFICIENTE
	2	MÉDIO CRÍTICO	O TIRO ACERTOU UMA COSTELA, FAÇA UM CURATIVO O FERIDO DEVE PERMANECER 10 MINUTOS FORA DE COMBATE
	3	GRAVE CRÍTICO	O TIRO ACERTOU SEU PULMÃO, UM OPERADOR DEVERÁ LEVAR O FERIDO AO HC
	4	GRAVE	O TIRO COMPROMETEU O MOVIMENTO, FAÇA UM CURATIVO NA ARTICULAÇÃO E PERMANEÇA 15 MINUTOS FORA DE COMBATE
	5	GRAVE	O FERIMENTO É MUITO GRAVE, O PACIENTE PRECISA DE UM CURATIVO E MORENA, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE
	6	GRAVE CRÍTICO	ACERTOU UMA VEIA IMPORTANTE, O FERIDO DEVE IR AO HC AO HC
	7	LEVE DE RASPAO	MUITA SORTE, VOCE PODE VOLTAR AO COMBATE
	8	GRAVE	O TIRO COMPROMETEU O RIM, DE AGUA AO FERIDO E FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 20 MINUTOS FORA DE COMBATE
	9	GRAVE CRÍTICO	ACERTOU UMA VEIA IMPORTANTE, O FERIDO DEVE IR AO HC
	10	MÉDIO	O TIRO TRANSPASSOU, FAÇA UM CURATIVO, O FERIDO DEVE PERMANECER 5 MINUTOS FORA DE COMBATE

PMA		FICHA MÉDICA INDIVIDUAL		OP. BLACK NIGHT	
OPERADOR		Rengato - assalto			
	1		5		2

### 3- What happens when you're done the space available in your FMI?

The organization can communicate in advance to operators which will be the procedure, if that doesn't happen, when there are vacant spaces in your FMI, the operator is out of the game.

### 4- What is the procedure when there are no doctors available?

The operator must put the red cloth on the head and curl in the chest one of his bandages, after this procedure if driving to your Base or HC. Make the note in any space available in pen marks text in your IMF (if you are using such a plug). The operator can return to combat.

-If you do not have bases or HCs available: the operator must wait for the doctor, or request a doctor without borders (explained in item 19 of this chapter)

### 5- In the event of a HIT on the doctor, what is the procedure?

The doctor already has knowledge of your own file, so you can't make use of it and no other operator can assist you. The operator must have doctor you 3 bandages. In case you HIT any other operator can perform the procedure, simply wrap one of the bandages on the site of the injury, the doctor must wait for 10 minutes in the place where it was hit and then return to combat.

When the doctor is already making use of his bandages, and 3 is reached, he must return to the HC or Base, perform the 4 fields with the pen marks text in your IMF and return to combat.

### 6- How many bandages each operator can carry?

3 bandages

### 7- When these bandages are gone, what should I do?

When the operator has already used its 3 bandages available and suffer new HIT, if the FMP piece by using a new bandage, necessarily the operator should return to your Base or HC. Perform new appointment with pen marks text in your IMF, remove the 3 bandages and return to combat with 3 new bandages.

-If you do not have Bases or HCs available: the operator is automatically out of the game

-the organizer can notice that even in cases where there are bases or HCs in the game, after using all bandages, if you suffer a new HIT requiring the use of a bandage, the player can be automatically done away with the game.

### 8- I can use the bandages from my buddy, so you don't have to return to Base or HC?

Yes you can use bandages. Recalling that on occasion it's not advisable because you limit the other operator to use fewer bandages.

### 9- What is the procedure when I is reached simultaneously in 2 different regions of the body?



We define this as DOBLEHIT. The operator must tell the doctor the 2 locations where he was hit. The doctor will ask the numbers on the 2 regions of the body, but only apply the healing procedure more complex or time consuming. The plug must be marked the chosen numbering 2.

**10- If I am hit in the gun, what should I do?**

Only specialty engineer can fix your gun. The operator must not make use of it until you find one. The engineer must pass the guard kill a nylon tie, when the procedure is finished the weapon would be ready for use.

**11- How many bands can engineer have?**

The engineer can have 01 band for every 4 men of your team, when the Bill doesn't give accurate, considered rounding for more.

**12- If they're out of the clamps?**

Can be removed with the Organization the same amount kickoff after four of the event or elapsed operation.

**13- I can shoot while I'm waiting for the doctor?**

No, the operator when this HIT cannot perform shots before the medical attention and should remain stationary and with the red cloth on the head.

**14- When should I remove the red cloth?**

So the doctor your FMI request, the operator must remove the red cloth, right now he's again in combat and can perform shots or even receive new HITs. After the medical procedure, if the operator is obliged to return the HC or Base, he must again put the red cloth over his head, unable to shoot in this path. When the FMP force operator to remain some period at cure he should no longer make use of red cloth, should wait on the site but I can make and receive shots.

**15- If I is reached at the time of care or even while I await a cure period, what happens?**

If the operator is again reached during the medical procedure, a new procedure, if the numbering was chosen and it's the operator's knowledge which is the cure, it should be noted this numbering in FMI and the operator must choose a new number for the new location hit. Only new wound healing should be performed. If the operator is reached after medical attention, while waiting for a stipulated time of healing, you must start a new medical procedure usually.

**16- As equipment or accessories can hurt me?**

The equipment and accessories that can be used are described in chapter-equipment and accessories and follow the following procedures.

a- Knife Kill , can only be used for this HIT knives Fake (simulated). The operator must lay a simulated knife in any region of the body of the enemy and that necessarily must scream HIT. the procedure is the same as used to hit with weapons.

b- Bbs grenades, will only be considered HIT if the Bbs distributed by granada hit the enemy, the medical procedure is the same for hits with guns.





Claymor mine, are accepted in rules PMA only Claymore mines developed to the airsoft shooting Bbs. The operator just HIT if hit by Bbs fired from her. The medical procedure is the same for hits with guns. d-Land mine, only the Organization of the event can provide, the artifact can be positioned and only fires when any operator to pass on it. It is not necessary to step over the object. the range for landmines are of 2 square metres, the operator should be evaluated by the physician as severe HIT the torso. e-Bomb or dynamite simulated only the Organization of the event can provide bombs or dynamite. The range must be previously defined by the Organization at the time of the drive must be requested the presence of Ranger, that should paralyze the game only on site and define which operators were on the range at the time of the firing of the artifact. The medical procedure is the same for hits with guns. the doctor should evaluate the operator hit the trunk if the operator is wearing a helmet, or assess how to hit in the head if the operator does not make use of a.

**17- If operator is HIT it can be taken to a secure location for another operator to receive medical attention.**

Yes, however the operator in HIT, as already described cannot walk or make use of the arms, so he must be carried or dragged by the operator still in combat until the desired location.

**18- As Ballistic shields can protect me?**

Ballistic shields must have size proportional to the tactical employment. The use of shields must be previously approved by the Organization of the event or operation. Shields made of acrylic, polycarbonate or polythene are considered level III. Shields closed (with window) made in any other material are considered level IV.

**LEVEL III - 20 shots of green label equipment**

-1 yellow label equipment clock.

- red label, the player who wields the shield is considered to be wounded in the torso and should receive medical attention usually

**LEVEL IV - 30 shots of green label equipment**

- 15 shots of yellow label equipment

-1 shot of red label equipment.

When the shield you have lost your ability to protection, it should be disabled. The shooting follows the limit established under any circumstances cause injury to the trunk and the injured should receive medical attention usually.

If the player is reached in your body while wields the shield follow the normal procedure of medical service.

In case of doubt about the number of shots on a same shield the Ranger or Judge must define which measure will be adopted.

**19- International Medical Force, as they act?**

If it is the intention of the organizers of the event, the own Rangers can act as **International Medical Force**. The Ranger must have a visible identification IMF, with the Red Cross. Only Rangers with



identification may perform this function. These Rangers must also bear the FMP and must perform the procedure identical to any other doctor to combat. But the Ranger should not move to the wounded, the wounded should be taken to the Ranger (IMF). The Ranger should not be struck by any other operator during the service. If there are shots in the direction of Ranger (IMF) with the aim of achieving the operator that this receiving care, the Ranger (IMF) must stop and shelter or get out of the firing line, only resuming the service when the firefight is interrupted and the site is secure.

## **CHAPTER 10 USE APP**

Just got even easier to use the PMA rules through the application for Android and IOS it is possible to play on PMA without the use of any printed material.

It is important to remember that using the application the maximum number of HITs that the player may suffer during the match is conditioned to the number of bandages he possesses.

By rule the player enters the game with 03 bandages, so he may suffer at least 04 HITs, and the maximum number, by luck, since the chips available in the app, not all injuries make use of bandage.

The organizer can still make use of FMIs, or another gimmick if you want to have a more specific control. Search in your apps store for PMA AIRSOFT, or access via the link [app.vc/pmabr](http://app.vc/pmabr) if you have trouble finding or downloading the app

## **CHAPTER 11 THE CONSIDERATIONS AND SUMMARY**

- 1- PMA rules, seek to meet the expectations of operators in Milsim
- 2- The weapons and bombing capacity follow criteria adopted internationally for Milsim mode. For some weapons are allowed the use of Hicap.
- 3- It is not mandatory the delimitation of Bases or Hcs during operation if the Organizer chooses a FMP that don't make this return.
- 4- The IMF and FMP must be previously made from model available on the site [www.pmabr.com.br](http://www.pmabr.com.br)
- 5- The IMF and FMP must be distributed to relevant operators before the start of the event.
- 6- The FMP should not be disclosed and your content should be restricted to the doctor that you are porting.
- 7- The operator when reached should scream HIT, put a rag or red scarf over your head and stay in place waiting for a doctor.
- 8- The operator must keep you your IMF with the relevant annotations to your medical care.
- 9- The doctor should ask the operator hit that perform the procedure specified in the MAINTENANCE SCHEDULE for the number chosen by the operator.
- 10- The only operator that should have differentiated the medical doctor.
- 11- The organization can make use of the IMFs case understand to be necessary for the smooth running of the event or operation.
- 12- It is recommended to laminate the FMIs in case of suspicion of rain on the day of operation.
- 13- for a smooth running of the operation it is necessary that the organizer should evaluate in the composition of the FMIs all the factors that will trigger the lower effective operation duration, terrain, and other factors that contribute to the smooth running and fun of the players.

The FMI of the operators can be collected after the end of the event, for simple query or for scoring criteria if you wish the organizers of the event.