

**Title Project Aviation Safety Plan**  
**Your National Forest or District**

Mission:	Project Name:	Unit:
Anticipated Project Date:	Start Time:	Ending Time:
Project Plan Prepared by:	Title:	Date:
<b>Note: Signature by the preparer verifies that all personnel have the required training for the mission. Attach Map, clearly showing areas to be flown; aerial hazards must be indicated.</b>		
Project Plan Reviewed by:	Title:	Date:
Project Plan Reviewed by:	Title:	Date:
This Flight is Approved by:	Title:	Date:

Project Description:

Attachments: <input type="checkbox"/> Map	<input type="checkbox"/> Other:	
Project Supervisor:	Phone:	Cell:
Helicopter Manger:	Phone:	Cell:
Participants:		

Type of Flight:	Desired Aircraft Type:	Charge Code:
Type Procurement:	Method of Payment:	Projected Cost:

Vendor:	Phone:	Cell:
Aircraft N#:	Make & Model:	Aircraft Color:
Pilot Name:	Pilot Carded: <input type="checkbox"/> Yes <input type="checkbox"/> No	A/C Carded: <input type="checkbox"/> Yes <input type="checkbox"/> No
Flight Follow:	Request or Flight #:	
Method of Resource Tracking: <input type="checkbox"/> Phone <input type="checkbox"/> Radio	<input type="checkbox"/> Prior to Takeoff <input type="checkbox"/> Each Stop Enroute <input type="checkbox"/> Arrival at Dest.	
Scheduling Dispatch Phone:	Destination Dispatch Phone:	
FM Receive:	FM Transmit:	Tones:
FM Receive:	FM Transmit:	Tones:
FM Receive:	FM Transmit:	Tones:
AM Air to Air:	AM Unicom:	Other:

**Search and Rescue Procedures: Contact Dispatch, Follow the Aviation Mishap Response Guide**

Start Location	Latitude	Longitude	Elevation	Runway length & Surface or Helispot Size
Destination Location	Latitude	Longitude	Elevation	Runway length & Surface or Helispot Size

Passenger Name	Weight	Departure Point	Destination Point
Cargo Weight	Cubic Feet	Hazardous Material	Destination
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Flight	Personnel Protective Equipment Requirements
<input type="checkbox"/> Air Ops general/ground personnel	Nomex clothing, hardhat w/chin strap, gloves, leather boots, eye protection, hearing protection, fire extinguisher
<input type="checkbox"/> Fixed Wing point to point flights	Hearing protection
<input type="checkbox"/> Fixed Wing mission flights	Nomex clothing, gloves, leather boots, hearing protection
<input type="checkbox"/> Rotor Wing flights	Flight helmet, Nomex clothing, gloves, leather boots, eye protection, hearing protection, approved secondary restraint harness for doors off flights, PFD for all PAX as required

Justification statement for low-level flights:

Special Instructions:

**Aircraft Manager must confirm with Dispatch prior to the flight that affected routes' Schedulers contacted for Route Activity**

**Military Training Route (MTR) Information**

MTR	Route Legs-Altitude	Activity	Time	Time Zone
<input type="checkbox"/>		<input type="checkbox"/> Hot <input type="checkbox"/> Cold	Start   Stop	<input type="checkbox"/> UTC <input type="checkbox"/> PST
<input type="checkbox"/>		<input type="checkbox"/> Hot <input type="checkbox"/> Cold	Start   Stop	<input type="checkbox"/> UTC <input type="checkbox"/> PST
<input type="checkbox"/>		<input type="checkbox"/> Hot <input type="checkbox"/> Cold	Start   Stop	<input type="checkbox"/> UTC <input type="checkbox"/> PST
<input type="checkbox"/>		<input type="checkbox"/> Hot <input type="checkbox"/> Cold	Start   Stop	<input type="checkbox"/> UTC <input type="checkbox"/> PST
<input type="checkbox"/>		<input type="checkbox"/> Hot <input type="checkbox"/> Cold	Start   Stop	<input type="checkbox"/> UTC <input type="checkbox"/> PST
<input type="checkbox"/>		<input type="checkbox"/> Hot <input type="checkbox"/> Cold	Start   Stop	<input type="checkbox"/> UTC <input type="checkbox"/> PST

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<input type="checkbox"/>		<input type="checkbox"/> Hot <input type="checkbox"/> Cold	Start   Stop	<input type="checkbox"/> UTC <input type="checkbox"/> PST
<input type="checkbox"/>		<input type="checkbox"/> Hot <input type="checkbox"/> Cold	Start   Stop	<input type="checkbox"/> UTC <input type="checkbox"/> PST
<input type="checkbox"/>		<input type="checkbox"/> Hot <input type="checkbox"/> Cold	Start   Stop	<input type="checkbox"/> UTC <input type="checkbox"/> PST
<input type="checkbox"/>		<input type="checkbox"/> Hot <input type="checkbox"/> Cold	Start   Stop	<input type="checkbox"/> UTC <input type="checkbox"/> PST

**Job Risk Analysis: Aircraft manager/pilot review with all participants as part of preflight briefing**

Is everything approved with clear instructions, aviation plan signed and reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are communications and flight following established, including repeater tones?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Can terrain, altitude, temperature or weather that could have an adverse effect be mitigated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are all aerial hazards identified and known to all participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have mitigating measures been taken to avoid conflicts with military or civilian aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have adequate landing areas been identified and or improved to minimum standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are all agency personnel qualified for the mission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Is the pilot carded and experienced for the mission to be conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are there enough agency personnel to accomplish the mission safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Will adequate briefings be conducted prior to flight to include Pilot, Passengers and Dispatch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are all involved aware that the pilot has the final authority, but if any passenger feels uncomfortable, that they can decline the flight without fear of reprisal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Is the aircraft capable of performing the mission with a margin of safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have manifests of cargo and passengers, load calculations and/or weight & balance completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Is the aircraft properly carded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Do all personnel have the required PPE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Fuel planning, adequate fuel on board, fuel truck location, availability of commercial fuel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Remember; maps of areas/sites, handheld radios, cell phones, day/survival packs, sic sacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Will the mission be conducted at low levels? (Below 500' AGL)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Can the same objective be achieved by flying above 500' AGL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are pilot flight and duty times compromised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Is there an alternative method that would accomplish the mission more safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Helicopter Mgr. Signature:

Date:

Pilot Signature:

Date:

**Job Hazard Analysis: Aircraft manager/pilot review with all participants as part of preflight briefing****Hazard****Hazard Mitigation**

MTR's	Practice risk management. Check routes in advance, confirm that Dispatch has made calls
Private aircraft	See and avoid. Transmit in the blind on 122.925 near backcountry airstrips
Airport traffic	Stay in radio contact. Announce intentions, use established patterns
Weather	Use weather advisory. Maintain VFR minimums. Cancel mission if conditions deteriorate
Terrain	Avoid performance related situations, cross terrain at it's lowest point, consider downdrafts
Low level obstacles	Complete a high level recon, no unnecessary low level flight
Unimproved landings	Recon LZ. Download on first load. Stay in radio contact
Doors off helicopter operations	Use approved secondary restraint harness. Remove loose items from cabin
Pilot not familiar with area	Supply hazard maps. Complete high level recon prior to low level work
Noise, rotor wash	Wear ear and eye protection, utilize dust abatement
Internal and external loads	Have trained personnel assigned to the mission, plan around fuel, Hook and equipment checks
Unplanned aircraft events	All personnel equipped with required PPE and trained in crash procedures, maintain flight follow
Hazardous materials	Trained personnel will handle, inform pilot, utilize Hazmat guide w/current exemption
Non aviation personnel	Maintain control, provide through briefings
Communications	Maintain communications at all times, establish backup options, and know alternate frequencies. Take handheld radio along. Call in prior to landing. If radio contact is lost, climb, check tones, if unable to re-establish, return to best suitable landing area and check in
Overload conditions/CG issues	Complete accurate load calculations and/or Weight and Balance
Wintertime operations	Use appropriate clothing for varying altitudes/climatic conditions, utilize winter survival kit
Prop/Rotor hazards	Pilot perform aircraft safety brief, Approach/Depart sensibly after shutdown & prop/rotor stop
Multiple project aircraft	Adequate aerial supervision. Carded managers for each aircraft. Establish and maintain separation, utilize common frequencies communications
Aircraft Fueling	Vendor responsibility. No agency personnel onboard. Aircraft shutdown unless closed circuit, open port in accordance with NFPA 407 3-21, 4073-21.2(b). Trained personnel staff extinguisher
<b>Line Officer Signature or Authorized Representative:</b>	<b>Date:</b>

Chart 3-2: Risk Assessment			<b>HAZARD PROBABILITY</b>				
			Frequent	Likely	Occasional	Seldom	Unlikely
<b>Matrix</b>			A	B	C	D	E
			Catastrophic I		Extremely High	Medium	
<b>EFFECT</b>	Critical	II	High	High		Medium	
	Moderate	III	High	Medium			
	Negligible	IV	Medium	Low			

### RISK ASSESSMENT WORKSHEET

Assess the risks involved with the proposed operation. Use additional sheets if necessary.

Assignment:	Date:	Probability (A-E)	Effect (I-IV)	Risk Level
<b>Describe Hazard:</b>				
1.				
2.				
3.				
4.				
5.				
6.				
<b>Mitigation Controls:</b>		Probability (A-E)	Effect (I-IV)	Risk Level
1.				
2.				
3.				
4.				
5.				
6.				
<b>FINAL RISK EFFECT: LOW MEDIUM HIGH (CIRCLE ONE)</b>				

<b>Operation Approved by:</b>	<b>Title:</b>	<b>Date:</b>
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## PROJECT AVIATION SAFETY PLAN BRIEFING

### Project Aviation Safety Plan Briefing

A copy of this briefing page will be submitted to the Forest Aviation Officer within 5 days of the completion of this project.

Briefing Leader: \_\_\_\_\_

Briefing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Discussion Items:

a. Hazard Analysis (as outlined in plan)

b. Safety Air Ops (Ground)

c. Safety Air Ops (Flight)

d. Military Training Routes

e. Flight Following

f. Frequencies

g. Fueling

h. Emergency Evacuation. Plan

i. Authorities

j. Weather Considerations

k. Other

L. other

### Attendees Signature and Concurrence: