**INSTRUCTIONS**

From the signature page through aerial hazard analysis and map require total completion for regional/state office review and approval signatures. Pilot information, flight following, frequencies, MTR’s, MOA’s, crash rescue and medivac plans, may be completed as information becomes available. Partial completion of these pages is recommended during the submission process and all pages **shall** be completed prior to mission start. Mission Planning sheets (AK may use their modified version) will be conducted for the day of mission details. FRAT or GAR risk assessment tools will be used to ensure day of risk is equal to or less than the what is established for the approved plan.

**RISK MATRIX INSTRUCTIONS**

Risk assessment processes and risk decision approvals follow the guidelines set forth in the Interagency Aviation Risk Management Workbook, aka the “yellow book,” National Aviation Safety Management System Guide, and the Operation Risk Management Guide. The risk outcomes on the risk assessment matrix have been incorporated into the risk assessment worksheet’s drop-down menus. Risk Assessment Category (RAC) outcomes are categorized as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Low** | **Moderate** | **High** | **Extremely High** |

In no case will the overall risk of the mission be less than the highest specific factor. (Example: One extremely high, one high, and two moderate threats results in an extremely high risk assessment category outcome). The latest risk assessment worksheet is found in a MASP Microsoft Excel Icon linked into this document.

**SIGNATURES**

Signature blocks are listed in the order for MASP approval however UAO has leeway to adapt signature review lines to the need of the Unit/Forest. All signature boxes up to the Regional Aviation Officer and/or State Aviation Officer will be signed in digital signature or pen & ink.

Example: /s/ John M. Smith

Route all MASP’s from the UAM/UAO/FAO to the Regional Aviation Safety Manager and the appropriate operations specialist (i.e. helicopter mission/project, HOS; fixed wing mission/project, FOS; or UAS mission/project the UAS specialist). Allow 14 days for review and signatures following which the MASP/PASP will be returned via email from either the RASM or operations specialist. The Regional Aviation Safety Manager (RASM) and the Aviation Officer/Manager will sign with digital signatures. Line officer signatures may sign with a wet signature or digital signature at their discretion.

If a change to this routing process occurs due to a more efficient online platform that accommodates both FS and BLM access capabilities, the preparer may describe the process here: Click or tap here to enter text.

**RETENTION AND FILING OF PLAN**

MASPs/PASPs that have been reviewed by the Regional Office will remain in Pinyon and archived by fiscal year. These plans are accessible by the Regional Office, State Office, Unit/Forest Aviation Officers, and select aviation managers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit:** Click here to enter text. | **Low** | **Moderate** | **High** | **Extremely High** |
| **Unit:** Click here to enter text. |[ ] [ ] [ ] [ ]
| **Agency(s) Participating in Project Mission** **FS** [ ]  **BLM** [ ]  **NPS** [ ]  **FWS** [ ]  **BIA** [ ]   **State** [ ]  **Other** [ ]  | **Calendar Year** |
| **Aircraft Type** |  |  |
| **Fixed** | **Rotor** | **UAS** | **Anticipated Start Date** | **Anticipated End Date** | **Objectives** |
| [ ]  | [ ]  | [ ]  | Click or tap to enter a date. | Click or tap to enter a date. | **Training** [ ] **Resource** [ ] **LE&I Mission** [ ] **Aerial Ignition** [ ] **Other\_\_\_\_\_\_\_** [ ]  |
| **Prepared by:**  Click or tap here to enter text. | **Title**: Choose an item. | Click here to enter a date. |
| **Reviewed by:** (OPTIONAL) Unit Level:Click or tap here to enter text. | **Title**: Choose an item. | Click here to enter a date. |
| **Reviewed by:** (OPTIONAL) Regional/State Level:Click or tap here to enter text. | **Title:** Choose an item. | Click here to enter a date. |
| **Reviewed by**: (REQUIRED) Aviation Officer or Manager Click or tap here to enter text. | **Title**: Choose an item. | Click here to enter a date. |
| **Reviewed by:** (REQUIRED) RASM:Click or tap here to enter text. | **Title**: Choose an item. | Click here to enter a date. |
| **Reviewed By:** (IF REQUIRED) RAO:Click or tap here to enter text. | **Title**: Choose an item. | Click here to enter a date. |
| **Reviewed By:** (IF REQUIRED) SAM:Click or tap here to enter text. | **Title**: Choose an item. | Click here to enter a date.  |
| **Project and Risk Assessment approved by:** (REQUIRED) - Line Officer: Click or tap here to enter text.IAT Currency [ ]  Yes [ ]  No  | **Title**: Choose an item. | Click here to enter a date.  |
| **Project and Risk Assessment approved by:** (REQUIRED) - Line Officer: Click or tap here to enter text.IAT Currency [ ]  Yes [ ]  No  | **Title**: Choose an item. | Click here to enter a date. |

**Participant’s qualifications and responsibilities shall be verified and discussed during daily briefing**

|  |  |
| --- | --- |
| **Project Aviation Manager Name** **(IAW IAT Guide)**:Click or tap here to enter text. | **Alternate Project Aviation Manager Name** **(IAW IAT Guide):**Click or tap here to enter text. |
| **Project Name**Click or tap here to enter text. |
| **Description and Location:**Click or tap here to enter text. |
| **Objectives:**Click or tap here to enter text. |
| **Aircraft Justification:** (Include any special aircraft requirements if requested)Click or tap here to enter text. |

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| **Aircraft Information:**Check all that apply, if name is unknown, add information as it becomes available. Leave text fields blank if unknown. All cooperators require an annual approval letter onboard except DOJ aircraft**Cooperator:** [ ] Click or tap here to enter text. **Agency:** [ ] Click or tap here to enter text.**Vendor:** [ ] Click or tap here to enter text. **Other:** [ ] Click or tap here to enter text. |
| **Rotor Wing:** Type One: [ ]  Type Two: [ ]  Type Three: [ ] Document additional requirements beyond standard typing in aircraft justification and on the resource order (wire strike protections system, performance capabilities, equipment, etc.). |
| **Fixed Wing:** Single Engine [ ]  Twin Engine [ ] Document mission needs for turbine, twin-engine, air conditioning, high or low wing, pressurized cabin, radio package, etc. in the aircraft justification section and on the resource order. |
| **UAS**: Fixed Wing**:** [ ]  Rotor Wing: [ ]  |
| **Aircraft Make and Model:** If unknown, add information as it becomes available or utilize the Mission Planning Sheet. All information shall be filled out prior to mission start. **Unknown CWN/On-Call:** [ ]  **Unknown EU:** [ ] **Vendor:** Click or tap here to enter text. **FAA Registration #:** Click or tap here to enter text.**Make:** Click or tap here to enter text. **Model:** Click or tap here to enter text.**Carded for Mission:** [ ] **YES** [ ] **NO Card Expiration Date:** Click or tap here to enter text.**Aircraft Color Scheme:** Click or tap here to enter text.**Special A/C or pilot carding needed (i.e. off airport, deep snow landing, etc.)**Click or tap here to enter text.**A/C configuration, special requirement or needs (i.e. floats, pop-out floats, skis, tundra tires etc.)** Click or tap here to enter text.\*\*CWN helicopter information attained after hiring process, ensure CWN inspection sheet has been completed.  |
| **Procurement and Cost Information:** Check unknown if unable to provide accurate or estimated information. |
| **Procurement Type:** Choose an item.**Unknown** [ ] **Estimated Flight Hours:** Click here to enter text.**Unknown** [ ] **Charge Code:** Click here to enter text.**Unknown** [ ]  | **Estimated Flight Hour Cost:** Click here to enter text.**Unknown** [ ] **Estimated Miscellaneous Cost(s):** Click here to enter text.**Unknown** [ ]  |

**Aerial Hazard Analysis and Map**: Provide an analysis of aerial hazards surrounding the mission area in this box, e.g. towers, wires, sloping terrain, dust, proximity to airports, confined landing zones, etc. Replace the blue box below with a hazard map or include map at the end of the MASP.

[ ]  **Wire strike prevention addressed, and other hazards are identified**

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| **Aircraft Performance Planning:**The pilot is responsible for the accurate completion of load calculations and performance planning. Trained personnel shall ensure that aircraft scheduled are capable of performing the mission(s) safely and within the capabilities of the aircraft selected. The helicopter or flight manager shall ensure that manifests, load calculations, weight & balance are completed properly using accurate environmental and aircraft data. Reference NWCG Standards for Helicopter Operations (NSHO chapter 7). |

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| **Personal Protective Equipment:** Always refer to current ALSE, NSHO, and manual direction |
| **Type of Operation- Check applicable boxes that may apply to mission or mission** | **Personnel protective equipment requirements** |
| [ ]  **Rotor Wing Ground Operations** | Fire resistant clothing, hard hat w/chin strap or approved flight helmet or other approved model, fire resistant and/or leather gloves, all leather boots, eye protection, hearing protection. Refer to the Interagency Aerial Ignition Guide for additional ground operation requirements.  |
| [ ]  **Rotor Wing** | Fire resistant clothing, approved flight helmet, hard hat w/chin strap, fire resistant and/or leather gloves, approved leather or flight boots, eye protection, hearing protection. Additional personnel restraints needed in the helicopter pending type of mission. Refer to appropriate guides. Charter flights, (non-agency controlled mission), shall comply with 14 CFR 135 requirements. |
| [ ]  **Doors Off Flight(s)**  | Personnel will remain seated and inside fuselage during all flights, approved secondary restraint harness for doors off flights (only for PLDO, HRAP, HRSP, Aerial Photography, IR Operator, ACETA Gunner, Cargo Letdown, Short Haul Spotter, Cargo Free Fall Operations in type 3 helicopter) Refer to appropriate guides |
| [ ]  **Cargo Free Fall Operations** | Fire resistant clothing, approved flight helmet, fire resistant and/or leather gloves, all leather boots, eye protection, hearing protection. Additional qualifications, compliance with rotorcraft manual and approved restraint requirement apply. Refer to SHO chapter eleven for additional details.  |
| [ ]  **Fixed Wing** | Refer to current IASG, ALSE, 5700 manual and OPM-6 direction for PPE requirements. |

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| **Helicopter or fixed Wing Pilot Information:**Fixed wing: use “other” box and state approved mission(s). Any unknown information shall be added after signature approvals. All personnel shall be qualified for mission or designated as a trainee with appropriate oversight. |
| **Pilot Name (P1): PIC/Primary**Click or tap here to enter text. | **Pilot Phone Number:**Click or tap here to enter text. |
| **Pilot Name (P2): Co-Pilot/Relief**Click or tap here to enter text. | **Pilot Phone Number:**Click or tap here to enter text. |
| **Pilot Name (P1): PIC/Primary**Click or tap here to enter text. | **Pilot Phone Number:**Click or tap here to enter text. |
| **Pilot Name (P2): Co-Pilot/Relief**Click or tap here to enter text. | **Pilot Phone Number:**Click or tap here to enter text. |
| **Pilot Carded for Mission:**  **Yes** [ ]  **No** [ ] Check all boxes that apply to pilot’s carding below: | **Pilot Card (P1) Expiration Date:**Click here to enter a date.**Pilot Card (P2) Expiration Date:**Click here to enter a date. |
| **Low-Level Recon & Survey P1** [ ]  **P2** [ ] **Helitack-Passenger Transport P1** [ ]  **P2** [ ] **External Load (Belly Hook) P1** [ ]  **P2** [ ] **Water-Retardant Delivery P1** [ ]  **P2** [ ] **Longline VTR (150’) P1** [ ]  **P2** [ ] **Snorkel: VTR** [ ]  **Mirror** [ ]  **P1** [ ]  **P2** [ ] **Mountainous Terrain Flying P1** [ ]  **P2** [ ] **Aerial Ignition (PSD) P1** [ ]  **P2** [ ] **Aerial Ignition (Torch) P1** [ ]  **P2** [ ] **Rappel Operations P1** [ ]  **P2** [ ] **Cargo Letdown P1** [ ]  **P2** [ ] **Snow Operations (Deep Snow) P1** [ ]  **P2** [ ] **Hoist P1** [ ]  **P2** [ ] **UAS P1** [ ]  **P2** [ ]  | **Designated “Pilot Trainer” P1** [ ]  **P2** [ ] **“Trainee Only” Pilot P1** [ ]  **P2** [ ] **Short Haul LE** [ ]  **SAR** [ ]  **P1** [ ]  **P2** [ ] **Float Operations (Fixed) P1** [ ]  **P2** [ ] **Platform Landings-Offshore P1** [ ]  **P2** [ ] **Vessel Landings P1** [ ]  **P2** [ ] **NVG Operations P1** [ ]  **P2** [ ] **ACETA Net Gun (All ACETA) P1** [ ]  **P2** [ ] **ACETA Eradication P1** [ ]  **P2** [ ] **ACETA (Herding) P1** [ ]  **P2** [ ] **ACETA Darting-Paintball P1** [ ]  **P2** [ ] **STEP P1** [ ]  **P2** [ ] **Other** [ ]  **P1** [ ]  **P2** [ ] Click here to enter text. |

| **Flight Following and Frequencies:*** Confirm frequencies prior to flight
* FAA Flight Plan (chartered aircraft non-agency-controlled mission) no frequencies required
* Chartered 135 operator is responsible for communications and flight plan
 |
| --- |
| **Flight Following Method: AFF** [ ]  **Radio (Local or GACC aircraft desk)** [ ] **FAA Flight Plan: (Agency-owned or agency contracted aircraft mission)** [ ] **FAA Flight Plan: (Charter aircraft non-agency controlled mission)** [ ]  |
| **FM Receive:** Click here to enter text. | **FM Transmit:** Click here to enter text. | **RX:** Click or tap here to enter text.**TX:** Click or tap here to enter text. |
| **FM Receive:** Click here to enter text. | **FM Transmit:** Click here to enter text. | **RX:** Click or tap here to enter text.**TX:** Click or tap here to enter text. |
| **FM Receive:** Click here to enter text. | **FM Transmit:** Click here to enter text. | **TX:** Click or tap here to enter text.**RX:** Click or tap here to enter text. |
| **AM Receive:** Click here to enter text. | **AM Transmit:** Click here to enter text. | **No Tone** |
| **SAT Phone:** | **SAT Phone:** | **Other:** |

**Aviation Officer or Aviation Manager will coordinate Temporary Flight Restrictions (TFR) with dispatch if needed**

| **Military Training Route(s) (MTR’S) or Military Operating Area(s) (MOA’S)**Aviation Officer or Aviation Manager shall confirm deconfliction in these routes and areas prior to the flight with dispatch or other approved local methods.Deconfliction will be discussed prior to mission start. Add Additional MTR-MOA information to the end of the document if necessary. |
| --- |
| **MTR-MOA** | **Route Legs-Altitudes** | **Activity** | **Time** | **Time Zone** |
| Click here to enter text. | Click here to enter text. | **Hot** [ ] **Cold** [ ] **N/A** [ ]  | **Start:** Click here to enter text.**Stop:** Click here to enter text. | **UTC** [ ] **Local** [ ]  |
| Click here to enter text. | Click here to enter text. | **Hot** [ ] **Cold** [ ] **N/A** [ ]  | **Start:** Click here to enter text.**Stop:** Click here to enter text. | **UTC** [ ] **Local** [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor Name: | Aircraft Model:  | Aircraft Make:  | FAA#: |
| Aviation Manager:  | Date: | Pilot:  | Date: |

| **Participants Name** | **Position**  |  **Training Expiration Date** |
| --- | --- | --- |
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GENERAL INFORMATION

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| [ ]  **Crash Rescue Plan developed for specific mission (see appendix D)** [ ]  **Post operational de-brief or after-action review conducted (see appendix E)** |

**RISK MANAGEMENT AND TOOLS**

|  |  |
| --- | --- |
| **RISK ASSESSMENT MATRIX** | **PROBABILITY** |
| **Likelihood of Mishap if Hazard is Present** |
| **Almost Certain** (Continuouslyexperienced) | **Likely**(Will occur frequently) | **Possible**(Will occur several times) | **Unlikely**(Remotely possible but not probable) | **Rare**(Improbable; but has occurred in the past) |
| **SEVERITY** | **Consequence if Mishap Occurs** | **Catastrophic**(Death, Loss of Asset, Mission Capability or Unit Readiness) |  |  |  |  |  |
| **Critical** (Permanent Disabling Injury or Damage, Significantly Degraded Mission Capability or Unit Readiness) |  |  |  |  |  |
| **Moderate**(Non-Permanent Disabling Injury or Damage, Degraded Mission Capability or Unit Readiness) |  |  |  |  |  |
| **Negligible**(Minimal Injury or Damage, Little or No Impact to Mission Capability or Unit Readiness) |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **RAC Value** | **Risk Category** | **Action Required** |
|  | Extremely High | Stop, Immediate Correction |
|  | High | Consider Stopping, Urgent Correction |
|  | Moderate | Corrective Attention Needed |
|  | Low | Possible Acceptance |

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| **Appropriate Management Level for Operational Risk Decisions** |
| **Risk Level** | **Fire** | **Mission** |
| Extremely High | Incident Commander or Operations Sections Chief | Line Officer |
| High | Incident Commander or Operations Sections Chief | Line Officer |
| Moderate | Air Operations Branch Director | Project Aviation Manager |
| Low | Base Manager | Helicopter or Flight Manager |

|  |  |
| --- | --- |
| **Final Assessment:** LOW **[ ]** [ ] MODERATE **[ ] [ ]** [ ] HIGH **[ ]** [ ] EXTREMELY HIGH **[ ]** [ ]  | **Prepared By** (if different than plan developer)**:**Click or tap here to enter text.**DATE:** Click here to enter a date. |
| **Add Additional Rows to Risk Assessment as Necessary** |

The following icon is the risk assessment worksheet (RAW). This tool is the format has been adopted by both the Operational Risk Management and Aviation Safety Management System Branches. For questions, contact your Regional Aviation Safety Manager (RASM).

The icon provides a means of using the excel spreadsheet that can still be incorporated into the MASP/PASP Word document and easily viewed by reviewers and line officers.



Risk assessment must be completed prior to mission approval

Risk assessment hazards shall be reassessed prior to starting the mission, see FRAT/GAR

Ensure appropriate management level for approval

See the National Aviation Safety Management System Guide, Yellow Book, and ORM guide for additional guidance with Risk Assessments

This Risk Assessment does not negate the requirement to complete a FRAT/GAR prior to flight.

**DOORS OFF – ON OPEN FLIGHT MITIGATIONS**

|  |  |
| --- | --- |
| [ ] **Doors Off or Doors Open Flight(s)** | Personnel will remain seated and inside fuselage during all flights, approved secondary restraint harness for doors off flights (only for PLDO, HRAP, HRSP, Aerial Photography, IR Operator, ACETA Gunner, Cargo Letdown, Short Haul Spotter, Cargo Free Fall Operations-type 3 helicopter) Refer to appropriate guidesSafety Alert IASA 18-03 language*“Agency personnel involved in any public aircraft operations mission that require aircraft doors to be removed prior to flight, or open during flight, shall receive hands-on secondary restraint refresher training prior to conducting flight operations”.* |

**Doors Off or Open Operations checklist**: All items shall be covered and signed for prior to operations

[ ]  Aircraft connection point and secondary restraint configuration (Interagency Safety Alert IASA 17-02)

[ ]  Proper donning and adjustment of secondary restraint system.

[ ]  Have an understanding of the secondary restraint interaction with FAA approved seat belts.

[ ]  Potential of secondary restraint interference with Airbus AS 350 fuel shut off lever if applicable.

[ ]  Know location and use of secondary restraint interaction quick- release.

[ ]  Perform buddy–check and Pilot in Command check of secondary restraints before flight.

[ ]  Practice egress with secondary restraint quick-release mechanism and function of seatbelt.

[ ]  Know location and use of rescue knife.

**MISSION PLANNING SHEET**

|  |  |  |
| --- | --- | --- |
| Date: Click or tap to enter a date. | Mission Type [ ]  Rotor External Cargo[ ]  Rotor Passenger Transport[ ]  Rotor PSD[ ] Rotor Recon/Survey[ ] Fixed Wing Recon/Survey[ ]  Fixed Wing Passenger Transport[ ] UAS[ ] Training | Approved/Mitigated Risk LevelLOW MOD. HIGH EXT  HIGH |
| Project Name:Click or tap here to enter text. |  |  |  |  |
| Job/Charge Code:Click or tap here to enter text.Estimated Cost:Click or tap here to enter text. |
| Aircraft Make, Model, and N# | Pilot Carded: [ ]  Yes [ ]  No | Pilot Name:Click or tap here to enter text. |
| A/C Carded: [ ]  Yes [ ] No | Pilot is carded, current, and proficient for Intended Mission: [ ] Yes [ ] No |
| Name | Position | **Training****Expiration. Date** | Name | Position | **Training Exp. Date** | *(Insert IAT or NWCG-equivalent position training* ***expiration*** *date)* **Are all participants current with Aviation training requirements**. [ ]  Yes [ ]  No*If answer is “No,” describe the planned mitigation:*  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |   |  |  |  |  |
|  |  |  |  |  |  |
| Wx Brief: Ceiling: \_\_\_\_\_\_\_\_\_\_\_\_\_ Visibility: \_\_\_\_\_\_\_ Wind speed: \_\_\_\_\_\_\_ w/ Gusts to: \_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: AIRMETS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AWOS/ASOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_  |  **Project Weather Considerations** Ceiling > 1000 ft. Visibility > 1 mile for Rotor Ops, > 3 miles for Fixed Wing. Sfc. Wind <25 kts/Gust spread <15 kts.  |
| 1. **Communication Plan**
 |
|  | FM RX:  | FM TX  | Tones:  |
|  | FM RX:  | FM TX  | Tones:  |
|  | FM RX:  | FM TX  | Tones:  |
| AM Air to Air: | AM CTAF: | Guard: 168.625 tone 110.9  | Other:  |
| SAT Phone | SAT Phone | Other | Other |

|  |
| --- |
| 1. **Project Site Locations- Attach Flight Hazard Maps**
 |
| Start Location | Latitude | Longitude | Elevation | Runway length & Surface **or** Helispot Size, Sfc. HIGE or HOGE?  |
|  |  |  |  |  |
|  |  |  |  |  |
| Enroute Stops | Latitude | Longitude | Elevation | Runway length & Surface **or** Helispot Size, Sfc. HIGE or HOGE? |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| 1. **Operational Risk Assessment (FRAT/GAR)**
 |
| **See attached Worksheet** |

|  |
| --- |
| 1. **Discussion Items: Brief on items as necessary at beginning of mission or as necessary as mission changes**
 |
| [ ]  PPE Requirements or any special needs identified. | [ ]  Flight following is coordinated with dispatch | [ ]  Aerial hazards (Birds, towers, GA aircraft, etc.) |
| [ ]  Loading/unloading procedures discussed | [ ]  Flight Route/water crossings | [ ]  Ground hazards: (snags, rotor clearance, rotor wash, footing) |
| [ ]  Load Calculation/Fixed Wing weight and balance complete | [ ]  Landing area hazards, improved/unimproved | [ ]  Alternate or contingency plan is identified and briefed.  |
| [ ]  PassengerManifests (attached) | [ ]  Fueling Plan | [ ]  HazMat Considerations |
| [ ]  Maps for project use  | [ ] Airspace considerations discussed with dispatch (MTR, MOA, TFR or airport nearby, etc.)  | [ ]  Emergency Evacuation PlanClosest Med. Facility identified; Mishap Response Plan reviewed |
| [ ]  Radio Use /Freqs. in area | [ ]  Pilot(s) and Aircraft properly carded for mission | [ ]  FRAT Completed |

|  |  |
| --- | --- |
| **(5) Go/No Go Checklist** |  |
| Can aircraft performance meet mission needs? | [ ]  **YES** [ ]  **NO**  |
| Are personnel trained, proficient, healthy and rested? | [ ]  **YES** [ ]  **NO**  |
| Do the Wx forecasts meet or exceed mission minimums?  | [ ]  **YES** [ ]  **NO**  |
| Are communication and flight following in service and available? | [ ]  **YES** [ ]  **NO**  |
| Have previously unidentified hazards been documented and mitigated? | [ ]  **YES** [ ]  **NO** [ ]  **NA**  |
| Has the UAO been notified and briefed about this flight? | [ ]  **YES** [ ]  **NO**  |
| Line Officer Concurrence is given to perform mission if FRAT RISK exceeds approved risk level on the PASP and documented in the mission planning sheet or Project Aviation Safety Plan | [ ]  **YES** [ ]  **NO** [ ]  **NA**  |
| **Flights requiring multiple mission “types” will operate under their respective assessment ratings during the operation.** **Any unforeseen risks that emerge during the operation should trigger a new risk management process.** |

**(6) Signatures:**

*Flight Manager (FW or Helicopter):*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_*

*Pilot Signature:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_*

*Remember to conduct an AAR at the conclusion of the flight to identify any new hazards encountered or lessons learned. Modify Risk Assessment as needed to document and assess new hazards.*

**UAS Missions Only**

|  |
| --- |
| **Crew: Other Than Pilot:** **UAS Crew Leader:** Click here to enter text. **Contact Number:** Click here to enter text.**UAS Data Specialist (1):** Click here to enter text. **Contact Number:** Click here to enter text.**UAS Data Specialist (2):** Click here to enter text. **Contact Number:** Click here to enter text.**UAS Visual Observer (1):** Click here to enter text. **Contact Number:** Click here to enter text.**UAS Visual Observer (2):** Click here to enter text. **Contact Number:** Click here to enter text.**Additional Crew:** Click here to enter text. **Contact Number:** Click here to enter text. |
| **TFR Information:** Click here to enter text. |
| **Airspace Authorization:** [ ]  **Part 107** [ ]  **107/LAANC** [ ]  **SGI Waiver** [ ]  **FAA/DOI MOA****Authorization Comments -** Click here to enter text. |
| **Lost Link and Flyaway Procedures-Protocols:**Click here to enter text. |
| **Special Consideration-Safety Concerns-Comments Section:**Click here to enter text. |

|  |
| --- |
| **Crash Rescue/Medivac Plan: (recommended)** **Additional medical information attached? YES**[ ]  **NO** [ ]  |
| General Instructions (in the event of an incident): Mission site duties and actions to be coordinated through dispatch in accordance with local search & rescue (SAR) and emergency crash rescue plan(s). These items will be discussed and recorded during the daily safety briefing. |
| Specified crash rescue duties will be assigned to ground operations personnel each day before flights of any kind. Crash rescue and first aid equipment will be located near the helicopter operations site, and equipment’s location made known to all personnel. Information and instructions will be sent/ received through the local dispatch office or communications. |
| **EMT(s) on site: YES**[ ]  **NO** [ ]   **Names:** Click or tap here to enter text. |
| **First responder(s) on site: YES**[ ]  **NO** [ ]   **Names:** Click or tap here to enter text. |
| **Available medivac helicopters: YES** [ ]  **NO** [ ]  **UNKNOWN** [ ] Unknown: Select if medivac helicopter won’t be ordered for the mission or incident prior to need. The helicopter will be ordered on demand through the dispatch process. Dispatch will provide medivac ship call sign or tail number, including capabilities and contact information. **Medivac helicopter on site? YES** [ ]  **NO** [ ] **Level of care medivac personnel can provide ALS** [ ]  **BLS** [ ]  **UNKNOWN** [ ]  |
| **FAA Tail #(s)** Click here to enter text. | **Contact Information:** Click here to enter text. |
| **Hoist/Rappel/Extraction Capable?** **YES** [ ]  **NO** [ ] **Check all that apply: Hoist** [ ]  **Rappel** [ ]  **Short Haul** [ ]  |

|  |  |  |
| --- | --- | --- |
| **MEDICAL FACILITY** Click here to enter text. | **Name/Location/Helipad Information** Click here to enter text.  | **Helipad** **YES**[ ]  **NO** [ ]  |
| **Latitude** Click here to enter text. | **Longitude** Click here to enter text. | **Contact Freq.** Click here to enter text. |
|  **MEDICAL FACILITY** Click here to enter text. | **Name/Location/Helipad Information** Click here to enter text.  | **Helipad** **YES**[ ]  **NO** [ ]  |
| **Latitude** Click here to enter text. | **Longitude** Click here to enter text. | **Contact Freq.** Click here to enter text. |
| **NEAREST BURN FACILITY** Click here to enter text. | **Name/Location/Helipad Information** Click here to enter text.  | **Helipad** **YES** [ ]  **NO** [ ]  |
| **Latitude** Click here to enter text. | **Longitude** Click here to enter text. | **Contact Freq.** Click here to enter text. |

**Post Operational De-brief / After action Review Notes:**

Perform a post mission/post project debrief with participants. Capture pertinent feedback that may help in planning for the next project, reinforce those events and actions that made the project a success, and identify areas where improvement can be made to enhance efficiency and safety. Note any additional hazards that may been identified in the Risk assessment section.