

United States Department of the Interior Bureau of Land Management AIRCRAFT FLIGHT REQUEST/SCHEDULE							Change #:	6. Aircraft Info							
1. Initial request information						Cost-Accounting Management Code(s):	Billee Code (OAS A/C only):	Flight Schedule No.		Pax Seats					
Initial Date/Time: /	To/From: /	Phone Number:			Make/Model:										
Check one: <input type="checkbox"/> Point-to-Point <input type="checkbox"/> Mission Flight Desired A/C Type: <input type="checkbox"/> Helicopter <input type="checkbox"/> Airplane								Color:							
Mission Objective/Special Needs:								Vendor:							
								Phone No.:							
								Pilot(s):							
2. Passenger/Cargo Information – Indicate Chief of Party with an asterisk (*)															
Name/Type of Cargo (last name,initial)		LBS or CU ft	Project Order/Request No.		Dept Arpt	Dest Arpt	Return to	Name/Type of Cargo (last name,initial)		LBS or CU ft	Project Order/Request No.		Dept Arpt	Dest Arpt	Return to
3. Flight Itinerary (For Mission-Type Flights, Provide Points of Departure/Arrival and Attach Map with Detailed Flight Route and Known Hazards Indicated)															
DEPART WITH			DEPART FROM			Enroute	ARRIVE AT			DROP OFF		Key Points		Info Relayed	
Date	No. PAX	Lbs	Airport/Place	ETD	ATD	ETE	Airport/Place	ETA	ATD	No. PAX	Lbs	Drop-Off Points, Refueling Stops, Flight Check-ins, Pickup Points		To/From	
						+								/	
						+								/	
						+								/	
						+								/	
						+								/	
						+								/	
						+								/	
						+								/	
4. Flight Following:					5. Method of Resource Tracking:					7. Administrative Type of Payment Document:			8. Review (if applicable)		
<input type="checkbox"/> FAA IFR <input type="checkbox"/> Satellite <input type="checkbox"/> FAA VFR w/ check-in every ___ Minutes to _ FAA or _ Agency <input type="checkbox"/> Agency VFT with check-in via radio every ___ Minutes Frequencies:					<input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> To Scheduling Dispatcher@ _____ <input type="checkbox"/> Prior to Takeoff <input type="checkbox"/> Each Stop Enroute <input type="checkbox"/> Arrival at Destination <input type="checkbox"/> To: _____ @ _____ (Other Office) (Phone Number)					<input type="checkbox"/> OAS-23 or <input type="checkbox"/> OAS 2 <input type="checkbox"/> FS 6500-122 Other: Route Document To:			<input type="checkbox"/> Hazard Analysis Performed <input type="checkbox"/> Dispatch/Aviation Mgr. Checklist <input type="checkbox"/> Other:		
										9. Close-out			Date/Time: /		
										Closed by:					

HAZARD ANALYSIS AND DISPATCH/AVIATION MANAGER CHECKLIST

I. MISSION FLIGHT HAZARD ANALYSIS (Fire flights exempt provided pre-approved plan is in place). The following potential hazards in the area of operations have been checked, have been identified on flight itinerary map, and will be reviewed with Pilot and Chief-of-Party prior to flight:		
<input type="checkbox"/> Military Training Routes (MTRs) or Special-Use Airspace (MOAs, Restricted Areas, etc.) <input type="checkbox"/> Areas of high-density air traffic (airports); Commercial or other aircraft <input type="checkbox"/> Wire/transmission lines; wires along rivers or streams or across canyons <input type="checkbox"/> Weather factors: wind, thunderstorms, etc.	<input type="checkbox"/> Towers and bridges <input type="checkbox"/> Other aerial obstructions: <input type="checkbox"/> Pilot flight time/duty day limitations and daylight/darkness factors SUNRISE _____ SUNSET _____ <input type="checkbox"/> Limited flight following communications	<input type="checkbox"/> High elevations, temperatures, and weights: MAX LANDING ELEV (MSL) _____ MIN FLIGHT ALTITUDE AGL _____ <input type="checkbox"/> Transport of hazardous materials <input type="checkbox"/> Other _____
II. DISPATCHER/AVIATION MANAGEMENT CHECKLIST		III. APPROVALS
<input type="checkbox"/> Pilot and aircraft carding checked with source list and vendor, carding meets requirements <input type="checkbox"/> OR , Necessary approvals have been obtained for use of uncarded cooperator, military, or other government agency aircraft and pilots <input type="checkbox"/> Check with vendor that an aircraft with sufficient capability to perform mission safely has been scheduled <input type="checkbox"/> Qualified Aircraft Chief-of-Party has been assigned to the fight (noted on reverse) <input type="checkbox"/> All DOI passengers have received required aircraft safety training; <input type="checkbox"/> OR , Aviation manager will present detailed safety briefing prior to departure <input type="checkbox"/> Bureau Aircraft Chief-of-Party will be furnished with Chief-of-Party/Pilot checklist and is aware of its use	<input type="checkbox"/> Means of flight following and resource tracking requirements have been identified <input type="checkbox"/> Flight following has been arranged with another unit if flight crosses jurisdictional boundaries and communications cannot be maintained <input type="checkbox"/> Flight hazard maps have been supplied to Chief-of-Party for non-fire low-level missions <input type="checkbox"/> Procedures for deconfliction of Military Training Routes and Special-Use Airspace have been taken <input type="checkbox"/> Chief-of-Party is aware of PPE requirements <input type="checkbox"/> Cost analysis has been completed and is attached <input type="checkbox"/> Other/Remarks:	<p>NOTE: Reference Handbook 9420 for approval(s) required.</p> <p>A. MISSION FLIGHT: Hazard Analysis Performed By: _____ (Chief-of-Party Signature)</p> <p>B. MISSION FLIGHTS: Hazard Analysis Reviewed by: _____ (Dispatcher or Aviation Manager Signature Required)</p> <p>C. If Non-Fire, One-Time (Non-Recurring), Special-Use Mission, Signature of Line Manager is Required**: _____ (Line Manager Signature) _____ (Date)</p> <p>D. This Flight is Approved By: _____ (Authorizing Signature) _____ (Date)</p> <p><i>**For requiring Special-Use Mission, signature is required on Special-Use Air Safety Plan, and not required here.</i></p>