**Northern Rockies Aviation Mission Planning Sheet – Lolo NF**

This document is meant to be utilized in conjunction with a Mission Aviation Safety Plan (MASP). Depending upon complexity of the mission, a Reoccurring MASP has been created for specific missions such as: Aerial Ignition, Backcountry Airstrips, UAS, Helicopter Operations etc. If the mission dictates, a standalone MASP may be created**.**

**Directions:**

1. All information in BLUE bordered boxes (Pages 1 & 2) to be completed in by requesting person/unit.
2. Information in TAN shaded boxes to be completed by requestor. If unknown, can be input by MDC.
3. Requestor will email completed form to [sm.fs.mtmdc@usda.gov](mailto:sm.fs.mtmdc@usda.gov) and [Joshua.Klare@usda.gov](mailto:Joshua.Klare@usda.gov) (LNF FAO).
   1. Dispatch may complete and/or clarify any missing information in TAN shaded boxes and forward form to appropriate parties (requestor, aviation officer, vendor, aircraft manager, etc.).
4. Dispatch will work with Unit/Forest Aviation Officer to schedule aircraft as needed.
5. **DAY OF MISSION** information will be filled in by Aviation Manager/Helicopter Manager Day of Mission

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| **Date:** | | **Project Name:** | |
| **Home Unit:** | | **Dispatch Center:** | |
| **Flight Date:** | **Time Needed:** | **Est. Duration (Flight Time):** | |
| **Reporting Location & Location Type:** | | **Requested by:** | **Requesting Contact # & email:** |
| **Charge Code:** | | **Request #:** | |
| **Project Size:** | | **Land Ownership:** | |
| **Brief Description of Mission:** | | **Justification for Use of Aviation:** | |

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| **Mission Category:**  **Pax Transport**  **Detection  Recon  Aerial Ignition 🡪  PSD  Helitorch**  **UAS  External Load  Backcountry  Training  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Aircraft Type:**  **Rotor Wing:  Type 3  Type 2  Type 1**  **Fixed Wing:**  **Single Engine**   **Twin Engine**  **UAS:  Fixed Wing  Rotor Wing \*AND\*  Type 1  Type 2  Type 3  Type 4** | | | | | |
| **Special Needs:**  **Combi Truck & Minimum Gallons Needed  Non-Ethanol Gas:  Off-Road Diesel:**  **# Spheres Requested:**  **PPE (e.g., Flight Helmets, Headsets etc.)**  **Bucket requested and Size:  Snow Pads  Litter Other:**  **Longline required and Length:** | | | | | |
| **Project Aviation Manager & Position**  (i.e., FWFM, HMGB, UASM, PILO, etc. Include trainee if applicable) | | | **Mobile Number & E-mail:** | | |
| **Alternate Project Aviation Manager & Position:**  (i.e., FWFM, HMGB, UASM, PILO, etc. Include trainee if applicable) | | | **Mobile Number & E-mail:** | | |
| **Additional Info, Remarks, and/or Needs:** | | | | | |
| **Flight Following Method:  AFF \*  FAA Flight Plan**  **\****If AFF selected, include appropriate frequencies in the Communications Plan below* | | | | | |
| **Communications Plan** | | | | | |
| **Type** | **Freq Name** | **RX / Tone / NAC** | | **TX / Tone / NAC** | **Talk Group** |
| Flight Follow | National Flight Follow | 168.650 / 110.9 | | 168.650 / 110.9 | - |
| Air Guard | Air Guard | 168.6250 | | 168.6250 / 110.9 | - |
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| **Project Site Locations**  *Use QR Code to Access Digital Hazard Map OR Attach Flight Hazard Maps* | | | | | | | |
| ***Start Location*** | ***Latitude*** | | ***Longitude*** | | ***Elevation*** | ***Runway length & Surface or Helispot Size & Surface*** | |
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| ***Enroute Stops*** | ***Latitude*** | | ***Longitude*** | | ***Elevation*** | ***Runway length & Surface or Helispot Size & Surface*** | |
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| ***Destination Location*** | ***Latitude*** | | ***Longitude*** | | ***Elevation*** | ***Runway length & Surface or Helispot Size & Surface*** | |
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| **Passengers & Cargo for Transport** | | | | | | | |
| **Name:** | | **WT:** | | **Name:** | | | **WT:** |
| **Name:** | | **WT:** | | **Name:** | | | **WT:** |
| **Name:** | | **WT:** | | **Name:** | | | **WT:** |
| **Name:** | | **WT:** | | **Name:** | | | **WT:** |
| **Cargo Type/Description** (HazMat, Fuel, Batteries-Wet or Dry Cell etc.) | |  | | | | | |
| **Estimated Cargo Weight** | |  | | | | | |

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| **Aircraft Fill Information**  **Vendor  Cooperator  Agency  Military  Other** | | | |
| **Vendor:** | | | |
| **Vendor Home Dispatch Center:** | | | |
| **Registration #:** | **Make & Model:** | | **Color Scheme:** |
| **Procurement Type:  EXU  CWN  IDIQ** | | **Contract #:** | |
| **Rate Type:  Daily Availability and Flight Rate  Project Rate** | | | |
| **Pilot:** | | **Pilot Phone #:** | |
| **Estimated Time of Departure to Start Location (designated above):** | | | |
| **Estimated Time of Arrival at Start Location:** | | | |

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| **Day of Mission:** |
| **Pilot Name/ Phone #:** |
| **Pre-Use Completed** |
| **Pilot Carded and Proficient for Intended Mission:  Yes  No** |
| **Aircraft Carded for Mission:  Yes  No** |
| **Ex: “high complexity” airstrips have a 24-month takeoff and landing currency (fixed wing)** |

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| **Risk Assessment** |
| **MASP Risk Assessment Value:  Low  Moderate  High  Extremely High** |
| **Operational Risk Assessment Completed (Example: GAR Model)**  **Green  Amber  Red** |

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| **Discussion Items**  **Brief on items as necessary and check applicable boxes at beginning of mission, or as necessary as mission changes** | | |
| FAO Notified | Clear and Bright Fuel Sample | Fueling Plan/ Spill Procedures |
| Load Calculation(s) | PassengerManifests | Maps for project use |
| Mission Brief | Landing area improved/unimproved | Ground hazards: (snags, rotor clearance, rotor wash, footing) |
| Aerial hazards (Maps, Birds, towers, A/C)- **Provide Maps** | Airspace consideration (FTA, MTR, MOA, TFR #, other) | PPE Requirements or any special needs identified. |
| Loading/unloading | Haz Mat Considerations | Frequencies and Flight Following procedures Clear |
| Contact info and Comm plan reviewed | Crash Rescue plan/procedures reviewed | Emergency Medical Evacuation Plan, Closest Med. Facility |
| Contingency Plan | Flight Route/water crossings | Personnel assignments identified, qualified (org charts complete) |
| Required Go/No Go checklists complete (per mission type) | Weather Briefing Complete | Reserved |

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| **UAS - Additional Discussion Items:** | | | |
| Airspace Class: ARTCC: | Airspace Auth Type: | | TFR Information: |
| MTR/MOA/Special Use Decon: | NOTAM #: | | Fly Away Procedure Briefing |
| FAO(s) Notified | Line Officer Notified | | Regional UAS Specialist Notified |
| Nearby Airports Notified | Border Airspace Considerations | | Dispatch Notified |
| Copy of Forest Emergency Medical Evacuation Plan | | | |
| **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 guides\*  \*\*Safety 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.

**Signatures –** Risk Assessment, Doors off Operations, GAR, Briefing completed.

| **Participants Name & Position** | **Date** | **Participants Name & Position** | **Date** |
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**Forest Aviation Information and Briefing Package**

[**Lolo Aviation Information and Briefing Package**](https://drive.google.com/drive/folders/1y0i0YcrOWT6v0x6U7w6AmKAqTnGzknkw?usp=sharing)



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| [**FRAT for F/W Flights**](https://forms.office.com/Pages/ResponsePage.aspx?id=5zZb7e4BvE6GfuA8-g1GlxdQ5cqZOI5IrL2NPX_UBqtUOTBNRzcxMVMyMkxLVDVGMUE1QkRDVkhVVS4u) | [**FRAT for EU Helitack**](https://forms.office.com/Pages/ResponsePage.aspx?id=5zZb7e4BvE6GfuA8-g1GlxdQ5cqZOI5IrL2NPX_UBqtUNkFBU0QyRVdXNUdTN0NYUFhBOUFGSUtBSC4u) |
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| [**FRAT for UAS**](https://forms.office.com/Pages/ResponsePage.aspx?id=5zZb7e4BvE6GfuA8-g1GlxdQ5cqZOI5IrL2NPX_UBqtURjFKRDhDRVAxTTZYUlpWSUY1M0UyTDFQRi4u) | [**FRAT for CWN Helitack**](https://forms.office.com/Pages/ResponsePage.aspx?id=5zZb7e4BvE6GfuA8-g1GlxdQ5cqZOI5IrL2NPX_UBqtURERGQUNHVE9GSUlQTjlEMkdaR1hNTzBENi4u) |
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| **CRASH RESCUE / MEDIVAC PLAN** |
| **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 and received through the local dispatch office or communications. |
| **EMT(s) on site:**  **YES**  **NO**  **Names & Level:** |
| **First responder(s) on site:  YES  NO**  **Names & Type/Level:** |
| **Medivac Helicopter on site?  YES  NO**  **FAA Tail #:**  **Name/Vendor:**  **Capabilities:  Hoist  Rappel  Short Haul**  **Level of care medivac personnel can provide:**  **ALS**  **BLS**  **UNKNOWN**  **Contact Information:** |
| **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. \*** |
| **\*\*Request all Medivac, Hoist/Extrication, & Short Haul Helicopters through your local interagency dispatch center\*\***  [Interagency Emergency Helicopter Extrication Source List](https://www.nwcg.gov/publications/pms512) (PMS 512) |

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| **MEDICAL FACILITIES**  ***Coordinate through Missoula Interagency Dispatch Center*** | | | |
| **FACILITY** | **LAT / LONG**  **ADDRESS** | **CONTACT FREQ** | **Helipad?**  **Size Capable &**  **Other Info** |
| Providence St. Patrick Hospital | N46° 52.524’ x W113° 59.969’  500 W Broadway St,  Missoula, MT 59802 | White – RX/TX 155.280,  TX Tone 156.7 | YES  NO  T2 Heli |
| Community Medical Center | N46° 50.909’ x W114° 02.865’  2827 Ft. Missoula Rd,  Missoula MT 59804 | White – RX/TX 155.280,  TX Tone 156.7 | YES  NO  T2 Capable  Powerlines near helipad |
| Clark Fork Valley Hospital | N47° 28.145’ x W114° 53.333’  10 Kruger Rd, Plains,  MT 59859 | White – RX/TX 155.280,  TX Tone 156.7 | YES  NO |
| Mineral Community Hospital | N47° 11.136’ x W114° 52.647’  4208 6th Ave E,  Superior, MT 59872 | White – RX/TX 155.280,  TX Tone 156.7 | YES  NO |
| **BURN CENTERS** | | | |
| Providence Sacred Heart Medical Center | N47° 38.952’ x W117° 24.782’  101 W 8th Ave, Spokane, WA 99204  **\*\*NOT A BURN CENTER\*\***  **Can package burn patients for transport to Harborview** | | YES  NO |
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| Harborview Regional Burn Center | N47° 36.1783’ x W122° 19.488’  325 9th Ave #359796, Seattle, WA 98104 | | YES  NO  3 total Helipads |
| University of Utah Burn Center | N40° 46.361’ x W111° 50.232’  50 N Medical Drive, Salt Lake City, UT 84132 | | YES  NO  3 total Helipads |