A publication of the
National Wildfire
Coordinating Group

Aerial Supervision Logbook

PMS 509 June 2014

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This product is available electronically from the NWCG Web site at http://www.nwcg.gov.

Previous NWCG edition: 2013. Prior to 2013, editions were sponsored by an interagency aviation council.

Preface

The Aerial Supervision Logbook contains forms and checklists. The forms and checklists are job aids for use by any type of aerial supervisor.

The Aerial Supervision Logbook has been discontinued as a cache item. The complete logbook and the individual forms are available for download from the NWCG Web site at http://www.nwcg.gov or from the BLM NIFC Fire and Aviation site at http://www.blm.gov/nifc/st/en/prog/fire/Aviation/aerial_supervision.html.

The forms are available for download as individual PDF files formatted for printing and as fillable, savable PDF forms.

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3	Aerial Supervision Mission Log	Individual mission log which also tracks cumulative missions and flight hours, completed after each mission.
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Annual Aerial Supervision Mission Summary

Aerial Supervisor: Fill out this form at the end of fire season and send it to your GACC ATGS Cadre Member by 10/31.

ATGS Cadre Member: Sign this form and send it to your National Program Manager and THE ATGS's IQCS Manager and Certifying Official.

Aerial Supervisor Name:	**GACC Cadre Member Name:**
Phone #:	Phone #:
Fax #:	Fax #:
Email:	Email:
IQCS Manager Name:	**Certifying Official Name:**
Phone #:	Phone #:
Fax #:	Fax #:
Email:	Email:

Summary Year:	**Missions:**	**Hours:**

Note: BLM ATGS must document 5 missions/year to maintain currency. An ATGS mission consists of a flight on an actual incident where coordination of airborne resources takes place. Each additional incident flown during a single flight counts as an additional mission.

Aerial Supervisor Comments:

Aerial Supervisor Signature

GACC Cadre Member Comments:

GACC Cadre Member Signature

IQCS Incident Experience Update

(Note: this information is to be used only for updating employee records that are already established in the IQCS)

EMPLOYEE SIGNATURE		**DATE**	
SUPERVISOR		**DATE**	

EMPLOYEE WILDLAND AND PRESCRIBED FIRE EXPERIENCE

Job Code (Incident Position)	Type of Incident (Event Code)	Incident Arrival Date MM/DD/YY	State	Operational Periods (Shifts)	Management Type or Complexity Level (See Below)	Fuel Type (See Below)	Fire Size Class (See Below)	Incident Order # Incident Name (Resource Order) Request #
(EXAMPLE) **XXXX**	**W**	**07/21/00**	**NM**	**19**	**1**	**T**	**G**	**NM-SNF-0304 FRED (C-1)**
(EXAMPLE) **XXXX(T)**	**RX**	**08/05/01**	**CA**	**2**	**3**	**T**	**C**	**CA-SNF-0102 WILD (O-21)**

ICS Management Types	Complexity Levels	Fuel Type/ Model # (select primary carrier code G-S)	Fire Sizes (in acres)
TYPE A - national area command team assigned **TYPE 1** - national type 1 team assigned **TYPE 2** - regional type 2 team assigned **TYPE 3** - extended attack with multiple resources **TYPE 4** - initial attack **TYPE 5** - initial attack with very few resources	**TYPE 1** **TYPE 2** **TYPE 3** (For Prescribed Fires)	**G** – Grass/1-3 **B** – Brush/4-7 **T** – Timber/8-10 **S** – slash/11-13	**A** .1 - .25 **B** .26 - 9.9 **C** 10 - 99.9 **D** 100 - 299.9 **E** 300 - 999.9 **F** 1,000 - 4,999.9 **G** 5,000 +

Task Books

Initiated, But Not Completed		
Event Code	Job Code	Initiated Date
Example: W	***Example: FFT1***	***Example: MM/DD/YYYY***

Initiated And Completed (1 column per Task Book)		
Job Code, and Initiated Date ***Example: W-FFT1 MM/DD/YYYY***	Job Code, and Initiated Date	Job Code, and Initiated Date
Final Evaluator ***Example: Last Name, First Name, Middle Initial***	Final Evaluator	Final Evaluator
Title ***Example: Station Manager***	Title	Title
Home Unit ***Example: NMNPA, Northern Pueblos Agency***	Home Unit	Home Unit
Phone Number ***Example: 801-354-5678***	Phone Number	Phone Number
Certifier's IQCS Empl ID (NOT SSN) ***Example: This Person Must Be In The IQCS Data Base***	Certifier's IQCS Empl ID	Certifier's IQCS Empl ID
Title ***Example: District FMO***	Title	Title
Home Unit ***Example: ORWSA, Warm Springs Agency***	Home Unit	Home Unit
Phone Number ***Example: 801-456-9875***	Phone Number	Phone Number
Certification Date ***Example: MM/DD/YYYY***	Certification Date	Certification Date

Aerial Supervision Mission Log

Date:	**Fire Name:**
Location:	**Fire Code:**
Pilot:	**Aircraft N#:**

Resources	Type	ID	Description of Events
ASM			
Leadplane			
Large Airtankers			
SEATS			
Helicopters			
Jumpships			
Media			
Other			

Incident Complexity Level (1-5):
Geographic Area (GACC):
Agency:
Missions to Date:
Flight Time to Date:

Aerial Supervision Mission Evaluation

Name:	Date:	# Evaluation Missions (task book):
Trainee: Y N	Mission Eval: Y N	# Missions this Incident:
Incident Name:		Total Missions to Date (logbook):
Incident Location:		Fuel Model(s):
Incident Complexity: __Type 1 __Type 2 __Type 3 __Initial Attack __Prescribed Fire __Other (all risk):		
Airspace Complexity Elements: ___TFR ___WUI ___MOA/SUA ___ATC		
# of Aircraft Assigned: ___Helicopters ___Airtankers ___Lead/ASM/HLCO ___Other		

Evaluation Elements (see below):	1	2	3	4	N/A	Remarks
Pre-Mission Procedures						
En Route Procedures/Communication						
FTA Entry						
***Determine FTA Altitudes**						
Determine Hazards						
***Confirm Objectives and Priorities**						
***Initial Briefing**						
Tactical Briefing/Target Description						
***Line Clearance (AC and Ground)**						
Departure Briefing						
***Separation (vertical, horizontal)**						
Transition Routes						
IP/Holding Areas						
Checkpoints/Fences						
Helicopter Routes						
Coordination with Ground Personnel						
Provide Fire Information/Sizeup						
Recommend Strategies/Tactics						
Provide Safety Oversight						
Coordination with Dispatch						
Emergencies (Aircraft, Medevac, IWI)						
Post Mission (debrief, log, payment docs)						
Safety						
Span of Control Mitigation						
***Situational Awareness**						
Risk Management						
CRM (info/task sharing w/pilot)						
FW/RW Mission Prioritization						
Aerial Supervision Transition Briefing						
Frequency Management						
Other						

Focus Areas – Next Mission:
Evaluation Flight Result: ___Pass ___Fail
Instructor/Check Airman: Date:

Evaluation Elements

4	None	No assistance required or deficiency noted.
3	Minor	Non-critical deviations are noted, but the outcome of the event/objective was never in doubt.
2	Moderate	Coaching was required and the outcome of the event/objective was in doubt.
1	Significant	Frequent coaching was required. The outcome of the event was in doubt and safety was compromised or the individual failed to accomplish the critical task.
NA	Task/procedure was not applicable to this mission.	

Evaluation Requirements:

*** Six elements (bold text and shaded, prefixed with an asterisk) have been identified as mission critical and require a rating of 4 in order to pass the evaluation flight.**

All other elements require a minimum rating of 3 in order to pass the evaluation flight.

Scores of 1 or 2 require remarks.

ASM (ATP or ATS) Competency Check

Name:	Date:
Location:	Flight Time:
Aircraft Make/Model:	Aircraft N#:
Crew Position:	Type of Check:

Evaluate all the applicable items:
(+) Satisfactory (-) Unsatisfactory - Unsatisfactory requires Remarks

	Evaluation		Evaluation
Pre-Flight		**Tactics (low level)**	
Crew Brief		Personnel Location	
Aircraft Setup		Separation	
Radio Setup		Situational Awareness	
Preparation		Inter-Cockpit Communication	
Organization		Over Target	
Fire Order Information		Drop Evaluation	
Enroute		**CRM**	
Use of Time		Teamwork	
Knowledge of the Environment		Judgment	
Air to Ground Communication		Emergency Procedures	
Tactics/Reconnaissance		Verbal Skills	
Approaching the Incident		Non-Verbal Skills	
Scouting the Area		Risk Analysis	
Hazard Identification		**Other**	
Risk Mitigation			
Approach and Exit			
Procedures			

Remarks:
Result of Checkride:
Check Airman Name and Signature:
ATP or ATS Name and Signature:

Air Tanker Drop Evaluation

Date:	Incident Name:
Incident #:	
Descriptive Location:	
Tanker #:	Pilot:
Vendor :	
Elevation:	Wind (speed/direction):
Terrain (flat, rolling, steep):	
Fuel Type:	

Drop Evaluation: **1 = Unacceptable** **2 = Poor** **3 = Good** **4 = Excellent**
Fire Area Traffic Pattern (1-4):
Communications (1-4):
Target Acquisition (1-4):
Drop Accuracy (1-4):

Number of Drops:
Comments:

Evaluator's Name:	Position:
Address:	
Email:	Phone:

Single Engine Airtanker Pilot Evaluation

Airtanker #:	Assigned Base:
Aircraft Make and Model:	
Incident Name:	Incident #:
Geographic Location:	Date:
Pilot:	Company:
Fire Operations:	
Did resource meet the expectation?	
Initial Response Time:	Turnaround Time:
Terrain Type (steep, flat, etc.):	
Fuel Type:	
Was the Drop Pattern Acceptable?	
Was the coverage level uniform?	
Tank system (constant flow or gravity):	
Product dispensed (retardant, foam, or gel):	
Gallons Delivered:	Number of Drops:
Comments:	
Evaluator Name:	Position:
Phone #:	Email:
Organization:	
Address:	

Please forward one copy to:

National SEAT Program Manager
National Interagency Fire Center
3833 South Development Ave
Boise, ID 83705

Aircraft Mission Checklist
Aerial Supervision

Pre-Flight

- Mission fuel — Confirmed
- Weather enroute/destination — Checked
- Resource order/mission brief — Accomplished
- Standard aircraft brief — Accomplished

After Takeoff/Enroute

- GPS — Set
- Communication/radios — Confirmed/set
- Other aircraft on scene/enroute — Confirmed
- Level of supervision on scene — Confirmed
- Alternate airport(s) — Confirmed
- Time on station (Bingo) — Determined /**Re evaluate***
- Crew brief — Accomplished

Prior to FTA Entry

- Altimeter — Set
- Pulse / landing lights — On
- Transponder — On/ALT

*** In the event of divert to a new incident, Checklist items after "Pre-flight" will be re-done.**

Airtanker Briefing Checklist

Initial Briefing		
1	Altimeter setting	
2	Clearance Altitude and location	
3	Your altitude	
4	Other aircraft and respective altitudes	
5	Coverage level	
6	Portion of load	
7	General hazards	
Tactical Briefing		
1	Target description	
2	Objective	
3	Specific hazards	
4	Aircraft in drop area and separation method	
5	Drop clearance	
Departure Briefing		
1	Drop evaluation	
2	Reload instructions	
3	Confirm flight following	
4	Other	

Aerial Supervision Transition Checklist

General Information	
Confirm all radio frequencies	
Priorities (objectives)	
Hazards and mitigations	
Aircraft Information	
Airspace setup (stack altitudes)	
Aircraft assigned	
Location and mission of airtankers	
Location and mission of other aerial supervision	
Location and mission of helicopters	
Location and mission of other aircraft	
Planned fixed or rotor missions	
Reload base locations	
Helibase/helispot locations	
Dipsite locations	
Fuel and flight hours status of helicopters	
Pumpkin time	
Ground Information	
Ground contacts	
Division breaks	
Landmarks	
Other:	
Next aerial supervision transition time	

Aircraft Daily Cost Summary

Date:	Aircraft N#:	Vendor:
Aircraft Make and Model:		
Name:	Phone #:	
Position:	Home Unit:	

Flight Rate		Hours Flown		Total Flight Cost	
Daily Availability					
Extended Standby Rate		Hours Extended		Total Extended Cost	
RON Rate		Number of Crew		Total RON Cost	
Miscellaneous Cost					
Total Cost					

Comments

Flight Time/Duty Day Cumulative Log

Pilot Name:	
Last Date(s) Off-Duty:	Cumulative FT Last 5 Consecutive Days On Duty:

INSERT DATES OF NEXT 7 DAYS IN BOXES							
EARLIEST PILOT COULD BE ON DUTY							
ACTUAL ON DUTY TIME (Including Pre-Flight)							
ADD 14 HOURS FOR MAXIMUM DUTY DAY	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs
= MUST BE OFF-DUTY AT:	=	=	=	=	=	=	=
ACTUAL OFF-DUTY TIME:							
CUMULATIVE FLIGHT TIME PREVIOUS 5 DAYS							
+ TOTAL FLIGHT TIME TODAY	+	+	+	+	+	+	+
= TOTAL FLIGHT TIME THIS 6-DAY PERIOD *	=	=	=	=	=	=	=

INSERT DATES OF NEXT 7 DAYS IN BOXES							
EARLIEST PILOT COULD BE ON DUTY							
ACTUAL ON DUTY TIME (Including Pre-Flight)							
ADD 14 HOURS FOR MAXIMUM DUTY DAY	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs
= MUST BE OFF-DUTY AT:	=	=	=	=	=	=	=
ACTUAL OFF-DUTY TIME:							
CUMULATIVE FLIGHT TIME PREVIOUS 5 DAYS							
+ TOTAL FLIGHT TIME TODAY	+	+	+	+	+	+	+
= TOTAL FLIGHT TIME THIS 6-DAY PERIOD	=	=	=	=	=	=	=

Max Flight Time = 8 Hours Max duty Day = 14 Hours Min Rest Period = 10 Hours Required Days Off = 2 Days in 14

Fire Sizeup

Fire Name:	
Fire Number:	
Latitude:	**Longitude:**
Descriptive Location:	
Approximate Size (acres):	
Fuel Type (grass, brush, timber, slash):	
Character of Fire (smoldering, creeping, running, spotting, torching, crowning, erratic):	
Spread Potential (low, moderate, high, extreme):	
Elevation (feet):	
Aspect (north, south, east, west):	
Position on Slope (upper, middle, lower, valley bottom, saddle, ridge top, flat or rolling):	
% Slope at Head of Fire (-25, 26-40, 41-75, >76):	
Wind Speed (mph):	
Wind Direction (cardinal):	
Control Problems:	
Is life or property threatened?	
Are additional resources needed?	
Hazards:	
Other:	

Aerial Supervision Mission Organizer

Date:	Time off: Time on:
Fire Name:	Fire #:
Latitude:	Longitude:
Descriptive Location:	

Contacts	**Altimeter**		
IC:	**Air Attack**:		ft
Ops:	**Lead/ASM**:		ft
Frequencies			
Dispatch:	**Tankers**:		ft
A/G:	ID	ETA	# Drops
Tac:			
FW Vic:			
RW Vic:			

Helicopters:		ft
ID	ETA	# Drops

Target Location:
Coverage Level:
Hazards:

Notes

IASG Revision Proposal

Revisions to the *Interagency Aerial Supervision Guide* are due by **October 1.** Please use this form to submit revision proposals. Submit this form to the appropriate Aerial Supervision Cadre (Lead, ASM, HLCO, or ATGS) Chairperson or the appropriate Agency Aerial Supervision Program Manager.

Chapter:	
Page #:	
Section Title:	
Existing Text:	
Proposed Text:	
Comments:	
Submitted By:	Position:
Date:	Aerial Supervision Qualifications:
Email:	Phone #:

ATGS Phase Training – Phase 1 Form
Trainee activity completed with pilot/ATGS Instructor

Date Completed	**Before Flight Instruction**
	Reviews weight and balance
	Reviews fuel management
	Reviews normal procedures
	Reviews emergency procedures
	Receives cockpit orientation
	Assembles ATGS kit
Date Completed	**Flight Observation**
	Observes ATGS Instructor(s) on at least 1-3 missions of variable complexity
	Evaluates instructors through AAR process
Date Completed	**Pre-Fight**
	Clarifies mission with ordering point (base manager/dispatch)
	Facilitates pre-action preview with pilot
	Discusses pre-mission, mission, and post mission expectations
	Discusses previous missions items identified as deficiencies
	Discusses and identifies any issues, concerns, or thoughts that arose since last mission/AAR
	Programs radios and GPS in a timely manner
Date Completed	**Flight**
	Completes Pre-flight portion of the Aerial Supervision Mission Checklist (IASG Appendix D)
	Listens to airport information (AWOS, ATIS, etc.) and sets altimeter
	Makes associated radio calls associated with airport departure
	Establishes and maintains flight following with dispatch
	Completes the After Take-Off/Enroute portion of the Aerial Supervision Mission Checklist (IASG Appendix D)
	Monitors appropriate frequencies and gathers/records incident information
	Completes the Prior to FTA Entry portion of the Aerial Supervision Mission Checklist (IASG Appendix D)
	Make appropriate radio calls to enter FTA
	Uses a consistent script for flight following and briefings
	Mitigates risk associated with known and discovered hazards
	Ensures risk mitigation and hazard information is communicated to the appropriate sources
Date Completed	**Phase 1 Completion**
	Trainee signature
	Instructor signature

ATGS PhaseTraining--Phase 2 Form
Trainee Activity completed with pilot/ATGS Instructor

Date Completed	**FTA Entry**
	Pre-plans entry into incident with pilot (altitude, entry direction, other aircraft)
	Completes the Prior to FTA Entry portion of the Aerial Supervision Mission Checklist (IASG Appendix D)
	Makes appropriate incident arrival notifications to dispatch
	Actively listens to AG, AA, and Command Frequencies to determine briefing sequence
	For IA/new incident - makes blind calls on all AA and AG frequencies
	For IA/new incident - makes contact with ground personnel/IC. Confirms on-scene/ordered aircraft information
	Looks for proper timing to call on-scene aerial supervision at 12/7 miles
	Follows proper FTA protocols
	Receives in-flight and in-person briefing information including
	All aircraft assigned and ordered for the incident
	On-scene aircraft locations
	All frequencies associated with the incident
	All known hazards (air, ground, and special)
	Division breaks and landmarks
	Incident objectives
	Ground resources locations and frequencies
	Objectives for fixed and rotor wing aircraft
	Critical times for all aircraft (pumpkin, fuel cycles, release/time out, relief)
	Helibase, dipsite, sling site, helispot, reload base locations
	Confirms special considerations – political, environmental, economical
	Establishes control of the FTA and confirms positive handoff with outgoing aerial supervision
Date Completed	**FTA Management**
	Verifies briefing information provided by outgoing aerial supervision
	Initiates contact with on-scene aircraft and verifies altitudes, mission assignments and ground contacts
	Initiates contact with IC/DIVS and confirms objectives and priorities
	Evaluates tactical plan and effectiveness of suppressant/retardant application
	Provides tactical plan feedback to ground personnel (what's working and what's not working)
	Adjusts tactics as needed in conjunction with ground personnel
	Maintains appropriate level of communication with dispatch
	Utilizes a practiced, consistent, and appropriate script when briefing aircraft (initial, tactical, departure)
	Ensures on-scene aircraft are comfortable with flight conditions (weather/wind/turbulence/visibility)

Date Completed	**ASM/Lead Utilization**
	Receives or gives complete briefing with ASM/Lead
	Confirms objectives, priorities, workload sharing, and aircraft coordination responsibilities with ASM/Lead
	Ensures affected aircraft understand aircraft coordination responsibilities of the ASM/Lead
	Coordinates aircraft separation (IP's, routes, patterns, checkpoints, fences, etc.) with ASM/Lead
	Communicates with ASM/Lead for the entire mission.
	Confirms positive handoff (aircraft coordination) of resources back to ATGS from ASM/Lead as missions are completed or mission locations change
Date Completed	**HLCO Utilization**
	Establishes and locates assignment for HLCO – aircraft, frequencies, division assigned, ground contacts, and tactics
	Notifies on-scene aircraft of HLCO roles and responsibilities
	Coordinates routes, patterns, fences, and ceilings with HLCO
	Communicates with HLCO throughout entire mission
Date Completed	**Operations**
	Performs risk analysis and mitigation throughout the entire mission
	Maintains consistent CRM with the pilot
	Confirms long-term plan and communicates changes
	Makes decisions on their own initiative based on an understanding of the commanders intent
	Provides coordination and cooperation among all assigned aircraft toward a commonly understood objective
	Provides simplicity that is clear with uncomplicated plans and concise orders to maximize effectiveness and minimize confusion
	Identifies task/complexity saturation, delegates, and will ask for help
	Obtains information on retardant use or restrictions and coordinates with appropriate personnel
	STAYS CALM
Date Completed	**FTA EXIT**
	Organizes and pre-plans for incoming aerial supervision transition
	Notifies on-scene aircraft and pertinent ground personnel of upcoming transition
	Ensures briefing frequency is clear and will not conflict with aircraft operations
	Takes advantage of incoming aerial supervision position for initiation of briefing (timing)
	Gives complete and thorough transition briefing
	Includes special considerations, notifications and confirms relief time
	Completes positive hand off
	Actively monitors all related frequencies back to airport and makes appropriate radio calls (dispatch, ATB, etc.)
Date Completed	**Post-Mission**
	Conducts AAR with flight crews
	Completes appropriate documentation (log book, payment docs, etc.)
	Closes out with dispatch and confirm timeframes and rotation for next operational period.
Date Completed	**Phase 2 Completion**
	Trainee signature
	Instructor signature