PASP INSTRUCTIONS

**\*Pages 1-11 or through map and aerial hazard analysis page (due to extended risk assessment) require total completion for submission, review and approval signature (project approver signature-appropriate level line officer). Subsequent pages see instructions below\***

**Subsequent pages include:** Pilot information, flight following, frequencies, MTR’s / MOA’s, crash rescue /medivac and additional appendices. Complete these pages as information becomes available. Partial completion of these pages is recommended during the submission process. (Subsequent pages shall be filled out prior to project initiation).

RISK MATRIX INSTRUCTIONS

Appropriate management level for operational risk decision will remain the same in the color coded format. The number system on page (6) in the risk management scale is incorporated into the drop down menu of risk assessment attached. Values of risk level are as follows:

Low-1 Medium-2

Serious-3 High-4

In no case will the overall risk of the mission be less than the highest specific factor. (Example: One high, one serious, and two medium threats couldn’t result in anything less than a high).

SIGNATURE’S

Signature blocks are in order of how the PASP will move forward for review and signature. Route all PASP’s through the local aviation officer. The local aviation officer will send the PASP to HOS and RASM. After regional signatures, the PASP will be returned to the originating aviation officer for routing to the appropriate approving official. The tan colored fields are required to be signed for at the Line Officer level or the appropriate IMT official, if on incident. (See tan highlighted areas).

Signing: All signature boxes up to the Regional Aviation Officer will be signed in typed text. See below.

Example: /s/ James T. Kirk

Approval of risk assessment and line officer plan approval final signature will be wet signature. These areas are tan color.

RETENTION AND FILING OF PLAN

Once project safety plan is approved by line management, the plan will be maintained in the dispatch office and referenced during flight. Retention of the safety plan by dispatch shall be one year. Retention of the plan and daily briefing sheets by the project manager shall be one year. Reference IHOG-2016 Chapter 3-13 (d).

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| **Forest:** Click here to enter text. | **Unit**: Click here to enter text. |

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| **Agency Requesting Project****FS** [ ]  **NPS** [ ]  **BLM**[ ]  **FWS** [ ]  **BIA** [ ]  **STATE** **[ ]  OTHER** **[ ]**  | **Anticipated Date(s) YES** **[ ]  NO** **[ ]** **Calendar Year** **YES** **[ ]  NO** **[ ]  ---------🡪****Date Variance Acceptable**  **YES** **[ ]  NO** **[ ]** **\*Document variance in aviation plan briefing sheet or ICS 214\*** | **Fiscal Year**Choose an item.  |
| **Aircraft Type** |
| **Fixed** | **Rotor** | **UAS** | **Start Date** | **End Date** | **PASP Objectives** |
| [ ]  | [ ]  | [ ]  | Click here to enter a date. | Click here to enter a date. | **Training**  [ ] **Resource**  [ ] **LE&I Mission(s)** [ ]  |

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| **Project prepared by**: Click here to enter text. | **Title**: Choose an item. | 9/30/2019 |
| **Project reviewed by:** (OPTIONAL) Forest Level: Click here to enter text. | **Title**: Choose an item. | Click here to enter a date. |
| **Project review by:**  (OPTIONAL) Regional Level:Click here to enter text. | **Title:** Choose an item. | Click here to enter a date. |
| **Project reviewed by**: (REQUIRED) Aviation Officer: Click here to enter text. | **Title**: Forest Aviation Officer | Click here to enter a date. |
| **Project reviewed by:** (REQUIRED) RASM: | **Title**: Regional Aviation Safety Manager (acting) | Click here to enter a date. |
| **Project reviewed By:**  (REQUIRED) RAO: Click here to enter text. | **Title**: Regional Aviation Officer (acting) | Click here to enter a date. |
| **Project approved by:** (REQUIRED) - Line Officer:  | **Title**: Choose an item. | Click here to enter a date. |

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| **Project Supervisor**:Click here to enter text. | **Alternate Project Supervisor**:Click here to enter text. |

\*\* **Participant’s qualifications and responsibilities verified/discussed during daily briefing\*\***

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| **Project Name**Click here to enter text. |
| **Compliance with the operational procedures outlined in this Project Aviation Safety Plan is required.** **Aircraft Justification For Project:** The objective of the project is to ignite the area in a cost effective manner that will restore wildland fire’s role as a natural disturbance process. Having the ability to use aerial ignition will allow treatment of large portions of the landscape reducing cost, ground personnel exposure, and smoke impacts.  |

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| **Aircraft Information:** \***Check all that apply, if name is unknown, add information to safety plan briefing sheet\*** **\*Leave text fields blank if unknown\*****\*All cooperators require an annual approval letter onboard except DOJ aircraft\*****Cooperator [ ]** Click here to enter text. **Agency [ ]** Click here to enter text.**Vendor** **[ ]** Click here to enter text. **Military [ ]** Click here to enter text. **Other** **[ ]** Click here to enter text. |
| **Rotor Wing:**  **Type One [ ]  Type Two [ ]  Type Three** **[x]** **\*Document additional requirements beyond standard typing in aircraft justification and resource order\* (performance capabilities, equipment, Etc.)** |
| **Fixed Wing: Single Engine [ ]  Twin Engine [ ]** **\*Document needs for turbine, twin engine, air conditioning, high or low wing, pressurized cabin, radio package or any additional requirements in aircraft justification and resource order\*** |
| **UAS:** [ ]  **Public** **[ ]  Commercial \*Refer to Forest Service policy on UAS use\*** |
| **Aircraft Make and Model:**  **Refer to safety plan briefing sheet for vendor name, make, FAA# and model.** PSD operations: No briefing sheet required- insert aircraft information below.**Vendor:** Click here to enter text. **Tail number:** Click here to enter text.**Model:** Click here to enter text. **Unknown CWN** **[ ]  Unknown EU** **[x]** \*\* CWN helicopter information attained after hiring process\*\*\*\*Unknown or multiple aircraft in use (CWN or EU)- mark appropriate boxes, have CWN inspection sheet or copy of aircraft data card on file with PASP for aircraft data- AI PASP only\*\* |
| **Procurement and Cost Information: Check unknown if unable to provide accurate or estimated information.** |
| **Procurement Type:** Choose an item.**Unknown** **[x]** **Projected Flight Hours:** Click here to enter text.**Unknown** **[x]** **Charge Code: WFHF09 (0309)****Unknown** **[x]**  | **Estimated Flight Hour Cost:** Click here to enter text.**Unknown** **[x]** **Estimated Miscellaneous Cost(s):** Click here to enter text.**Unknown** **[x]**  |

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| **\*\*Project risk assessment completed prior to project approval\*\*****\*\*Risk assessment hazards shall be re-assessed prior to project engagement\*\*** **\*\*See appropriate management level for approval and dynamic flowchart decision making tool\*\*** |

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| **Project Risk Assessment Matrix Scale** |
|  |  **Severity** |
| **Likelihood** | Negligible IV | MarginalIII | CriticalII | CatastrophicI |
| Frequent  A |  |  |  |  |
| Probable B |  |  |  | *High 4* |
| OccasionalC |  |  | *Serious 3* |  |
| Remote D | *Medium 2* |  |  |  |
| Improbable E | *Low 1* |  |  |  |

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| **Severity and Likelihood Scale Definitions** |
| **Severity**

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| **Catastrophic** | Fatalities and or loss of the system.  |
| **Critical** | Severe injury and or major system damage. |
| **Marginal** | Minor injury and or minor system damage. |
| **Negligible** | Less than minor injury and or less than minor damage. |

 | **Likelihood**

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| **Frequent** | Likely to occur and continuously experienced.  |
| **Probable** | Will occur several times and occur often. |
| **Occasional** | Likely to occur sometimes and will occur several times. |
| **Remote** | Unlikely to occur, but possible. Unlikely, but expected to occur. |
| **Improbable** | So unlikely, assume it will not occur.Unlikely to occur, but possible.  |

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

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|  **SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION** |
| **System Being Evaluated: Aerial Ignition** | **Pre Mitigation** |  | **Post Mitigation** |
| **Sub System(s)** | **Hazards** | **Likelihood** | **Severity** | **Risk Level** | **Mitigation** | **Likelihood** | **Severity** | **Risk Level** |
| Click here to enter text. |  | **Occasional** | **Catastrophic** | **High-4** | Click here to enter text. | **Improbable** | **Catastrophic** | **Medium-2** |
| Click here to enter text. | Click here to enter text. | **Occasional** | **Catastrophic** | **High-4** | Click here to enter text. | **Remote** | **Catastrophic** | **Serious-3** |
| Click here to enter text. | Click here to enter text. | **Occasional** | **Critical** | **Serious-3** | Click here to enter text. | **Remote** | **Critical** | **Medium-2** |
| Click here to enter text. | Click here to enter text. | **Occasional** | **Catastrophic** | **High-4** | Click here to enter text. | **Improbable** | **Catastrophic** | **Medium-2** |

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|  **SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION** |
| **System Being Evaluated: Aerial Ignition** | **Pre Mitigation** |  | **Post Mitigation** |
| **Sub System(s)** | **Hazards** | **Likelihood** | **Severity** | **Risk Level** | **Mitigation** | **Likelihood** | **Severity** | **Risk Level** |
| Click here to enter text. | Click here to enter text. | **Remote** | **Critical** | **Medium-2** | Click here to enter text. | **Remote** | **Marginal** | **Medium-2** |
| Click here to enter text. | Click here to enter text. | **Remote** | **Catastrophic** | **Serious-3** | Click here to enter text. | **Remote** | **Critical** | **Medium-2** |
| Click here to enter text. | Click here to enter text. | **Remote** | **Catastrophic** | **Serious-3** | Click here to enter text. | **Improbable** | **Catastrophic** | **Medium-2** |
| Click here to enter text. | Click here to enter text. | **Occasional** | **Catastrophic** | **High-4** | Click here to enter text. | **Remote** | **Catastrophic** | **Serious-3** |

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|  **SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION** |
| **System Being Evaluated:** Click here to enter text. | **Pre Mitigation** |  | **Post Mitigation** |
| **Sub System** | **Hazard** | **Likelihood** | **Severity** | **Risk Level** | **Mitigation** | **Likelihood** | **Severity** | **Risk Level** |
| Click here to enter text. | Click here to enter text. | **Frequent** | **Catastrophic** | **High-4** | Click here to enter text. | **Remote** | **Catastrophic** | **Serious-3** |
| **Final Assessment:** **Low-1** **[ ]  Medium-2** **[ ]  Serious -3** **[ ]  High-4** **[ ]**  | **Prepared By:** Click here to enter text. | Click here to enter a date. |
| **Operation Approved By:**  | **Title:** Choose an item. | Click here to enter a date. |
| **\*\*Attach Additional Project Risk Assessment If Necessary\*\*** |

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|  **Map Of Project Area:** **Depict aerial hazards in this map if known. If map or supporting documents do not fit page format, attach as an appendix. Attach appendix to the end of the PASP.****Helispot Information:**. |
| **Aerial Hazard Analysis:**  Click here to enter text.  |

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| **Aircraft Performance Planning:** |
| The pilot is responsible for the accurate completion of load calculations or PPC (military 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 IHOG chapter 7 or chapter 70 of the Military Use Handbook for additional information. |

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| **Personal Protective Equipment:** \* Always refer back to current ALSE, IHOG, and manual direction\* |
| **Type of Operation- Check applicable boxes that may apply to project or mission** | **Personnel protective equipment requirements** |
| [x]  **Rotor Wing Ground Operations** | Fire resistant clothing, hardhat w/chin strap or SPH-5 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.\* |
| [x]  **Rotor Wing** | Fire resistant clothing, SPH-5 flight helmet or other approved model, hardhat w/chin strap, fire resistant and/or leather gloves, all leather 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. |
| [x]  **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-type 3 helicopter) \* Refer to appropriate guides\*The Regional Doors Off/Doors Open Supplement will be completed prior to DO/DO operations. |
| [ ]   **Cargo Free Fall Operations** | Fire resistant clothing, SPH-5 flight helmet or other approved model, fire resistant and/or leather gloves, all leather boots, eye protection, hearing protection. Additional qualifications, compliance with rotor craft manual and approved restraint requirement apply. \* Refer to SFHO for additional info. |
| [ ]  **Fixed Wing** | Refer to current IASG, ALSE and 5700 manual direction for PPE requirements. |

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| **Helicopter or fixed Wing Pilot Information:** \*Fixed wing: Use “other” box and state approved mission(s)\* |
| **Pilot Name (P1): PIC/Primary**Click here to enter text. | **Pilot Phone Number:**Click here to enter text. |
| **Pilot Name (P2): Co-Pilot/Relief**Click here to enter text. | **Pilot Phone Number:**Click here to enter text. |
| **Pilot Carded For Mission:**  **Yes** **[x]  No** **[ ]** **Charter Pilot** **[ ]  135 Certificate and FAR’s Apply****\*\* Use of charter pilot requires regional forester approval\*\*****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 [ ]** **Night Vision Goggle 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. |

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| **Flight Following And Frequencies:****\*Confirm frequencies during briefing 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** **[x]  Radio (Local or GACC aircraft desk)** **[x]** **FAA Flight Plan: (Agency owned or agency contracted aircraft mission)** **[ ]** **FAA Flight Plan: (Charter aircraft- non agency controlled mission)** **[ ]**  |
| **FM Receive:**  | **FM Transmit:** Click here to enter text. | **RX:** Choose an item.**TX:** Choose an item. |
| **FM Receive: 167.625**A/G 44 | **FM Transmit: 167.625** | **RX:** Choose an item.**TX:** Choose an item. |
| **FM Receive: 168.625**Air Guard | **FM Transmit: 168.625** | **TX:** Choose an item.**RX:** Choose an item. |
| **AM Receive:** Click here to enter text. | **AM Transmit:** Click here to enter text. | **No Tone** |

\*\***Project supervisor will coordinate Temporary Flight Restrictions (TFR) with dispatch if needed\*\***

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| **Military Training Route(s) (MTR’S) or Military Operating Area(s) (MOA’S)** **Project supervisor, alternate supervisor or delegated manager shall confirm deconfliction of these routes and areas prior to flight with dispatch or other approved local methods.****Deconfliction will be addressed during the aviation safety plan briefing.**  |
| **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 [ ]**  |

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| **Crash Rescue/Medivac Plan** |
| **General Instructions (in the event of an incident): Project site duties and actions to be coordinated through dispatch in accordance to 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 here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |
| **First responder(s) on site: YES** **[ ]  NO** **[ ]**  |
| **Names:**Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |
| **Available medivac helicopter(s)? YES** **[ ]  UNKNOWN** **[x]** **\*Unknown: Select if medivac helicopter is not to be ordered for the project 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 helicopter 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** **[ ]**  |

**Additional medical information attached? YES** **[ ]  NO** **[ ]**

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|  **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. |

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|  **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. |

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| **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. |