

SOUTHWEST REGION MISSION AVIATION SAFETY PLAN

MASP INSTRUCTIONS

Pages 1-10 require total completion for regional office review and approval signatures (page 1 through aerial hazard analysis and map). Pages 11-14, which includes, 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.

RISK MATRIX INSTRUCTIONS

Risk assessment processes and risk decision approvals follow the guidelines set forth in the 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 (page 5) 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).

SIGNATURES

Route all MASP's through the Unit/Forest Aviation Officer for Regional Office review. Signature blocks on page 2 are listed in the order required for MASP approval. The MASP's will be routed back down through the Unit/Forest Aviation Officer (AO) for line officer approval. MASPs will be submitted as a word document and will be returned in PDF format for the approving official's signature.

All signature boxes up to the Aviation Officer will be signed in typed text:

Example: /s/ John M. Smith

The Regional Aviation Safety Manager (RASM) and the Regional Aviation Officer (RAO) will sign with link pass digital signatures, if possible, otherwise as stated above. Line officer signatures may sign with a wet signature or link pass digital signature at their discretion.

RETENTION AND FILING OF PLAN

MASPs 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, Unit/Forest Aviation Officers, and select aviation managers. Plans approved by the line officer will be maintained in the dispatch office and referenced during flight. Retention of the safety plan by dispatch shall be three years. Retention of the plan and daily briefing sheets by the mission manager shall be three years.

SOUTHWEST REGION MISSION AVIATION SAFETY PLAN

<u>Unit:</u>	<u>Sub Unit:</u>
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<u>Agency Requesting Mission</u>			<u>Calendar Year</u>		
FS <input type="checkbox"/> NPS <input type="checkbox"/> BLM <input type="checkbox"/> FWS <input type="checkbox"/> BIA <input type="checkbox"/> STATE <input type="checkbox"/> OTHER <input type="checkbox"/>			Anticipated Date(s): YES <input type="checkbox"/> NO <input type="checkbox"/> Calendar Year: YES <input type="checkbox"/> NO <input type="checkbox"/>		
<u>Aircraft Type</u>			*Use start and end date below only if anticipated date(s) box is selected*		
Fixed	Rotor	UAS	Start Date	End Date	MASP Objectives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Training <input type="checkbox"/> Resource <input type="checkbox"/> LE&I Mission <input type="checkbox"/> Incident <input type="checkbox"/>

<u>Mission prepared by:</u>	<u>Title:</u>	<u>Date:</u>
<u>Mission reviewed by:</u> (OPTIONAL) Unit Level:	<u>Title:</u>	<u>Date:</u>
<u>Mission reviewed by:</u> (OPTIONAL) Regional Level:	<u>Title:</u>	<u>Date:</u>
<u>Mission reviewed by:</u> (REQUIRED) Aviation Officer:	<u>Title:</u>	<u>Date:</u>
<u>Mission reviewed by:</u> (REQUIRED) RASM:	<u>Title:</u>	<u>Date:</u>
<u>Mission reviewed By:</u> (REQUIRED) RAO:	<u>Title:</u>	<u>Date:</u>
<u>Mission and Risk Assessment approved by:</u> (REQUIRED) - Line Officer:	<u>Title:</u>	<u>Date:</u>

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

<u>Aviation Manager (IAW IAT Guide):</u>	<u>Alternate Aviation Manager (IAW IAT Guide):</u>
<u>Mission Name</u>	
<u>Mission Description and Location:</u>	
<u>Mission Objectives:</u>	
<u>Aircraft Justification For Mission:</u>	

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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:

Agency:

Vendor:

Military:

Other:

Rotor Wing:

Type One:

Type Two:

Type Three:

***Document additional requirements beyond standard typing in aircraft justification and on the resource order* (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

Rotary Wing (VTOL)

Aircraft Make and Model: If unknown, add information as it becomes available. All information shall be filled out prior to mission start.

Unknown CWN:

Unknown EU:

Vendor:

FAA Registration #:

Make:

Model:

Carded for Mission: YES NO

Card Expiration Date:

Aircraft Color Scheme:

**** CWN helicopter information attained after hiring process, ensure CWN inspection sheet has been completed and a copy of the aircraft data card is on file prior to mission start. ****

Procurement and Cost Information: Check unknown if unable to provide accurate or estimated information.

Procurement Type:

Unknown

Estimated Flight Hour Cost:

Unknown

Missioned Flight Hours:

Unknown

Estimated Miscellaneous Cost(s):

Charge Code:

Unknown

Unknown

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UAS Missions Only

Crew: Other Than Pilot: Pilot information found on page 12.

UAS Crew Leader:	Contact Number:
UAS Data Specialist (1):	Contact Number:
UAS Data Specialist (2):	Contact Number:
UAS Visual Observer (1):	Contact Number:
UAS Visual Observer (2):	Contact Number:
Additional Crew:	Contact Number:

TFR Information:

Airspace Authorization:

Part 107 107/LAANC SGI Waiver FAA/DOI MOA

Authorization Comments -

Lost Link and Flyaway Procedures-Protocols:

Special Consideration-Safety Concerns-Comments Section:

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****Risk assessment must be completed prior to mission approval****
****Risk assessment hazards shall be reassessed prior to starting the mission, see FRAT****
****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 prior to flight. ****

Risk Assessment Matrix		Probability <i>Likelihood of Mishap if Hazard is Present</i>				
		Almost Certain <small>(Continuously experienced)</small>	Likely <small>(Will occur frequently)</small>	Possible <small>(Will occur several times)</small>	Unlikely <small>(Remotely possible but not probable)</small>	Rare <small>(Improbable; but has occurred in the past)</small>
Severity/ Consequences <i>Consequence if Mishap Occurs</i>	Catastrophic <small>(Imminent and immediate danger of death or permanent disability; major property or facility damage; loss of critical system or equipment)</small>	Extremely High	Extremely High	Extremely High	High	Moderate
	Critical <small>(Permanent partial disability, temporary total disability; moderate environmental damage; extensive damage to equipment)</small>	Extremely High	Extremely High	High	Moderate	Moderate
	Moderate <small>(Hospitalized minor injury, reversible illness; minor damage to equipment, property or the environment)</small>	High	High	Moderate	Low	Low
	Negligible <small>(First aid or minor medical treatment; little or no property or environmental damage)</small>	Moderate	Moderate	Low	Low	Low

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Risk Assessment Code	Severity of Consequences
Extremely High	<ul style="list-style-type: none"> • Complete or near complete failure to meet objective • Major property or facility damage • Death or permanent total disability • Severe environmental damage • Loss of major or critical system or equipment
High	<ul style="list-style-type: none"> • Significantly degraded capability for meeting the objective or accomplishing the project/incident/work activity • Injury that results in permanent partial disability, or temporary total disability lasting more than three months • Serious environmental damage
Moderate	<ul style="list-style-type: none"> • Degraded capability for meeting objective or accomplishment of the project/fire operation • Lost days due to injury or illness not exceeding three months • Moderate damage to property or the environment
Low	<ul style="list-style-type: none"> • No adverse impact to meeting objective or accomplishment of the project/fire operation • Little or no medical treatment required • Little or no damage to equipment, systems, property or environment

Risk Decision Authority		
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	Supervisor or Lead
Low	Base Manager	Individual

SOUTHWEST REGION MISSION AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated:		Pre Mitigation				Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level

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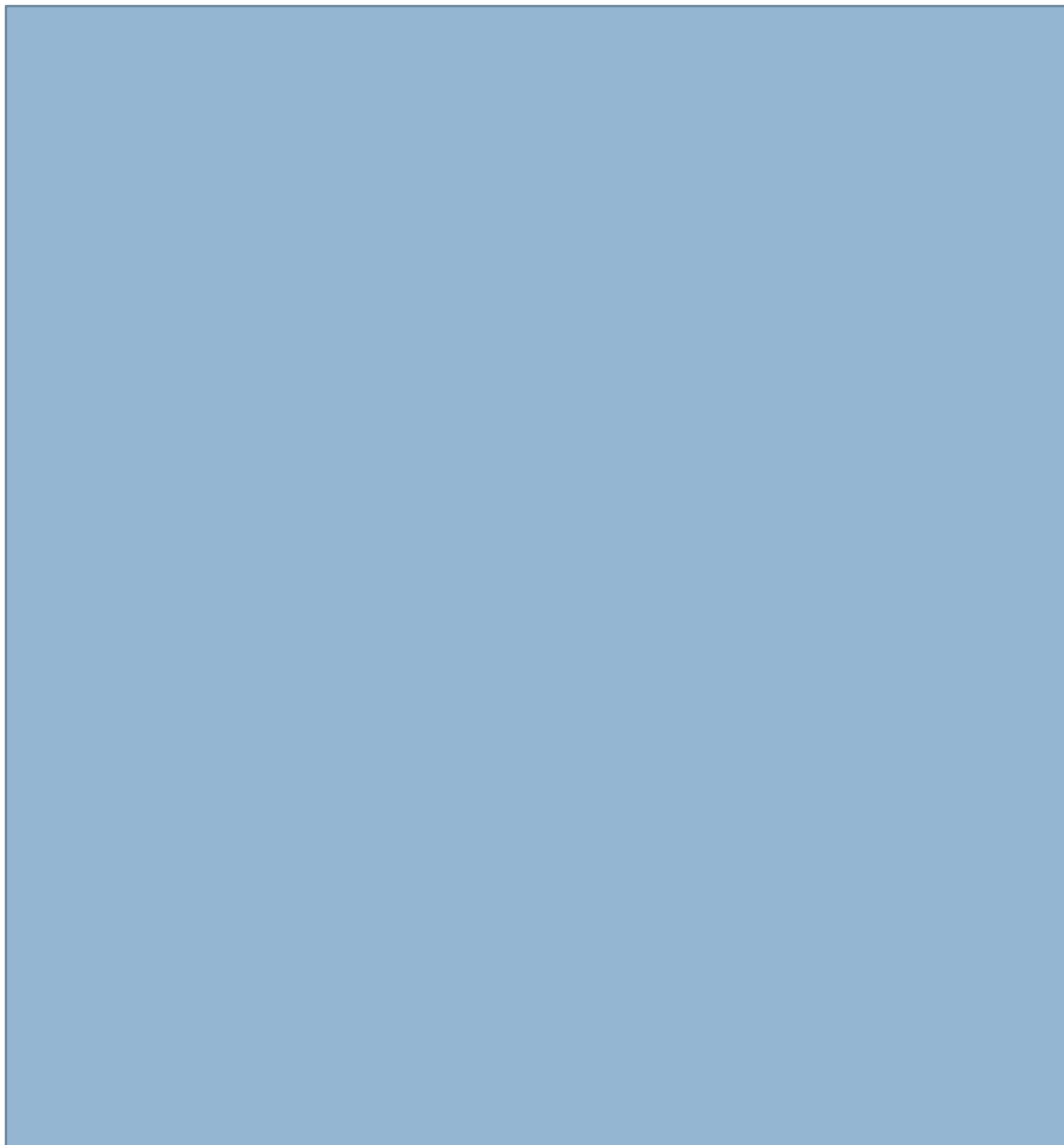
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System Being Evaluated:		Pre Mitigation					Post Mitigation	
Sub System(s)	Hazards	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level
Final Assessment: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extremely High <input type="checkbox"/>		Date:			Name:			
Add Additional Rows to Risk Assessment as Necessary								

SOUTWEST RESION MISSION AVIATION SAFETY PLAN

Aerial Hazard Analysis and map: Provide a written 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.



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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 SHO chapter 7 or chapter 70 of the Military Use Handbook for additional information.

Personal Protective Equipment: *Always refer back to current ALSE, SHO, and manual direction*

<p>Type of Operation- Check applicable boxes that may apply to mission or mission</p>	<p>Personnel protective equipment requirements. NOTE: Agency employees must be informed of the increased personal hazard that is associated with wearing non-fire resistant clothing or footwear when the full complement of PPE is not worn. The MASP for the project must document PPE exception(s) and in accordance with FSH 5709.16, Chapt 30, 36.53b.</p>
<p><input type="checkbox"/> Rotor Wing Ground Operations</p>	<p>Fire resistant clothing, hard hat 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.*</p>
<p><input type="checkbox"/> Rotor Wing</p>	<p>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.</p>
<p><input type="checkbox"/> Doors Off Flight(s)</p>	<p>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*</p>
<p><input type="checkbox"/> Cargo Free Fall Operations</p>	<p>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 rotorcraft manual and approved restraint requirement apply. * Refer to SHO chapter eleven for additional details. *</p>
<p><input type="checkbox"/> Fixed Wing</p>	<p>Refer to current IASG, ALSE and 5700 manual directions for PPE requirements.</p>

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<p>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.</p>																																																																																																																																								
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<p><u>Pilot Carded For Mission:</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Charter Pilot <input type="checkbox"/> 135 Certificate and FAR's Apply</p> <p>** Use of charter pilot requires regional forester approval**</p> <p style="color: red;">Check all boxes that apply to pilot's carding below:</p>	<p style="text-align: center;"><u>Pilot Card (P1) Expiration Date:</u></p> <p style="text-align: center;"><u>Pilot Card (P2) Expiration Date:</u></p>																																																																																																																																							
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SOUTHWEST REGION MISSION AVIATION SAFETY PLAN

<u>Flight Following And Frequencies:</u> <p style="text-align: center; color: red; margin: 0;">*Confirm frequencies prior to flight*</p> <p style="text-align: center; color: blue; margin: 0;">*FAA Flight Plan (chartered aircraft non-agency-controlled mission) no frequencies required*</p> <p style="text-align: center; color: blue; margin: 0;">*Chartered 135 operator is responsible for communications and flight plan*</p>		
Flight Following Method: AFF <input type="checkbox"/> Radio (Local or GACC aircraft desk) <input type="checkbox"/> FAA Flight Plan: (Agency-owned or agency contracted aircraft mission) <input type="checkbox"/> FAA Flight Plan: (Charter aircraft non-agency controlled mission) <input type="checkbox"/>		
FM Receive:	FM Transmit:	RX: TX:
FM Receive:	FM Transmit:	RX: TX:
FM Receive:	FM Transmit:	RX: TX:
AM Receive:	AM Transmit:	No Tone

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

<u>Military Training Route(s) (MTR'S) or Military Operating Area(s) (MOA'S)</u> <p style="text-align: center; color: red; margin: 0;">Aviation Manager shall confirm deconfliction in these routes and areas prior to the flight with dispatch or other approved local methods.</p> <p style="text-align: center; color: red; margin: 0;">Deconfliction will be discussed prior to mission start. Add Additional MTR-MOA information to the end of the document if necessary.</p>				
MTR-MOA	Route Legs-Altitudes	Activity	Time	Time Zone
		Hot <input type="checkbox"/> Cold <input type="checkbox"/> N/A <input type="checkbox"/>	Start: Stop:	UTC <input type="checkbox"/> Local <input type="checkbox"/>
		Hot <input type="checkbox"/> Cold <input type="checkbox"/> N/A <input type="checkbox"/>	Start: Stop:	UTC <input type="checkbox"/> Local <input type="checkbox"/>

SOUTHWEST REGION MISSION AVIATION SAFETY PLAN

Crash Rescue/Medivac Plan: Additional medical information attached? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NO <input type="checkbox"/>		
Names:		
First responder(s) on site: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Names:		
Available medivac helicopters: YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		
*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 <input type="checkbox"/> NO <input type="checkbox"/>		
Level of care medivac personnel can provide: ALS <input type="checkbox"/> BLS <input type="checkbox"/> Unknown <input type="checkbox"/>		
FAA Tail #(s)	Contact Information:	
Hoist/Rappel/Extraction Capable? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Check all that apply: Hoist <input type="checkbox"/> Rappel <input type="checkbox"/> Short Haul <input type="checkbox"/>		
MEDICAL FACILITY	Name/Location/Helipad Information	Helipad YES <input type="checkbox"/> NO <input type="checkbox"/>
Latitude	Longitude	Contact Freq.
MEDICAL FACILITY	Name/Location/Helipad Information	Helipad YES <input type="checkbox"/> NO <input type="checkbox"/>
Latitude	Longitude	Contact Freq.
NEAREST BURN FACILITY	Name/Location/Helipad Information	Helipad YES <input type="checkbox"/> NO <input type="checkbox"/>
Latitude	Longitude	Contact Freq.

SOUTHWEST REGION MISSION AVIATION SAFETY PLAN

<input type="checkbox"/> Doors Off or Doors Open Flight(s)	<p>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*</p> <p style="text-align: center;">**Safety Alert IASA 18-03 language**</p> <p style="text-align: center;">“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”.</p>
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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.

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

Participants Name	Date	Participants Name:	Date

****Use back of this form if needed for additional participants name and date.****