2025 Intermountain Region Aviation Request & Mission Planning Sheet

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 1-3) to be completed by requesting person/unit.
2. Information in **TAN** shaded boxes to be completed by Unit/Forest Aviation Officer and/or Dispatch.
   U/FAO: Dispatch Center:
3. Requestor will email completed form to the Unit/Forest Aviation Officer and appropriate dispatch center.
   U/FAO email: Dispatch Center email:
4. Dispatch will work with Unit/Forest Aviation Officer to complete and/or clarify any missing information and schedule aircraft as needed.
5. **DAY OF MISSION** information will be filled in by Aviation Manager/Helicopter Manager Day of Mission

<table>
<tr><td colspan="4">Project Name:</td></tr>
<tr><td colspan="2">Date & Time Ordered:</td><td colspan="2">Date & Time Needed:</td></tr>
<tr><td>Home Unit:</td><td>Sub-Unit:</td><td>Land Ownership:</td><td>Project Size:</td></tr>
<tr><td colspan="2">Dispatch Center Requesting:</td><td colspan="2" rowspan="2">Request # (A#):</td></tr>
<tr><td colspan="2">Dispatch Center Filling:</td></tr>
<tr><td colspan="2">Charge Code:</td><td colspan="2">Estimated Total Project Cost:</td></tr>
<tr><td colspan="2">Requested By & Position:</td><td colspan="2">Requesting Contact # & email:</td></tr>
<tr><td colspan="2">Reporting Location:
(Lat-Long in D° dM’ & geographical description)</td><td colspan="2">Reporting Location Type (e.g. Helispot, Airport etc.):</td></tr>
<tr><td colspan="2">Brief Description of Mission:</td><td colspan="2">Justification for Use of Aviation:</td></tr>
</table>

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

MATOC Payload Category (Link: Job Aid):

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 ☐ Longline required and Length: ☐ Other:

Project Aviation Manager (IAW IAT Guide):	**Mobile Number:**	**Email:**
Alternate Project Aviation Manager (IAW IAT Guide):	**Mobile Number:**	**Email:**
Aircraft Manager & Trainee: (i.e., FWFM, HMGB, UASM, PILO, etc.)	**Mobile Number:**	**Email:**
Alternate Aircraft Manager: (i.e., FWFM, HMGB, UASM, PILO, etc.)	**Mobile Number:**	**Email:**

Additional Info, Remarks, and/or Needs:

Flight Following Method: ☐ **AFF / Radio** * ☐ **FAA Flight Plan**

**If AFF selected, include appropriate frequencies in the Communications Plan below*

Communications Plan

Type	Freq Name	RX / Tone or NAC	TX / Tone or 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	-
Air to Ground	A/G 23	166.7625	166.7625	
Air to Ground	A/G 43	167.6000	197.6000	
Repeater	Stein	172.2750	164.5000/146.2	
Repeater	Long Tom	172.2750	164.5000/123.0	
Repeater	Middle Fork	172.2750	164.5000/110.9	
Direct	NZ Direct	172.2750	172.2750	
Unicom	Unicom	122.8	122.8	

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***
Enroute Stops	***Latitude***	***Longitude***	***Elevation***	***Runway length & Surface or Helispot Size & Surface***
Destination Location(s)	***Latitude***	***Longitude***	***Elevation***	***Runway length & Surface or Helispot Size & Surface***

Passengers & Cargo for Transport

Name:	**WT:**	**Name:**	**WT:**
Name:	**WT:**	**Name:**	**WT:**
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			

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**	
224:	☐ **Completed**	☐ **Signed**	☐ **Attached to Request in IROC**	
Pilot Name & Phone #:				
Estimated Time of Departure to Start Location (designated above):				
Estimated Time of Arrival at Start Location:				

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)**

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

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)	☐ Passenger Manifests	☐ 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

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.

<u>Signatures</u>

Risk Assessment, Doors off Operations, GAR, Briefing completed.

Participants Name & Position	Date	Participants Name & Position	Date

Forest Aviation Information and Briefing Package

Place map links, QR codes, etc. here.
*** FRAT QR Codes Required ***

INSERT FOREST HYPERLINK AND QR CODE

Link for F/W Flights FRAT (insert QR code)

Link for EU Helitack FRAT (insert QR code)

Link for UAS FRAT (insert QR code)

Link for CWN Helitack FRAT (insert QR code)

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 (PMS 512)

MEDICAL FACILITIES

Coordinate through your local dispatch center

FACILITY	LAT / LONG ADDRESS	CONTACT FREQ	Helipad? Size Capable & Other Info
Steele Memorial Hospital	707 Van Dreff, Salmon, ID 83467	State Comm RX/TX 155.2800 TX Tone 156.7	☒ YES ☐ NO 67ID, Concrete/ Type 3
Eastern Idaho Regional Medical Center	3100 Channing Way, Idaho Falls, ID 83404	State Comm RX/TX 155.2800 TX Tone 156.7	☒ YES ☐ NO ID18, Concrete/ Type 2
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

BURN CENTERS

Eastern Idaho Regional Medical Center	3100 Channing Way, Idaho Falls, ID 83404	☒ YES ☐ NO ID18, Concrete/ Type 2
University of Utah Burn Center	50 N. Medical Dr, Salt Lake City, UT 84132	☒ YES ☐ NO UT21, Rooftop
		☐ YES ☐ NO
		☐ YES ☐ NO