

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

Project Name:			
Date & Time Ordered:		Date & Time Needed:	
Home Unit: ID-SCF	Sub-Unit:	Land Ownership:	Project Size:
Dispatch Center Requesting: ID-CIC		Request # (A#):	
Dispatch Center Filling:			
Charge Code:		Estimated Total Project Cost:	
Requested By & Position:		Requesting Contact # & email:	
Reporting Location: (Lat-Long in D° dM' & geographical description)		Reporting Location Type (e.g. Helispot, Airport etc.):	
Brief Description of Mission:		Justification for Use of Aviation:	

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):

Orion Davidson

Mobile Number:

208-303-8105

Email:

Orion.davidson@usda.gov

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	Grouse	169.9250	164.1250/110.9	
Repeater	Twin Peaks	169.9250	164.1250/103.5	
Repeater	Windy Devil	169.9250	164.1250/114.8	
Repeater	Big Windy	169.9250	1646.1250/100.0	
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				
<input type="checkbox"/> Vendor	<input type="checkbox"/> Cooperator	<input type="checkbox"/> Agency	<input type="checkbox"/> Military	<input type="checkbox"/> Other:
Vendor:		Vendor Home Dispatch Center:		
Registration #:	Make & Model:		Color Scheme:	
Procurement Type:	<input type="checkbox"/> EXU	<input type="checkbox"/> CWN	<input type="checkbox"/> IDIQ	Contract #:
Rate Type:	<input type="checkbox"/> Daily Availability and Flight Rate		<input type="checkbox"/> Project Rate	
224:	<input type="checkbox"/> Completed	<input type="checkbox"/> Signed	<input type="checkbox"/> 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 #:	
<input type="checkbox"/> Pre-Use Completed	
Pilot Carded and Proficient for Intended Mission: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Aircraft Carded for Mission: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Ex: "high complexity" airstrips have a 24-month takeoff and landing currency (fixed wing)	

Risk Assessment	
MASP Risk Assessment Value: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extremely High	
Operational Risk Assessment Completed (Example: GAR Model)	
<input type="checkbox"/> Green	<input type="checkbox"/> Amber <input type="checkbox"/> Red

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

UAS - Additional Discussion Items:		
Airspace Class: ARTCC:	Airspace Auth Type:	TFR Information:
MTR/MOA/Special Use Decon:	NOTAM #:	<input type="checkbox"/> Fly Away Procedure Briefing
<input type="checkbox"/> FAO(s) Notified	<input type="checkbox"/> Line Officer Notified	<input type="checkbox"/> Regional UAS Specialist Notified
<input type="checkbox"/> Nearby Airports Notified	<input type="checkbox"/> Border Airspace Considerations	<input type="checkbox"/> Dispatch Notified
<input type="checkbox"/> Copy of Forest Emergency Medical Evacuation 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)</p> <p>* Refer to appropriate guides*</p> <p>**Safety Alert IASA 18-03 language**</p> <p>“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.

Signatures

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

[illegible]

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
Challis Clinic M-F 8:00am-5:30pm On Call # 24-7 208-879-1111	611 Clinic Rd, Challis, ID 83226	State Com RX/TX 155.2800 TX Tone 156.7	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Lost River Medical Facility	551 Highland Drive, Arco, Idaho 83213	State Com RX/TX 155.2800 TX Tone 156.7	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Steele Memorial Hospital	707 Van Dreff, Salmon, ID 83467	State Comm RX/TX 155.2800 TX Tone 156.7	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ID18, Concrete/ Type 2
			<input type="checkbox"/> YES <input type="checkbox"/> NO

BURN CENTERS

Eastern Idaho Regional Medical Center	3100 Channing Way, Idaho Falls, ID 83404	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ID18, Concrete/ Type 2
University of Utah Burn Center	50 N. Medical Dr, Salt Lake City, UT 84132	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO UT21, Rooftop
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO