

Form 9400-1a (May 1993)						UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT						Change #	6. Aircraft Information  FAA#			
<b>AIRCRAFT FLIGHT REQUEST/SCHEDULE</b>												Flight Schedule No.		PAX Seats		
1. Initial request information			Cost-Account/Management Code(s)			Billee Code (OAS A/C only)					Make/Model					
Initial Date/Time	To/From	Phone Number									Color					
Check one: <input type="checkbox"/> Point-to-Point Flight <input type="checkbox"/> Mission Flight              Desired A/C Type: <input type="checkbox"/> Helicopter <input type="checkbox"/> Airplane											Vendor					
Mission Objective/Special Needs:											Phone No.					
											Pilot(s)					
2. Passenger/Cargo Information – Indicate Chief of Party with an asterisk (*)																
NAME/TYPE OF CARGO		LBS OR CU FT	PROJECT ORDER/ REQUEST NO.		DEPT ARPT	DEST ARPT	RETURN TO	NAME/TYPE OF CARGO		LBS OR CU FT	PROJECT ORDER/ REQUEST NO.		DEPT ARPT	DEST ARPT	RETURN TO	
3. Flight Itinerary (For Mission-Type Flights, Provide Points of Departure/Arrival and Attach Map with Detailed Flight Route and Known Hazards Indicated)																
DEPART WITH			DEPART FROM			ENROUTE	ARRIVE AT			DROP OFF		KEY POINTS				INFO RELAYED
Date	No. Pax	Lbs.	Airport/Place	ETD	ATD	ETE	Airport/Place	ETA	ATA	No. Pax.	Lbs.	Drop-Off Points, Refueling Stops, Flight Check-Ins, Pickup Points				To/From
4. Flight Following						5. Method of Resource Tracking:						7. Administrative			8. Review (If applicable)	
FAA IFR		Satellite				Phone		Radio				Type of Payment		Hazard Analysis Performed  Dispatch/Aviation Mgr. Checklist  Other:		
FAA VFR With Check-In Every _____ Minutes To		FAA or Agency		Agency VFR With Check-In via radio Every <u>15</u> Minutes		To Scheduling Dispatcher @ _____ (Phone Number)		Prior to Takeoff      Each Stop Enroute      Arrival at Destination				Document:				
Frequency(ies):		<b>RX-/TX-168.650Nat'l Flight Follow</b>				To: _____ @ _____ (Other Office)						OAS-23 or OAS 2 FS 6500-122				
											Route Document To: RWC					
											9. Close-out		Closed by: Date/Time:			

(Hazard Analysis and Dispatch/Aviation Manager Checklist on reverse)

## HAZARD ANALYSIS AND DISPATCH/AVIATION MANAGER CHECKLIST

I. MISSION FLIGHT HAZARD ANALYSIS (Fire flights exempt provided a pre-approved plan is in place). The following potential hazards in the area of operations have been checked, have been identified on flight itinerary map, and will be reviewed with Pilot and Chief-of-Party prior to flight.

<input type="checkbox"/> Military Training Routes (MTRs) or Special-Use Airspace (MOAs, Restricted Areas, etc) <b>N/A</b>	<input type="checkbox"/> Towers and bridges  <input type="checkbox"/> Other aerial obstructions  <input type="checkbox"/> Pilot flight time/duty day limitations and daylight/darkness factors  SUNRISE _____  SUNSET _____  <input type="checkbox"/> Limited flight following communications	High elevations, temperatures, and weights:  MAX LANDING ELEV (MSL) _____  MIN FLIGHT ALTITUDE AGL. _____  Transport of hazardous materials <b>N/A</b>  Other _____ GPS equipment _____  _____
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### II. DISPATCHER/AVIATION MANAGEMENT CHECKLIST

<input type="checkbox"/> Pilot and aircraft carding checked with source list and vendor, carding meets requirements  <input type="checkbox"/> Or, Necessary approvals have been obtained for use of uncarded cooperator, military, or other government agency aircraft and pilots  <input type="checkbox"/> Check with vendor that an aircraft with sufficient capability to perform mission safely has been scheduled  <input type="checkbox"/> Qualified Aircraft Chief-of-Party has been assigned to the flight (noted on reverse)  <input type="checkbox"/> All DOI passengers have received required aircraft safety training  <input type="checkbox"/> OR, Aviation manager will present detailed safety briefing prior to departure  <input type="checkbox"/> Bureau Aircraft Chief-of-Party will be furnished with Chief-of-Party/Pilot checklist and is aware of its use	<input type="checkbox"/> Means of flight following and resource tracking requirements have been identified  <input type="checkbox"/> Flight following has been arranged with another unit if flight crosses jurisdictional boundaries and communications cannot be maintained  <input type="checkbox"/> Flight hazard maps have been supplied to Chief-of-Party for non-fire low-level missions  <input type="checkbox"/> Procedures for deconfliction of Military Training Routes and Special-Use Airspace have been taken  <input type="checkbox"/> Chief-of-Party is aware of PPE requirements  <input type="checkbox"/> Cost analysis has been completed and is attached  <input type="checkbox"/> Other/Remarks:	NOTE: Reference Handbook 9420 for approval(s) required.  A. _____ (Chief-of-Party Signature)  B. _____ (Dispatcher or Aviation Manager Signature Required)  C. _____ (Chief-of-Party Signature)      (Date)  D. _____ (Authorized Signature)      (Date)  ** For recurring Special-Use Mission, signature is required on Special-Use Air Safety Plan, and not required here.
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