

Form 9400-1a (May 1993)							United States Department of the Interior Bureau of Land Management AIRCRAFT FLIGHT REQUEST/SCHEDULE			Change #		6. Aircraft Information			
1. Initial Request Information			Cost-Account /Management Code(s)				Billee Code (OAS A/C only)			Flight Schedule No.		PAX Seats			
Initial Date/Time	To/From	Phone Number								Make/Model					
										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	LBSOR 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	#Pax	LBS.	Airport/Place	ETD	ATD	ETE	Airport/Place	ETA	ATA	#Pax	LBS	Drop-off points, refueling stops, flight check-ins, Pick-up points			To/From
4. Flight Following						5. Method of Resource Tracking:						7. Administrative		8. Review (if Applicable)	
<input type="checkbox"/> FAA IFR <input type="checkbox"/> Satellite <input type="checkbox"/> FAA VFR with Check-in Every _____ minutes to <input type="checkbox"/> FAA or <input type="checkbox"/> Agency <input type="checkbox"/> Agency VFR with Check-in via radio every _____ Minutes Frequency(ies):						<input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> To schedule dispatcher @ _____ (Phone number) <input type="checkbox"/> Prior to takeoff <input type="checkbox"/> Each stop enroute <input type="checkbox"/> Arrival at Destination <input type="checkbox"/> To: _____ @ _____ (Other office) (Phone number)						Type of Payment Document: <input type="checkbox"/> OAS-23 or <input type="checkbox"/> OAS 2 <input type="checkbox"/> FS 6500-122 Other: Privately paid for by outside contractor Route Document to:		<input type="checkbox"/> Hazard Analysis Performed <input type="checkbox"/> Dispatch/Aviation Mgr.. Checklist <input type="checkbox"/> Other:	
												9. Close-out		Closed by:	
														Date/Time:	

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:

<p>" Military Training Routes (MTRs) or Special-Use Airspace (MOAs, Restricted Areas, etc.)</p> <p>" Areas of high-density air traffic (airports); Commercial or other aircraft</p> <p>" Wires/transmission lines; wires along rivers or streams or across canyons</p> <p>" Weather factors: wind, thunderstorms, etc.</p>	<p>" Towers and bridges</p> <p>" Other aerial obstructions;</p> <p>" Pilot flight time/duty day limitations and daylight/darkness factors</p> <p>SUNRISE _____</p> <p>SUNSET _____</p> <p>" Limited flight following communications</p>	<p>" High elevations, temperatures, and weights:</p> <p>MAX LANDING ELEV.. (MSL) _____</p> <p>MIN FLIGHT ALTITUDE AGL _____</p> <p>" Transport of hazardous materials</p> <p>" Other _____</p> <p>_____</p>
--	---	---

II. DISPATCHER/AVIATION MANAGEMENT CHECKLIST

III. APPROVALS

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