

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

## 2024 UAS Operations (non-Aerial Ignition)

Unit: \_\_\_\_\_

### MASP INSTRUCTIONS

Page 1 through the end of the Risk Assessment Worksheet require completion prior to regional office review and approval signatures. The Aerial Hazard Analysis and Map page through the end of the MASP document 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. A Mission Planning Sheet (MPS) or UAS Flight By Notification (FBN) with this information is considered completion of these pages. Insert Unit Specific Hyperlink to MPS/FBN as able.



### RISK MATRIX INSTRUCTIONS

The risk outcomes on the risk assessment matrix 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 or as appropriate. MASPs should be submitted as a PDF document (if possible) to allow for digital signatures for Forest/Unit Aviation Officer, RASM, RAO, and Line officer. The MASP approval signature will only be valid for one year (365 days).

All signature boxes for Mission Prepared Unit level will be signed in typed text:

Example: /s/ John M. Smith

Line officer signatures may be signed 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.

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

<b>Unit:</b> <span style="color: red;">(Insert Local Unit)</span>	<b>Sub Unit:</b>
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<b><u>Agency Requesting Mission</u></b>			<b><u>Calendar Year</u></b>		
FS <input checked="" 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"/>			<b><u>Anticipated Date(s):</u></b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b><u>Calendar Year:</u></b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b><u>Aircraft Type</u></b>			<b>*Use start and end date below only if anticipated date(s) box is selected*</b>		
<b>Fixed</b>	<b>Rotor</b>	<b>UAS</b>	<b>Start Date</b>	<b>End Date</b>	<b>MASP Objectives</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Training <input checked="" type="checkbox"/> Resource <input checked="" type="checkbox"/> LE&I Mission <input type="checkbox"/> Incident <input checked="" type="checkbox"/>

<b><u>Mission prepared by:</u></b>	<b><u>Title:</u></b>	<b><u>Date:</u></b>
<b><u>Mission reviewed by:</u></b> (OPTIONAL) Regional Level:	<b><u>Title:</u></b> RO UAS Specialist	<b><u>Date:</u></b>
<b><u>Mission reviewed by:</u></b> (OPTIONAL) Regional Level:	<b><u>Title:</u></b>	<b><u>Date:</u></b>
<b><u>Mission reviewed by:</u></b> (REQUIRED) Aviation Officer:	<b><u>Title:</u></b> Forest Aviation Officer (FAO)	<b><u>Date:</u></b>
<b><u>Mission reviewed by:</u></b> (REQUIRED) RASM:	<b><u>Title:</u></b> Regional Aviation Safety Manager	<b><u>Date:</u></b>
<b><u>Mission reviewed By:</u></b> (REQUIRED) RAO:	<b><u>Title:</u></b> Regional Aviation Officer	<b><u>Date:</u></b>
<b><u>Mission and Risk Assessment approved by:</u></b> Line Officer:	<b><u>Title:</u></b>	<b><u>Date:</u></b>
<b><u>Mission and Risk Assessment approved by:</u></b> (REQUIRED) - Line Officer:	<b><u>Title:</u></b>	<b><u>Date:</u></b>

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

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

<p><u>Project Aviation Manager (IAW IAT Guide):</u> Complete or See MPS/FBN</p>	<p><u>Alternate Proj. Aviation Manager (IAW IAT Guide):</u> Complete or See MPS/FBN</p>
<p style="text-align: center;"><u>Mission Name</u> Resource Management, Proficiency/Currency, Training and Testing/Evaluation UAS Missions</p>	
<p><b>Mission Description and Location:</b> This MASP details the utilization of UAS to achieve non complex UAS mission planned for resource management, proficiency/currency, training, and testing/ evaluation UAS missions. This plan is applicable to any remote sensing data acquisition and/or aerial surveillance accomplished through the use of UAS for planning purposes. UAS missions performed under this plan will adhere to Federal Aviation Administration (FAA), applicable aviation policies and requirements, including necessary authorizations and permits (certificates of authorization, etc.). Missions will be conducted only with approved aircraft and operators.</p> <p>The UAS pilot is responsible for obtaining project specific flight hazard intelligence, submitting a NOTAM of the operation when applicable, developing any supplemental flight planning documents and maintain communication with dispatch. The UAS flight crew and participants will conduct a briefing on the MASP and/or Mission Planning Sheet or FBN and complete a Preflight Briefing at the beginning of each operational period. All Forest Service Remote Pilots conducting operations under 14 CFR Part 107 must maintain visual contact with the UAS or utilize a VO. An Operational Risk Assessment (ORA) e.g. FRAT/GAR will be conducted prior to flight operations. If at any point during this briefing any or all participants are uncomfortable to continue, or the ORA risk level exceeds the approved rating level, the mission will be cancelled or delayed until the issue/s can be rectified.</p> <p>This MASP or a specific Mission Planning Sheet (MPS) and/or UAS Flight By Notification (FBN) will be utilized that details the project name, funding codes, aircraft assigned, specific mission, communication plan, project site location(s), participant signatures, and mission/flight hazard maps.</p> <p>In the event UAS operator trainees are utilized, they will operate under the direction and guidance of qualified UAS personnel. Additionally, all UAS operations and mission planning will be conducted in compliance with the Forest Service Standards for Unmanned Aircraft Systems Operations. Ensure proper agreements are in place for utilization of Non Forest Service Lands.</p> <p><b>Proficiency:</b> The purpose of these missions are to allow qualified UAS pilots to remain current and proficient. Missions will consist of flight/mission preparation, crew resource management, dispatch and forest personnel communication, UAS technical manipulation and maneuvering and mission close-out procedures. Proficiency flight launch and recovery areas will be conducted at specific identified locations.</p> <p><b>Project:</b> This MASP or a specific Mission Planning Sheet and/or UAS Flight By Notification (FBN) will be completed that details the project name, aircraft assigned, communication plan, project site location(s) and mission specifics. Site or project specific hazards not identified in the attached Risk Assessment need to be documented (e.g. FRAT/GAR).</p>	

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

**Mission Objectives:** The objective is to use UAS to reduce exposure to achieve resource management objectives, and testing/evaluating UAS platforms and payloads. Data acquired via remote sensing will be used to develop derivative products and information to support management decisions and specialist input.

Maintain small UAS pilot currency and proficiency in multiple aircraft, airspace and terrain situations. Practice Crew Lead, Visual Observer, Data Specialist, and Pilot duties. Each position will be determined on day of mission based on needs. Submit Notams as required for UAS flights, if a TFR is in place follow appropriate policies.

**Aircraft Justification For Mission:**

The use of UAS significantly reduces the number of personnel and length of exposure to higher probability hazard encounters in the air and on the ground. The use of UAS for these projects limits exposure of personnel to higher consequence hazards associated with manned aircraft operations. This plan permits collection of data over inaccessible terrain. The use of UAS may also limit negative optics from the public associated with agency access to closed areas. This plan also enables the comparison of products from traditional methods and techniques relative to products derived from UAS.

**Currency and proficiency are required by Interagency policy for UAS remote pilots and is necessary to maintain/develop the skills to safely operate UAS. Testing and evaluation of UAS platforms and payloads is a necessity for the growth and maintenance of the UAS program.**

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

**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:  Federal Partners

**Mission Category: Complete or see MPS/FBN**

**\*Check all that apply, if unknown, add information as it becomes available\***

Pax Transport  Detection  Recon  Aerial Ignition ( PSD  Helitorch)  UAS

External Load  Backcountry  Training  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. Complete or see MPS/FBN**

**Unknown CWN:**

**Unknown EU:**

**Vendor:** See MPS/FBN

**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

**Mission Flight Hours:**

Unknown

**Estimated Miscellaneous Cost(s):**

**Charge Code:**

Unknown

Unknown

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

## UAS Missions Only

<b>Crew: Other Than Pilot: <u>Complete or see MPS/FBN</u></b>			
<b>UAS Crew Leader:</b>	<b>Contact Number:</b>		
<b>UAS Data Specialist (1):</b>	<b>Contact Number:</b>		
<b>UAS Data Specialist (2):</b>	<b>Contact Number:</b>		
<b>UAS Visual Observer (1):</b>	<b>Contact Number:</b>		
<b>UAS Visual Observer (2):</b>	<b>Contact Number:</b>		
<b>Additional Crew:</b>	<b>Contact Number:</b>		
<b>TFR Information:</b>			
<b>Airspace Authorization:</b>			
<input checked="" type="checkbox"/> Part 107	<input checked="" type="checkbox"/> 107/LAANC	<input checked="" type="checkbox"/> SGI Waiver	<input checked="" type="checkbox"/> FAA/DOI MOA
<b>Authorization Comments -</b>			
<b>Lost Link and Flyaway Procedures-Protocols:</b>			
<p>Approved UAS have built in failsafe systems. GPS coordinates and elevations will be confirmed prior to mission. The aircraft will return to home (LR2) in the event of low battery voltage or loss of link with the GCS. In the event of loss of control, communication, or visual contact with UAS: Notify aerial supervision/helibase/dispatch, aircraft in the area, and ground personnel as applicable. Clear the affected airspace and suspend air operations in the area. Wait for the duration of the fuel/battery load. Resume air operations. Search for the missing UAS. Follow established mishap reporting procedures.</p>			
<b>Special Consideration-Safety Concerns-Comments Section:</b>			
<p>All training flights will be supervised by carded operators. Night operations may be conducted and shall follow national and regional night flying policy. Personnel will remain at a safe distance at the discretion of the pilot while the aircraft is armed. All participants and spectators will take part in safety briefing prior to operation. All personnel will be briefed on communications, lost link protocols, Leader's intent will be clearly communicated and will provide all personnel with the vision of how UAS operations should look.</p> <p>All flights will be flown under Part 107, Low Altitude Authorization and Notification Capability (LAANC) or an FAA waiver (COA). All activity will occur on Forest Service or Interagency land or land that has been approved to conduct flights on. Pilots will have operational control and will maintain and coordinate land use with the local unit. Various UAS will be flown and a NOTAM will be filed prior to any flights as applicable.</p>			

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

**\*\*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
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

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

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

<b>Risk Decision Authority</b>		
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



# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: UAS Ops		Pre Mitigation			Mitigation	Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level		Likelihood	Severity	Risk Level
UAS Pilot Experience and Capabilities	Collision with personnel or vehicle	Possible	Critical	Moderate	The remote pilot will conduct a pre-flight briefing which will include flight patterns and safe observation/parking areas. VO will be utilized.	Rare	Critical	Low
UAS Pilot Experience and Capabilities	Collision with other aircraft	Possible	Catastrophic	Extremely High	Utilize CRM for visual or audible encounters with manned aviation, communicate using principles of CRM to identify/mitigate hazards. Practice “see and avoid”. As able use available tools such as ADS-B, Foreflight etc.	Rare	Catastrophic	Moderate
UAS Pilot Experience and Capabilities	Collision with fixed aerial hazard	Possible	Critical	High	The remote pilot will conduct a survey of the operations area prior to flight. VO will be utilized.	Unlikely	Critical	Moderate
UAS Pilot Experience and Capabilities	Operating aircraft outside of published parameters	Possible	Moderate	Moderate	The remote pilot will ensure that the UAS is operated within policy and the provisions of the aircraft operations manual.	Unlikely	Moderate	Low
UAS Equipment	Operation of a new and unfamiliar UAS platform and/or payload for test and evaluation purposes resulting in UAS accident.	Possible	Catastrophic	Extremely High	Only a carded test and evaluation pilot will fly in this profile. Consideration of flight test environment.	Unlikely	Catastrophic	High

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: UAS Ops		Pre Mitigation				Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level
UAS Equipment	Battery Fire	Unlikely	Critical	Moderate	Batteries will be stored in approved containers. A fire extinguisher will be available on site.	Unlikely	Critical	Moderate
UAS Equipment	Aircraft flyaway (loss of control)	Unlikely	Catastrophic	High	The remote pilot will utilize specific make/model emergency procedures. Aircraft, personnel and ATC/ARTCC having jurisdiction over the airspace will be notified with the last location, heading, speed and approximate battery/time remaining of the UAS. The crew actions to recover the UAS will be relayed as well.	Unlikely	Catastrophic	Moderate
UAS Aircraft Communication	Aircraft loss of link with Ground Control Station	Possible	Moderate	Moderate	UAS will be programmed to return to home and land.	Unlikely	Moderate	Low
UAS Human Factors	Injury caused by spinning propellers	Unlikely	Critical	Moderate	Pre-flight briefing will include safety precautions when working around UAS with motors running. Trainees will be supervised around equipment until they demonstrate proficiency working around aircraft.	Unlikely	Critical	Moderate

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: UAS Ops		Pre Mitigation				Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level
Mission - Policy	Operational/Mission goals may be unstated, unclear or conflict with policy.	Possible	Critical	High	Conduct thorough briefings, ensure organization is in place, and adhere to policy, procedures & Guides	Unlikely	Critical	Moderate
Mission - Policy	MASP/MPS/FBN absent or not complete (Policy Deviation).	Possible	Critical	High	Ensure MASP and risk assessment are completed and approved at appropriate level. Ensure Forest Aviation Officer is involved in mission planning. MASP should be used as a briefing tool. If at any point during this briefing any or all participants are uncomfortable to continue, or the ORA risk level exceeds the approved rating level, the mission will be cancelled or delayed until the issue(s) can be rectified. Ensure that all parties are available for mission briefings.	Unlikely	Critical	Moderate
Mission - Communications	Frequency management, cockpit overload, inadequate briefing, and/or loss of communication.	Possible	Critical	High	Ensure frequencies are reviewed and operational. Halt operations if loss of Communications occurs.	Unlikely	Critical	Moderate

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: UAS Ops		Pre Mitigation			Post Mitigation			
Sub System(s)	Hazards	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level
Personnel Human Factors	Acceptance of high risk missions as normal. Lack of CRM, Task saturation or fixation, hazardous attitude. Poor mission analysis. Fatigue. Management pressure/mission driven sense of urgency. Unknown change in project objective. Experience level of air crew and vendor.	Possible	Critical	High	Conduct thorough risk assessments & brief/debrief. Pilot and flight crew will utilize CRM and should work together in mission planning. Conduct daily briefing and complete worksheet including real time FRAT. Ensure management does not place undue pressure or sense of urgency on flight crews. Ensure project objective has not changed and re-evaluate mission if changes occur.	Unlikely	Critical	Moderate
<b>UAS Final Assessment:</b> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input checked="" type="checkbox"/> Extremely High <input type="checkbox"/>		Date Completed: <u>(Insert Date)</u>			Prepared by: <u>(Insert Preparer's Name)</u>			

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

**Aerial Hazard Analysis and map:** A written analysis of aerial hazards surrounding the mission area in this box or in Mission Planning Sheet/FBN, e.g. towers, wires, sloping terrain, dust, proximity to airports, confined landing zones, etc. Provide a hazard map/QR code.

Project Specific Maps will be provided and briefed to prior to mission.

**\*\*Insert local QR code OR attach aerial hazard map\*\***

Optional: Insert Hyperlink in Field Below

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

**Aircraft Performance Planning:**

Aircraft performance: Consider operating environment, payload, density altitude, and terrain which operations are conducted. Endurance: Consider length of mission, distance from launch area, and area of availability. Trained personnel shall ensure that aircraft scheduled are capable of performing the mission(s) safely and within the capabilities of the aircraft selected. Reference PMS 515 for additional information.

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

Type of Operation- Check applicable boxes that may apply to mission or mission	<p><b>Personnel protective equipment requirements.</b>  <b>NOTE:</b> 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.  <b>The MASP for the project must document PPE exception(s) and in accordance with FSH 5709.16, Chapt 30, 36.53b.</b></p>
<input type="checkbox"/> Rotor Wing Ground Operations	<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.  <b>*Refer to the Interagency Aerial Ignition Guide for additional ground operation requirements.*</b></p>
<input type="checkbox"/> Rotor Wing	<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. <b>* Refer to appropriate guides. * Charter flights, (non-agency controlled mission), shall comply with 14 CFR 135 requirements.</b></p>
<input type="checkbox"/> Doors Off 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 in type 3 helicopter) <b>* Refer to appropriate guides*</b></p>
<input type="checkbox"/> UAS	<p>Fire resistant clothing, hard hat w/chin strap or SPH-5 flight helmet or other approved model, all leather boots, eye protection, hearing protection. <b>*Refer to the Interagency Aerial Ignition Guide for additional ground operation requirements*</b></p>

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

<p><b>Helicopter or fixed Wing Pilot Information:</b> 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. <b>Complete or see MPS/FBN</b></p>																																																																																																																																								
<p style="text-align: center;"><b><u>Pilot Name (P1): PIC/Primary</u></b></p>	<p style="text-align: center;"><b><u>Pilot Phone Number:</u></b></p>																																																																																																																																							
<p style="text-align: center;"><b><u>Pilot Name (P2): Co-Pilot/Relief</u></b></p>	<p style="text-align: center;"><b><u>Pilot Phone Number:</u></b></p>																																																																																																																																							
<p><b>Pilot Carded For Mission:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Charter Pilot <input type="checkbox"/> 135 Certificate and FAR's Apply</p> <p><b>** Use of charter pilot requires regional forester approval**</b></p> <p style="color: red;">Check all boxes that apply to pilot's carding below:</p>	<p style="text-align: center;"><b><u>Pilot Card (P1) Expiration Date:</u></b></p>  <p style="text-align: center;"><b><u>Pilot Card (P2) Expiration Date:</u></b></p>																																																																																																																																							
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# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

<b>Flight Following And Frequencies:</b> TBD/Will confirm, complete or see MPS/FBN <div style="text-align: center; color: red; font-weight: bold;">*Confirm frequencies prior to flight*</div> <div style="text-align: center; color: blue; font-weight: bold;">*FAA Flight Plan (chartered aircraft non-agency-controlled mission) no frequencies required*</div> <div style="text-align: center; color: blue; font-weight: bold;">*Chartered 135 operator is responsible for communications and flight plan*</div>		
Flight Following Method:      AFF <input type="checkbox"/> Radio (Local or GACC aircraft desk) <input checked="" 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\*\*

<b>Military Training Route(s) (MTR'S) or Military Operating Area(s) (MOA'S)</b> <div style="text-align: center; background-color: yellow; padding: 2px;">TBD/Will confirm, complete or see MPS/FBN</div> <div style="text-align: center; color: red; font-weight: bold; padding: 5px;">                     Aviation Manager shall confirm deconfliction in these routes and areas prior to the flight with dispatch or other approved local methods.                 </div> <div style="text-align: center; color: red; font-weight: bold; padding: 5px;">                     Deconfliction will be discussed prior to mission start. Add Additional MTR-MOA information to the end of the document if necessary.                 </div>				
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"/>



# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

<b>Crash Rescue/Medivac Plan:</b> <b>Additional medical information attached?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>General Instructions (in the event of an incident):</b> <b>Mission site duties and actions to be coordinated through dispatch in accordance with local search &amp; rescue (SAR) and emergency crash rescue plan(s). These items will be discussed and recorded during the daily safety briefing.</b>		
In the event of an accident, an IC for an incident within an incident will have been identified at each morning operational briefing. The IC will declare an incident within an incident and notify dispatch and will then activate the Aviation Mishap Plan. Incident information and instructions will be coordinated through the IC and Dispatch.		
EMT(s) on site: YES <input type="checkbox"/> NO <input type="checkbox"/> <u>Complete or See MPS/FBN</u>		
Names: <u>Complete or See MPS/FBN</u>		
First responder(s) on site:    YES <input type="checkbox"/> NO <input type="checkbox"/> <u>Complete or See MPS/FBN</u>		
Names: <u>Complete or See MPS/FBN</u>		
Available medivac helicopters: YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input checked="" 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 checked="" type="checkbox"/>		
Level of care medivac personnel can provide:    ALS <input type="checkbox"/> BLS <input type="checkbox"/> Unknown <input checked="" 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"/>		
<b>MEDICAL FACILITY</b>	Name/Location/Helipad Information	Helipad YES <input type="checkbox"/> NO <input type="checkbox"/>
Latitude	Longitude	Contact Freq.
<b>MEDICAL FACILITY</b>	Name/Location/Helipad Information	Helipad YES <input type="checkbox"/> NO <input type="checkbox"/>
Latitude:	Longitude:	Contact Freq.
<b>MEDICAL FACILITY</b>	Name/Location/Helipad Information	Helipad YES <input type="checkbox"/> NO <input type="checkbox"/>
Latitude	Longitude	Contact Freq.
<b>NEAREST BURN FACILITY</b>	Name/Location/Helipad Information	Helipad YES <input type="checkbox"/> NO <input type="checkbox"/>
Latitude	Longitude	Contact Freq.

# NORTHERN ROCKIES MISSION AVIATION SAFETY PLAN

## Signatures –Risk Assessment, Doors off Operations, GAR, Briefing completed

Complete or See MPS/FBN

<b>Participants Name/Position</b>	<b>Date</b>	<b>Participants Name/Position</b>	<b>Date</b>

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