

AIRCRAFT FLIGHT REQUEST/FLIGHT SCHEDULE								Schedule Change #		4. AIRCRAFT INFORMATION			FAA #			
															Flight Schedule #:	
1. INITIAL REQUEST INFORMATION								MAKE/MODEL:								
DATE/TIME		TO/FROM		PHONE NUMBER		COST ACCOUNT/MANAGEMENT CODE(S)				COLOR:						
										# SEATS						
										VENDOR						
CHECK ONE: <input type="checkbox"/> Point-to-Point Flight <input type="checkbox"/> Mission Flight				SPECIAL-USE? <input type="checkbox"/> Yes <input type="checkbox"/> No		BILLEE CODE (AMD ONLY)				PHONE #						
MISSION OBJECTIVE/SPECIAL NEEDS:				DESIRED A/C TYPE <input type="checkbox"/> Helicopter <input type="checkbox"/> Airplane						PILOT(S)						
2. PASSENGER/CARGO INFORMATION: INDICATE BY ASTERISK WHICH PASSENGER LISTED BELOW IS CHIEF-OF-PARTY.																
NAME/TYPE OF CARGO		LBS OR CU FT	PROJECT ORDER/REQ #		DEPT ARPT	DEST ARPT	RETURN TO	NAME/TYPE OF CARGO		LBS OR CU FT	PROJECT ORDER/REQ #	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, Pickup Points			To/From	
5. FLIGHT FOLLOWING (Check as Appropriate)				6. Method of Resource Tracking: (Check as Appropriate)				8. ADMINISTRATIVE Type of Payment Document				7. REVIEW (if applicable)				
<input type="checkbox"/> FAA VFR Flight Plan				<input type="checkbox"/> Radio <input type="checkbox"/> Phone Scheduling Dispatcher At Phone #:				<input type="checkbox"/> AMD-23 or <input type="checkbox"/> AMD-2				<input type="checkbox"/> Flight Scheduler/Aviation Mgr Hazard Analysis/Safety Checklist				
<input type="checkbox"/> FAA IFR Flight Plan				() _____				<input type="checkbox"/> FS 6500-122				<input type="checkbox"/> Other:				
<input type="checkbox"/> Agency Flight Following				<input type="checkbox"/> Upon Departure <input type="checkbox"/> Each Stop Enroute <input type="checkbox"/> Upon Arrival				<input type="checkbox"/> Other								
<input type="checkbox"/> Check-In Every ___ Minutes On:				<input type="checkbox"/> Phone Other Dispatcher At Phone #:				Route Document To:								
Freq		Tone		() _____				9. CLOSEOUT								
Freq		Tone						CLOSED BY:				DATE/TIME:				
REMARKS ON FLIGHT FOLLOWING AND/OR RESOURCE TRACKING:								REMARKS:								

DISPATCHER/AVIATION MANAGER HAZARD ANALYSIS AND SAFETY CHECKLIST

I. MISSION FLIGHT HAZARD ANALYSIS/RISK MITIGATION. Check if applicable, or mark as NA. The following potential hazards in the area of operations have been identified and **mitigating controls (in bold)** have been applied. These will be reviewed with Pilot and Aircraft Flight Manager prior to flight.

A <input type="checkbox"/> Type of flight: Flight is special use mission and requires pilot carded for the mission <input type="checkbox"/> Flight will be in IFR conditions (night and/or IMC weather) and requires a pilot carded for IFR <input type="checkbox"/> Pilot with correct carding has been assigned <input type="checkbox"/> Other:	B <input type="checkbox"/> Type of flight: Flight is special use mission and requires aircraft carded for the mission. <input type="checkbox"/> Flight will be in IFR conditions (night and/or IMC weather) and requires an aircraft carded for IFR <input type="checkbox"/> Aircraft with correct carding has been scheduled <input type="checkbox"/> Other:
C <input type="checkbox"/> Density Attitude: high elevations, temperatures, and weights: MAX LANDING ELEV (MSL): _____' MIN. FLIGHT ALTITUDE AGL: _____ <input type="checkbox"/> Aircraft with sufficient capability to meet mission requirements has been selected <input type="checkbox"/> Other:	
D <input type="checkbox"/> Personnel qualifications (Flight Manager, Project Personnel, Pax) <input type="checkbox"/> Qualifications lists have been checked: a qualified Flight Manager is assigned, passengers and project crew have received required training <input type="checkbox"/> Other:	E <input type="checkbox"/> Equipment necessary to accomplish the mission <input type="checkbox"/> Flight Manager has all equipment (e.g., external load, portable radios and adapters, etc.) necessary to accomplish the flight <input type="checkbox"/> Other:
F <input type="checkbox"/> Military Training Routes (MTRs) or Special-Use (MOAs, Restricted Areas, etc.) or Areas of high-density air traffic (airports, commercial or other civil aircraft flight routes.) <input type="checkbox"/> Procedures for deconfliction of Military Training Routes and Special-Use Airspace have been taken <input type="checkbox"/> Other:	
G <input type="checkbox"/> Aerial Hazards may be present (wires/transmission lines/towers/bridges (esp wires along rivers or streams/across canyons)). <input type="checkbox"/> Flight hazard maps have been supplied to Flight Manager for nonfire low-level missions.	
H <input type="checkbox"/> Weather/visibility factors (wind, fronts, thunderstorms, fog, smoke, etc.). <input type="checkbox"/> Pilot is aware of weather/visibility factors. <input type="checkbox"/> Other:	I <input type="checkbox"/> Daylight/darkness factors SUNRISE: _____ SUNSET: _____. <input type="checkbox"/> Flight will commence and end within requirements. <input type="checkbox"/> Other:
J <input type="checkbox"/> Pilot flight time/duty day limitations. <input type="checkbox"/> Pilot has reviewed itinerary and will not exceed limitations <input type="checkbox"/> Other:	K <input type="checkbox"/> Limited flight following has been identified/arranged. <input type="checkbox"/> Alternative flight following has been identified/arranged. <input type="checkbox"/> Other:
L <input type="checkbox"/> Transport of Hazardous Materials. <input type="checkbox"/> Flight Manager and Pilot are aware of HazMat transport requirements, including packaging, labeling, and pilot notification. <input type="checkbox"/> Other:	

II. APPROVALS (as necessary per agency or local policy)

MISSION FLIGHT: HAZARD ANALYSIS PERFORMED BY: _____

Date: ___/___/_____

THIS FLIGHT IS APPROVED BY (Authorized Signature) : _____

Date: ___/___/_____