

PROJECT AVIATION SAFETY PLAN (PASP)
Use this template for Southwestern Region aviation projects

PROJECT NAME
Name of Forest

| | | | |
|-------------------------------------|--------------------------------------|--------------|--|
| Mission: | Project Name: | Unit: | Fixed Wing <input type="checkbox"/> Rotor Wing <input type="checkbox"/> |
| Anticipated Project Date(s): | | | |
| Project Plan Prepared by: | Title: | Date: | |
| Project Plan Reviewed by: | Title: Project Aviation Manager | Date: | |
| Project Plan Reviewed by: | Title: Forest Aviation Officer | Date: | |
| Project Plan Reviewed by: | Title: Regional Aviation Safety Mgr. | Date: | |
| Project Plan Reviewed by: | Title: Regional Aviation Officer | Date: | |
| Project Plan Approved by: | Title: | Date: | |

PROJECT DESCRIPTION/MISSION OBJECTIVES:

Compliance with the operational procedures outlined in this Project Aviation Safety Plan is required.

GENERAL LOCATION/DESCRIPTION

(Provide description and attach map—map must include aerial hazards)

JUSTIFICATION FOR AIRCRAFT USE:

| AIRCRAFT INFORMATION | | |
|---|--------------------------|---|
| Cooperator <input type="checkbox"/> / Agency <input type="checkbox"/> / Vendor <input type="checkbox"/> / Military /RAIDS <input type="checkbox"/> / Other <input type="checkbox"/> | | |
| Type of Flight: | | Desired Make/Model: |
| Vendor: | Phone: | Cell: |
| Aircraft N#: | Make & Model: | Aircraft Color: |
| Pilot Name: | | Pilot Contact number: |
| Pilot Carded: <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: | | A/C Carded: <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: |
| Type Procurement: | | Charge Code: |
| Estimated Flight Hours: | | Estimated Cost: |

| SUPERVISION | |
|----------------------------------|-----------------|
| Project Aviation Manager: | Contact Number: |
| Forest/Unit Aviation Officer: | Contact Number: |

| PARTICIPANTS- list individuals involved in flight(s) | |
|---|------------------------------|
| Name: | Project Role/Responsibility: |

| CARGO | | |
|--------------|--|--|
| Weight: | Hazardous Materials <input type="checkbox"/> Yes <input type="checkbox"/> No | Pilot Briefed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weight: | Hazardous Materials <input type="checkbox"/> Yes <input type="checkbox"/> No | Pilot Briefed <input type="checkbox"/> Yes <input type="checkbox"/> No |

| FLIGHT FOLLOWING | | |
|---|--------------|---|
| Flight Follow: <input type="checkbox"/> AFF <input type="checkbox"/> Radio (15 minute check in) | | Request or Flight #: <input type="checkbox"/> |
| FM Receive: | FM Transmit: | Tones: |
| FM Receive: | FM Transmit: | Tones: |
| FM Receive: | FM Transmit: | Tones: |
| AM Air to Air: | AM Unicom: | Other: |

| MILITARY TRAINING ROUTE (MTR) or MILITARY OPERATING AREA (MOA) INFORMATION | | | | | |
|---|---------------------|--|-------|------|---|
| -Aircraft Manager must confirm with dispatch prior to the flight that affected routes' schedules contacted for route activity | | | | | |
| MTR/ MOA | Route Legs-Altitude | Activity | Time | | Time Zone |
| | | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | Start | Stop | <input type="checkbox"/> UTC <input type="checkbox"/> Local |
| | | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | Start | Stop | <input type="checkbox"/> UTC <input type="checkbox"/> Local |
| | | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | Start | Stop | <input type="checkbox"/> UTC <input type="checkbox"/> Local |
| | | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | Start | Stop | <input type="checkbox"/> UTC <input type="checkbox"/> Local |

PERFORMANCE PLANNING

The pilot is responsible for the accurate completion of helicopter load calculations and/or airplane performance planning. For contracted flight operations requiring a government representative, the Helicopter or Flight Manager shall ensure that (1) aircraft performance planning is conducted in accordance with the associated procurement document, (2) that manifests are completed and accurate, and (3) that operational weight and balance calculations are completed. Trained personnel shall ensure that aircraft scheduled are capable of performing the mission(s) safely and within the capabilities of the aircraft selected.

PERSONAL PROTECTIVE EQUIPMENT

| Type of Operation – check applicable boxes | Personnel Protective Equipment Requirements |
|---|---|
| <input type="checkbox"/> Rotor Wing Ground Operations | Fire resistant clothing, hardhat w/chin strap or approved aviator flight helmet, fire resistant and/or leather gloves, all leather boots, eye protection, hearing protection. |
| <input type="checkbox"/> Rotor Wing All Flights | Fire resistant clothing, approved aviator flight helmet, fire and/ or leather gloves, all leather boots, hearing protection. |
| <input type="checkbox"/> Doors off Flight | 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) |

SEARCH AND RESCUE – EMERGENCY RESPONSE

Crash/Search and Rescue Procedures:

- ~ **Contact Dispatch who will initiate the Aviation Incident/Accident Response Plan.** This initiation includes accomplishing all emergency and administrative notifications.
- ~ **On-site emergency response will be handled by the aircraft personnel and other project personnel, and will comply with appropriate guides (examples: Interagency Helicopter Operations Guide (IHOG) or Forest’s Aviation Incident/Accident Response Guide.**

SPECIAL CONSIDERATIONS and JUSTIFICATIONS:

(List justifications for deviating from SOP, policy etc.)

CRASH RESCUE/MEDI-EVAC PLAN – highlighted area is the minimum information regarding medical/emergency response to be filled out prior to review and approval. The remaining fields should be completed as much as practical prior to the day of operation.

General Instructions:

In the event of an accident, the _____ Operations project manager will supervise and coordinate the crash rescue activities. Specific crash rescue duties will be assigned to _____ operations personnel each morning before flights of any kind. Crash rescue and first aid equipment will be located near the _____ operations site and equipment’s location made known to all personnel. Information and instructions will be sent/ received through the local dispatch office or communications.

EMT (S) ON PROJECT

Names

AVAILABLE MEDIVAC HELICOPTERS

FAA # | HEMG or Contact

Litter/Rappel/Extraction Capable?

Remarks

FAA # | HEMG or Contact

Litter/Rappel/Extraction Capable?

Remarks

NEAREST MEDICAL FACILITY | Name/Location

Latitude | Longitude | Contact Freq

VOR | Nautical Miles | DEG

NEAREST BURN CENTER | Name/Location

Latitude | Longitude | Contact Freq

VOR | Nautical Miles | DEG

LIFEFLIGHT | Name/Location

Type Aircraft | Phone # | Contact Freq

SPECIFIC INFORMATION AND INSTRUCTIONS (Utilize cell phone if possible. Do not use names over the radio)

1. Nature of the injury(s)/illness
2. Is medical help needed? If available supply vital signs!
3. What transportation is needed? Is patient(s) ambulatory?
4. Location of victim.
5. Route to be taken (use land marks as guide).
6. Equipment needed.
7. Name of contact on site.
8. Notify appropriate agency line officer.

SITE CONDITIONS

Latitude: | Longitude: | Contact Freq:

Wind Speed: | Elevation (msl): | Temperature:

Terrain Factors: | Helispot Minimum Size:

Proximity of Helispot to Injury Site : | Visibility/Sunrise/Sunset Limitations:

Flight Hazards:

Other Aircraft in Area (Call Signs & Freq.):

AVIATION RISK ASSESSMENT WORKSHEET

Assess the risks involved with the proposed operation. Use additional sheets if necessary. Line Officer/Designee Signature Required. Reference [Risk Management Workbook](#)

Risk Assessment Matrix

| Likelihood | Severity | | | |
|-----------------|------------------|-----------------|------------------|-------------------|
| | Negligible IV | Marginal III | Critical II | Catastrophic I |
| Frequent A | | | | |
| Probable B | | | | <i>HIGH 4</i> |
| Occasional C | | | <i>Serious 3</i> | |
| Remote D | | <i>Medium 2</i> | | |
| Improbable E | <i>LOW 1</i> | | | |

Appropriate Management Level for Risk Decisions

| Risk Level | Fire | Project |
|----------------|--|------------------------------|
| High | Incident Commander or Operations Sections Chief | Line Officer/Manager |
| Serious | Incident Commander or Operations Sections Chief | Line Officer/Manager |
| Medium | Air Operations Branch Director | Project Aviation Manager |
| Low | Base Manager | Helicopter or Flight Manager |

Severity Scale Definitions

| | |
|---------------------|--|
| Catastrophic | Results in fatalities and/or loss of the system. |
| Critical | Severe injury and/or major system damage. |
| Marginal | Minor injury and/or minor system damage. |
| Negligible | Less than minor injury and/or less than minor system damage. |

Likelihood Scale Definitions

| | | |
|-------------------|---------------------|---|
| Frequent | Individual Fleet | Likely to occur often. Continuously experienced. |
| Probable | Individual Fleet | Will occur several times. Will occur often. |
| Occasional | Individual Fleet | Likely to occur sometime. Will occur several times. |
| Remote | Individual Fleet | Unlikely to occur, but possible. Unlikely but can reasonably be expected to occur. |
| Improbable | Individual Fleet | So unlikely, it can be assumed it will not occur. Unlikely to occur, but possible. |

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION

Assessment and Mitigation of:

System-

| | | Pre Mitigation | | | | Post Mitigation | | |
|--------------------------------|----------------------------------|----------------|----------|---------------------|--|-----------------|--------------|------------|
| Sub System | Hazards | Likelihood | Severity | Risk Level | Mitigation | Likelihood | Severity | Risk Level |
| EXAMPLE: Environment | Conflicting Airspace Environment | Occasional | Critical | Serious | Local agency must provide orientation and “situational awareness” overview to SEAT pilots on Special Use Airspace, MTR, TFR, ect. Assure that dispatch and aviation personnel are trained. In dispatch procedures for SUA. Use aerial supervision when AV. | Remote | Critical | Medium |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Final Assessment Value: | | | | Prepared By: | | | Date: | |
| Operation Approved By: | | | | Title: | | | Date: | |

PROJECT AVIATION SAFETY PLAN BRIEFING

A copy of this briefing page will be submitted to the Agency Forest Aviation Officer/Unit Aviation Manager within 5 days of the completion of this project.

Briefing Leader: _____

Briefing Date: _____ Time: _____ Location: _____

Discussion Items:

- a. Hazard Analysis (as outlined in plan)
- b. Safety Air Ops (Ground)
- c. Safety Air Ops (Flight)
- d. Military Training Routes
- e. Flight Following
- f. Frequencies
- g. Fueling
- h. Emergency Evacuation. Plan
- i. Authorities
- j. Weather Considerations
- k. Other

SPECIFIC TO LAW ENFORCEMENT MISSIONS—refer to the *SWA LAW ENFORCEMENT AVIATION MANAGEMENT PLAN* for protocol for these items:

- Weapons carried aboard aircraft
- Hazardous Materials---mace/pepper spray
- Canines aboard aircraft
- Prisoner Transport
- Covert flight following procedures
- Risk assessment protocol for unplanned landings, etc

**PROJECT AVIATION SAFETY PLAN BRIEFING
SIGNATURE PAGE**

Attendees Signature and Concurrence:

| Name | Project Responsibility/Role | Date |
|-------------|------------------------------------|-------------|
| | | |
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