

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

## PASP INSTRUCTIONS

**\*Pages 1-11 or through map and aerial hazard analysis page (due to extended risk assessment) require total completion for submission, review and approval signature (project approver signature-appropriate level line officer). Subsequent pages see instructions below\***

**Subsequent pages include:** Pilot information, flight following, frequencies, MTR's / MOA's, crash rescue /medivac and additional appendices. Complete these pages as information becomes available. Partial completion of these pages is recommended during the submission process. (Subsequent pages shall be filled out prior to project initiation).

## RISK MATRIX INSTRUCTIONS

Appropriate management level for operational risk decision will remain the same in the color coded format. The number system on page (6) in the risk management scale is incorporated into the drop down menu of risk assessment attached. Values of risk level are as follows:

Low-1      Medium-2

Serious-3      High-4

In no case will the overall risk of the mission be less than the highest specific factor. (Example: One high, one serious, and two medium threats couldn't result in anything less than a high).

## SIGNATURE'S

Signature blocks are in order of how the PASP will move forward for review and signature. Route all PASP's through the Zone Aviation Officer or delegated acting. The tan colored fields are required to be signed for at the Line Officer level. The PASP's will be routed back down through the Zone Aviation Officer or delegated acting after signature from the Regional Aviation Officer. PASP will come back in PDF for approving official to sign in signature block and risk assessment (See tan highlighted areas).

Signing: All signature boxes up to the Regional Aviation Officer will be signed in typed text. See below.

Example: /s/ John M. Smith

Regional Aviation Safety Manager and Regional Aviation Officer will sign with link pass digital signature. Approval of risk assessment and line officer plan approval final signature will be wet signature or link pass digital signature (line officer discretion). These areas are tan color. The project aviation safety plan will come back to the field in PDF format for ease of link pass signatures.

## RETENTION AND FILING OF PLAN

Once project safety plan is approved by line management, the plan will be maintained in the dispatch office and referenced during flight. Retention of the safety plan by dispatch shall be one year. Retention of the plan and daily briefing sheets by the project manager shall be one year. Reference IHOG-2016 Chapter 3-13 (d).

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

<u>Forest:</u>	<u>Unit:</u>
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<u>Agency Requesting Project</u>  FS <input 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"/>			<u>Anticipated Date(s)</u> YES <input type="checkbox"/> NO <input type="checkbox"/>  <u>Calendar Year</u> YES <input type="checkbox"/> NO <input type="checkbox"/> ----->  <u>Date Variance Acceptable</u> YES <input type="checkbox"/> NO <input type="checkbox"/>  <u>*Document variance in aviation plan briefing sheet or ICS 214*</u>		<u>Calendar Year</u>	
<u>Aircraft Type</u>			<u>Start Date</u>		<u>End Date</u>	<u>PASP Objectives</u>
Fixed <input type="checkbox"/>	Rotor <input type="checkbox"/>	UAS <input type="checkbox"/>			Training <input type="checkbox"/> Resource <input type="checkbox"/> LE&I Mission(s) <input type="checkbox"/>	

<u>Project prepared by:</u>	<u>Title:</u>	
<u>Project reviewed by:</u> (OPTIONAL) Forest Level:	<u>Title:</u>	
<u>Project review by:</u> (OPTIONAL) Regional Level:	<u>Title:</u>	
<u>Project reviewed by:</u> (REQUIRED) Zone Aviation Officer:	<u>Title:</u>	
<u>Project reviewed by:</u> (REQUIRED) RASM:	<u>Title:</u>	See signature for date.
<u>Project reviewed By:</u> (REQUIRED) RAO:	<u>Title:</u>	See signature for date.
<u>Project approved by:</u> (REQUIRED) - Line Officer:	<u>Title:</u>	See signature for date.

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

<u>Project Supervisor:</u>	<u>Alternate Project Supervisor:</u>
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**\*\* Participant's qualifications and responsibilities verified/discussed during daily briefing\*\***

<u>Project Name</u>
<p><b><u>Project Description:</u></b></p>
<p><b><u>Project Objectives:</u></b></p>
<p><b><u>Aircraft Justification For Project:</u></b></p>

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

## Aircraft Information:

**\*Check all that apply, if name is unknown, add information to safety plan briefing sheet\***

**\*Leave text fields blank if unknown\***

**\*All cooperators require an annual approval letter onboard except DOJ aircraft\***

Cooperator ☐

Agency ☐

Vendor ☐

Military ☐

Other ☐

## Rotor Wing:

Type One ☐

Type Two ☐

Type Three ☐

**\*Document additional requirements beyond standard typing in aircraft justification and resource order\* (performance capabilities, equipment, Etc.)**

## Fixed Wing:

Single Engine ☐

Twin Engine ☐

**\*Document needs for turbine, twin engine, air conditioning, high or low wing, pressurized cabin, radio package or any additional requirements in aircraft justification and resource order\***

## UAS:

☐ Public

☐ Commercial

**\*Refer to Forest Service policy on UAS use\***

**Aircraft Make and Model:** Refer to safety plan briefing sheet for vendor name, make, FAA# and model. PSD operations: No briefing sheet required- insert aircraft information below.

**Vendor:**

**Tail number:**

**Model:**

Unknown CWN ☐

Unknown EU ☐

**\*\* CWN helicopter information attained after hiring process\*\***

**\*\*Unknown or multiple aircraft in use (CWN or EU)- mark appropriate boxes, have CWN inspection sheet or copy of aircraft data card on file with PASP for aircraft data- AI PASP only\*\***

**Procurement and Cost Information: Check unknown if unable to provide accurate or estimated information.**

**Procurement Type:**

Unknown ☐

**Projected Flight Hours:**

Unknown ☐

**Charge Code:**

Unknown ☐

**Estimated Flight Hour Cost:**

Unknown ☐

**Estimated Miscellaneous Cost(s):**

Unknown ☐

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

**\*\*Project risk assessment completed prior to project approval\*\***

**\*\*Risk assessment hazards shall be re-assessed prior to project engagement\*\***

**\*\*See appropriate management level for approval and dynamic flowchart decision making tool\*\***

Project Risk Assessment Matrix Scale				
	Severity			
Likelihood	Negligible IV	Marginal III	Critical II	Catastrophic I
Frequent A				
Probable B				<i>High 4</i>
Occasional C				
Remote D		<i>Medium 2</i>		
Improbable E	<i>Low 1</i>			

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

Severity and Likelihood Scale Definitions					
Severity			Likelihood		
<b>Catastrophic</b>	Fatalities and or loss of the system.		<b>Frequent</b>	Likely to occur and continuously experienced.	
<b>Critical</b>	Severe injury and or major system damage.		<b>Probable</b>	Will occur several times and occur often.	
<b>Marginal</b>	Minor injury and or minor system damage.		<b>Occasional</b>	Likely to occur sometimes and will occur several times.	
<b>Negligible</b>	Less than minor injury and or less than minor damage.		<b>Remote</b>	Unlikely to occur, but possible. Unlikely, but expected to occur.	
			<b>Improbable</b>	So unlikely, assume it will not occur. Unlikely to occur, but possible.	

Appropriate Management Level for Operational Risk Decisions		
Risk Level	Fire	Project
<b>High</b>	Incident Commander or Operations Sections Chief	Line Officer/Manager
<b>Serious</b>	Incident Commander or Operations Sections Chief	Line Officer/Manager
<b>Medium</b>	Air Operations Branch Director	Project Aviation Manager
<b>Low</b>	Base Manager	Helicopter or Flight Manager

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated:		Pre Mitigation			Mitigation	Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level		Likelihood	Severity	Risk Level

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated:		Pre Mitigation			Mitigation	Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level		Likelihood	Severity	Risk Level



# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated:		Pre Mitigation				Post Mitigation		
Sub System	Hazard	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level
<b>Final Assessment:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <span style="color: green;">Low-1</span> <input type="checkbox"/> </div> <div style="text-align: center;"> <span style="color: blue;">Medium-2</span> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <span style="color: yellow;">Serious -3</span> <input type="checkbox"/> </div> <div style="text-align: center;"> <span style="color: red;">High-4</span> <input type="checkbox"/> </div> </div>		<b>Prepared By:</b>						
Operation Approved By:		Title:			See signature for date.			
**Attach Additional Project Risk Assessment If Necessary**								

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

Map Of Project Area: Depict aerial hazards in this map if known. If map or supporting documents do not fit page format, attach as an appendix. Attach appendix to the end of the PASP.

Aerial Hazard Analysis:

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

## Aircraft Performance Planning:

The pilot is responsible for the accurate completion of load calculations or PPC (military performance planning). Trained personnel shall ensure that aircraft scheduled are capable of performing the mission(s) safely and within the capabilities of the aircraft selected. The helicopter or flight manager shall ensure that manifests, load calculations, weight & balance are completed properly using accurate environmental and aircraft data. Reference IHOG chapter 7 or chapter 70 of the Military Use Handbook for additional information.

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

Type of Operation- Check applicable boxes that may apply to project or mission	Personnel protective equipment requirements
<input type="checkbox"/> Rotor Wing Ground Operations	Fire resistant clothing, hardhat 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. *Refer to the Interagency Aerial Ignition Guide for additional ground operation requirements.*
<input type="checkbox"/> Rotor Wing	Fire resistant clothing, SPH-5 flight helmet or other approved model, hardhat w/chin strap, fire resistant and/or leather gloves, all leather boots, eye protection, hearing protection. Additional personnel restraints needed in the helicopter pending type of mission. * Refer to appropriate guides. * Charter flights, (non-agency controlled mission), shall comply with 14 CFR 135 requirements.
<input type="checkbox"/> Doors Off Flight(s)	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-type 3 helicopter) * Refer to appropriate guides*
<input type="checkbox"/> Cargo Free Fall Operations	Fire resistant clothing, SPH-5 flight helmet or other approved model, fire resistant and/or leather gloves, all leather boots, eye protection, hearing protection. Additional qualifications, compliance with rotor craft manual and approved restraint requirement apply. * Refer to IHOG chapter eleven for additional details. *
<input type="checkbox"/> Fixed Wing	Refer to current IASG, ALSE and 5700 manual direction for PPE requirements.

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

<b>Helicopter or fixed Wing Pilot Information:</b> *Fixed wing: Use "other" box and state approved mission(s)*	
<b><u>Pilot Name (P1): PIC/Primary</u></b>	<b><u>Pilot Phone Number:</u></b>
<b><u>Pilot Name (P2): Co-Pilot/Relief</u></b>	<b><u>Pilot Phone Number:</u></b>
<b><u>Pilot Carded For Mission:</u></b> Yes <input type="checkbox"/> No <input type="checkbox"/>  Charter Pilot <input type="checkbox"/> 135 Certificate and FAR's Apply  <b>** Use of charter pilot requires regional forester approval**</b> <b>Check all boxes that apply to pilot(s) carding below:</b>	<b><u>Pilot Card (P1) Expiration Date:</u></b>  <b><u>Pilot Card (P2) Expiration Date:</u></b>
Low Level Recon & Survey   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Helitack-Passenger Transport   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  External Load (Belly Hook)   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Water-Retardant Delivery   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Longline VTR (150')   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Snorkel VTR <input type="checkbox"/> Mirror <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Mountainous Terrain Flying   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Aerial Ignition (PSD)   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Aerial Ignition (Torch)   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Rappel Operations   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Cargo Letdown   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Snow Operations (Deep Snow)   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Hoist   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  UAS   P1 <input type="checkbox"/> P2 <input type="checkbox"/>	Designated "Pilot Trainer"   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  "Trainee Only" Pilot   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Short Haul   LE <input type="checkbox"/> SAR <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Float Operations (Fixed)   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Platform Landings-Offshore   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Vessel Landings   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Night Vision Goggle Operations   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  ACETA Net Gun (All ACETA)   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  ACETA Eradication   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  ACETA (Herdling)   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  ACETA Darting-Paintball   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  STEP   P1 <input type="checkbox"/> P2 <input type="checkbox"/>  Other <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/>

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

## Flight Following And Frequencies:

**\*Confirm frequencies during briefing prior to flight\***

**\*FAA Flight Plan (chartered aircraft-non agency controlled mission) no frequencies required\***

**\*Chartered 135 operator is responsible for communications and flight plan\***

Flight Following Method:      AFF ☐      Radio (Local or GACC aircraft desk) ☐

FAA Flight Plan: (Agency owned or agency contracted aircraft mission) ☐

FAA Flight Plan: (Charter aircraft- non agency controlled mission) ☐

FM Receive:	FM Transmit:	RX: TX:
FM Receive:	FM Transmit:	RX: TX:
FM Receive:	FM Transmit:	TX: RX:
AM Receive:	AM Transmit:	No Tone

**\*\*Project supervisor will coordinate Temporary Flight Restrictions (TFR) with dispatch if needed\*\***

## Military Training Route(s) (MTR'S) or Military Operating Area(s) (MOA'S)

**Project supervisor, alternate supervisor or delegated manager shall confirm deconfliction in these routes and areas prior to flight with dispatch or other approved local methods.**

**Deconfliction will be addressed during the aviation safety plan briefing.**

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"/>

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

<b>Crash Rescue/Medivac Plan</b>	
<b>General Instructions (in the event of an incident):</b> Project site duties and actions to be coordinated through dispatch in accordance to local search & rescue (SAR) and emergency crash rescue plan(s). These items will be discussed and recorded during the daily safety briefing.	
Specified crash rescue duties will be assigned to ground operations personnel each day before flights of any kind. Crash rescue and first aid equipment will be located near the helicopter 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.	
<b>EMT(s) on site:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Names:</b>	
<b>First responder(s) on site:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Names:</b>	
<b>Available medivac helicopter(s)?</b> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	
<p style="color: red;">*Unknown: Select if medivac helicopter is not to be ordered for the project 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. *</p>	
<b>Medivac helicopter on site?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Level of care medivac helicopter personnel can provide:</b> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Unknown <input type="checkbox"/>	
<b>FAA Tail #(s)</b>	<b>Contact Information:</b>
<b>Hoist/Rappel/Extraction Capable?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Check all that apply:</b> Hoist <input type="checkbox"/> Rappel <input type="checkbox"/> Short Haul <input type="checkbox"/>	

Additional medical information attached?    YES ☐    NO ☐

# SOUTHERN REGION-PROJECT AVIATION SAFETY PLAN

<b>MEDICAL FACILITY</b>	<b>Name/Location/Helipad Information</b>	<b>Helipad</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Latitude</b>	<b>Longitude</b>	<b>Contact Freq</b>

<b>MEDICAL FACILITY</b>	<b>Name/Location/Helipad Information</b>	<b>Helipad</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Latitude</b>	<b>Longitude</b>	<b>Contact Freq</b>

<b>NEAREST BURN FACILITY</b>	<b>Name/Location/Helipad Information</b>	<b>Helipad</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Latitude</b>	<b>Longitude</b>	<b>Contact Freq</b>