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| **PROJECT AVIATION SAFETY PLAN (PASP)****Use this template for Southwestern Region aviation projects** **PROJECT NAME****Name of Forest** |
| Mission:  | Project Name:  | Unit:  | Fixed Wing **[ ]** Rotor Wing **[ ]**  |
| **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:**

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| **AIRCRAFT INFORMATION** |
| **Cooperator [ ]  / Agency [ ]  / Vendor [ ]  / Military /RAIDS [ ]  / Other [ ]**  |
| **Type of Flight:** | **Desired Make/Model:**  |
| **Vendor:** | **Phone:**  | **Cell:** |
| **Aircraft N#:** | **Make & Model:** | **Aircraft Color:** |
| **Pilot Name:** | **Pilot Contact number:** |
| **Pilot Carded: [ ]  Yes [ ] No Expiration Date:** | **A/C Carded: [ ] Yes [ ] No Expiration Date:** |
| **Type Procurement:** | **Charge Code:** |
| **Estimated Flight Hours:** | **Estimated Cost:** |

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

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

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| **CARGO** |
| Weight: | Hazardous Materials **[ ]  Yes [ ] No** | Pilot Briefed **[ ]  Yes [ ] No** |
| Weight: | Hazardous Materials **[ ]  Yes [ ] No** | Pilot Briefed **[ ]  Yes [ ] No** |

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| **FLIGHT FOLLOWING** |
| **Flight Follow: [ ]  AFF [ ]  Radio (15 minute check in)** | **Request or Flight #: [ ]**  |
| **FM Receive:**  | **FM Transmit:**  | **Tones:**  |
| **FM Receive:**  | **FM Transmit:**  | **Tones:**  |
| **FM Receive:**  | **FM Transmit:**  | **Tones:**  |
| **AM Air to Air:** | **AM Unicom:** | **Other:** |
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| **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** |
|  |  | **[ ] Hot [ ] Cold** | **Start       Stop** |  **[ ] UTC [ ] Local** |
|  |  | **[ ] Hot [ ] Cold** | **Start       Stop** |  **[ ] UTC [ ] Local** |
|  |  | **[ ] Hot [ ] Cold** | **Start       Stop** |  **[ ] UTC [ ] Local** |
|  |  | **[ ] Hot [ ] Cold** | **Start       Stop** |  **[ ] UTC [ ] Local** |

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| **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.  |
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| **PERSONAPERSONAL PROTECTIVE EQUIPMENT** |
| **Type of Operation** – check applicable boxes |  **Personal Personnel Protective Equipment Requirements** |
| [ ]  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. |
| [ ]  Rotor Wing All Flights | Fire resistant clothing, approved aviator flight helmet, fire and/ or leather gloves, all leather boots, hearing protection. |
| [ ]  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) |

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| **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.**
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| **SPECIAL CONSIDERATIONS and JUSTIFICATIONS:** **(List justifications for deviating from SOP, policy etc.)** |
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| **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 |
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| 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) |
|  | Nature of the injury(s)/illness  |
|  | Is medical help needed? If available supply vital signs! |
|  | What transportation is needed? Is patient(s) ambulatory? |
|  | Location of victim. |
|  | Route to be taken (use land marks as guide). |
|  | Equipment needed. |
|  | Name of contact on site. |
|  | 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.): |
| Ground Contact & Frequencies: |
| COMMUNICATIONS PLAN |
| **Legend** | **Frequency List:** |
|  | **Name** | **RX** | **TX** | **Tone** |
| **Command**  |  |  |  |  |
| **Air to Ground** |  |  |  |  |
| **Tactical** |  |  |  |  |
| **Flight Following** |  |  |  |  |
| **Air to Air** |  |  |  |  |
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**Operation Base**

Crew

**Dispatch**

**Pilot**

**Ground**

**Personnel**

**Other**

**Aircraft**

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| **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](http://www.fs.fed.us/fire/av_safety/risk_management/index.html) |
| Risk Assessment Matrix |

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|  | **Severity** |
| **Likelihood** | NegligibleIV | MarginalIII | CriticalII | CatastrophicI |
| FrequentA |  |  |  |  |
| ProbableB |  |  |  | *HIGH 4* |
| OccasionalC |  |  | *Serious 3* |  |
| RemoteD |  | *Medium 2* |  |  |
| ImprobableE | *LOW 1* |  |  |  |

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

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| 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. |

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| Likelihood Scale Definitions |
| **Frequent** | IndividualFleet | Likely to occur often. Continuously experienced.  |
| **Probable** | IndividualFleet | Will occur several times. Will occur often.  |
| **Occasional** | IndividualFleet | Likely to occur sometime. Will occur several times.  |
| **Remote** | IndividualFleet | Unlikely to occur, but possible. Unlikely but can reasonably be expected to occur.  |
| **Improbable** | IndividualFleet | So unlikely, it can be assumed it will not occur. Unlikely to occur, but possible.  |

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| **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** |
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| **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:

* 1. Hazard Analysis (as outlined in plan)
	2. Safety Air Ops (Ground)
	3. Safety Air Ops (Flight)
	4. Military Training Routes
	5. Flight Following
	6. Frequencies
	7. Fueling
	8. Emergency Evacuation. Plan
	9. Authorities
	10. Weather Considerations
	11. Other

**SPECIFIC TO LAW ENFORCEMENT MISSIONS**—refer to the ***SWA LAW ENFORCEMENT AVATION 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:**

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