

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

MASP 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 (mission 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 mission 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 MASP will move forward for review and signature. Route all MASP'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 MASP's will be routed back down through the Zone Aviation Officer or delegated acting after signature from the Regional Aviation Officer. MASP 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 Zone 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 a 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 a tan color. The mission aviation safety plan will come back to the field in PDF format for ease of link pass signatures.

RETENTION AND FILING OF PLAN

Once the mission safety plan is approved, the plan will be maintained in the dispatch office and referenced during flight. Retention of the plan and daily briefing sheets by the forest, refuge or unit shall be one year: reference NSHO Chapter 3, Mission Aviation Safety Plans, or any other governing policies that refer to MASP retention per aircraft type.

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<u>Forest-Refuge-Unit:</u> National Forest in Florida	<u>District-Unit:</u> Ocala National Forest
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Agency Requesting Mission			Anticipated Date(s) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Calendar Year						
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 checked="" type="checkbox"/>			Calendar Year YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ----->		2023						
Aircraft Type			Date Variance Acceptable YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Fixed</td> <td style="width: 33%; padding: 5px;">Rotor</td> <td style="width: 33%; padding: 5px;">UAS</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>			Fixed	Rotor	UAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Start Date	End Date	MASP Objectives
Fixed	Rotor	UAS									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
			1/1/2023	12/31/2023	Training <input type="checkbox"/> Resource <input checked="" type="checkbox"/> LE&I Mission(s) <input type="checkbox"/> Incident <input type="checkbox"/> Emr. Ops <input type="checkbox"/> Emr. Readiness <input type="checkbox"/>						

Mission prepared by: /s/ Ryan Hudgins	Title: Helicopter Crewmember	8/9/2022
Mission reviewed by: (OPTIONAL) Forest Level: Click here to enter text.	Title: Choose an item.	Click here to enter a date.
Mission review by: (OPTIONAL) Regional Level: Click here to enter text.	Title: Choose an item.	Click here to enter a date.
Mission review by: (OPTIONAL) Zone Aviation Officer: /s/ Joshua Pierotte	Title: Zone Aviation Officer (south)	10/26/2022
Mission reviewed by: (REQUIRED) RASM:	Title: Regional Aviation Safety Manager or Acting	See signature for date.
Mission reviewed By: (REQUIRED) RAO:	Title: Regional Aviation Officer or Acting	See signature for date.
Mission-Risk Assessment approved by: Forest Service Line, IC, or Ops Section Chief-	Title: Forest Supervisor Or Acting	See signature for date.

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<u>Mission Supervisor:</u> Helicopter Manager	<u>Alternate Mission Supervisor:</u> Forest Aviation Officer or Zone Aviation Officer
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**** Participant's qualifications and responsibilities verified/discussed during daily briefing****

<u>Mission Name</u> Ocala N.F Navy Operation Flights CY 2023
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Mission Description:

Note: Compliance with the operational procedures outlined in the Mission Aviation Safety Plan is required. A day trip authorization form is required for non-Forest Service personnel.

Navy Operations (NO): NO missions consist of reconnaissance and missions that can require flight profiles under 500' above ground level (AGL). These missions are generally accomplished by the use of a helicopter. The use of fixed-wing aircraft to accomplish these missions are authorized if operating 500' AGL or above. The flight profiles associated with NO are used to accomplish (resource) missions such as, but not limited to: Facility Surveys, Resource Effects, Public locations prior to an event,

Missions described above will be accomplished with Exclusive Use, Call-When-Needed (CWN), or agency owned aircraft (WCF). Incoming units will receive a local aviation in-briefing (airspace, frequencies, DOD areas, etc.).

Mission Objectives:

- Provide a safe, timely, and cost-effective alternative to ground-based operations.
- Enhance the ability of the user to provide real-time and accurate data for outlined missions stated in the mission description.
- Accomplish agency goals/expectations with limited resources and personnel.

Aircraft Justification for Mission:

Using rotor and/or fixed-wing aircraft for these operations is the most efficient means of meeting mission objectives. This method of conducting aerial resource mission(s) allows for the following:

- Personnel Safety: Limits exposure and mitigates the need for additional personnel. Reduces the need for ground operations, particularly in remote, adverse terrain, UXO's, and thick, impenetrable vegetation.
- Cost-Effectiveness: Expedites timeframes, lowers personnel requirements for conducting resource missions and achieves agency goals while generally reducing costs.
- Timeliness: Navy Operations objectives can be determined quickly from the air, assisting managers in making real-time and critical decisions to meet agency goals.
- Land stewardship: Enables mission objectives/goals to be met while being light on the land.

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<p><u>Aircraft Information:</u> *Refer to Appropriate page for UAS information*</p> <p style="text-align: center; color: red;">*Check all that apply, if name is unknown, add information to safety plan briefing sheet*</p> <p style="text-align: center; color: red;">*Leave text fields blank if unknown*</p> <p style="text-align: center; color: red;">*All cooperators require an annual approval letter onboard except DOJ-DHS aircraft*</p> <p>Cooperator <input type="checkbox"/> Click here to enter text. Agency <input checked="" type="checkbox"/> Click here to enter text.</p> <p>Vendor <input checked="" type="checkbox"/> Click here to enter text. Military <input type="checkbox"/> Click here to enter text.</p> <p style="text-align: center;">Other <input type="checkbox"/> Click here to enter text.</p>	
<p><u>Rotor Wing:</u> Type One <input type="checkbox"/> Type Two <input checked="" type="checkbox"/> Type Three <input checked="" type="checkbox"/></p> <p style="text-align: center; color: red;">* Additional document requirements beyond standard typing in aircraft justification and resource order* (performance capabilities, equipment, Etc.)</p>	
<p><u>Fixed Wing:</u> Single Engine <input type="checkbox"/> Twin Engine <input type="checkbox"/></p> <p style="text-align: center; color: red;">*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*</p>	
<p><u>Aircraft Make and Model:</u> Refer to the safety plan briefing sheet for vendor name, make, FAA#, and model (helicopter or fixed-wing only below).</p> <p>Vendor: HELOAIR Tail number: N196TA</p> <p>Model: Bell 407 Unknown CWN <input checked="" type="checkbox"/> Unknown EU <input checked="" type="checkbox"/></p> <p style="text-align: center;">** CWN helicopter information attained after hiring process**</p> <p style="text-align: center; color: red;">**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 MASP for aircraft data**</p>	
<p><u>Procurement and Cost Information:</u> Check unknown if unable to provide accurate or estimated information.</p>	
<p>Procurement Type: EU or CWN Unknown <input type="checkbox"/></p> <p>Missioned Flight Hours: Click here to enter text. Unknown <input checked="" type="checkbox"/></p> <p>Charge Code: Click here to enter text. Unknown <input checked="" type="checkbox"/></p>	<p>Estimated Flight Hour Cost: Click here to enter text. Unknown <input checked="" type="checkbox"/></p> <p>Estimated Miscellaneous Cost(s): Click here to enter text. Unknown <input checked="" type="checkbox"/></p>

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****Mission risk assessment completed prior to mission approval****

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

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

Mission Risk Assessment Matrix Scale				
	Severity			
Likelihood	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>			

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

Appropriate Management Level for Operational Risk Decisions		
Risk Level	Fire	Mission (non-fire)
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	Mission Aviation Manager
Low	Base Manager	Helicopter or Flight Manager

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SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: NO Flights		Pre Mitigation			Mitigation	Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level		Likelihood	Severity	Risk Level
Aerial Hazards	Avoid known hazards and aerial obstacles such as bird strikes, wires, smoke, etc.	Probable	Critical	High-4	Brief personnel to be aware of known physical hazards using the Aerial Hazards Map. Perform high-level recon before commencing low-level operations. See and avoid birds and other obstacles. Use quality crew communication and implement crew resource management.	Remote	Critical	Medium-2
Capability	Aircraft capabilities/limitations not appropriate to the mission. Overloaded aircraft. Adverse wind speed and direction.	Occasional	Catastrophic	High-4	Ensure appropriate aircraft is ordered and utilized. Conduct a thorough pre-mission briefing. Complete load calculations and weight & balance as required. Pilot to obtain updated weather briefing and continually monitor wind speed and direction. Operate aircraft in accordance with RFM.	Remote	Catastrophic	Serious-3
Communications	Unclear on assignments or unclear briefing. Miscommunication from air to ground. Poor communication such as non-standard wording etc. Loss of communications (FM, AM, or ICS).	Occasional	Critical	Serious-3	Mission leader in performing a complete briefing. Use clear text and proper nomenclature in all communications. Utilize read-back to ensure instructions are understood. Suspend all operations until communications can be restored. Ensure AFF is working properly for resource tracking.	Remote	Critical	Medium-2
Weather	Extreme weather- thunderstorms, high winds, etc. Lack of visibility due to fog, smoke, shadows/glare, loss of daylight, etc.	Occasional	Critical	Serious-3	Obtain weather briefings. Continuously monitor conditions. Abort missions as necessary until conditions improve. Be prepared for changing conditions and identify alternative landing locations.	Remote	Critical	Medium-2

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SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: NO Flights		Pre Mitigation			Mitigation	Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level		Likelihood	Severity	Risk Level
Environment	Unimproved landing sites.	Probable	Critical	High-4	Identify alternate landing areas before the mission, as necessary. Perform an aerial recon of the site before landing, notify flight following personnel of landing location. Plan flight(s) for the best access to alternate landing areas.	Occasional	Critical	Serious-3
Mission Planning	Military training routes, military operating areas, and general aviation traffic.	Occasional	Catastrophic	High-4	Consult up-to-date materials to identify routes. Ensure dispatch is appropriately using de-conflicting procedures. See and avoid general aviation traffic.	Remote	Catastrophic	Serious-3
Environment	Mountainous terrain.	Probable	Critical	High-4	Ensure pilot is trained, experienced, and qualified for the mission. Aircraft appropriate for mission and carded. Conduct high recon before any low-level operations.	Occasional	Critical	Serious-3
Pilot Experience and Capabilities	Lack of pilot proficiency. Inadequate performance planning. Lack of recognition of adverse wind speed and direction. Inexperienced in low-level helicopter operations.	Occasional	Catastrophic	High-4	Ensure an understanding of mission, hazards, and mitigations. Ensure the pilot is carded for missions. Perform adequate planning using agency policy and guides. Refer to FSAPB 16-01 Helicopter Maneuvering and Power Management if utilizing rotor-wing aircraft for low-level operations.	Remote	Catastrophic	Serious-3

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SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: NO Flights		Pre Mitigation				Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level	Mitigation	Likelihood	Severity	Risk Level
Human Factors	Failure to follow policy and procedures. Sense of urgency/time pressure or mission pressure. Lack of familiarity with others working on the operation.	Occasional	Critical	Serious-3	Confirm policy and procedures are identified, understood, and followed. Ensure not placing undue pressure on others. Conduct daily briefings, utilize standardized procedures, practice CRM, and limit the rotation of personnel.	Remote	Critical	Medium-2
Human Factors	Airsickness of passengers	Probable	Negligible	Medium-2	Poll employees for known airsickness issues before the pre-flight briefing. Obtain location and brief on the use of sickness sack on board the aircraft. Open-air vents and ask the pilot to land as soon as possible if sickness happens in flight.	Probable	Negligible	Medium-2
Final Assessment: Low-1 <input type="checkbox"/> Medium-2 <input type="checkbox"/> Serious-3 <input checked="" type="checkbox"/> High-4 <input type="checkbox"/>		Prepared By: Joshua Pierotte			10/26/2022			

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Map Of Mission Area: Refer to page 18 of the MASP for the forest hazard map. The map of the mission area will be reviewed before all flights.

Aerial Hazard Analysis: Ocala Helibase has completed a Flight Hazard Map, which identifies existing, known hazards. A copy of the hazard map will be provided to the pilot as a working reference. Along with such aviation hazards as airports, towers, power lines, major highways, and subdivisions, there are seven Restricted Areas on the Ocala National Forest. These Restricted Areas shall be given top priority to avoid airspace confliction with its users. The Pilot and Helicopter Manager shall coordinate all operations with FICC & SEALORD to eliminate any airspace confliction within the Restricted Areas. The assigned Helicopter Manager and the Pilot will review the Aviation Flight Hazard Map before flight operations commence.

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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 NSHO chapter 7 or chapter 70 of the Military Use Handbook for additional information.

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

Type of Operation- Check applicable boxes that may apply to mission or mission	Personnel protective equipment requirements
<input checked="" type="checkbox"/> Rotor Wing Ground Operations Including UAS	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. *Refer to appropriate guides or policies for UAS PPE pending mission*
<input checked="" type="checkbox"/> Rotor Wing	Fire-resistant clothing, SPH-5 flight helmet or other approved model, hard hat 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 or policies. * Charter flights, (non-agency controlled mission), shall comply with 14 CFR 135 requirements.
<input checked="" 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 or policies*
<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 rotorcraft manual, and approved restraint requirement apply. * Refer to NSHO chapter eleven for additional details or other agency guides and policies. *
<input type="checkbox"/> Fixed Wing	Refer to current IASG, ALSE, and 5700 manual directions for PPE requirements.

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Helicopter, Fixed Wing, or UAS Pilot Information: *Fixed wing: Use "other" box, and state approved mission(s) ** National Guard, DOJ, DHS, and Co-Op pilots do not require this section, refer to current agency or cooperative letters for information and guidance**

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

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UAS Section:

Procurement:

Public- Agency Owned Commercial- Contract

Comments- [Click here to enter text.](#)

Aircraft Information: *Attach addendum page if running multiple aircraft*

Fixed-Wing UAS Make – Choose an item. UAS Model – Choose an item.

Rotor-Wing (VTOL)

Carded for Mission - YES NO

Card Expiration Date - [Click here to enter text.](#)

Registration #- [Click here to enter text.](#)

Aircraft Color Scheme - [Click here to enter text.](#)

Crew: Other Than Pilot: Pilot(s) information found on Helicopter and Fixed-Wing Pilot Information Sheet

UAS Crew Leader – [Click here to enter text.](#)

Contact Number - [Click here to enter text.](#)

UAS Data Specialist (1) - [Click here to enter text.](#)

Contact Number - [Click here to enter text.](#)

UAS Data Specialist (2) - [Click here to enter text.](#)

Contact Number - [Click here to enter text.](#)

UAS Visual Observer (1) - [Click here to enter text.](#)

Contact Number - [Click here to enter text.](#)

UAS Visual Observer (2) - [Click here to enter text.](#)

Contact Number - [Click here to enter text.](#)

Additional Crew - [Click here to enter text.](#)

Contact Number - [Click here to enter text.](#)

Trainee Pilot/FAA UAS Lic. # - [Click here to enter text.](#)

Contact Number - [Click here to enter text.](#)

Trainee Pilot/FAA UAS Lic. # - [Click here to enter text.](#)

Contact Number - [Click here to enter text.](#)

Trainee Pilot/FAA UAS Lic. # - [Click here to enter text.](#)

Contact Number - [Click here to enter text.](#)

TFR Information:

[Click here to enter text.](#)

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Airspace Authorization:

Part 107 107/LAANC SGI Waiver COA FAA/DOI MOA

Authorization Comments – [Click here to enter text.](#)

Lost Link and Flyaway Procedures-Protocols:

[Click here to enter text.](#)

Special Consideration-Safety Concerns-Comments Section:

[Click here to enter text.](#)

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Flight Following And Frequencies:

Confirm frequencies during the 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 <input checked="" type="checkbox"/> Radio (Local or GACC aircraft desk) <input checked="" type="checkbox"/> FAA Flight Plan: (Agency-owned or agency contracted aircraft mission) <input checked="" type="checkbox"/> FAA Flight Plan: (Charter aircraft non-agency controlled mission) <input type="checkbox"/>		
FM Receive: 172.3750	FM Transmit: 165.2250	RX: No Tone TX: Tone 2 123.0 Digital-\$4CE
FM Receive: 168.6750	FM Transmit: 168.6750	RX: No Tone TX: No Tone
FM Receive: 167.6250	FM Transmit: 167.6250	RX: No Tone TX: No Tone
AM Receive: 122.125	AM Transmit: 122.125	No Tone

****Manager or Mission Supervisor will coordinate Temporary Flight Restrictions (TFR) if needed****

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

Mission supervisor, alternate supervisor, or delegated manager shall confirm deconfliction in these routes and areas prior to the 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
R-2906 and 2907	VR-1010, VR-1041, and VR-1040. VR- 1500 ft. AGL and above.	Hot <input type="checkbox"/> Cold <input type="checkbox"/> N/A <input type="checkbox"/>	Start: Check Daily with Sealord Stop: Click here to enter text.	UTC <input type="checkbox"/> Local <input checked="" type="checkbox"/>
R-2910	VR-1009, VR-1008, VR-1005, VR-1039, and IR-023 VR- 1500 ft. AGL and above. IR- 1500 ft. AGL and below.	Hot <input type="checkbox"/> Cold <input type="checkbox"/> N/A <input type="checkbox"/>	Start: Check daily with Sealord Stop: Click here to enter text.	UTC <input type="checkbox"/> Local <input checked="" type="checkbox"/>

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Crash Rescue/Medivac Plan	
General Instructions (in the event of an incident): Mission site duties and actions to be coordinated through dispatch in accordance with 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.	
EMT(s) on-site: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Names: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.	
First responder(s) on-site: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Names: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.	
Available medivac helicopter(s)? YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> *Unknown: Select if medivac helicopter is not to be ordered for the mission or incident before need. The helicopter will be requested 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 type="checkbox"/>	
Level of care medivac helicopter personnel can provide: ALS <input type="checkbox"/> BLS <input type="checkbox"/> Unknown <input type="checkbox"/>	
FAA Tail #(s) Click here to enter text.	Contact Information: Click here to enter text.
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"/>	

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Additional medical information attached? YES NO

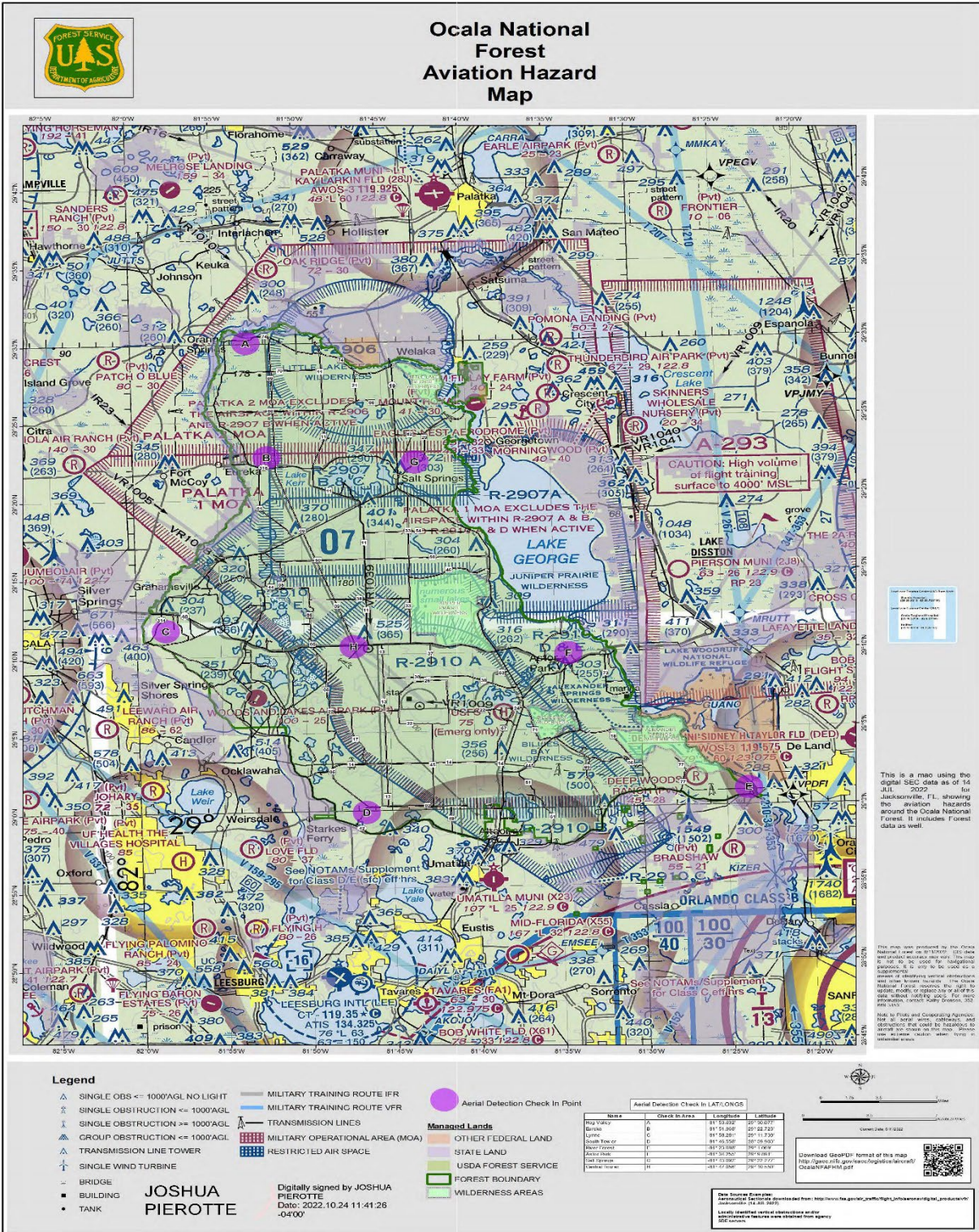
MEDICAL FACILITY Florida Hospital Waterman	Name/Location/Helipad Information Waterman Hospital/City of Tavares/ Helipad marked with H and Lighted	Helipad YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Latitude N 28 48.50'	Longitude W 081 52.04'	Contact Freq EMS Med 7 Rx 463.150 TX 468.150 Tone 94.8

MEDICAL FACILITY Putman Community	Name/Location/Helipad Information Putman Community / City of Platka/ Helipad next to ER on the ground	Helipad YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Latitude N29 38.60'	Longitude W081 41.60'	Contact Freq None have dispatch notify hospital by Landline 386- 328-5711

NEAREST BURN FACILITY Shands Hospital	Name/Location/Helipad Information Shands/ Gainesville/ On Roof on the south side Pad 2	Helipad YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Latitude N29 38.42'	Longitude W082 20.55	Contact Freq Rx 123.02 Tx 123.02

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

Flight Hazard Map CY23



SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

<input checked="" type="checkbox"/> Doors Off or Doors Open 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-type 3 helicopter) * Refer to appropriate guides*</p> <p>**Safety Alert IASA 18-03 language**</p> <p><i>“Agency personnel involved in any public aircraft operations mission that require aircraft doors to be removed prior to flight, or open during flight, shall receive hands-on secondary restraint refresher training prior to conducting flight operations”.</i></p>
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Doors Off or Open Operations checklist: **All items shall be covered and signed for prior to operations**

- Aircraft connection point and secondary restraint configuration (Interagency Safety Alert IASA 17-02)
- Proper donning and adjustment of secondary restraint system.
- Have an understanding of the secondary restraint interaction with FAA approved seat belts.
- Potential of secondary restraint interference with Airbus AS 350 fuel shut off lever if applicable.
- Know location and use of secondary restraint interaction quick- release.
- Perform buddy-check and Pilot in Command check of secondary restraints before flight.
- Practice egress with secondary restraint quick-release mechanism and function of seatbelt.
- Know location and use of rescue knife.

Vendor Name:	Aircraft Model:	Aircraft Make:	FAA#:
Mission Supervisor/Manager:	Date:	Pilot:	Date:

Participant's Name: Print	Date	Participant's Name: Print	Date

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

Appendix 1

Hazardous Materials Manifest

Form (cont.) DOT-SP-9198

Date: Click or tap to enter a date. Aircraft #: Click or tap here to enter text. Bureau/Agency: Click or tap here to enter text.

Common Name	Shipping Name	Hazard Class	UN #	ERG #	QTY	WT
Acetylene	Acetylene, dissolved	2.1 Flammable Gas	UN1001	116		
Aerosols	Aerosols non-flammable each not exceeding one-liter capacity	2.2 Non-Flammable Gas	UN1950	126		
Aerosols starting fluid, WD-40	Aerosols flammable each not exceeding one-liter capacity	2.1 Flammable Gas	UN1950	126		
Batteries dry	Batteries dry, containing potassium hydroxide solid electric storage	8 Corrosive	UN3028	154		
Batteries wet	Batteries wet filled with acid	8 Corrosive	UN2794	151		
Batteries wet	Batteries wet filled with alkali	8 Corrosive	UN2795	131		
Batteries wet	Batteries wet non-spillable	8 Corrosive	UN2800	154		
Bear spray, irritants	Aerosols flammable each not exceeding one-liter capacity	2.1 Flammable Gas	UN1950	126		
Biomedical waste	Infectious substances affecting humans	6.2	UN2814	158		
Cartridge	Cartridge for small arms	1.4s	UN0012	114		
Clorox, liquid bleach	Hypochlorite Solutions	8 Corrosive	UN1791	154		
Diesel	Diesel, fuel	3 Flammable	UN1993	128		
Drip torch fuel	Gasoline/ Diesel	3 Flammable	UN1203	128		
Engine, internal combustion	Engine, internal combustion, flammable gas powered <i>or</i> Engine, fuel cell, flammable gas powered <i>or</i> Machinery, internal combustion, flammable gas powered <i>or</i> Machinery, fuel cell, flammable gas powered	2.1	UN3529	135, A200		

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

Hazardous Materials Manifest

Form (cont.) DOT-SP-9198

Date: Click or tap to enter a date. Aircraft #: Click or tap here to enter text. Bureau/Agency: Click or tap here to enter text.

Common Name	Shipping Name	Hazard Class	UN #	ERG #	QTY	WT
Engine, internal combustion	Engine, internal combustion, flammable liquid powered <i>or</i> Engine, fuel cell, flammable liquid powered <i>or</i> Machinery, internal combustion, flammable liquid powered <i>or</i> Machinery, fuel cell, flammable liquid powered	3	UN3528	135, A20 0		
Engine, internal combustion	Engine, internal combustion <i>or</i> Machinery, internal combustion	9	UN3530	135, A20 0		
Engines internal combustion	Engine internal combustion flammable gas powered	9 Misc.	UN3166	128		
Fire extinguisher	Fire extinguisher	2.2 Non-Flammable Gas	UN1044	126		
Fireline explosives FLE	Explosive blasting type E	1.1D EXPLOSIVES	UN0241	112		
Flare shell Pistol flare	Flammable solid, inorganic, nos (Aluminum powder)	4.1 Flammable Solid	UN3178	133		
Fuel white gas	Petroleum distillates, nos, (Naphtha solvent)	3 Flammable	UN1268	128		
Fuel, aviation jet-A	Fuel aviation, turbine engine	3 Flammable	UN1863	128		
Fusee	Fusee (rail or highway)	4.1 Flammable Solid	UN1325	133		
Gasoline	Gasoline	3 Flammable	UN1203	128		
Lithium battery	Lithium battery	9 Misc.	UN3090	138		
MAPP gas helitorch	Methyl acetylene propadiene propane mixtures stabilized	2.1 Flammable Gas	UN1060	116P		
Nitrogen	Nitrogen, compressed	2.2 Non-Flammable Gas	UN1066	121		
Nitrogen refrigerated	Nitrogen, refrigerated liquid, cryogenic liquid	2.2 Non-Flammable Gas	UN1977	120		

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

Hazardous Materials Manifest

Form (cont.) DOT-SP-9198

Date: Click or tap to enter a date. Aircraft #: Click or tap here to enter text. Bureau/Agency: Click or tap here to enter text.

Common Name	Shipping Name	Hazard Class	UN #	ERG #	QTY	WT
Oxygen	Oxygen, compressed	2.2 Non-Flammable Gas	UN1072	122		
Paint	Paint including lacquer, enamel, stain, shellac, solutions, varnish, polish, liquid filler, and lacquer base, wood preservative	3 Flammable	UN1263	128		
Petro-gel helitorch	Gelling agent-helitorch	3 Flammable	UN1230	131		
Petroleum oil	Petroleum oil	3 Flammable	UN1270	128		
Plastic spheres	Potassium permanganate	5.1 Oxidizer	UN1490	140		
Propane	Petroleum gases, liquefied	2.1 Flammable Gas	UN1075	115		
Total Weight						
Shipper's Signature		Location				
Pilot's Signature						

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

USDA Forest Service

FS-5700-12 (9/93)

DAY TRIP AUTHORIZATION (FSM 5710: FSH 5709.11 Ch. 10)

Date: _____

Make/Model of Aircraft:

Registration No:

Operator:

Purpose of trip:

Route of flight:

Passenger Name	Affiliation

Forest Service sponsoring unit:

I certify that the person(s) listed above has an official purpose for being on this flight and any associated surface transport. I recognize that the Government may incur increased liability exposure under the Federal Tort Claims Act, 28 U.S.C. 2671-2680, and that ownership of the conveyance(s) in question does not alter the Government's liability (Comptroller General Decision B-231814, January 19, 1989). I have determined that the benefits justify the operation.

Signature and title of sponsoring unit representative (FSM 5716.4)