

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.

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

Forest-Refuge-Unit: Apalachicola National Forest	District-Unit: Apalachicola & Wakulla Ranger District
--	---

Agency Requesting Mission 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 type="checkbox"/>	Anticipated Date(s) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Calendar Year YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> -----> Date Variance Acceptable YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> *Document variance in aviation safety plan briefing sheet or ICS 214*	Calendar Year 2023			
Aircraft Type					
Fixed	Rotor	UAS	Start Date	End Date	MASP Objectives
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1/1/2023	12/31/2023	Training <input checked="" type="checkbox"/> Resource <input 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/ Trixie Smith	Title: Helicopter Manager	10/31/2022
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)	11/2/2022
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.

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

Mission Supervisor: ANF Helicopter Manager	Alternate Mission Supervisor: Forest Aviation Officer or Zone Aviation Officer
--	--

**** Participant's qualifications and responsibilities verified/discussed during daily briefing****

<p style="text-align: center;">Mission Name Apalachicola N.F- S-271, A-219, and Contract Compliance CY 2023</p>
<p>Mission Description: Note: Compliance with the operational procedures outlined in the Mission Aviation Safety Plan is required.</p> <p>The mission will involve the use of an Exclusive Use, Call-When-Needed (CWN), or agency owned aircraft (WCF) for the training of helicopter crewmembers and helicopter longline/remote hook specialists. Training flights will be commensurate with the NWCG S-271 Helicopter Crewmember and the IAT A-219 Helicopter Transport of External Loads training guides. All training missions will comply with the NWCG Standards for Helicopter Operations (NSHO) and the Interagency Transportation of Hazardous Materials Guide. All operations will be in conjunction with the vendors 133, 135, and 137 certificates.</p> <p>Mission Objectives:</p> <ul style="list-style-type: none">▪ Provide helicopter crewmember, remote hook/longline specialist training, and pilot currency training per contract.▪ Provide initial training in helicopter operations and familiarity with utilizing helicopters in the field.▪ Provide quality re-currency training to qualified helicopter crewmembers and helicopter longline/remote hook specialists. <p>Aircraft Justification for Mission: The use of aircraft in this mission is set forth by recommendations and requirements found in the instructor's guides under the field exercises of S-271 and A-219. All helicopter crewmembers are required to take and pass the S-271 course to become qualified per FSM 5109.17. Helicopter crewmembers (CWN) require RT-219 and A-110 Aviation Transportation of Hazardous Materials tri-annually, after the initial completion of the course, per Forest Service Fire and Aviation Qualifications Guide Chapter 2, Part 1 (FSFAQG). Exclusive use crewmembers require S-271 Annual Helicopter Crewmember course and A-110 Aviation Transportation of Hazardous Materials (must complete course or serve as instructor) per FSFAQG Chapter 4.</p>

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

Aircraft Information: *Refer to Appropriate page for UAS 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-DHS aircraft

Cooperator Click here to enter text.

Agency Click here to enter text.

Vendor Click here to enter text.

Military Click here to enter text.

Other Click here to enter text.

Rotor Wing: **Type One** **Type Two** **Type Three**

*** Additional document 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

Aircraft Make and Model: Refer to the safety plan briefing sheet for vendor name, make, FAA#, and model (helicopter or fixed-wing only below).

Vendor:
Trans Aero

Tail number:
N357TA

Model:
AS-350B3

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 MASP for aircraft data****

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

Procurement Type: EU and CWN
Unknown

Estimated Flight Hour Cost:
Unknown

Missioned Flight Hours:
Unknown

Estimated Miscellaneous Cost(s):
Unknown

Charge Code:
Unknown

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

****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>Serious 3</i>	<i>High 4</i>
Occasional C				
Remote D		<i>Medium 2</i>		
Improbable E	<i>Low 1</i>			

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

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

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: Helicopter Training Operations		Pre Mitigation			Mitigation	Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level		Likelihood	Severity	Risk Level
Mission	MASP/Go-No-Go checklist absent or not complete.	Occasional	Critical	Serious-3	Ensure MASP and risk assessment are completed and approved at the appropriate level. Stress that on the "GO/NO GO checklist," a "NO-GO" halts the operation	Improbable	Critical	Medium-2
Environment	Mountainous terrain.	Frequent	Catastrophic	High-4	Ensure pilot is trained, experienced, and qualified. Aircraft appropriate for mission and carded. Provide recon flight of area prior to mission or training.	Remote	Catastrophic	Serious-3
	Weather/wind conditions/density altitude.	Frequent	Catastrophic	High-4	Ensure pilot is trained and qualified. Aircraft appropriate for the mission. Obtain local weather forecast and make apart of daily briefing.	Remote	Catastrophic	Serious-3
	Aircraft avoidance. Possibility of general aviation/military aircraft or MOA or MTR.	Occasional	Critical	Serious-3	Deconfliction of airspace will be done by Dispatch. See and avoid VFR rules. Possible military aircraft may be operating in MTR/MOA at any given time.	Remote	Critical	Medium-2

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: Helicopter Training Operations		Pre Mitigation			Mitigation	Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level		Likelihood	Severity	Risk Level
Environment	Snags, other ground or aerial hazards.	Probable	Critical	High-4	High recon before low flight to locate. Plan flight according to pilot familiarity with helispots and sling spots within the training or mission area.	Occasional	Critical	Serious-3
Communication	Poor communications between aircraft & ground personnel.	Frequent	Critical	High-4	Do not proceed without proper communication. Check communication prior to flight operations.	Occasional	Critical	Serious-3
	Frequency selection for the mission.	Occasional	Critical	Serious-3	Frequencies and procedures located in MASP will be identified during operational briefings with all personnel participating in the mission and verified as operational before flight.	Remote	Critical	Medium-2
Human Factors	Lack of proficiency or inexperience of personnel.	Occasional	Marginal	Medium-2	Check qualifications prior to the mission. Provide additional experience opportunities for those needing more practice. Provide proper ratio of qualified to non-qualified personnel to safely conduct the mission.	Remote	Marginal	Medium-2

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: Helicopter Training Operations		Pre Mitigation			Mitigation	Post Mitigation		
Sub System(s)	Hazards	Likelihood	Severity	Risk Level		Likelihood	Severity	Risk Level
Human Factors	Lack of familiarity with equipment and/or aircraft.	Remote	Catastrophic	Serious-3	Ensure personnel are trained on devices being used and have current training on aircraft and equipment. Pre-briefing and training with equipment/aircraft should be conducted prior to mission operations.	Improbable	Catastrophic	Medium-2
	Sense of urgency/pressure/mission driven.	Probable	Critical	High-4	Ensure personnel are not placing undue pressure on the pilot(s). Practice thorough risk assessment and brief/debrief. Mission decision made at appropriate level. PIC has final say in mission being conducted.	Occasional	Critical	Serious-3
	Estimating cargo weights.	Probable	Critical	High-4	Ensure calibrated scales are being used and allow adequate time to prepare loads. Loads shall not be flown if they are estimated.	Remote	Critical	Medium-2
Equipment	Cargo hook failure leading to dropped load or inability to release the load. Inappropriate length of line.	Remote	Critical	Medium-2	Follow manufacture's inspection and maintenance procedures. Request annual cargo hook maintenance card. Conduct a functional check of cargo hook during belly hook electrical and manual release check prior to flight operations. Follow NSHO policy and contract language. Ensure pilot is carded for mission. Use qualified personnel insight selection.	Improbable	Critical	Medium-2

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

SAFETY MANAGEMENT SYSTEM ASSESSMENT AND MITIGATION								
System Being Evaluated: Helicopter Training Operations		Pre Mitigation			Mitigation	Post Mitigation		
Sub System	Hazard	Likelihood	Severity	Risk Level		Likelihood	Severity	Risk Level
Hazards	Poor visibility due to smoke, sun, or shadows.	Occasional	Critical	Serious-3	Time missions for optimal visibility. PIC retains final say in mission. Follow contract, NSHO guidelines and FAA VFR rules.	Remote	Critical	Medium-2
	Unfamiliar sling spot, steep terrain, snags, & other ground hazards.	Frequent	Critical	High-4		Remote	Critical	Serious-3
Performance	Operating outside design limitations of the helicopter.	Occasional	Catastrophic	High-4	Ensure Helicopter Manager is trained in mission planning. PIC flying aircraft working within limits of the rotorcraft flight manual.	Remote	Catastrophic	Serious-3
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				11/2/2022		

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

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

****See attachment Appendix 2 (Page 22) ****

Aerial Hazard Analysis:

Northeast corner of the Apalachicola Nation Forest (ANF) on the Wakulla Ranger District, side is a Class C airspace, which is Tallahassee International Airport (KTLH), in the KTLH airspace it contains 32 burn units. On the ANF we have 2 Military Operational Areas (MOA) on the Apalachicola Ranger District, Tyndall D, and E MOA for special military activity contact Gainesville Radio on 122.2 or 122.45 for activity status. There is total of 100 burn units inside Tyndall MOA. We also have 3 Military Training Route VFR (IR021, IR015, and IR019) and 1 Military Training Route IFR (V521). They are all on the East side of the Forest and located on Wakulla Ranger District. Another hazard to look out for on the Forest is transmission lines or towers. Transmission lines are across forests or near private/state land. One well-known tower is FSU Repeater (T82) 1000' AGL high-intensity white strobe & red; it is in burn unit 209. The Apalachicola National Forest has 3 Wilderness areas, 2 of which are on the Wakulla Ranger District (Bradwell Bay Wilderness and Clear Lake Wilderness Study Area) and 1 on the Apalachicola Ranger District (Mud Swamp New River wilderness).

SOUTHERN REGION-MISSION 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 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 checked="" 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.

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

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 style="text-align: center;"><u>Pilot Name (P1): PIC/Primary</u></p>	<p style="text-align: center;"><u>Pilot Phone Number:</u></p>
<p style="text-align: center;"><u>Pilot Name (P2): Co-Pilot/Relief</u></p>	<p style="text-align: center;"><u>Pilot Phone Number:</u></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 style="text-align: center;"><u>Pilot Card (P1) Expiration Date:</u></p> <p style="text-align: center;">FAA-UAS Lic. #:</p> <p style="text-align: center;"><u>Pilot Card (P2) Expiration Date:</u></p> <p style="text-align: center;">FAA-UAS Lic. #:</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>

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

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: _____

Contact Number: _____

UAS Data Specialist (1): _____

Contact Number: _____

UAS Data Specialist (2): _____

Contact Number: _____

UAS Visual Observer (1): _____

Contact Number: _____

UAS Visual Observer (2): _____

Contact Number: _____

Additional Crew: _____

Contact Number: _____

Trainee Pilot/FAA UAS Lic. #: _____

Contact Number: _____

Trainee Pilot/FAA UAS Lic. #: _____

Contact Number: _____

Trainee Pilot/FAA UAS Lic. #: _____

Contact Number: _____

TFR Information:

[Click here to enter text.](#)

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

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.](#)

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

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: <p style="text-align: center;">FSU 170.5500</p>	FM Transmit: <p style="text-align: center;">164.1250</p>	RX: No Tone TX: Tone 7 167.9 Digital- \$68F
FM Receive: <p style="text-align: center;">Sumatra 170.5500</p>	FM Transmit: <p style="text-align: center;">164.1250</p>	RX: No Tone TX: Tone 5 146.2 Digital-\$5B6
FM Receive: Pri: A/G 15 167.5250 Sec: A/G 71 168.6750	FM Transmit: <p style="text-align: center;">Same as receive</p>	No Tone No Tone
AM Receive: Pri: A/A 1 122.9250 Sec: A/A 2 122.2750	AM Transmit: <p style="text-align: center;">Same as receive</p>	No Tone 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)

The 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
Tyndall D MOA	300' AGL to 6000' MSL	Hot <input checked="" type="checkbox"/> Cold <input type="checkbox"/> N/A <input type="checkbox"/>	Start: 09:00am Stop: 23:00pm	UTC <input type="checkbox"/> Local <input checked="" type="checkbox"/>
Tyndall E MOA	300' AGL to 6000' MSL	Hot <input checked="" type="checkbox"/> Cold <input type="checkbox"/> N/A <input type="checkbox"/>	Start: 09:00am Stop: 23:00pm	UTC <input type="checkbox"/> Local <input checked="" type="checkbox"/>

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

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:	
First responder(s) on-site: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Names:	
Available medivac helicopter(s)? YES <input type="checkbox"/> UNKNOWN <input checked="" 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 checked="" type="checkbox"/>	
Level of care medivac helicopter personnel can provide: ALS <input type="checkbox"/> BLS <input type="checkbox"/> Unknown <input checked="" type="checkbox"/>	
FAA Tail #(s)	Contact Information:
Hoist/Rappel/Extraction Capable? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Check all that apply: Hoist <input type="checkbox"/> Rappel <input type="checkbox"/> Short Haul <input type="checkbox"/>	

SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

Additional medical information attached? YES NO (See Appendix 3) Page 23

MEDICAL FACILITY

<p style="text-align: center;">Tallahassee Memorial HealthCare</p> <p style="text-align: center;"><i>130 Miccosukee Rd, Tallahassee, FL 32308</i></p> <p style="text-align: center; color: red;">(850) 431-1155 (ER)- 850-431-0911</p>	<p>Helipad</p> <p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> -----></p> <p>FAA#: FD18</p> <p>Travel Time: Air 20 min and Ground 60 min</p>	<p>Helipad H1 <i>ROOF-TOP, 54 x 54 ft. Elevation: 279.0 ft. Max GWT 10,500 lbs.</i></p> <p>Helipad H2 <i>ROOF-TOP, 50 x 50 ft. Elevation: 273.0 ft. Max GWT 10,500 lbs.</i></p>
<p>Coordinates</p> <p>Hospital: <u>N30°27.44' / W84°15.66'</u></p> <p>Helipad H1: <u>N30°27.42' / W84°15.69'</u></p> <p>Helipad H2: <u>N30°27.45' / W84°15.64'</u></p>	<p>Contact Frequencies</p> <p>AM Receive: 168.6500 AM Transmit: 168.6500</p> <p>RX Tone: No Tone TX Tone: No Tone</p>	
<p>Manager: PHILIP DOYLE, (850) 431-5184</p>		

<p style="text-align: center;">Capital Regional Medical Center</p> <p style="text-align: center;"><i>2626 Capital Medical Blvd Tallahassee, FL 32308</i></p> <p style="text-align: center; color: red;">(850) 325-5000</p>	<p>Helipad</p> <p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> -----></p> <p>FAA#: 68FL</p> <p>Travel Time: Air 20 min and Ground 60 min</p>	<p>Helipad H1 <i>Concrete, 40 x 40 ft. Elevation: 149.5 ft. Max GWT 10,500 lbs.</i></p> <p>Helipad H2 <i>N/A</i></p>
<p>Coordinates</p> <p>Hospital: _____</p> <p>Helipad H1: <u>N30°28.56' / W84°13.86'</u></p> <p>Helipad H2: _____</p>	<p>Contact Frequencies</p> <p>AM Receive: 164.3250 AM Transmit: 164.3250</p> <p>RX Tone: No Tone TX Tone: No Tone</p>	
<p>Manager: _____</p>		

NEAREST BURN FACILITY

<p style="text-align: center;">UF Health Shands Hospital</p> <p style="text-align: center;"><i>1515 SW Archer Rd Gainesville, FL 32608</i></p> <p style="text-align: center; color: red;">(352) 265-0111</p>	<p>Helipad</p> <p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> -----></p> <p>FAA#: FA12</p> <p>Travel Time: Air 50 min and Ground 2.5 hrs.</p>	<p>Helipad H1- North <i>Elevated Pad Concrete, 72 x 72 ft. Elevation: 334.0 ft. Max GWT 11,000 lbs.</i></p> <p>Helipad H2- South <i>Elevated Pad Concrete, 75 x 75 ft. Elevation: 334.0 ft. Max GWT 11,000 lbs.</i></p>
<p>Coordinates</p> <p>Hospital: _____</p> <p>Helipad H1: <u>N29°38.35' / W82°20.72'</u></p> <p>Helipad H2: <u>N29°38.36' / W82°20.55'</u></p>	<p>Contact Frequencies</p> <p>AM Receive: 161.6250 AM Transmit: 161.6250</p> <p>RX Tone: No Tone TX Tone: No Tone</p>	
<p>Manager: _____</p>		

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>
--	---

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 Material Manifest Form DOT-SP-9198

Date: _____ Aircraft #: _____ Bureau/Agency: _____

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 or Engine, fuel cell, flammable gas powered or Machinery, internal combustion, flammable gas powered or Machinery, fuel cell, flammable gas powered	2.1	UN3529	135, A200		
Engine, internal combustion	Engine, internal combustion, flammable liquid powered or Engine, fuel cell, flammable liquid powered or Machinery, internal combustion, flammable liquid powered or Machinery, fuel cell, flammable liquid powered	3	UN3528	135, A200		
Engine, internal combustion	Engine, internal combustion or Machinery, internal combustion	9	UN3530	135, A200		
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		

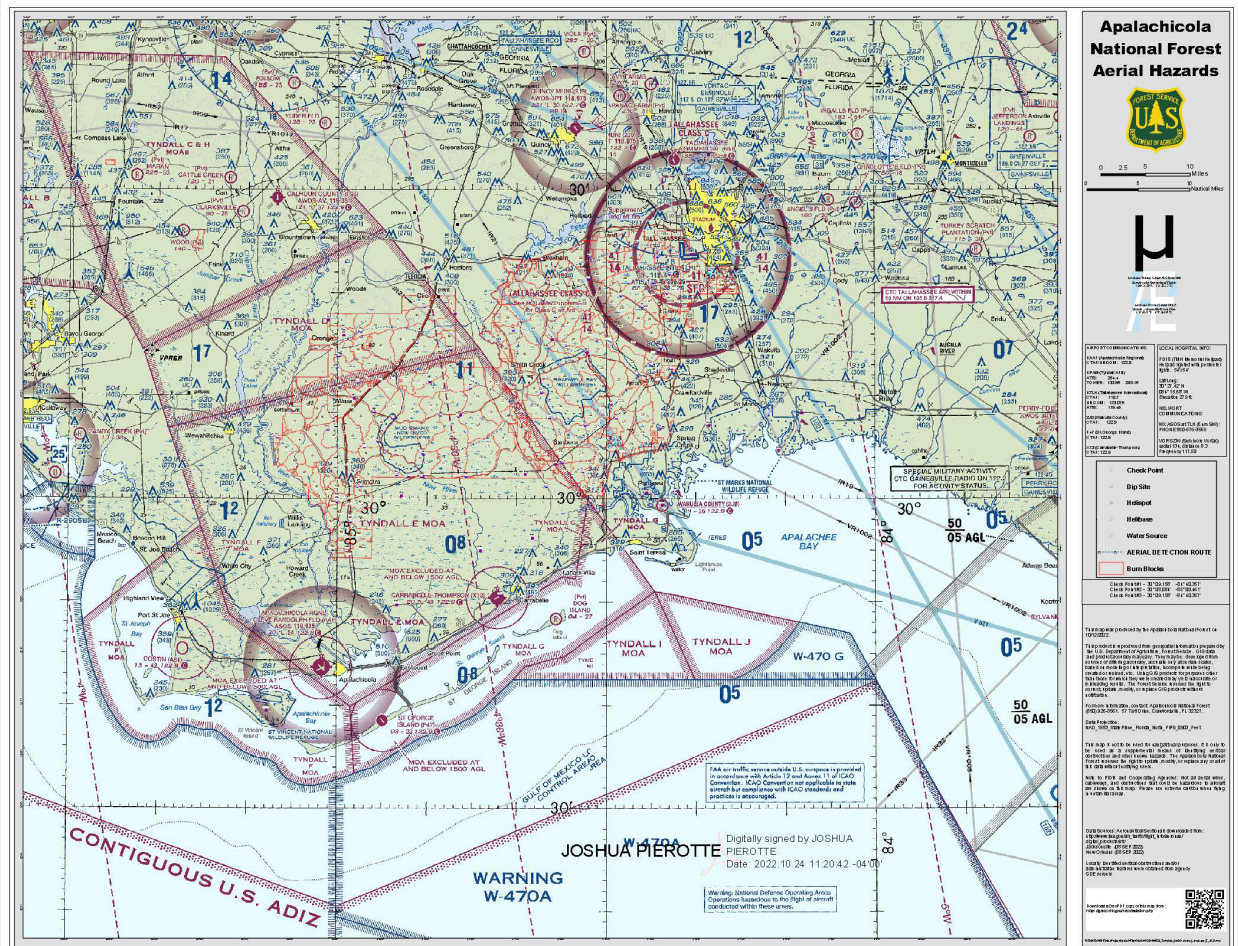
SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

Continued Hazardous Materials Manifest Form DOT-SP-9198

Common Name	Shipping Name	Hazard Class	UN #	ERG #	QTY	WT
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		
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

Appendix 2- Aerial Hazards Map CY23



SOUTHERN REGION-MISSION AVIATION SAFETY PLAN

Appendix 3 Additional Medical Information

General Instructions (in the event of transporting the patient in EU or CWN helicopter): **Contract vendors are “okay with transporting patient to Medical Facility.” IC or Incident within an Incident IC will “inform dispatch of the use of government contract aircraft for medivac transportation of the patient to Medical Facility.” Dispatch will call Medical Facility provide them with the government aircraft call sign or tail number, verify contact frequencies, what helipad to use at Medical Facility, and verify helipad Lat/long.**

Additional Hospitals

Calhoun-Liberty Hospital 20370 Burns Ave Blountstown, FL 32424 (850) 674-5411	Helipad NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> -----> FAA#: Travel Time: Air 20 min and Ground 60 min	Helipad H1 <i>Concrete, 50 x 50 ft. Elevation: 75.0 ft. Max GWT 10,500 lbs.</i> Helipad H2 N/A
<u>Coordinates</u> Hospital: _____ Helipad H1: <u>N30°27.511' / W85°02.968'</u> Helipad H2: _____	<u>Contact Frequencies</u> AM Receive: AM Transmit: RX Tone: No Tone TX Tone: No Tone	
Manager: _____		

Ambulance Services

Name	Address	Phone	Advanced Life Support
Liberty County	12499 NW Pogo St Bristol, FL 32321	850-643-2235	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Wakulla County	340 Trice Lane Crawfordville, FL 32327	850-926-5424	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Leon County	911 Easterwood Drive Tallahassee, FL 32311	850-606-2100	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Franklin County	135 Avenue G Apalachicola, FL 32320	850-653-8853	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Incident Medical Aid Station

Medical Aid Station	Address	Phone	Paramedics
Tallahassee Fire Department	327 N Adams St Tallahassee, FL 32305	850-891-6600	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bristol Fire Department	Rural US Highway 20 E Bristol, FL 32321	850-643-2427	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawfordville Fire Department	88 Cedar Ave Crawfordville, FL 32327	850-926-6220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>