

## **INSTRUCTIONS: PROJECT SPECIAL USE AVIATION SAFETY PLAN**

(Fire Missions are Exempt)

**PROJECT NAME AND OBJECTIVES:** A Brief description of the project and its objectives.

**JUSTIFICATION:** Indicate why the project will require the use of aircraft in Special Use Flight conditions/environments and list the most practical alternatives for completion of the project.

**PROJECT DATE(S):** Dates project will begin and end. These may be approximate, since exact dates of flights may not be known at the beginning of the year.

**LOCATION:** Enter descriptive location and include a map clearly showing areas where flights will be made; aerial hazards must be clearly indicated.

**PROJECTED COST OF AVIATION RESOURCES:** Enter cost coding, projected flight hours with cost, projected misc. expenses (overnight charges, service truck mileage, etc.), and total cost of project.

**AIRCRAFT:** If known, identify vendors that own aircraft anticipated to be used, registration number, aircraft type, date of aircraft data card expiration, and missions for which aircraft is approved.

**PILOT:** If known, identify pilot(s), type of aircraft qualified in, type of missions qualified for, and pilot card expiration date. Also, list specific experience or skills desired. (ex. – experience w/N. Slope operations, carded for low level flight)

**PARTICIPANTS:** List individuals involved in flights, their respective qualifications (Helicopter Manager, Project Flight Manager if deemed non-complex, Passenger, etc.), dates of last aviation training, and include individuals' project responsibilities. Attach organizational chart if applicable.

**FLIGHT FOLLOWING:** Identify the procedures to be used. Identify authority if additional local on-scene project flight following can be instituted. Attach communications plan with assigned frequencies if applicable.

**AERIAL HAZARD ANALYSIS:** The project Aviation Manager develops an aerial hazard analysis with attached map. Flights made in confined areas (e.g. deep, narrow canyons) required that a prior ground and/or aerial survey of hazards be made. A copy of the hazard map shall be provided to the pilot prior to any project flights.

**PROTECTIVE CLOTHING/EQUIPMENT:** Identify the protective equipment and clothing necessary for the particular operation. Survival equipment (extra water, floatation devices, sleeping bags, etc.) beyond the normal PPE complement that may be required.

**LOAD CALCULATIONS AND WEIGHT AND BALANCE:** The pilot is responsible for the accurate completion of load calculations. Trained aviation personnel shall ensure that aircraft scheduled are capable of performing the mission(s) safely and within the capabilities of the aircraft selected. The helicopter Manager shall ensure that manifests and load calculation/weight and balance calculations are completed properly.

**RISK ASSESSMENT:** Enter overall risk level. Project Manager **will** complete the “**Risk Analysis Worksheet**” and attach to the **Project Special Use Aviation Safety Plan**.

**AIRSPACE COORDINATION:** Identify if projected flight paths/project area involves military Special Use Airspace and/or Military Training Routes (MTR's), or Low Altitude Tactical Navigational Areas (LATN). Current DOD Area Planning AP/1B charts, NOAA Aeronautical Sectional, and any DOD/BLM LOA's/MOU's are requisite ingredients of this planning process. Timely advance notice is required for the Military to plan/schedule their activities around BLM “Special Use” activities. If advance planning cannot be accomplished then “Special Use” operations will be scheduled when military routes are not hot. This will require close coordination between the Project Aviation Manager, Field Office Manager, and respective Dispatch Center. Mission planning involving Military Airspace shall include “Risk Management Considerations.”

**UNIMPROVED LANDING SITES:** If mission profile includes landing at unspecified, unimproved landing sites a fully qualified Helicopter Manager or Project Flight Manager (if mission deemed non-complex in nature ref: IHOG Chapter 2, Chart 2-3) shall supervise the loading/unloading of passengers if applicable.

**STANDARD OPERATION PROCEDURES:** Shall be in accordance with 350 – 354 Departmental Manual, 9400 BLM Aviation Policy, and Interagency Helicopter Operations Guide (IHOG).

**PREWORK MEETING/PRE-OPERATIONAL SAFETY BRIEFING:** Identify participants, location and time(s) if deemed required.

**PROJECT SPECIAL USE AVIATION SAFETY PLAN**  
**For Flights Greater than Two Days (Fire Missions are Exempt)**  
**(To be completed by Project Manager)**

**PROJECT NAME & OBJECTIVES:**

**JUSTIFICATION:**

**PROJECT DATE(S):**

**LOCATION:**

**PROJECTED COST OF AVIATION RESOURCES:**  
 Cost Code: \_\_\_\_\_

**Desired AIRCRAFT:**

**DESIRED PILOT QUALIFICATIONS:**

**PARTICIPANTS:**

**METHOD OF FLIGHT FOLLOWING:**

|                                      |          |                           |             |
|--------------------------------------|----------|---------------------------|-------------|
| <b>Radio Frequencies</b>             |          |                           |             |
| Simplex FM                           | Receive: | Transmit:                 | Tone:       |
| Repeat FM                            | Receive: | Transmit:                 | Tone:       |
| Air-to-Ground – FM                   | Receive: | Transmit:                 | Tone:       |
| Air-to-Ground – (Secondary) – FM     | Receive: | Transmit:                 | Tone:       |
| Long Distance Flight Following – FM  | Receive: | Transmit:                 | Tone:       |
| Local Flight Following – AM          | Receive: | Transmit:                 | Tone:       |
| Air-to-Air – AM                      | Receive: | Transmit:                 | Tone:       |
| Flight Following and Tracking        | By Phone | Radio:                    | Request #   |
| FAA VFR with 60 Minute Check In      | FAA IFR: | Agency:                   | Flight#     |
| <b>Iridium Phone #(s):</b>           |          |                           |             |
| <b>Scheduling Dispatch Phone #:</b>  |          | <b>Contact:</b>           |             |
| <b>Destination Dispatch Phone #:</b> |          | <b>Contact:</b>           |             |
| <b>Aircraft Home Base Location:</b>  |          |                           |             |
| <b>Ferry Start Time:</b>             |          | <b>Ferry Ending Time:</b> |             |
| <b>Ferry Flight Following:</b>       |          | <b>Agency:</b>            | <b>FAA:</b> |

**AERIAL HAZARD ANALYSIS:**

PROTECTIVE CLOTHING/ EQUIPMENT:

LOAD CALCULATIONS AND WEIGHT AND BALANCE:

RISK ANALYSIS:

AIRSPACE COORDINATION:

UNIMPROVED LANDING SITES:

STANDARD OPERATING PROCEDURES:

PREWORK MEETING/PRE-OPERATIONAL SAFETY BRIEFING:

SIGNATURES:

I reviewed the contents of this Special Use Aviation Plan and Risk Analysis and find that it conforms to existing BLM policies and identifies the necessary precautions that flights of this nature must address. No Hazard for this project is greater than a **Medium Risk as Identified** in the Risk Analysis.

Prepared By: \_\_\_\_\_  
Project Leader Date

Reviewed By: \_\_\_\_\_  
Line Supervisor Date

The Risk Analysis has identified that there is a **High Risk to Employees** involved in this Project. I reviewed the contents of this Special Use Aviation Plan and Risk Analysis and find that it conforms to existing BLM policies and identifies the necessary precautions that flights of this nature must address

Reviewed By: \_\_\_\_\_  
District Office Manager Date

Reviewed By: \_\_\_\_\_  
State Aviation Manager Date

The Risk Analysis has identified that there is an **Extremely High Risk to Employees** involved in this Project. I reviewed the contents of this Special Use Aviation Plan and Risk Analysis and find that it conforms to existing BLM policies and identifies the necessary precautions that flights of this nature must address

Reviewed By: \_\_\_\_\_  
State Director/Associate State Director Date