

USDA - Forest Service  <p style="text-align: center;"><b>HELICOPTER DATA RECORD</b></p> <p style="text-align: center;">(Reference FSH 5709.16)</p>	1. Contract/Rental Agreement No. _____ 2. Item No. _____ 3. Designated Base _____ 4. Region/Area _____
--	---

**SECTION I - Operator & Aircraft Information (Fill in Blanks)**

1. Operator _____		2. Address (Street, City, State & ZIP Code) _____				
3. Phone No. _____	4. Make and Model _____	5. FAA Registration No. _____	6. Manufacturer's Serial No. _____	7. Hobbs Reading _____		
8. Max Gross Weight (Internal) _____	9. Max Gross Weight (External) _____	10. No. of Passengers _____	11. Type Fuel _____	12. Fuel Flow (Cruise) _____		

**FOR EMPTY WEIGHT SEE CURRENT WEIGHT AND BALANCE DATA**

13. Authorized Uses (Initial appropriate boxes) (Line Through Unapproved Uses)			Expires (Fill in the Blank) _____		
a. <input type="checkbox"/> Passenger & Cargo	h. <input type="checkbox"/> Fire Suppression - Interagency	o. <input type="checkbox"/> Approved Left Seat Ops			
b. <input type="checkbox"/> Low Level Reconnaissance	i. <input type="checkbox"/> Fire Suppression - Local	p. <input type="checkbox"/> Approved MEL (MMEL Rev No. _____)(D95)			
c. <input type="checkbox"/> Cargo Only (Restricted Category)	j. <input type="checkbox"/> Water/Retardant Bucket	q. <input type="checkbox"/> Other _____			
d. <input type="checkbox"/> External Load (Sling)	k. <input type="checkbox"/> Fixed Tank Tanker No.( _____ )	r. <input type="checkbox"/> Other _____			
e. <input type="checkbox"/> Rappelling	l. <input type="checkbox"/> Longline/Remote Hook	s. <input type="checkbox"/> Other _____			
f. <input type="checkbox"/> Aerial Ignition	m. <input type="checkbox"/> Rapid Refuel <input type="checkbox"/> CCR <input type="checkbox"/> Splash	t. <input type="checkbox"/> Other _____			
g. <input type="checkbox"/> Manager May Ride (Type 1 Only)	n. <input type="checkbox"/> Air Attack Type( _____ )	u. <input type="checkbox"/> Other _____			

14. Approved By (Signature) _____	15. Title Aircraft Inspector	16. Region _____	17. Date _____
-----------------------------------	---------------------------------	------------------	----------------

**SECTION II - Airframe Information (Fill in the Blanks)**      **SECTION III - Engine Information (Fill in the Blank)**

1. Total Airframe Time _____ 2. Date of Last Annual/ Complete Phase Inspection _____ 3. Last Inspection Type _____ Time: _____ 4. On "Approved" Maintenance Program** (AAIP approved in Ops Spec D73) _____ 5. Airworthiness & Registration _____ 6. Date of Last Actual Weighing (24 Months **) _____ Equipped Weight _____ Bid Weight _____ 7. Flight Manual Rev No. _____ Date: _____ 8. Time Change, S/B & AD Listing ** _____ 9. Maintenance Records _____ 10. Flight Instruments (Condition) _____ 11. Engine Instruments (Condition) _____	1. Make & Model _____ 2. Total Time #1 _____ #2 _____ 3. Hours Since New or O/H #1 _____ #2 _____ TBO _____ HSI _____ (Ops Spec D102) 4. Hours Since HSI #1 _____ #2 _____ 5. Maintenance Records #1 _____ #2 _____
---	---

**SECTION IV - Operating Certificates (Fill in the Blanks)**

1. 14 CFR 133 Certificate No. _____	Expiration Date _____
2. 14 CFR 135 Certificate No.** _____	
3. 14 CFR 137 Certificate No. _____	

**SECTION V - Equipment (X appropriate boxes)**

	Satisfactory			Satisfactory	
	Yes	No		Yes	No
1. Hobbs Installation **	<input type="checkbox"/>	<input type="checkbox"/>	13. Cargo Hook **(Last Inspected _____ )	<input type="checkbox"/>	<input type="checkbox"/>
2. Free Air Temperature Gauge **	<input type="checkbox"/>	<input type="checkbox"/>	Keeperless Hook	<input type="checkbox"/>	<input type="checkbox"/>
3. Seat Belt (All) **	<input type="checkbox"/>	<input type="checkbox"/>	14. Personnel Access Step **	<input type="checkbox"/>	<input type="checkbox"/>
4. Shoulder Harness (All after 01/01/06) **	<input type="checkbox"/>	<input type="checkbox"/>	15. Water/Retardant Bucket **	<input type="checkbox"/>	<input type="checkbox"/>
5. First Aid Kit **	<input type="checkbox"/>	<input type="checkbox"/>	Type _____ Gallons _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Survival Kit **	<input type="checkbox"/>	<input type="checkbox"/>	16. Fixed Retardant Tank **	<input type="checkbox"/>	<input type="checkbox"/>
7. Dual Control (For Pilot Check) **	<input type="checkbox"/>	<input type="checkbox"/>	Type _____ Gallons _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Lighting - Night Operation **	<input type="checkbox"/>	<input type="checkbox"/>	17. Bucket/Door SW on Collective **	<input type="checkbox"/>	<input type="checkbox"/>
9. High Visibility Marking Main Rotor **	<input type="checkbox"/>	<input type="checkbox"/>	18. Long-Line - Remote Hook	<input type="checkbox"/>	<input type="checkbox"/>
10. Extended Height Gear **	<input type="checkbox"/>	<input type="checkbox"/>	(Last Inspected _____ )	<input type="checkbox"/>	<input type="checkbox"/>
11. Convex Mirror **	<input type="checkbox"/>	<input type="checkbox"/>	19. Closed Circuit Refueling	<input type="checkbox"/>	<input type="checkbox"/>
12. Locking Fuel Cap	<input type="checkbox"/>	<input type="checkbox"/>	20. Defuel Capability	<input type="checkbox"/>	<input type="checkbox"/>
** Required for Interagency Fire			21. Rappel Anchor (Last Inspected _____ )	<input type="checkbox"/>	<input type="checkbox"/>

N Number \_\_\_\_\_

Make & Model \_\_\_\_\_

Inspection Date: \_\_\_\_\_

SECTION V (Continued) - Equipment (X appropriate boxes)

	Satisfactory			Satisfactory	
	Yes	No		Yes	No
22. Fire Extinguisher **			36. HAZMAT Book (w/CurrentExemption Letter)		
25. Baggage Compartment or Cargo Racks **			37. Procurement Document in aircraft		
26. Baggage Compartment Mod.			38. Security Devices		
28. Particle Separator/Air Filtration System			1. _____		
33. Wire Cutter Kit			2. _____		
34. White Strobe **			3. Incorporated into preflight checklist		
34. Conspicuity/Pulse Lights			39. Public Address/Siren System		
35. Ops Specs/Operations Manual in aircraft			40. Other _____		
** Required for Interagency Fire			41. Other _____		

SECTION VI - Service Truck (X appropriate boxes)

	U.S. Gallons	Satisfactory			Satisfactory	
		Yes	No		Yes	No
1. Capacity**	_____			13. Fuel Hoses (Approved Type)**		
2. Type Truck	_____			14. Mechanized Reel		
3. License No.	_____			15. Ground & Bonding Cables **		
4. Condition	_____			16. Fuel Filtering System **		
5. Fire Extinguishers (2 each 20-B,C) **				17. Date Filter Changed **		
6. Placarded - 49 CFR 172 **				18. Spare Filters **	_____	
7. Marked w/Type Fuel - 3 Inch Letters **				19. Gas Engine Protection		
8. No Smoking Signs - 3 Inch Letters **				20. FM Radio		
9. Sump & Drain **				21. Spill Kit ** ( _____ )Gallons Minimum		
10. Fuel Meters **				22. Filter Manufacturer's Manual		
11. Differential Pressure Gauge(s)				23. Record for recording sump draining **		
12. Nozzle Screen/Dust Cap **				24. Cell phone for FSV Driver		
13. Deadman Control (Required for CCR)				24. Other _____		

SECTION VII - Avionics (X appropriate boxes or Annotate N/A for items Not Required)

	Satisfactory			Satisfactory	
	Pass	Fail		Pass	Fail
1. ELT - Battery Due Date ( _____ )			19. Audio Controls ** (No. _____ )		
2. ELT 91.207 Complied With			20. Transmitter Selectors		
3. ELT TSO** <input type="checkbox"/> 91a <input type="checkbox"/> 126			21. Receiver Selectors		
4. #1 VHF-AM Comm. Transceiver ** <input type="checkbox"/> 720 <input type="checkbox"/> 760			22. Microphone/Drop Cords (U-92A/U**)		
5. #2 VHF-AM Comm. Transceiver <input type="checkbox"/> 720 <input type="checkbox"/> 760			23. Transceiver PTT		
6. #1 VHF-FM Comm. Transceiver ** (Type _____ )			24. Rappel Audio Control & Drop Cord		
7. #2 VHF-FM Comm. Transceiver (Type _____ )			25. ICS Hot Mic/VOX (Pilot/Copilot **)		
8. Aux FM Provisions **			26. ICS PTT **		
9. GPS (Panel Mounted ** / Handheld) (Mark IFR / VFR as applicable)			27. Rear Seat PTT (2 Aft Cabin Exits **)		
10. GPS Database (Expiration Date _____ )			28. Avionics Placarding		
11. Transponder ** (Per 91.413) (Due _____ )			29. General Condition		
12. Altimeter/Static** (Per 91.411) (Due Date _____ )			30. Avionics Records, Diagrams & Schematics		
13. Magnetic Compass Placard			31. Accessory Power (3 Pin) **		
14. TCAS/TCAD			32. Cargo Hook Connector (9 pin) **		
15. Automated Flight Following System			33. Other _____		
16. Verify AFF Operational			34. Other _____		
17. Additional GPS Antenna			35. Other _____		
18. GPS Dataport			36. Other _____		
17. Other _____			37. Avionics Inspection Completed By:		
18. Other _____			_____		
** Required for Interagency Fire					

Notes/Discrepancies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECTION VIII - (Forest Service Inspector Use Only)





USDA - Forest Service  <b>INTERAGENCY FIRE</b> HELICOPTER DATA RECORD  (Reference FSH 5709.16)	1. Contract/Rental Agreement No.	0
	2. Item No.	0
	3. Designated Base	0
	4. Region/Area	0

**SECTION I - Operator & Aircraft Information (Fill in Blanks)**

1. Operator		2. Address (Street, City, State & ZIP Code)			
0		0			
3. Phone No.	4. Make and Model	5. FAA Registration No.	6. Manufacturer's Serial No.	7. Hobbs Reading	
0	0	0	0	0	
8. Max Gross Weight (Internal)	9. Max Gross Weight (External)	10. No. of Passengers		11. Type Fuel	12. Fuel Flow (Cruise)
0	0	0			0

FOR EMPTY WEIGHT SEE CURRENT WEIGHT AND BALANCE DATA

13. Authorized Uses (Initial appropriate boxes) (Line Through Unapproved Uses)			Expires (Fill in the Blank) _____		
a. <input type="checkbox"/> Passenger & Cargo	h. <input type="checkbox"/> Fire Suppression - Interagency	o. <input type="checkbox"/> Approved Left Seat Ops			
b. <input type="checkbox"/> Low Level Reconnaissance	i. <input type="checkbox"/> Fire Suppression - Local	p. <input type="checkbox"/> Approved MEL (MMEL Rev No. <u>0</u> ) (D95)			
c. <input type="checkbox"/> Cargo Only (Restricted Category)	j. <input type="checkbox"/> Water/Retardant Bucket	q. <input type="checkbox"/> Other _____			
d. <input type="checkbox"/> External Load (Sling)	k. <input type="checkbox"/> Fixed Tank Tanker No.( _____ )	r. <input type="checkbox"/> Other _____			
e. <input type="checkbox"/> Rappelling	l. <input type="checkbox"/> Longline/Remote Hook	s. <input type="checkbox"/> Other _____			
f. <input type="checkbox"/> Aerial Ignition	m. <input type="checkbox"/> Rapid Refuel <input type="checkbox"/> CCR <input type="checkbox"/> Splash	t. <input type="checkbox"/> Other _____			
g. <input type="checkbox"/> Manager May Ride (Type 1 Only)	n. <input type="checkbox"/> Air Attack Type( _____ )	u. <input type="checkbox"/> Other _____			

14. Approved By (Signature)	15. Title	16. Region	17. Date
-----------------------------	-----------	------------	----------

USDA - Forest Service  <b>HELICOPTER DATA RECORD</b>  (Reference FSH 5709.16)	1. Contract/Rental Agreement No. <span style="float: right;">0</span>
	2. Item No. <span style="float: right;">0</span>
	3. Designated Base <span style="float: right;">0</span>
	4. Region/Area <span style="float: right;">0</span>

**SECTION I - Operator & Aircraft Information (Fill in Blanks)**

1. Operator <span style="float: right;">0</span>		2. Address (Street, City, State & ZIP Code) <span style="float: right;">0</span>			
3. Phone No. <span style="float: right;">0</span>	4. Make and Model <span style="float: right;">0</span>	5. FAA Registration No. <span style="float: right;">0</span>	6. Manufacturer's Serial No. <span style="float: right;">0</span>	7. Hobbs Reading <span style="float: right;">0</span>	
8. Max Gross Weight (Internal) <span style="float: right;">0</span>	9. Max Gross Weight (External) <span style="float: right;">0</span>	10. No. of Passengers <span style="float: right;">0</span>		11. Type Fuel	12. Fuel Flow (Cruise) <span style="float: right;">0</span>

FOR EMPTY WEIGHT SEE CURRENT WEIGHT AND BALANCE DATA

13. Authorized Uses (Initial appropriate boxes) (Line Through Unapproved Uses)		Expires (Fill in the Blank) _____	
a. <input type="checkbox"/> Passenger & Cargo b. <input type="checkbox"/> Low Level Reconnaissance c. <input type="checkbox"/> Cargo Only (Restricted Category) d. <input type="checkbox"/> External Load (Sling) e. <input type="checkbox"/> Rappelling f. <input type="checkbox"/> Aerial Ignition g. <input type="checkbox"/> Manager May Ride (Type 1 Only)	h. <input type="checkbox"/> Fire Suppression - Interagency i. <input type="checkbox"/> Fire Suppression - Local j. <input type="checkbox"/> Water/Retardant Bucket k. <input type="checkbox"/> Fixed Tank Tanker No.( _____ ) l. <input type="checkbox"/> Longline/Remote Hook m. <input type="checkbox"/> Rapid Refuel <input type="checkbox"/> CCR <input type="checkbox"/> Splash n. <input type="checkbox"/> Air Attack Type( _____ )	o. <input type="checkbox"/> Approved Left Seat Ops p. <input type="checkbox"/> Approved MEL (MMEL Rev No. <u>  0  </u> )(D95) q. <input type="checkbox"/> Other _____ r. <input type="checkbox"/> Other _____ s. <input type="checkbox"/> Other _____ t. <input type="checkbox"/> Other _____ u. <input type="checkbox"/> Other _____	

14. Approved By (Signature)	15. Title	16. Region	17. Date
-----------------------------	-----------	------------	----------

<b>INTERAGENCY HELICOPTER LOAD CALCULATOR</b> Version (03/2008)		Electronic	<b>MODEL</b>	0	
			<b>N#</b>	0	
<b>PILOT(S)</b>			<b>DATE</b>		
<b>MISSION</b>			<b>TIME</b>		
1	<b>DEPARTURE</b>		<b>PA</b>	<b>OAT</b>	
2	<b>DESTINATION</b>		<b>PA</b>	<b>OAT</b>	
3	<b>HELICOPTER EQUIPPED WEIGHT</b>			0	
4	<b>FLIGHT CREW WEIGHT</b>				
5	<b>FUEL WEIGHT</b>	0 gals X	7 lbs/gal	0	
6	<b>OPERATING WEIGHT (3 + 4 + 5)</b>			0	
			<b>Non-Jettisonable</b>		<b>Jettisonable</b>
			<b>HIGE</b>	<b>HOGE</b>	<b>HOGE- J</b>
7a	<b>PERFORMANCE REFERENCE</b> (List chart/supplement from Flight Manual)				
7b	<b>COMPUTED GROSS WEIGHT</b> (From Flight Manual Performance Section)				
8	<b>WEIGHT REDUCTION</b> (Required for all Non-Jettisonable loads)				
9	<b>ADJUSTED WEIGHT</b> (7b minus 8)		#VALUE!	#VALUE!	#VALUE!
10	<b>GROSS WEIGHT LIMITATION</b> (From Flight Manual Limitations Section)			0	
11	<b>SELECTED WEIGHT</b> (Lowest of 9 or 10)		#VALUE!	#VALUE!	#VALUE!
12	<b>OPERATING WEIGHT</b> (From Line 6)		0	0	0
13	<b>ALLOWABLE PAYLOAD</b> (11 minus 12)		#VALUE!	#VALUE!	#VALUE!

14	<b>PASSENGERS/CARGO</b>	
15	<b>ACTUAL PAYLOAD</b> (Total of all weights listed in Item 14) <b>Line 15</b>	0
<b>must not exceed Line 13 for the intended mission (HIGE, HOGE or HOGE-J)</b>		
<b>PILOT SIGNATURE</b>		<b>HazMat Onboard</b>
<b>MANAGER SIGNATURE</b>		Yes No

**Instructions - FS 5700-21a (Helicopter Data Record), FS-5700-21b (Helicopter Fire Card), and FS-5700-21c (Helicopter Data Card)**

1. A. This form may be filled in on the computer, or blank forms may be printed and filled in by hand. Computer: When the information is entered on the 5700-21a - Part 1, the information will be automatically transferred to the FS-5700-21a - Part 2, Fire Card.  
B. Printing: Click on the tab along the lower edge of the worksheet to gain access to the individual sheets. The forms should print one page for each form. If this does not happen do the following: (1) Click on "File", "Page Setup", "Margins", Check that all margins are set to: ".25".

2. SPECIAL USES – If a Special Use is Authorized, clicking on the item on FS-5700-21a - Part 1, a check mark will appear in the provided space. You will have to Initial the Authorized Uses on the card, and line through the items not authorized. Any Additional Uses will also automatically be filled in on the FS-5700-21a - Part 2, Fire Card.

A RED TRIANGLE indicates a drop down box which provides information on what information is required, or what should be looked for, as in the example in the upper right corner of this block.

3. To Insert your information in blocks 13. Title, and 14. Region, Click on "Tools", "Protection", "Unprotect Sheet". Remember to Re-Protect the sheet and Card(s) afterward.

SUGGESTION: Before or After completing a form, save it to a separate file i.e. N12345.xls. I recommend you make a folder for "Helicopters" and then sub-folders for the individual operators, and save the different "N" numbers in the operators file.

Please forward all comments, questions, noted discrepancies, and suggestions to:

Gil Elmy  
Work: 801-622-9170  
Cell: 801-540-8473  
e-mail: [gelmy@fs.fed.us](mailto:gelmy@fs.fed.us)

**BURDEN AND NONDISCRIMINATION STATEMENTS**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0015. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.