HELICOPTER AIR AMBULANCE MAND/

INSTRUCTIONS

Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a p
a collection of information subject to the requirements of the Paperwork Reduction Act unle
Number for this information collection is 2120-XXXX. Public reporting for this collection
reviewing instructions, searching existing data sources, gathering and maintaining the data r
information are mandatory according to Public Law 112-95. Send comments regarding this
reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, A

This Data Collection Worksheet is the method authorized by the FAA Administrator for col
Operator authorized by Operations Specification paragraph A021 must submit a report rega
Section 306 of the FAA Modernization and Reform Act of 2012.

This is a multi-page Micorsoft Exel 2003 .xls workbook, compatible with most installed Ex
this form. Make entries on the "REPORT" and "ACCIDENT DESCRIPTION" tabs of this templ
Return to this page by selecting the "INSTRUCTIONS" tab.

Unless otherwise specified by your Principal Inspector, your reporting period will be the cal
within the 30 day period following the end of the reporting period.

The following file naming convention MUST be observed, submittals that are not identified
reporting period, followed by the company designator, and end with "HAA". For example:
submittal file: "CY2015ABCD1234HAA.XLS". Make submittals via e-mail attachment and s

<9-AFS-HELICOPTERA

If you have any difficulty and need further assistance, please contact you Principal Operatio

TOPIC	DE
REPORTING PERIOD-	Enter the reporting period as follows: Enter first date of report
COMPANY IDENTITY-	Enter Operator Name in **NAME** cell, enter FAA designator co
IFR OPERATIONS-	Report the total number of flights made during which helicopte helicopters performed Helicopter Air Ambulance operations u

UNUSED TRANSPORTS-	Report in the **UNUSED TRANSPORTS** cell, the total numbe but was not utilized for patient transport . (EG: helicopter arriv transport was not possible or needed).
ACCIDENTS-	List number of accidents which occurred during performance c reporting period, describe the accident on the ACCIDENT DES
FLIGHTS ACCEPTED VS. DECLINED-	Report total number of flight requests that were **ACCEPTED** Ferry (Maintenance)). Report total number of flight requests t
TIME OF DAY-	List the aggregate number of flights which were lauched by tin
BASE LOCATIONS-	List each base by **FACILITY** identifier if available, or Base na
FLIGHT ACTIVITY by HELICOPTER USED-	List each helicopter separately columnwise, by registration nu reporting period total and the total number of flight **HOURS**

EXAMPLE:

REPORTING PERIOD	
BEGINS	**ENDS**
1/1/14	12/31/14

IFR OPE	
IFR FLIGHTS	473

COMPANY IDENTITY	
NAME	Helicopter Air Ambulance Co.
DESIGNATOR	HAAC1234

UNU

TIME OF DAY (UTC)					
DEPARTED	**FLIGHTS**	**DEPARTED**	**FLIGHTS**	**N#**	**FLIGHTS**
	1135				**1784**
0000-0059	410	**1200-1259**		N 123HA	1024
0100-0159	725	**1300-1359**		N 124HA	760
0200-0259		**1400-1459**		N	
0300-0359		**1500-1559**		N	
0400-0459		**1600-1659**		N	
0500-0559		**1700-1759**		N	
0600-0659		**1800-1859**		N	
0700-0759		**1900-1959**		N	
0800-0859		**2000-2059**		N	
0900-0959		**2100-2159**		N	
1000-1059		**2200-2259**		N	
1100-1159		**2300-2359**		N	
				N	

BASE LOCATIONS		
FACILITY	**CITY**	**STATE**
KDCA	ARLINGTON	VA

			N	
			N	
			N	

ATORY FLIGHT INFORMATION REPORT

erson is not required to respond to, nor shall a person be subject to a penalty for failure to comply with
ess that collection of information displays a currently valid OMB Control Number. The OMB Control
of information is estimated to be approximately 6-16 hours per response, including the time for
needed, completing and reviewing the collection of information. All responses to this collection of
burden estimate or any other aspect of this collection of information, including suggestions for
ttn: Information Collection Clearance Officer, ASP-110.

lection of Helicopter Air Ambulance Operations Flight Activity Data. Each Helicopter Air Ambulance
rding their flight operations as directed below. This collection effort is mandated by Congress via

cel systems. The DETAILED INSTRUCTIONS, BY TOPIC below will explain how to properly complete
late. Select from the tabs appearing near the bottom margin of this page to access those worksheets.

lendar year beginning January 1st and ending December 31st of the same year. Submit your report

in the following manner may not be accepted. The file name shall start with the calendar year of the
a company with designator ABCD1234, reporting for calendar year (CY) 2015 would name their
end your email to:

IRAMBULANCEDATA@FAA.GOV>

ns Inspector.

ETAILED INSTRUCTIONS, BY TOPIC

ing period, inclusive, in **BEGINS** cell. Enter last date of reporting period, inclusive, in **ENDS** cell.

de (full 8 characters) in **DESIGNATOR** cell.

ers were operated under IFR in the **IFR FLIGHTS** cell. Report the total number of flight hours during which
nder IFR in the **IFR HOURS** cell.

: of incidents (not flightst) in which a helicopter was not directly dispatched and arrived to transport patient(s) 'es to transfer patient to another facility or from an accident scene to the trauma center, but for whatever reason,

of Helicopter Air Ambulance operations in **ACCIDENTS** cell. If one or more accidents occurred during the CRIPTION Worksheet attached, (see third TAB below).

BY THE OPERATOR, by type (Scene response, Inter-facility Transfer, Organ Transport, Repositioning, or hat were **DECLINED BY THE OPERATOR**, by type.

ne of departure (UTC), rounded to the nearest hour, within the **FLIGHTS** cell under TIME OF DAY.

me, and **CITY**, and **STATE**.

nber **N#**. For each N#, indicate the total number of HAA **FLIGHTS** made by that helicopter within the ogged performing HAA operations by that same helicopter within the reporting period.

RATIONS	
IFR HOURS	210.6
SED TRANSPORTS	1
ACCIDENTS	0

FLIGHTS ACCEPTED VS. DECLINED

TYPE	ACCEPTED	DECLINED
SCENE RESPONSE	7502	17
INTER-FACILITY TRANS.	28534	42
ORGAN TRANSPORT	144	3
REPOSITION	18761	35
FERRY	248	0
TOTAL	55189	97

FLIGHT ACTIVITY BY HELICOPTER

HOURS	N#	FLIGHTS	HOURS	N#	FLIGHTS	HOURS
1410.0		0	0.0		0	0.0
820.0	N			N		
590.0	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		

	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		
	N			N		

HELICOPTER AIR AMBULANCE MANDATORY FLI

SHEET PROTECTION PASSWORD HAAAFS250AP

SUBMIT TO: 9-AFS-HELICOPTERAIRAMBULANCEDATA

DO NOT SEND THIS VERSION OUT TO NON-FAA ENTITIES

REPORTING PERIOD	
BEGINS	ENDS

IFR OPERATIONS		
IFR FLIGHTS		IFR HOU

COMPANY IDENTITY		
NAME		
DESIGNATOR		

CXLD TRANSPOR
ACCIDEN

TIME OF DAY (UTC)						
DEPARTED	FLIGHTS	DEPARTED	FLIGHTS	N#	FLIGHTS	HOURS
	0		0		0	0.0
0000-0059		1200-1259		N		
0100-0159		1300-1359		N		
0200-0259		1400-1459		N		
0300-0359		1500-1559		N		
0400-0459		1600-1659		N		
0500-0559		1700-1759		N		
0600-0659		1800-1859		N		
0700-0759		1900-1959		N		
0800-0859		2000-2059		N		
0900-0959		2100-2159		N		
1000-1059		2200-2259		N		
1100-1159		2300-2359		N		
				N		

BASE LOCATIONS		
FACILITY	CITY	STATE

N		
N		
N		
N		
N		
N		
N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		

			N		
			N		
			N		
			N		
			N		

IGHT INFORMATION REPORT

.@FAA.GOV

OMB CONTROL NUMBER: Control # 2120-XXXXB

EXPIRATION DATE:

RS

TS

TS

FLIGHTS ACCEPTED VS. DECLINED

TYPE	ACCEPTED	DECLINED
SCENE RESPONSE		
INTER-FACILITY TRANS.		
ORGAN TRANSPORT		
REPOSITION		
FERRY		
TOTAL	0	0

FLIGHT ACTIVITY BY HELICOPTER

N#	FLIGHTS	HOURS	N#	FLIGHTS	HOURS
	0	0.0		0	0.0
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		

N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		

N			N		
N			N		
N			N		
N			N		
N			N		

ACCIDENT SUMMARY:

Company	
Designator	

Instructions:

NTSB Number-	Enter the accident identification number assigned by the NTSB.
Date-	Enter the date of occurrence of the accident.
Registration Number-	Enter the registration number of the helicopter involved.
Make/Model Aircraft-	Enter the helicopter make and model.
Type of Flight-	Enter the type of flight from the drop-down menu.
Event Severity-	Enter the severity of the accident in terms of aircraft damage (Destro
Location-	Enter the GPS geo-coordinates or the radial and distance from the ne
Brief Description-	Describe the circumstances leading to the accident. Include the appro time since reporting for duty that day, approval for use of NVIS, num

IF AN ACCIDENT OCCURRED WITHIN THE REPORTING PERIOD, PLEASE ENTER FOLLOWINC "NONE" in the first NTSB No. Cell.

1	**NTSB No.**		**BRIEF DESCRIPTION:**	
	REGISTRATION #			
	MAKE/MODEL			
	EVENT SEVERITY			
	LOCATION			

2	**NTSB No.**		**BRIEF DESCRIPTION:**	
	REGISTRATION #			
	MAKE/MODEL			
	EVENT SEVERITY			
	LOCATION			

3	**NTSB No.**		**BRIEF DESCRIPTION:**	
	REGISTRATION #			
	MAKE/MODEL			
	EVENT SEVERITY			

	LOCATION			
4	NTSB No.		BRIEF DESCRIPTION:	
	REGISTRATION #			
	MAKE/MODEL			
	EVENT SEVERITY			
	LOCATION			

Reporting Period	**From:**	
	To:	

yed, major, minor) and Casualties (fatalities, injuries, no injuries)

arest VOR.

›ximate time of day, adverse weather, terrain or obstructions, apparent mechanical failure if any, pilot
ıber of persons aboard, number of fatalities (if applicable), and any other pertinent information.

G INFORMATION (FROM NTSB PRELIMINARY ACCIDENT SUMMARY): If no accidents were suffered,

_____

_____

_____

_____

_____

flight

enter