



HELICOPTER AIR AMBULANCE MANDATORY INSTRUCTIONS

Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person may not provide information subject to the requirements of the Paperwork Reduction Act unless the OMB Control Number for this information collection is 2170-0761. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, sending comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, DC 20543, and to the Office of Management and Budget, Paperwork Reduction Project (2170-0761). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, DC 20543, and to the Office of Management and Budget, Paperwork Reduction Project (2170-0761). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, DC 20543, and to the Office of Management and Budget, Paperwork Reduction Project (2170-0761). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, DC 20543, and to the Office of Management and Budget, Paperwork Reduction Project (2170-0761).

This Data Collection Worksheet is the method authorized by the FAA Administrator for collection of information. A Helicopter Air Ambulance Operator authorized by Operations Specification paragraph A021 must submit a report regarding this information in accordance with Section 306 of the FAA Modernization and Reform Act of 2012.

This is a multi-page Microsoft Excel 2003 .xls workbook, compatible with most installed Excel versions. Make entries on the "REPORT" and "ACCIDENT DESCRIPTION" tabs of this template. To view this page by selecting the "INSTRUCTIONS" tab.

DEFINITIONS- FLIGHT- For the purpose of this report, the term "FLIGHT" is intended to mean a flight or a series of flights (legs) made for the intent of transporting patients, and/or transplant organs or tissue. Each IFR Flight is made against a single clearance to a destination.

Ambulance Operation (Operation) is a flight or a series of flights (legs) made for the intent of transporting patients, and/or transplant organs or tissue. An Operation may include multiple take-offs and landings.

Unless otherwise specified by your Principal Inspector, your reporting period will be the calendar month 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 with a reporting period, followed by the company designator, and end with "HAA". For example: "CY2015ABCD1234HAA.XLS". Make submittals via e-mail attachment and send to 9-AFS-HELICOPTER@faa.gov.

<9-AFS-HELICOPTER@faa.gov

If you have any difficulty and need further assistance, please contact your Principal Inspector at 9-AFS-HELICOPTER@faa.gov.

TOPIC	DATE

REPORTING PERIOD-	Enter the reporting period as follows: Enter first date of report
COMPANY IDENTITY-	Enter Operator Name in NAME cell, enter FAA designator coc
IFR FLIGHTS-	Report the total number of flights made during which helicopte helicopters performed Helicopter Air Ambulance operations un
UNUSED TRANSPORTS-	Report in the UNUSED TRANSPORTS cell, the total number was not utilized for patient transport . (EG: helicopter arrives to transport was not possible or needed).
ACCIDENTS-	List the number of accidents which occurred during performan reporting period, describe the accident on the ACCIDENT DES
FLIGHTS ACCEPTED VS. DECLINED-	Report total number of flight requests received by and that wen Repositioning, or Ferry (Maintenance)). Report total number o helicopter is out of service due to maintenance, no record of rec
TIME OF DAY-	List the aggregate number of flights which were performed by
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 num reporting period total and the total number of flight HOURS lc

EXAMPLE:

REPORTING PERIOD				IFR OPE	
BEGINS	ENDS			IFR FLIGHTS	473
1/1/14	12/31/14				
COMPANY IDENTITY				UNU	
NAME	Helicopter Air Ambulance Co.				
DESIGNATOR	HAAC1234				
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	

			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 a ; that collection of information displays a currently valid OMB Control Number. The OMB Control information is estimated to be approximately 6-16 hours per response, including the time for reviewing npleting and reviewing the collection of information. All responses to this collection of information are or any other aspect of this collection of information, including suggestions for reducing this burden to ion Clearance Officer, ASP-110.

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

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

o be the period from a takeoff to the next landing. Each landing made ends a Flight. The terms "Flight" ion. Multiple flights (legs) in a row, each requiring an individual clearance, constitute separate flights.

OPERATION- A Helicopter Air of completing one medical transport from one departure point to one final destination point, of one or ffs and landings.

endar 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:

AIRAMBULANCEDATA@FAA.GOV>

ns Inspector.

ETAILED INSTRUCTIONS, BY TOPIC

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

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

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

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

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

e **ACCEPTED BY THE OPERATOR**, by type (Scene response, Inter-facility Transfer, Organ Transport, if flight requests that were received by and that were **DECLINED BY THE OPERATOR**, by type. If a quests declined is required.

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

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

number (**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.

OPERATIONS		FLIGHTS ACCEPTED VS. DECLINED				
IFR HOURS	210.6	TYPE	ACCEPTED	DECLINED		
		SCENE RESPONSE	7502	17		
		INTER-FACILITY TRANS.	28534	42		
ORGAN TRANSPORTS	1	ORGAN TRANSPORT	144	3		
		REPOSITION	18761	35		
ACCIDENTS	0	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		



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 (Destroyed, major damage, minor damage, etc.)
- Location- Enter the GPS geo-coordinates or the radial and distance from the nearest VOI
- Brief Description- Describe the circumstances leading to the accident. Include the approximate time since reporting for duty that day, approval for use of NVIS, number of people on board, etc.

IF AN ACCIDENT OCCURRED WITHIN THE REPORTING PERIOD, PLEASE ENTER FOLLOWING INFORMATION. If no accident occurred, enter "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			

LOCATION

4

NTSB No.	<input type="text"/>
REGISTRATION #	<input type="text"/>
MAKE/MODEL	<input type="text"/>
EVENT SEVERITY	<input type="text"/>
LOCATION	<input type="text"/>

BRIEF DESCRIPTION:

Reporting Period From:
To:

or, minor) and Casualties (fatalities, injuries, no injuries)

R.

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

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