HELICOPTER AIR AMBULANCE MANDA

INSTRUCTIONS

Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a p
collection of information subject to the requirements of the Paperwork Reduction Act unless
Number for this information collection is 2170-0761. Public reporting for this collection of
instructions, searching existing data sources, gathering and maintaining the data needed, con
mandatory according to Public Law 112-95. Send comments regarding this burden estimate
the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collect

This Data Collection Worksheet is the method authorized by the FAA Administrator for coll
Operator authorized by Operations Specification paragraph A021 must submit a report regar
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 Exc
form. Make entries on the "REPORT" and "ACCIDENT DESCRIPTION" tabs of this template. S
this page by selecting the "INSTRUCTIONS" tab.

DEFINITIONS- FLIGHT- For the purpose of this report, the term "FLIGHT" is intended t
and "Leg" are synonomous. Each IFR Flight is made against a single clearance to a destinat

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

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 se

<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 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 tc transport was not possible or needed).
ACCIDENTS-	List the number of accidents which occurred during performanc reporting period, describe the accident on the ACCIDENT DES
FLIGHTS ACCEPTED VS. DECLINED-	Report total number of flight requests received by and that wer 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 nar
FLIGHT ACTIVITY by HELICOPTER USED-	List each helicopter separately columnwise, by registration nun reporting period total and the total number of flight **HOURS** lc

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	
BASE LOCATIONS				N	
FACILITY	**CITY**		**STATE**	N	
KDCA	ARLINGTON		VA	N	
				N	
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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
ıder 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
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,
f 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**.

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		

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HELICOPTER AIR AMBULANCE MANDATORY FLI

SUBMIT TO: 9-AFS-HELICOPTERAIRAMBULANCEDATA

REPORTING PERIOD	
BEGINS	ENDS

IFR OPERATIONS		
IFR FLIGHTS		IFR HOU

COMPANY IDENTITY		
NAME		
DESIGNATOR		

UNUSED 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		
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BASE LOCATIONS		
FACILITY	CITY	STATE

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GHT INFORMATION REPORT

.@FAA.GOV

OMB CONTROL NUMBER: Control #	2170-0761
EXPIRATION DATE:	2/28/2018

RS

TS

ITS

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		
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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, majc
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 ti time since reporting for duty that day, approval for use of NVIS, number of pe

IF AN ACCIDENT OCCURRED WITHIN THE REPORTING PERIOD, PLEASE ENTER FOLLOWING INFORM 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			
4	NTSB No.		BRIEF DESCRIPTION:	
	REGISTRATION #			
	MAKE/MODEL			
	EVENT SEVERITY			
	LOCATION			

Reporting Period **From:**
To:

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

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

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