



## HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFORMATION REPORT

### INSTRUCTIONS

Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall it be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0756. Public reporting burden for this collection of information is estimated to average 6-16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, completing and reviewing the collection of information, and sending the information to the FAA. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ASP-110.

This Data Collection Worksheet is the method authorized by the FAA Administrator for collection of Helicopter Air Ambulance Operator Data. Each Helicopter Air Ambulance Operator authorized by Operations Specification paragraph A021 must submit a report regarding their operations as shown below. This collection effort is mandated by Congress via 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 systems. The DETAILED INSTRUCTIONS explain how to properly complete this form. Make entries on the "REPORT" and "ACCIDENT DESCRIPTION" tabs of this template. Select the "INSTRUCTIONS" tab near the bottom margin of this page to access those worksheets. Return to this page by selecting the "INSTRUCTIONS" tab.

**The following file naming convention **MUST** be observed**, submittals that are not identified in the following manner may not be accepted. Submittals must start with the calendar year of the reporting period, followed by the company designator, and end with "HAA". For example: a company reporting for calendar year (CY) 2019 would name their submittal file: "CY2019ABCDHAA.XLS". Make submittals via e-mail attachment to: <9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV>.

SECTION	DETAILED INSTRUCTIONS, BY SECTION
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<b>REPORTING PERIOD</b>	Enter the reporting period as follows: Enter first date of reporting period, inclusive, in <b>BEGINS</b> cell. Enter last date of <b>ENDS</b> cell. Normally, this will be 1/1/XXXX to 12/31/XXXX. If, however, the certificate holder was issued OpSpec A the reporting period, the date A021 was issued should be entered in the <b>BEGINS</b> block. Likewise, if HAA operations ceased, enter the date those operations ceased in the <b>ENDS</b> cell
<b>COMPANY IDENTITY</b>	Enter Operator Name in <b>NAME</b> cell, enter FAA designator code (first 4 characters of the Air Carrier Certificate number)
<b>TOTAL HAA HOURS FLOWN</b>	Enter the total number of hours flown in HAA operations. Do not include flights for public relations events, maintenance
<b>IFR HOURS FLOWN</b>	Enter the total number of IFR hours flown in HAA operations. This includes IFR flights to pick-up patients/donor organ patients, and repositioning flights after patient/donor drop-off.
<b>PATIENTS TRANSPORTED</b>	Enter the number of patients transported during HAA operations.
<b>HAA HOURS FLOWN AT NIGHT</b>	Enter the total number of HAA hours flown at night.
<b>TRANSPORT REQUESTS-</b>	Enter the number of requests, either accepted or declined, in the appropriate category.
<b>NUMBER OF ACCIDENTS-</b>	Enter the total number, if any, the certificate holder suffered during the reporting period. Details of the accident(s) are to Report.
<b>THE NUMBER OF TIMES ...</b>	Enter the number of times, if any, in which a helicopter was not directly dispatched and arrived to transport patients but transport.
<b>THE NUMBER OF HELICOPTERS</b>	Enter the total number of helicopters used throughout the reporting period. Include all helicopters that were available for HAA operations were conducted during the reporting period.
<b>BASE LOCATIONS-</b>	Use the space on page 1 to list each base by <b>FACILITY</b> identifier if available, or Base name, and <b>CITY</b> , and <b>STATE</b> . If the optional pages, beginning on page 3 to continue listing bases.
<b>ADDITIONAL ACCIDENT INFORMATION</b>	List all accidents suffered during HAA operations for the reporting period on Page 7. In the <b>BRIEF DESCRIPTION</b> circumstances leading to the accident. Include the approximate time of day, adverse weather, terrain or obstructions, approximate flight and time on duty since reporting that day, whether or not NVIS was in use, number of persons on board, whether or and any other pertinent information. If no accidents were suffered during the reporting period, enter "NONE" in the first <b>SECTION</b> .

Unless otherwise specified by your Principal Inspector, your reporting period will be the calendar year beginning January 1st and ending the same year. Submit your report 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 in the following manner may not be accepted with the calendar year of the reporting period, followed by the company designator, and end with "HAA". For example: a company reporting for calendar year (CY) 2015 would name their submittal file: "CY2015ABCD1234HAA.XLS". Make submittals via e-mail attached to:

[9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV](mailto:9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV).

DRT

Will a person be subject to a collection of information reporting for this collection of data sources, gathering and are mandatory according to suggestions for reducing this).

Operations Flight Activity Data.  
for flight operations as directed

AS, BY TOPIC below will  
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submitment and send your email

reporting period, inclusive, in 2021 during the mid-year during ceased during the reporting year,

) in **DESIGNATOR** cell.

e, training, etc.

is or tissue, flights to transport

o be entered on page 7 of the

was not utilized for patient

HAA operations even if no

additional space is needed, use

**SECTION**, Describe the parent mechanical failures, pilot or not a patient was on board,  
**BRIEF DESCRIPTION**

ng December 31st of the

oted. The file name shall start  
with designator ABCD1234,  
achment and send your email



# HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFO

SUBMIT TO: [9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV](mailto:9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV)

### REPORTING PERIOD

BEGINS  ENDS

### TRANSPORT REQUESTS

	ACCEPTED	DECLINED
SCENE RESPONSE	<input type="text"/>	<input type="text"/>
INTER-FACILITY TRANSFER	<input type="text"/>	<input type="text"/>
ORGAN TRANSFER	<input type="text"/>	<input type="text"/>

### COMPANY IDENTITY

NAME   
DESIGNATOR

### NUMBER OF ACCIDENTS

For each accident, complete the accident summary information listed on page 7 of this report. Include additional pages if needed.

TOTAL HAA HOURS FLOWN

IFR HOURS FLOWN

PATIENTS TRANSPORTED

HAA HOURS FLOWN AT NIGHT

### BASE LOCATIONS OF HELICOPTERS

	CITY	STATE	LOCID
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# RMATION REPORT

OMB CONTROL #

EXPIRATION DATE:

## THE NUMBER OF TIMES

if any, in which a helicopter was not directly dispatched and arrived to transport patients but was not utilized for patient transport.

## THE NUMBER OF HELICOPTERS

the certificate holder used during the reporting period to provide helicopter air ambulance services

	CITY	STATE	LOCID
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- 101
- 102
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### HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFORMATION REPORT

SUBMIT TO: [9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV](mailto:9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV)

OMB CONTROL # 2120-0756  
EXPIRATION DATE: 6/30/2020

OPERATOR

DESIGNATOR

BASE LOCATIONS OF HELICOPTERS (Continued)									
CITY	STATE	LOCID	CITY	STATE	LOCID	CITY	STATE	LOCID	
151			211			271			
152			212			272			
153			213			273			
154			214			274			
155			215			275			
156			216			276			
157			217			277			
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196			256			316			
197			257			317			
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SUBMIT TO: [9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV](mailto:9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV)

OPERATOR  DESIGN

			BASE LOCATIONS OF HELICOPTERS (Continued)		
CITY	STATE	LOCID	CITY	STATE	LOCID
331			391		
332			392		
333			393		
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# FORMATION REPORT

OMB CONTROL # 2120-0756  
EXPIRATION DATE: 6/30/2020

NATOR

	CITY	STATE	LOCID
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OPERATOR  DESIGN

			BASE LOCATIONS OF HELICOPTERS (Continued)		
CITY	STATE	LOCID	CITY	STATE	LOCID
511			571		
512			572		
513			573		
514			574		
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518			578		
519			579		
520			580		
521			581		
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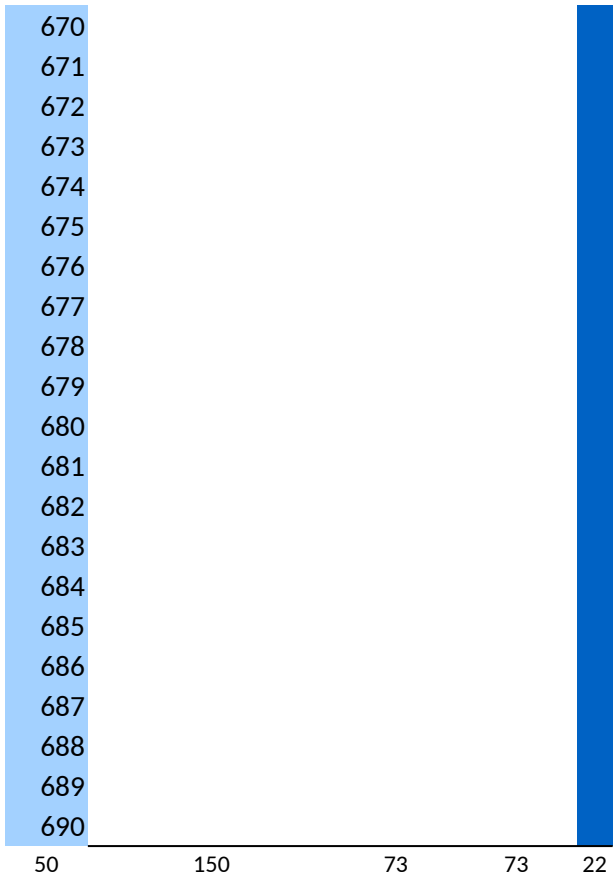
22	550	150	73	73	30	610	150	73	73	30
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	570					630				

# FORMATION REPORT

OMB CONTROL # 2120-0756  
EXPIRATION DATE: 6/30/2020

NATOR

	CITY	STATE	LOCID
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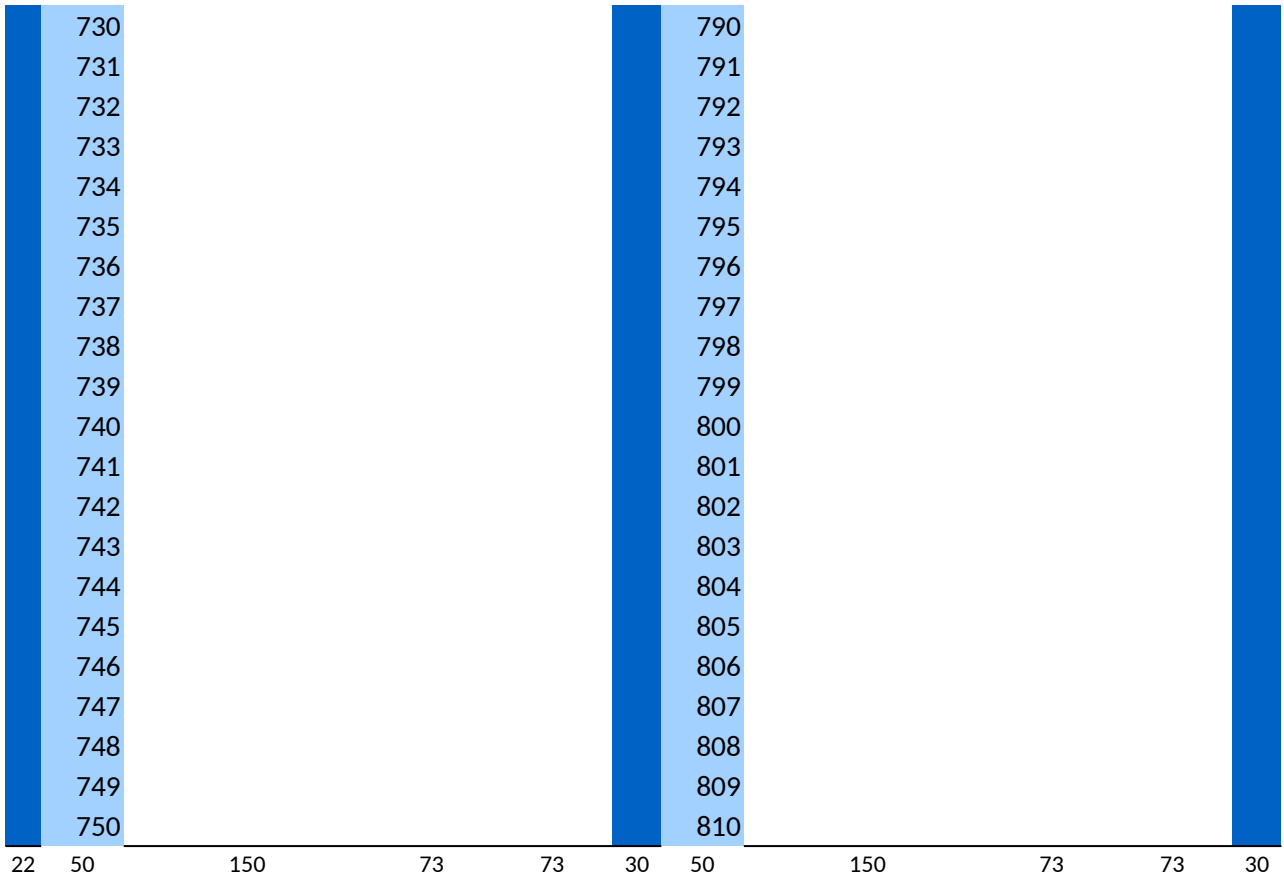


# HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFO

SUBMIT TO: [9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV](mailto:9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV)

OPERATOR  DESIGN

			BASE LOCATIONS OF HELICOPTERS (Continued)		
CITY	STATE	LOCID	CITY	STATE	LOCID
691			751		
692			752		
693			753		
694			754		
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698			758		
699			759		
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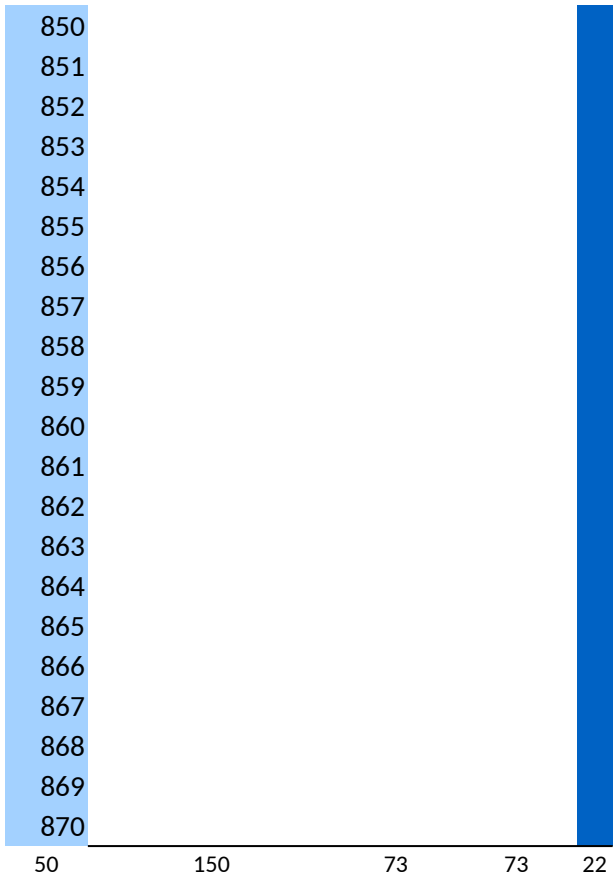


# FORMATION REPORT

OMB CONTROL # 2120-0756  
EXPIRATION DATE: 6/30/2020

NATOR

	CITY	STATE	LOCID
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# HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFO

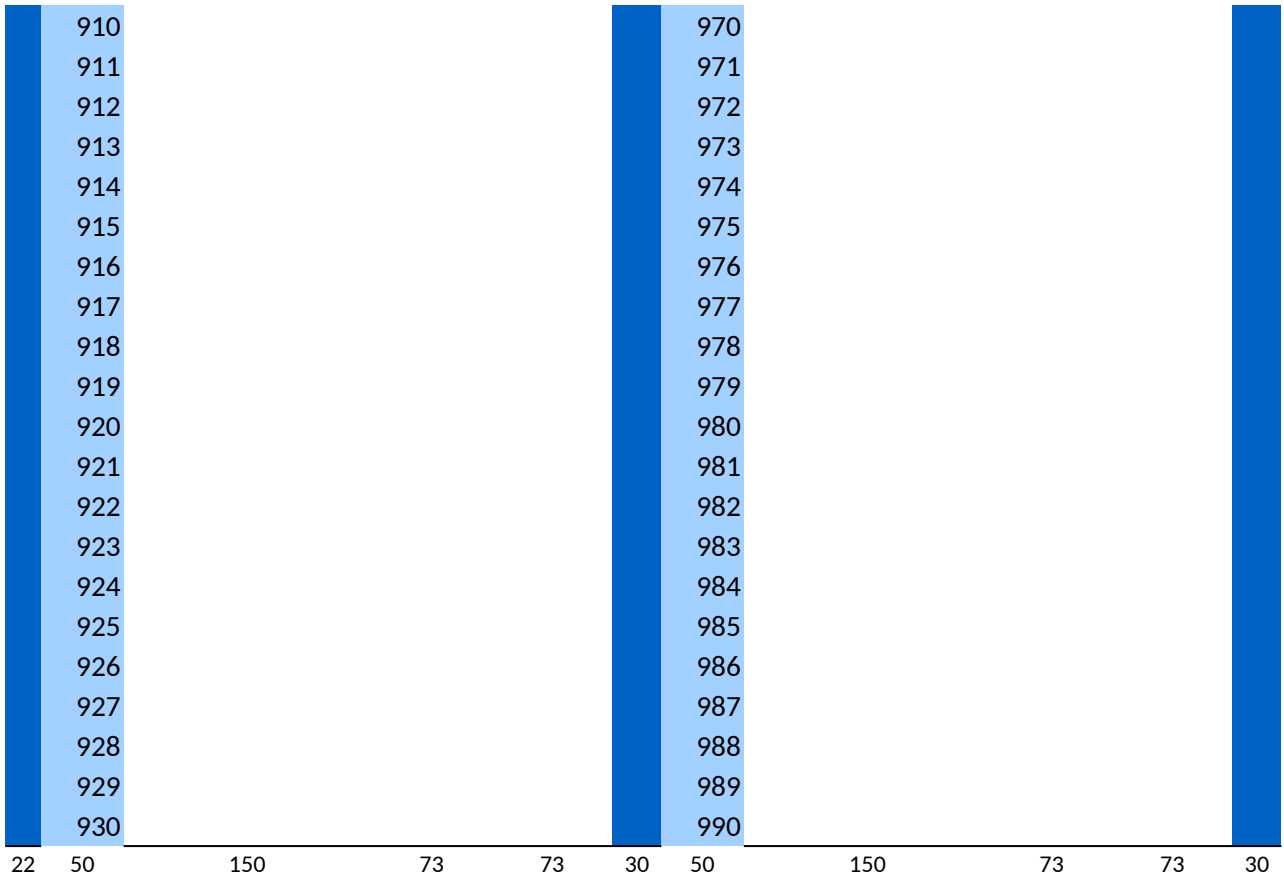
SUBMIT TO: [9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV](mailto:9-AFS-HELICOPTERAIRAMBULANCEDATA@FAA.GOV)

OPERATOR

DESIGN

			BASE LOCATIONS OF HELICOPTERS (Continued)		
CITY	STATE	LOCID	CITY	STATE	LOCID
871			931		
872			932		
873			933		
874			934		
875			935		
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877			937		
878			938		
879			939		
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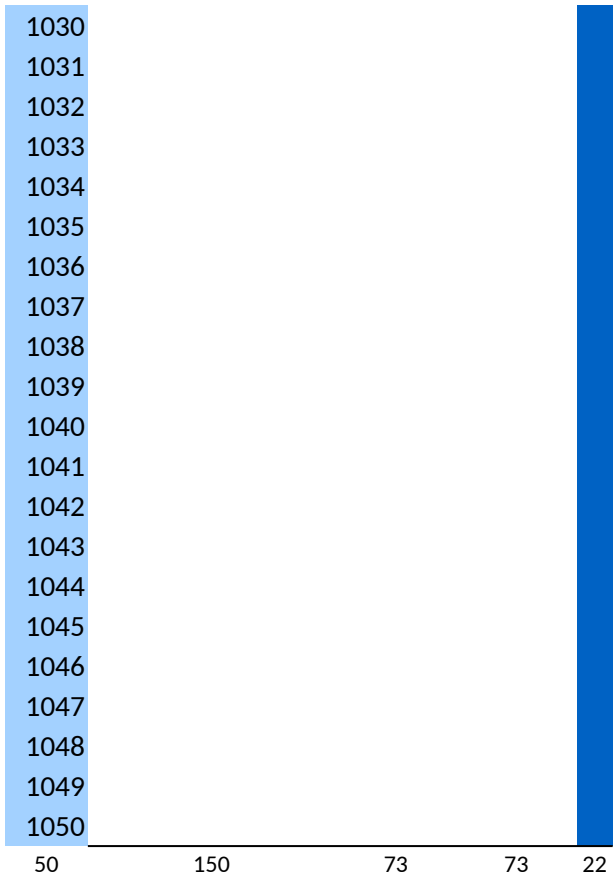


# FORMATION REPORT

OMB CONTROL # 2120-0756  
EXPIRATION DATE: 6/30/2020

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# HELICOPTER AIR AMBULANCE MANDATORY FI

SUBMIT TO: [9-AFS-HELICOPTERAIRAMBULAN](#)

OPERATOR

## ACCIDENT SUMMARY-

1	NTSB NUMBER:	<input type="text"/>	BRIEF DESCRIPTION OF EVENT:
	DATE:	<input type="text"/>	
	REGISTRATION NUMBER:	<input type="text"/>	
	MAKE / MODEL:	<input type="text"/>	
	EVENT SEVERITY:	<input type="text"/>	
	LOCATION:	<input type="text"/>	
2	NTSB NUMBER:	<input type="text"/>	BRIEF DESCRIPTION OF EVENT:
	DATE:	<input type="text"/>	
	REGISTRATION NUMBER:	<input type="text"/>	
	MAKE / MODEL:	<input type="text"/>	
	EVENT SEVERITY:	<input type="text"/>	
	LOCATION:	<input type="text"/>	
3	NTSB NUMBER:	<input type="text"/>	BRIEF DESCRIPTION OF EVENT:
	DATE:	<input type="text"/>	
	REGISTRATION NUMBER:	<input type="text"/>	
	MAKE / MODEL:	<input type="text"/>	
	EVENT SEVERITY:	<input type="text"/>	
	LOCATION:	<input type="text"/>	
4	NTSB NUMBER:	<input type="text"/>	BRIEF DESCRIPTION OF EVENT:
	DATE:	<input type="text"/>	
	REGISTRATION NUMBER:	<input type="text"/>	
	MAKE / MODEL:	<input type="text"/>	
	EVENT SEVERITY:	<input type="text"/>	
	LOCATION:	<input type="text"/>	
5	NTSB NUMBER:	<input type="text"/>	BRIEF DESCRIPTION OF EVENT:
	DATE:	<input type="text"/>	
	REGISTRATION NUMBER:	<input type="text"/>	
	MAKE / MODEL:	<input type="text"/>	
	EVENT SEVERITY:	<input type="text"/>	
	LOCATION:	<input type="text"/>	

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NTSB NUMBER:		<b>BRIEF DESCRIPTION OF EVENT:</b>
DATE:		
REGISTRATION NUMBER:		
MAKE / MODEL:		
EVENT SEVERITY:		
LOCATION:		

7

NTSB NUMBER:		<b>BRIEF DESCRIPTION OF EVENT:</b>
DATE:		
REGISTRATION NUMBER:		
MAKE / MODEL:		
EVENT SEVERITY:		
LOCATION:		

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NTSB NUMBER:		<b>BRIEF DESCRIPTION OF EVENT:</b>
DATE:		
REGISTRATION NUMBER:		
MAKE / MODEL:		
EVENT SEVERITY:		
LOCATION:		

# RIGHT INFORMATION REPORT

[ICEDATA@FAA.GOV](mailto:ICEDATA@FAA.GOV)

OMB CONTROL # 2120-0756  
EXPIRATION DATE: 6/30/2020

DESIGNATOR

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# HELICOPTER AIR AMBULANCE MANDATORY FLI

				BASE LOCATIONS OF HEL	
	CITY	STATE	LOCID		CITY
151					211
152					212
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# IGHT INFORMATION REPORT

ICOPTERS (Continued)					
STATE	LOCID		CITY	STATE	LOCID
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