



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 a person 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 and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the 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 Operations Flight Information Reports. Each Helicopter Air Ambulance Operator authorized by Operations Specification paragraph A021 must submit a report regarding their flight operations as directed 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, BY TOPIC explain how to properly complete this form. Make entries on the "REPORT" and "ACCIDENT DESCRIPTION" tabs of this template. Select from the tabs 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. The file name must start with the calendar year of the reporting period, followed by the company designator, and end with "HAA". For example: a company with company designator (CD) reporting for calendar year (CY) 2019 would name their submittal file: "CY2019ABCDHAA.XLS". Make submittals via e-mail attachment and send to: HELICOPTERAIRAMBULANCEDATA@FAA.GOV>.

NOTE: If a response to a section on the form is zero, enter "0". Do not leave any of the sections on the GENERAL + Base Locations page blank.

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

Unless otherwise specified by your Principal Inspector, your reporting period will be the calendar year beginning January 1st and ending December 31st of 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. The start with the calendar year of the reporting period, followed by the company designator, and end with "HAA". For example: a company with c ABCD1234, reporting for calendar year (CY) 2019 would name their submittal file: "CY2019ABCD1234HAA.XLS". Make submittals via e-mail at your email to:

HELICOPTERAIRAMBULANCEDATA@FAA.GOV.

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HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFO

SUBMIT TO: HELICOPTERAIRAMBULANCEDATA@FAA.GOV

REPORTING PERIOD

BEGINS ENDS

COMPANY IDENTITY

NAME
DESIGNATOR

TOTAL HAA HOURS FLOWN
IFR HOURS FLOWN
PATIENTS TRANSPORTED
HAA HOURS FLOWN AT NIGHT

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"/>

NUMBER OF ACCIDENTS

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

BASE LOCATIONS OF HELICOPTERS

	CITY	STATE	LOCID
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	CITY	STATE	LOCID
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INFORMATION 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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HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFORMATION REPORT

SUBMIT TO: 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			
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HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFO

SUBMIT TO: HELICOPTERAIRAMBULANCEDATA@FAA.GOV

OPERATOR DESIGN

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

OMB CONTROL # 2120-0756

EXPIRATION DATE: 6/30/2020

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	CITY	STATE	LOCID
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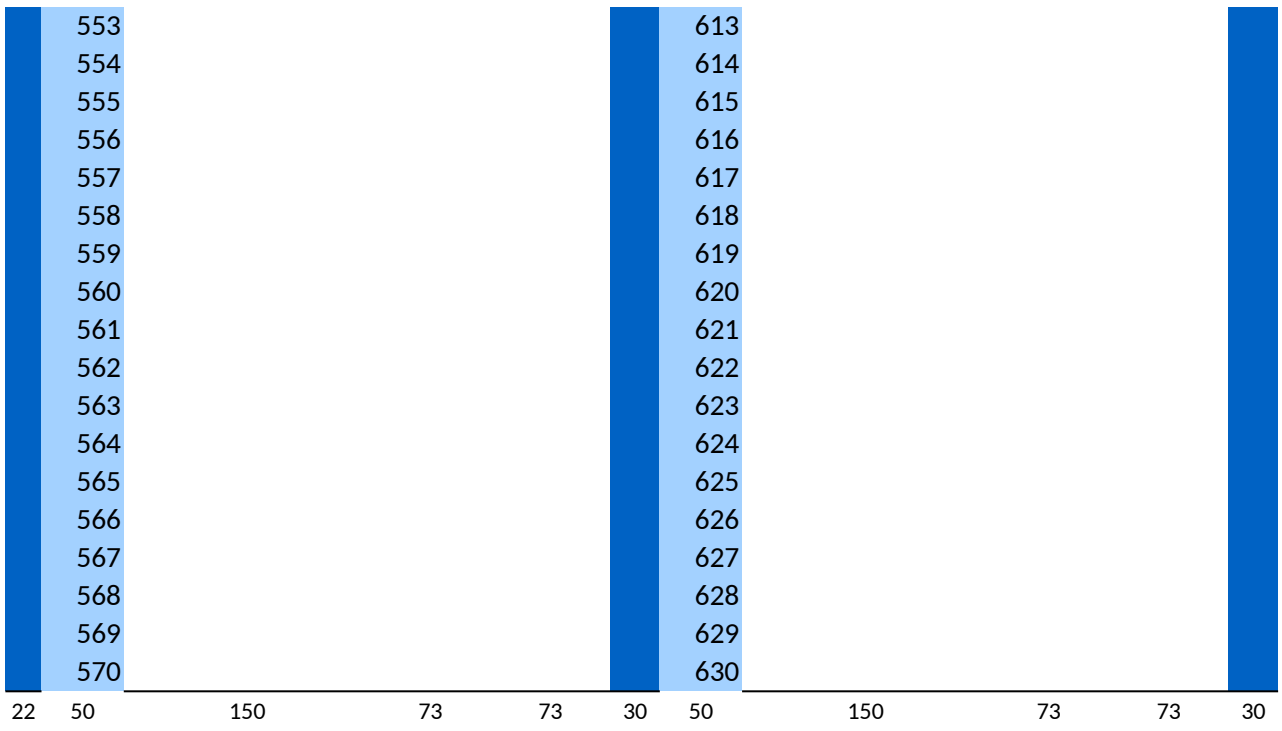


HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFO

SUBMIT TO: HELICOPTERAIRAMBULANCEDATA@FAA.GOV

OPERATOR DESIGN

			BASE LOCATIONS OF HELICOPTERS (Continued)		
CITY	STATE	LOCID	CITY	STATE	LOCID
511			571		
512			572		
513			573		
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518			578		
519			579		
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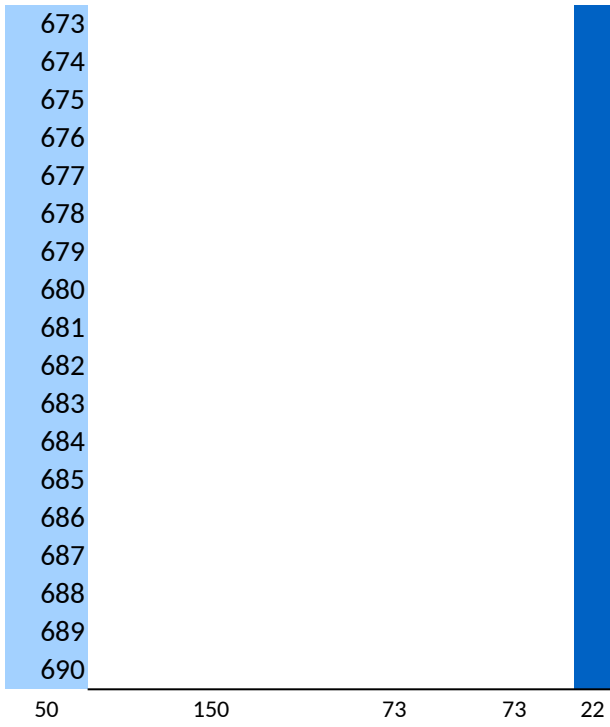
FORMATION REPORT

OMB CONTROL # 2120-0756

EXPIRATION DATE: 6/30/2020

NATOR

	CITY	STATE	LOCID
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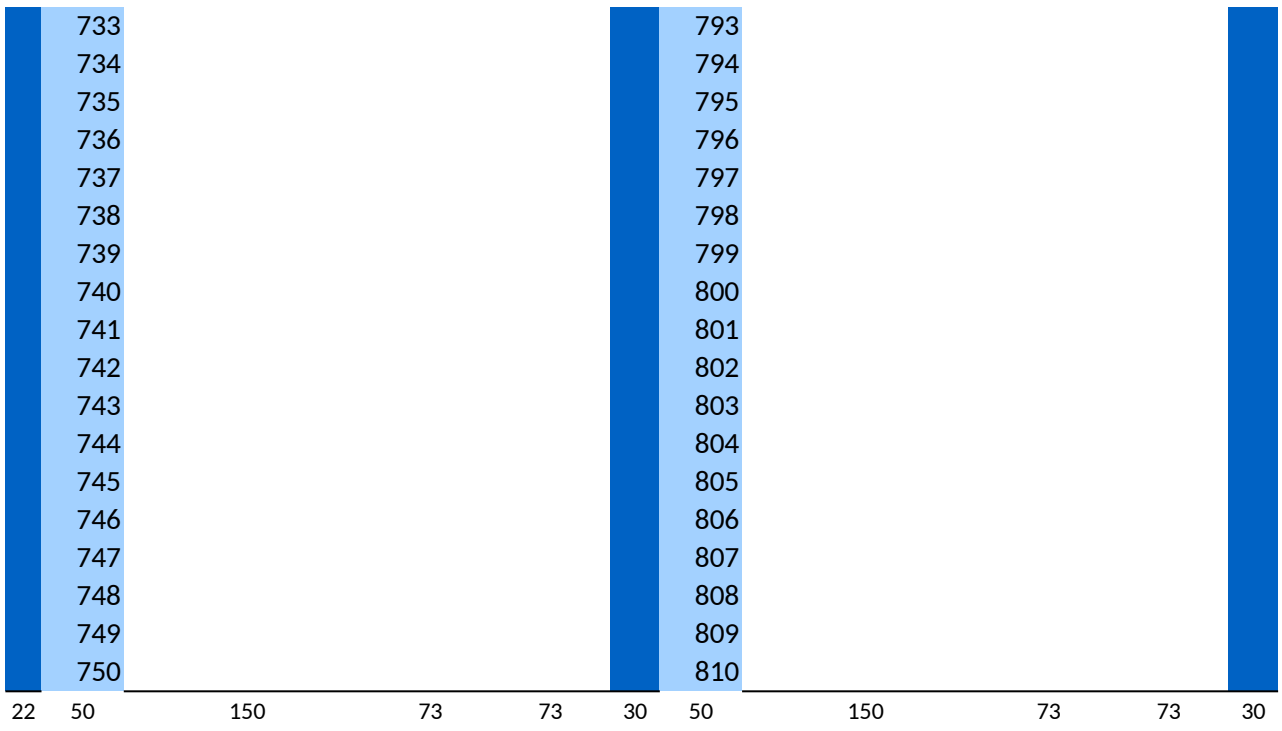


HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFO

SUBMIT TO: HELICOPTERAIRAMBULANCEDATA@FAA.GOV

OPERATOR DESIGN

			BASE LOCATIONS OF HELICOPTERS (Continued)		
CITY	STATE	LOCID	CITY	STATE	LOCID
691			751		
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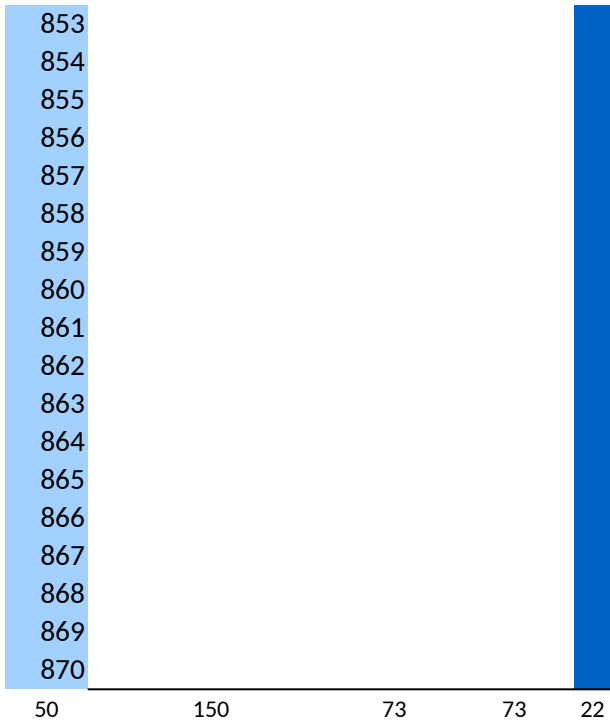
FORMATION REPORT

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: 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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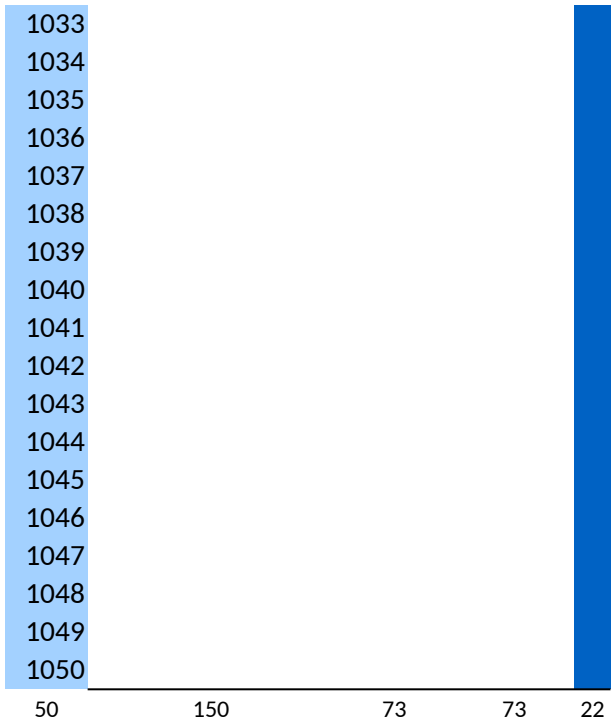
FORMATION REPORT

OMB CONTROL # 2120-0756

EXPIRATION DATE: 6/30/2020

NATOR

	CITY	STATE	LOCID
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HELICOPTER AIR AMBULANCE MANDATORY FI

SUBMIT TO: [HELICOPTERAIRAMBULANCEDATA](#)

OPERATOR

ACCIDENT SUMMARY-

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

REGISTRATION NUMBER:	
MAKE / MODEL:	
EVENT SEVERITY:	
LOCATION:	

7	NTSB NUMBER:		BRIEF DESCRIPTION OF EVENT:
	DATE:		
	REGISTRATION NUMBER:		
	MAKE / MODEL:		
	EVENT SEVERITY:		
	LOCATION:		

8	NTSB NUMBER:		BRIEF DESCRIPTION OF EVENT:
	DATE:		
	REGISTRATION NUMBER:		
	MAKE / MODEL:		
	EVENT SEVERITY:		
	LOCATION:		

RIGHT INFORMATION REPORT

FA@FAA.GOV

OMB CONTROL # 2120-0756
EXPIRATION DATE:

DESIGNATOR



HELICOPTER AIR AMBULANCE MANDATORY FLIGHT

			BASE LOCATIONS OF HEL	
	CITY	STATE	LOCID	CITY
151				211
152				212
153				213
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160				220
161				221
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HT INFORMATION REPORT

ICOPTERS (Continued)						
STATE	LOCID			CITY	STATE	LOCID
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