



Instructions for Completing the Unmanned Aircraft System (UAS) Societal and Economic Data Report

Public Burden 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 21XX-XXXX. Public reporting for this collection of information is estimated to be approximately 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

All responses to this collection of information are required to obtain or retain a benefit (49 U.S.C. § 106(l) and (m)). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

Please use the submission forms on the following tabs to provide your societal and economic data measures for your package delivery, public safety, and infrastructure inspection concepts of operations.

Each data measure has instructions defining its respective value and requested units. If you have any additional information to provide about a measure (i.e., number of deliveries or responses, origin of the data, etc.), please provide this information in the additional information column. If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

There are additional fields for you to add any additional measures being captured and their detailed description.

If you have any questions about providing response measures, please contact your BEYOND or Partnership for Safety Plan (PSP) Program Manager.

Please upload your responses to the Aeronautical Data Exchange (ADX) (adx.faa.gov).

Note: Personally identifiable information (PII) is any information that could potentially identify a specific individual. Do not provide PII in any section of this form. All information captured in this submission form will remain internal to the Federal Aviation Administration (FAA), program participants, and their partners.



Package Delivery

Field Name	Response	Instructions
Lead Participant (LP)		Select the name of the Lead Participant for the project.
Concept of Operations (ConOps) Name		Enter the title for the ConOps in question.
Urban/Suburban/Rural		Use the drop-down menu to identify whether the project is located in an urban, suburban, or rural area. Note: Urban: Zip code with more than 7,000 people per square mile. Suburban: Zip code with between 101 and 7,000 people per square mile. Rural: Zip code with fewer than 101 people per square mile.
Reporting Period Start Date		Enter the start date for this period of reporting. Note: Please align the reporting period start date with those identified in the MOA/MOU.

Field Name	Response	Instructions
Reporting Period End Date		<p>Enter the end date for this period of reporting.</p> <p>Note: Please align the reporting period end date with those identified in the MOA/MOU.</p>
Number of Flights during Period		Enter the number of UAS flights performed during this reporting period.
Delivery Time (in minutes)		Enter the average delivery time (in minutes) for UAS for this period of reporting.
Labor Hours (in hours)		Enter the average labor hours per delivery (in hours) with UAS deliveries for this period of reporting.
Distance Flown (in miles)		Enter the average distance flown per UAS flight (in miles) for UAS deliveries for this period of reporting.
Customers Served		Enter the total number of customers that received UAS deliveries during the reporting period.
Delivery Area (in miles)		<p>Enter the delivery area radius (in miles) for UAS deliveries.</p> <p>Note: This measure is meant to capture the maximum radius for the delivery area able to be reached with UAS.</p>
Number of Vehicles		<p>Enter the number of non-UAS vehicles used to complete the mission.</p> <p>Note: For deliveries that use both UAS and non-UAS vehicles, please list all vehicles with additional detail about specific vehicles used.</p>

Field Name	Response	Instructions
Fuel Cost (in \$US)		<p>Enter the average fuel cost (in US dollars) per delivery for UAS for this period of reporting.</p> <p>In order to estimate fuel costs for any fuel-consuming UAS vehicles used during UAS deliveries, use this formula: number of vehicles used per incident x miles traveled per incident x number of incidents x 11.6 cents/mile</p> <p><i>Data source: AAA Average Fuel Costs per mile; 2019</i></p>
Maintenance Cost (in \$US)		<p>Enter the total maintenance cost (in US dollars) with UAS for this reporting period.</p> <p>In order to estimate maintenance costs under the traditional method: number of vehicles used per delivery x miles traveled per incident x number of incidents x 8.94 cents/mile</p> <p><i>Data source: AAA Average Fuel Costs per mile; 2019</i></p>
Jobs Numbers		<p>Enter the number of new jobs that are directly or indirectly involved in UAS operations.</p>

Field Name	Response	Instructions
Workplace Injuries, Minor Associated With UAS Operation		Enter the total number of <u>minor</u> workplace injuries associated with responses during the reporting period. AIS Code 1 - Minor Injury Severity Level - Superficial abrasion or laceration of skin; digit sprain; first-degree burn; head trauma with headache or dizziness (no other neurological signs).

Field Name	Response	Instructions
Workplace Injuries, Serious Associated With UAS Operation		<p>Enter the total number of <u>serious</u> workplace injuries associated with responses during the reporting period.</p> <p>AIS Code 2 - Moderate Injury Severity Level- Major abrasion or laceration of skin; cerebral concussion (unconscious less than 15 minutes); finger or toe crush/amputation; closed pelvic fracture with or without dislocation.</p> <p>AIS Code 3 - Serious Injury Severity Level - Major nerve laceration; multiple rib fracture (but without flail chest); abdominal organ contusion; hand, foot, or arm crush/amputation.</p> <p>AIS Code 4 – Severe Injury Severity Level – Spleen rupture; leg crush; chest-wall perforation; cerebral concussion with other neurological signs (unconscious less than 24 hours).</p> <p>AIS Code 5 – Critical Injury Severity Level – Spinal cord injury (with cord transection); extensive second- or third- degree burns; cerebral concussion with severe neurological signs (unconscious more than 24 hours).</p>

Field Name	Response	Instructions
Workplace Injuries, Fatal Associated With UAS Operation		<p>Enter the total number of <u>fatal</u> victim injuries associated with responses during the reporting period.</p> <p>Enter workplace deaths, including deaths in AIS Category 6.</p> <p>AIS Code 6 – Unsurvivable Injury Severity Level – Injuries, which although not fatal within the first 30 days after an accident, ultimately result in death.</p>
Victim Injuries, Minor Associated With UAS Operation		<p>Enter the total number of <u>minor</u> victim injuries associated with responses during the reporting period.</p> <p>AIS Code 1 – Minor Injury Severity Level - Superficial abrasion or laceration of skin; digit sprain; first-degree burn; head trauma with headache or dizziness (no other neurological signs).</p>

Field Name	Response	Instructions
Victim Injuries, Serious Associated With UAS Operation		<p>Enter the total number of <u>serious</u> victim injuries associated with responses during the reporting period.</p> <p>AIS Code 2 - Moderate Injury Severity Level- Major abrasion or laceration of skin; cerebral concussion (unconscious less than 15 minutes); finger or toe crush/amputation; closed pelvic fracture with or without dislocation.</p> <p>AIS Code 3 - Serious Injury Severity Level - Major nerve laceration; multiple rib fracture (but without flail chest); abdominal organ contusion; hand, foot, or arm crush/amputation.</p> <p>AIS Code 4 – Severe Injury Severity Level – Spleen rupture; leg crush; chest-wall perforation; cerebral concussion with other neurological signs (unconscious less than 24 hours).</p> <p>AIS Code 5 – Critical Injury Severity Level – Spinal cord injury (with cord transection); extensive second- or third- degree burns; cerebral concussion with severe neurological signs (unconscious more than 24 hours).</p>

Field Name	Response	Instructions
Victim Injuries, Fatal Associated With UAS Operation		<p>Enter the total number of <u>fatal</u> victim injuries associated with responses during the reporting period.</p> <p>Enter victim deaths, including deaths in AIS Category 6.</p> <p>AIS Code 6 – Unsurvivable Injury Severity Level – Injuries, which although not fatal within the first 30 days after an accident, ultimately result in death.</p>
Carbon Emissions		<p>Enter the average CO₂ emissions for a delivery associated with the UAS during for this reporting period.</p>
Noise		<p>Follow the methodology outlined by the Office of Environment and Energy (AEE) in providing relevant information to the environmental office for further assessment.</p>
Field Name (Additional Metrics)	Response	Field description: Please provide a detailed description for any additional measures being captured

Additional Information:

- 1) Please provide any additional information regarding your response.
- 2) If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

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Public Safety

Field Name	Response	Instructions
Lead Participant (LP)		Select the name of the Lead Participant for the project.
Concept of Operations (ConOps) Name		Enter the title for the ConOps in question.
Urban/Suburban/Rural		Use the drop-down menu to identify whether the project is located in an urban, suburban, or rural area. Note: Urban: Zip code with more than 7,000 people per square mile. Suburban: Zip code with between 101 and 7,000 people per square mile. Rural: Zip code with fewer than 101 people per square mile.
Reporting Period Start Date		Enter the start date for this period of reporting. Note: Please align the reporting period start date with those identified in the MOA/MOU.

Field Name	Response	Instructions
Reporting Period End Date		<p>Enter the end date for this period of reporting.</p> <p>Note: Please align the reporting period end date with those identified in the MOA/MOU.</p>
Number of Flights during Period		Enter the number of UAS flights performed during this reporting period.
Response Time (in minutes)		Enter the average response time (in minutes) for UAS for this period of reporting.
Labor Hours (in hours)		Enter the average labor hours per response (in hours) with UAS responses for this period of reporting.
Distance Traveled (in miles)		<p>Enter the average distance traveled (in miles) per response by non-UAS vehicles with UAS responses for this period of reporting.</p> <p>Note: For public safety responses that use both UAS and non-UAS vehicles, use this metric to capture miles traveled by the non-UAS vehicles. For example, if a UAS is sent in advance of a rescue team to gather information about the incident, use this measure to capture the miles traveled by the ground vehicle that brings the rescue team to the site.</p>
Distance Flown (in miles)		Enter the average distance flown per UAS flight (in miles) for UAS responses for this period of reporting.

Field Name	Response	Instructions
Number of Vehicles		<p>Enter the number of non-UAS vehicles used to complete the response.</p> <p>Note: For responses that use both UAS and non-UAS vehicles, please list all vehicles with additional detail about specific vehicles used.</p>
Fuel Cost (in \$US)		<p>Enter the average fuel cost (in US dollars) per response for UAS for this period of reporting.</p> <p>In order to estimate fuel costs for UAS and non-UAS vehicles used during UAS responses, use this formula: number of vehicles used per incident x miles traveled per incident x number of incidents x 11.6 cents/mile</p> <p><i>Data source: AAA Average Fuel Costs per mile (for more tailored vehicle specific rate); 2019</i></p>
Maintenance Cost (in \$US)		<p>Enter the total maintenance cost (in US dollars) with UAS for this reporting period.</p> <p>In order to estimate maintenance costs under the traditional method: number of vehicles used per incident x miles traveled per incident x number of incidents x 8.94 cents/mile</p> <p><i>Data source: AAA Average Fuel Costs per mile (for more tailored vehicle specific rate); 2019</i></p>
Jobs Numbers		<p>Enter the number new of jobs that are directly or indirectly involved in UAS operations</p>

Field Name	Response	Instructions
Workplace Injuries, Minor Associated With UAS Operation		Enter the total number of <u>minor</u> workplace injuries associated with responses during the reporting period. AIS Code 1 - Minor Injury Severity Level - Superficial abrasion or laceration of skin; digit sprain; first-degree burn; head trauma with headache or dizziness (no other neurological signs).

Field Name	Response	Instructions
Workplace Injuries, Severe Associated With UAS Operation		<p>Enter the total number of <u>severe</u> workplace injuries associated with responses during the reporting period.</p> <p>AIS Code 2 - Moderate Injury Severity Level- Major abrasion or laceration of skin; cerebral concussion (unconscious less than 15 minutes); finger or toe crush/amputation; closed pelvic fracture with or without dislocation.</p> <p>AIS Code 3 - Serious Injury Severity Level - Major nerve laceration; multiple rib fracture (but without flail chest); abdominal organ contusion; hand, foot, or arm crush/amputation.</p> <p>AIS Code 4 – Severe Injury Severity Level – Spleen rupture; leg crush; chest-wall perforation; cerebral concussion with other neurological signs (unconscious less than 24 hours).</p> <p>AIS Code 5 – Critical Injury Severity Level – Spinal cord injury (with cord transection); extensive second- or third- degree burns; cerebral concussion with severe neurological signs (unconscious more than 24 hours).</p>

Field Name	Response	Instructions
Workplace Injuries, Fatal Associated With UAS Operation		<p>Enter the total number of <u>fatal</u> victim injuries associated with responses during the reporting period.</p> <p>Enter workplace deaths, including deaths in AIS Category 6.</p> <p>AIS Code 6 – Unsurvivable Injury Severity Level – Injuries, which although not fatal within the first 30 days after an accident, ultimately result in death.</p>
Victim Injuries, Minor Associated With UAS Operation		<p>Enter the total number of <u>minor</u> victim injuries associated with responses during the reporting period.</p> <p>AIS Code 1 – Minor Injury Severity Level - Superficial abrasion or laceration of skin; digit sprain; first-degree burn; head trauma with headache or dizziness (no other neurological signs).</p>

Field Name	Response	Instructions
Victim Injuries, Serious Associated With UAS Operation		<p>Enter the total number of <u>serious</u> victim injuries associated with responses during the reporting period.</p> <p>AIS Code 2 - Moderate Injury Severity Level- Major abrasion or laceration of skin; cerebral concussion (unconscious less than 15 minutes); finger or toe crush/amputation; closed pelvic fracture with or without dislocation.</p> <p>AIS Code 3 - Serious Injury Severity Level - Major nerve laceration; multiple rib fracture (but without flail chest); abdominal organ contusion; hand, foot, or arm crush/amputation.</p> <p>AIS Code 4 – Severe Injury Severity Level – Spleen rupture; leg crush; chest-wall perforation; cerebral concussion with other neurological signs (unconscious less than 24 hours).</p> <p>AIS Code 5 – Critical Injury Severity Level – Spinal cord injury (with cord transection); extensive second- or third- degree burns; cerebral concussion with severe neurological signs (unconscious more than 24 hours).</p>

Field Name	Response	Instructions
Victim Injuries, Fatal Associated With UAS Operation		<p>Enter the total number of <u>fatal</u> victim injuries associated with responses during the reporting period.</p> <p>Enter victim deaths, including deaths in AIS Category 6.</p> <p>AIS Code 6 – Unsurvivable Injury Severity Level – Injuries, which although not fatal within the first 30 days after an accident, ultimately result in death.</p>
Incidence of High-Risk Activities		<p>Enter the average number of high risk activities workers executed per response during this reporting period.</p> <p>Note: This will be the number of incidences that workers engaged directly in the Public Safety operation engaged in a high risk activity while UAS used for the operation.</p>
Carbon Emissions		<p>Enter the average CO₂ emissions for a response associated with the UAS during for this reporting period.</p>
Noise		<p>Follow the methodology outlined by the Office of Environment and Energy (AEE) in providing relevant information to the environmental office for further assessment.</p>
Field Name (Additional Metrics)	Response	<p>Field description: Please provide a detailed description for any additional measures being captured</p>

Additional Information:

- 1) Please provide any additional information regarding your response.
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Infrastructure Inspection

Field Name	Response	Instructions
Lead Participant (LP)		Select the name of the Lead Participant for the project.
Concept of Operations (ConOps) Name		Enter the title for the ConOps in question.
Urban/Suburban/Rural		Use the drop-down menu to identify whether the project is located in an urban, suburban, or rural area. Note: Urban: Zip code with more than 7,000 people per square mile. Suburban: Zip code with between 101 and 7,000 people per square mile. Rural: Zip code with fewer than 101 people per square mile.
Reporting Period Start Date		Enter the start date for this period of reporting. Note: Please align the reporting period start date with those identified in the MOA/MOU.

Field Name	Response	Instructions
Reporting Period End Date		<p>Enter the end date for this period of reporting.</p> <p>Note: Please align the reporting period end date with those identified in the MOA/MOU.</p>
Number of Flights during Period		Enter the number of UAS flights for this number of reporting.
Inspection Time (in minutes)		Enter the average inspection or assessment time (in minutes) for UAS for this period of reporting.
Labor Hours (in hours)		Enter the average labor hours per inspection (in hours) with UAS inspection for this period of reporting.
Distance Traveled (in miles)		Enter the average distance traveled (in miles) per inspection by non-UAS vehicles with UAS responses for this period of reporting.
Distance Flown (in miles)		Enter the average distance flown per UAS flight (in miles) for UAS inspections for this period of reporting.
Number of Vehicles		<p>Enter the number of non-UAS vehicles used to complete the inspection.</p> <p>Note: For inspections that use both UAS and non-UAS vehicles, please list all vehicles with additional detail about specific vehicles used.</p>

Field Name	Response	Instructions
Fuel Cost (in \$US)		<p>Enter the average fuel cost (in US dollars) per inspection for UAS for this period of reporting.</p> <p>For ground vehicles: In order to estimate fuel costs for non-UAS vehicles used during UAS responses, use this formula: number of vehicles used per inspection x average miles traveled per vehicle during inspection x 11.6 cents/mile</p> <p><i>Data source: AAA Average Fuel Costs per mile (for more tailored vehicle specific rate); 2019</i></p>
Maintenance Cost (in \$US)		<p>Enter the total maintenance cost (in US dollars) with UAS for this reporting period.</p> <p>In order to estimate maintenance costs under the inspection method: number of vehicles used per incident x miles traveled per incident x number of incidents x 8.94 cents/mile</p> <p><i>Data source: AAA Average Fuel Costs per mile (for more tailored vehicle specific rate); 2019</i></p>
Jobs Numbers		<p>Enter the amount of new jobs that are directly or indirectly involved in UAS operations.</p>

Field Name	Response	Instructions
Workplace Injuries, Minor Associated With UAS Operation		<p>Enter the total number of <u>minor</u> workplace injuries during the reporting period.</p> <p>AIS Code 1 - Minor Injury Severity Level - Superficial abrasion or laceration of skin; digit sprain; first-degree burn; head trauma with headache or dizziness (no other neurological signs).</p>
Workplace Injuries, Serious Associated With UAS Operation		<p>Enter the total number of <u>serious</u> workplace injuries during the reporting period.</p> <p>AIS Code 2 - Moderate Injury Severity Level: Major abrasion or laceration of the skin; cerebral concussion (unconscious less than 15 minutes); finger or toe crush/amputation; closed pelvic fracture with or without dislocation.</p> <p>AIS Code 3 - Serious Injury Severity Level - major learned nerve laceration; multiple rib fracture (but without flail chest); abdominal organ contusion; hand, foot, forearm crushed/amputation.</p> <p>AIS Code 4 - Severe Injury Severity Level - spleen rupture; Leg crush; chest-wall perforation perforation; cerebral concussion with other neurological signs (unconscious less than 24 hours).</p> <p>AIS Code 5 - Critical Injury Severity Level - spinal cord injury (with cord transection); Extensive second- or third-degree burns; Cerebral concussion with severe neurological signs parentheses unconscious more than 24 hours.</p>

Field Name	Response	Instructions
Workplace Injuries, Fatal Associated With UAS Operation		<p>Enter the total number of <u>fatal</u> workplace injuries during the reporting period.</p> <p>Enter workplace deaths, including deaths in AIS Category 6.</p> <p>AIS Code 6 – Unsurvivable Injury Severity Level – Injuries, which although not fatal within the first 30 days after an accident, ultimately result in death.</p>
Incidence of High-Risk Activities		Enter the average number of high risk activities workers executed per inspection during this incidence during this reporting period.
Carbon Emissions		Enter the average CO ₂ emissions for an inspection associated with the UAS during for this reporting period.
Noise		Follow the methodology outlined by the Office of Environment and Energy (AEE) in providing relevant information to the environmental office for further assessment.
Field Name (Additional Metrics)	Response	Field description: Please provide a detailed description for any additional measures being captured

OMB Control No. 21XX-XXXX
Collection Expires XX/XX/XXXX

Additional Information:

- 1) Please provide any additional information regarding your response.
- 2) If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

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