

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 penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0756. Public reporting for information is estimated to be approximately 6-16 hours per response, including the time for reviewing instructions, searching existing data sour maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are mandat Public Law 112-95. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions 1 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 Fli Each Helicopter Air Ambulance Operator authorized by Operations Specification paragraph A021 must submit a report regarding their flight op 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 Micorsoft Exel 2003 .xls workbook, compatible with most installed Excel systems. The DETAILED INSTRUCTIONS, BY TOP explain how to properly complete this form. Make entries on the "REPORT" and "ACCIDENT DESCRIPTION" tabs of this template. Select from th 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. Tl start with the calendar year of the reporting period, followed by the company designator, and end with "HAA". For example: a company with c reporting for calendar year (CY) 2021 would name their submittal file: "CY2021AB3D.XLS". Make submittals via e-mail attachment and send 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 pa

SECTION

DETAILED INSTRUCTIONS, BY SECTION

	Enter the reporting period as follows: Enter first date of reporting period, inclusive, in BEGINS cell. Enter last date of reporting p 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 durin enter the date those operations ceased (the date OpSpec A021 was removed from the operator's OpSpecs) 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 DESI
TOTAL HAA HOURS FLOWN	Enter the total number of hours flown in HAA operations. Do not include flights for public relations events, maintenance, training,
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 Report. Only report accidents that occurred during HAA Operations.
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 uti- transport.
THE NUMBER OF HELICOPTERS	Enter the total number of helicopters used throughout the reporting period. Include all helicopters that were available for HAA oper 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 the optional pages, beginning on page 3 to continue listing bases.
INFORMATION	List all accidents suffered during HAA operations for the reporting period on Page 7. In the BRIEF DESCRIPTION SECTION , 1 circumstances leading to the accident. Include the approximate time of day, adverse weather, terrain or obstructions, apparent mecl 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 pati and any other pertinent information. If no accidents were suffered during the reporting period, enter "NONE" in the first BRIEF DE SECTION.

Unless otherwise specified, your reporting period will be the calendar year beginning January 1st and ending December 31st of the same year. Swithin 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 with the calendar year of the reporting period, followed by the company designator, and end with "HAA". The company designator is the first f the Air Carrier/Operator Crtificate number. For example: a company with designator AB3D, reporting for calendar year (CY) 2021 would name file: "CY2021AB3DHAA.XLS". Make submittals via e-mail attachment and send your email to:

HELICOPTERAIRAMBULANCEDATA@FAA.GOV.

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Submit your report

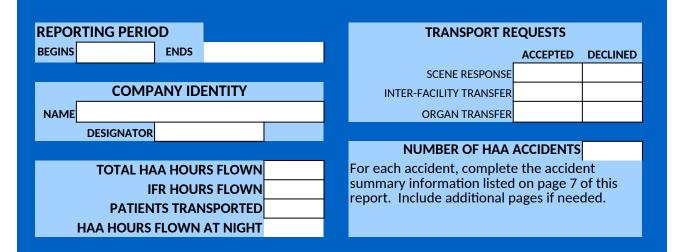
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HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFO

SUBMIT TO: <u>HELICOPTERAIRAMBULANCEDATA@FAA.GOV</u>



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OMB CONTROL #	2120-0756
OMB EXPIRATION DATE:	4/30/2023

THE NUMBER OF TIMES

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THE NUMBER OF HELICOPTERS

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

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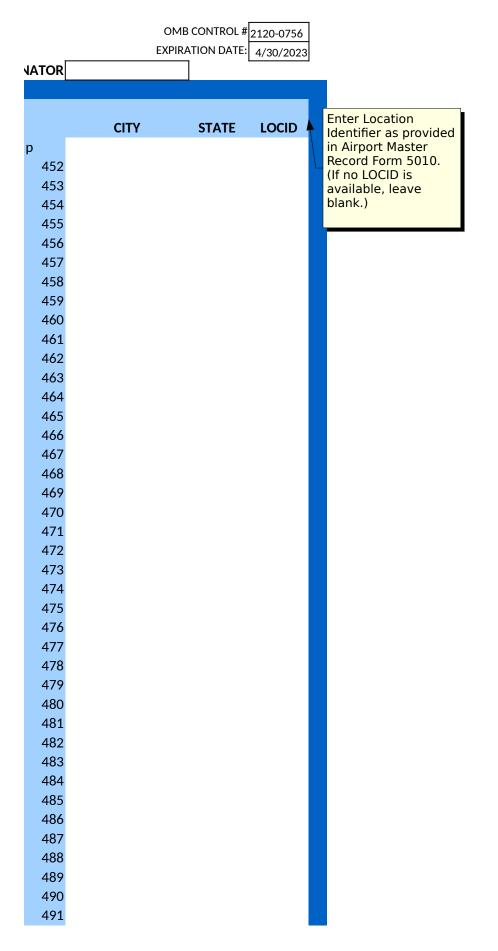
SUBMIT TO: HELICOPTERAIRAMBULANCEDATA@FAA.GOV

OPERATOR

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PRMATION REPORT

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PRMATION REPORT

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SUBMIT TO:

HELICOPTERAIRAMBULANCEDATA@FAA.GOV

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HELICOPTER AIR AMBULANCE MANDATORY FI

SUBMIT TO: HELICOPTERAIRAMBULANCEDA⁻

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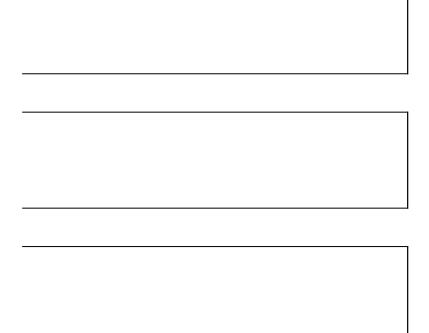
ACCIDENT SUMMARY-

1	NTSB NUMBER:	BRIEF DESCRIPTION OF EVENT:
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HELICOPTER AIR AMBULANCE MANDATORY FL

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IGHT INFORMATION REPORT

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