



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 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. 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 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 Operations Flight Information Reports. Each Helicopter Air Ambulance Operator authorized by Operations Specification paragraph A021 must submit a report regarding their flight 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, BY TOPIC, explain how to properly complete this form. Make entries on the "REPORT" and "ACCIDENT DESCRIPTION" tabs of this template. Select from 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 should 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
---------	-----------------------------------

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 DESIGNATOR 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 Accident 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 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 the 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 medical condition, 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, 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 file name must begin with the calendar year of the reporting period, followed by the company designator, and end with "HAA". For example: a company with designator "ABC" reporting for calendar year (CY) 2019 would name their submittal file: "CY2019ABC1234HAA.XLS". Make submittals via e-mail attachment available to:

HELICOPTERAIRAMBULANCEDATA@FAA.GOV.

n be subject to a
of information
this collection of
rces, gathering and
ory according to
for reducing this

ght Activity Data.
erations as directed

IC below will
ie tabs appearing

he file name shall
esignator ABCD,
l send your email

ge blank.

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

IGNATOR cell.

etc.

flights to transport

l on page 7 of the

lized for patient

ations even if no

space is needed, use

Describe the
mechanical failures, pilot
incent was on board,
DESCRIPTION

iber 31st of the

file name shall start
nator ABCD1234,
nd send your email



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
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

	CITY	STATE	LOCID
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			

26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

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
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			

- 101
- 102
- 103
- 104
- 105
- 106
- 107
- 108
- 109
- 110
- 111
- 112
- 113
- 114
- 115
- 116
- 117
- 118
- 119
- 120
- 121
- 122
- 123
- 124
- 125

126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150



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			
155			215			275			
156			216			276			
157			217			277			
158			218			278			
159			219			279			
160			220			280			
161			221			281			
162			222			282			
163			223			283			
164			224			284			
165			225			285			
166			226			286			
167			227			287			
168			228			288			
169			229			289			
170			230			290			
171			231			291			
172			232			292			
173			233			293			
174			234			294			
175			235			295			
176			236			296			
177			237			297			
178			238			298			
179			239			299			
180			240			300			
181			241			301			
182			242			302			
183			243			303			
184			244			304			
185			245			305			
186			246			306			
187			247			307			
188			248			308			
189			249			309			
190			250			310			
191			251			311			
192			252			312			
193			253			313			
194			254			314			
195			255			315			
196			256			316			
197			257			317			
198			258			318			
199			259			319			
200			260			320			
201			261			321			
202			262			322			
203			263			323			
204			264			324			
205			265			325			
206			266			326			
207			267			327			
208			268			328			
209			269			329			
210			270			330			



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			
333				393			
334				394			
335				395			
336				396			
337				397			
338				398			
339				399			
340				400			
341				401			
342				402			
343				403			
344				404			
345				405			
346				406			
347				407			
348				408			
349				409			
350				410			
351				411			
352				412			
353				413			
354				414			
355				415			
356				416			
357				417			
358				418			
359				419			
360				420			
361				421			
362				422			
363				423			
364				424			
365				425			
366				426			
367				427			
368				428			
369				429			
370				430			
371				431			

372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390

432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450

FORMATION REPORT

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

NATOR

	CITY	STATE	LOCID
p			
452			
453			
454			
455			
456			
457			
458			
459			
460			
461			
462			
463			
464			
465			
466			
467			
468			
469			
470			
471			
472			
473			
474			
475			
476			
477			
478			
479			
480			
481			
482			
483			
484			
485			
486			
487			
488			
489			
490			
491			

492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510



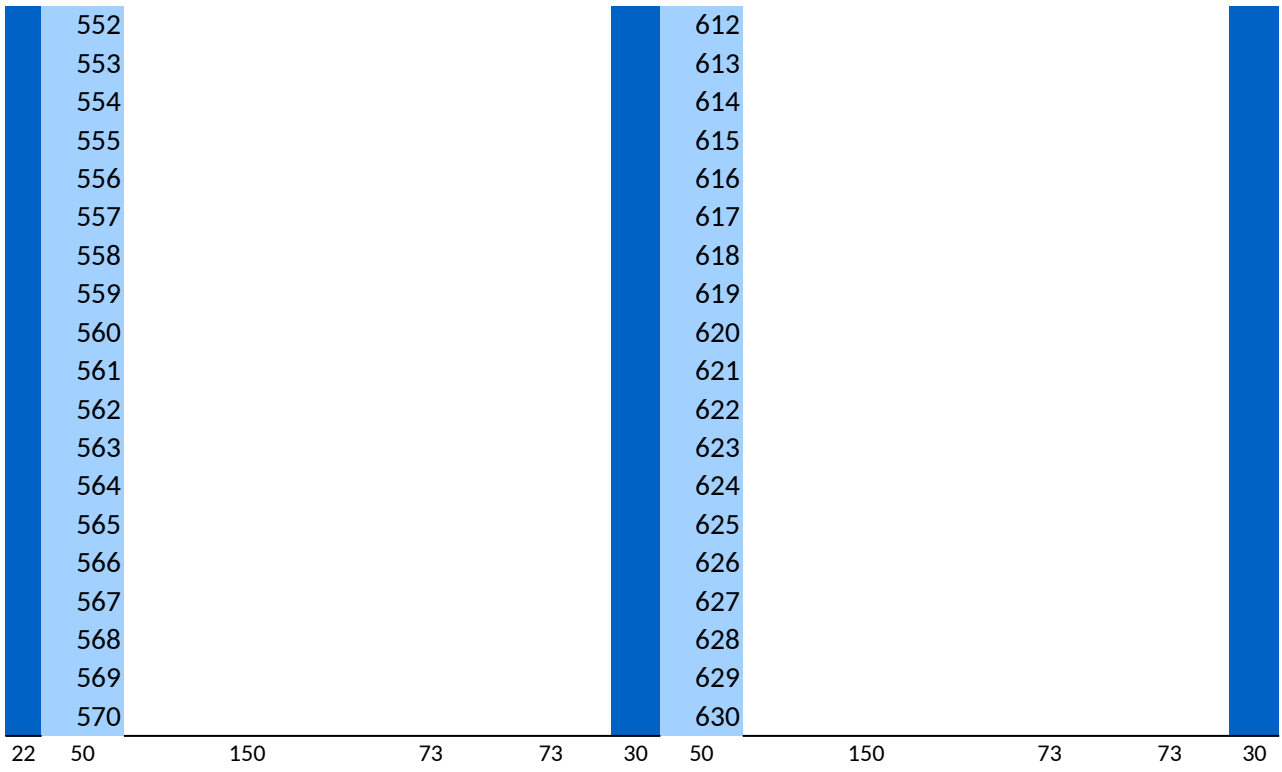


HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFO

SUBMIT TO: HELICOPTERAIRAMBULANCEDATA@FAA.GOV

OPERATOR DESIGN

				BASE LOCATIONS OF HELICOPTERS (Continued)			
	CITY	STATE	LOCID		CITY	STATE	LOCID
511				571			
512				572			
513				573			
514				574			
515				575			
516				576			
517				577			
518				578			
519				579			
520				580			
521				581			
522				582			
523				583			
524				584			
525				585			
526				586			
527				587			
528				588			
529				589			
530				590			
531				591			
532				592			
533				593			
534				594			
535				595			
536				596			
537				597			
538				598			
539				599			
540				600			
541				601			
542				602			
543				603			
544				604			
545				605			
546				606			
547				607			
548				608			
549				609			
550				610			
551				611			

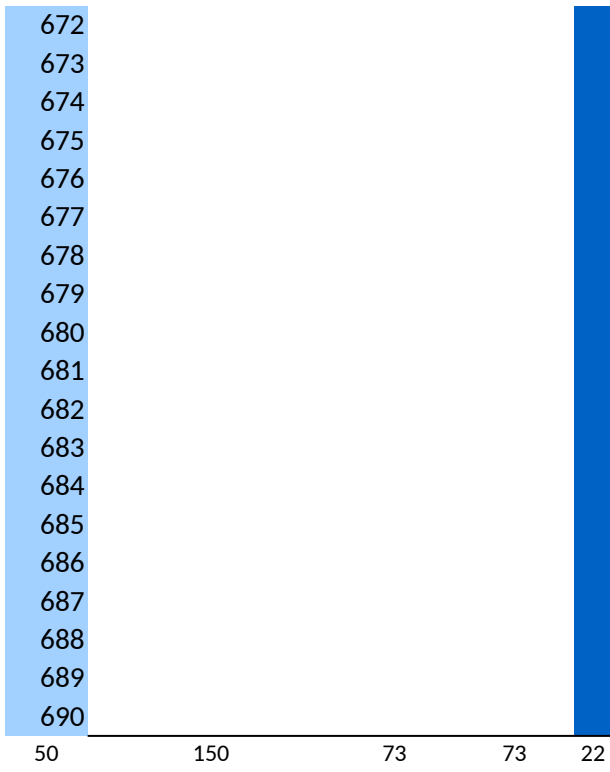


FORMATION REPORT

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

NATOR

	CITY	STATE	LOCID
631			
632			
633			
634			
635			
636			
637			
638			
639			
640			
641			
642			
643			
644			
645			
646			
647			
648			
649			
650			
651			
652			
653			
654			
655			
656			
657			
658			
659			
660			
661			
662			
663			
664			
665			
666			
667			
668			
669			
670			
671			



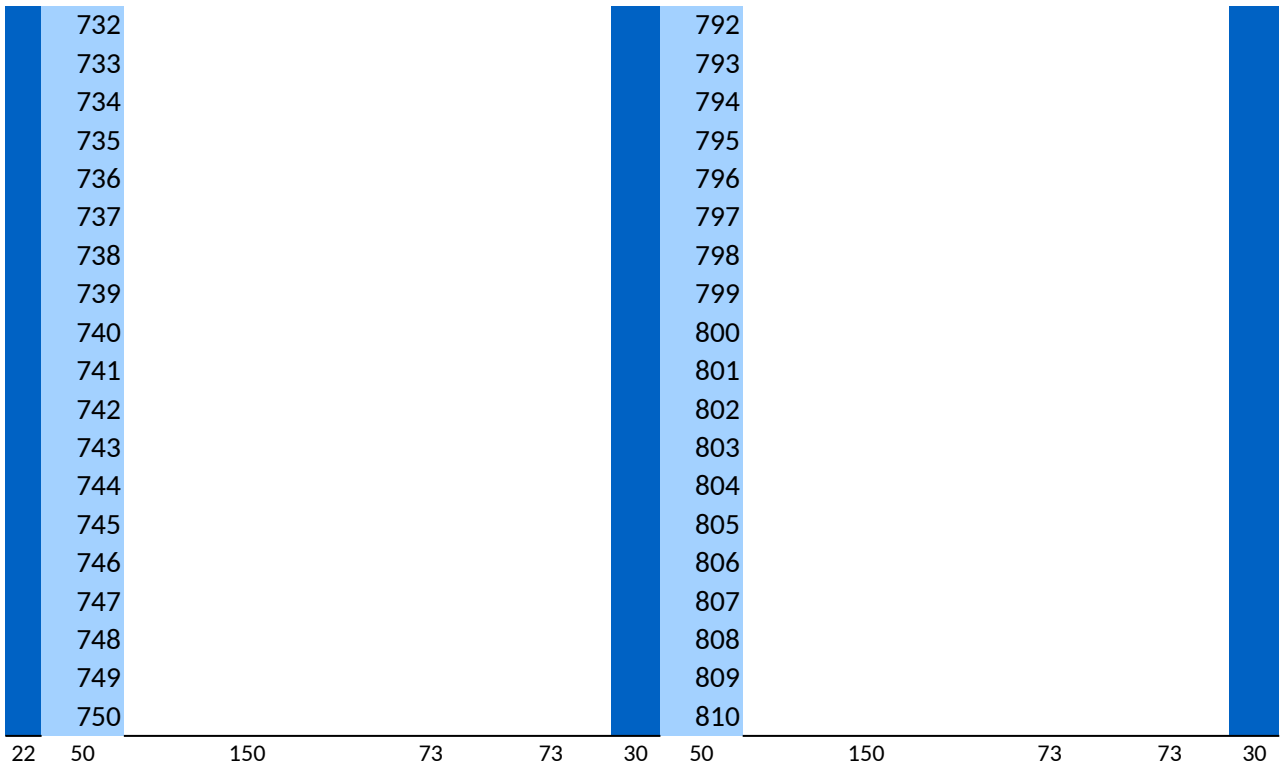


HELICOPTER AIR AMBULANCE MANDATORY FLIGHT INFO

SUBMIT TO: HELICOPTERAIRAMBULANCEDATA@FAA.GOV

OPERATOR DESIGN

				BASE LOCATIONS OF HELICOPTERS (Continued)			
	CITY	STATE	LOCID		CITY	STATE	LOCID
691				751			
692				752			
693				753			
694				754			
695				755			
696				756			
697				757			
698				758			
699				759			
700				760			
701				761			
702				762			
703				763			
704				764			
705				765			
706				766			
707				767			
708				768			
709				769			
710				770			
711				771			
712				772			
713				773			
714				774			
715				775			
716				776			
717				777			
718				778			
719				779			
720				780			
721				781			
722				782			
723				783			
724				784			
725				785			
726				786			
727				787			
728				788			
729				789			
730				790			
731				791			

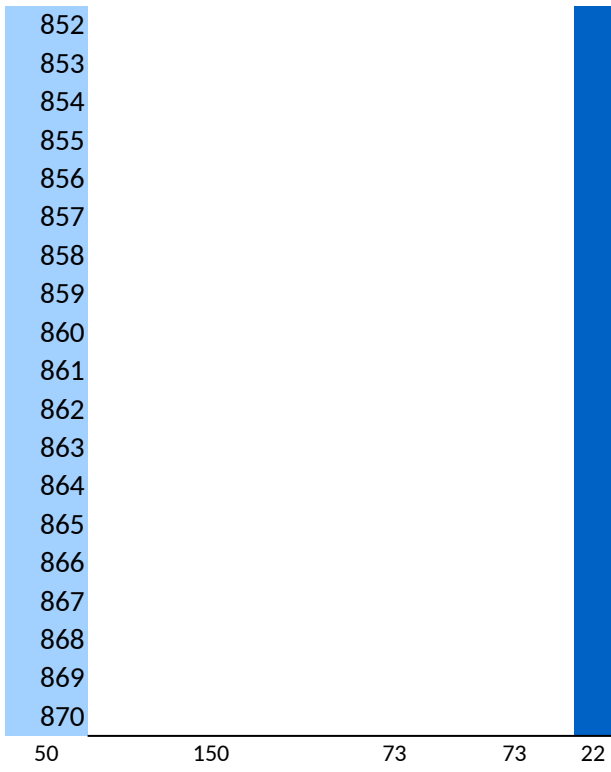


FORMATION REPORT

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

NATOR

	CITY	STATE	LOCID
811			
812			
813			
814			
815			
816			
817			
818			
819			
820			
821			
822			
823			
824			
825			
826			
827			
828			
829			
830			
831			
832			
833			
834			
835			
836			
837			
838			
839			
840			
841			
842			
843			
844			
845			
846			
847			
848			
849			
850			
851			





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			
876				936			
877				937			
878				938			
879				939			
880				940			
881				941			
882				942			
883				943			
884				944			
885				945			
886				946			
887				947			
888				948			
889				949			
890				950			
891				951			
892				952			
893				953			
894				954			
895				955			
896				956			
897				957			
898				958			
899				959			
900				960			
901				961			
902				962			
903				963			
904				964			
905				965			
906				966			
907				967			
908				968			
909				969			
910				970			
911				971			

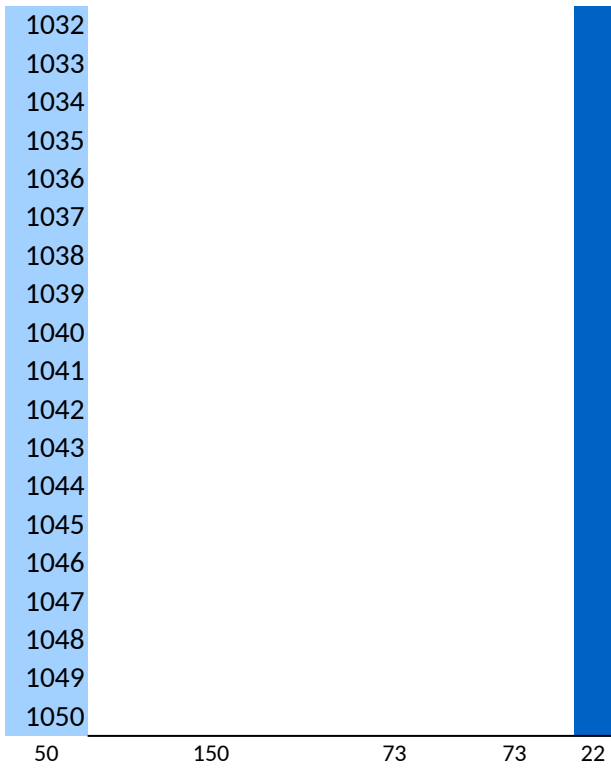
22	912	150	73	73	30	972	150	73	73	30
50	913				50	973				
	914					974				
	915					975				
	916					976				
	917					977				
	918					978				
	919					979				
	920					980				
	921					981				
	922					982				
	923					983				
	924					984				
	925					985				
	926					986				
	927					987				
	928					988				
	929					989				
	930					990				

FORMATION REPORT

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

NATOR

	CITY	STATE	LOCID
991			
992			
993			
994			
995			
996			
997			
998			
999			
1000			
1001			
1002			
1003			
1004			
1005			
1006			
1007			
1008			
1009			
1010			
1011			
1012			
1013			
1014			
1015			
1016			
1017			
1018			
1019			
1020			
1021			
1022			
1023			
1024			
1025			
1026			
1027			
1028			
1029			
1030			
1031			





HELICOPTER AIR AMBULANCE MANDATORY FI

SUBMIT TO: HELICOPTERAIRAMBULANCEDA@faa.gov

OPERATOR

ACCIDENT SUMMARY-

1	NTSB NUMBER:	<input type="text"/>	BRIEF DESCRIPTION OF EVENT: <hr/>
	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: <hr/>
	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: <hr/>
	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: <hr/>
	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: <hr/>
	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: <hr/>
	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

TA@FAA.GOV

OMB CONTROL # 2120-0756
EXPIRATION DATE:

DESIGNATOR



HELICOPTER AIR AMBULANCE MANDATORY FL

	CITY	STATE	LOCID	BASE LOCATIONS OF HEL	
					CITY
151					211
152					212
153					213
154					214
155					215
156					216
157					217
158					218
159					219
160					220
161					221
162					222
163					223
164					224
165					225
166					226
167					227
168					228
169					229
170					230
171					231
172					232
173					233
174					234
175					235
176					236
177					237
178					238
179					239
180					240
181					241
182					242
183					243
184					244
185					245
186					246
187					247
188					248
189					249
190					250
191					251

	192		252
	193		253
	194		254
	195		255
	196		256
	197		257
	198		258
	199		259
	200		260
	201		261
	202		262
	203		263
	204		264
	205		265
	206		266
	207		267
	208		268
	209		269
	210		270

IGHT INFORMATION REPORT

ICOPTERS (Continued)						
STATE	LOCID			CITY	STATE	LOCID
						271
						272
						273
						274
						275
						276
						277
						278
						279
						280
						281
						282
						283
						284
						285
						286
						287
						288
						289
						290
						291
						292
						293
						294
						295
						296
						297
						298
						299
						300
						301
						302
						303
						304
						305
						306
						307
						308
						309
						310
						311

312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
