



## Instructions for Completing the Legacy 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 legacy societal and economic data measures for your package delivery, public safety, and infrastructure inspection concepts of operations.

Each data measure has instructions defining their respective value and requested units. You will also be able to enter the reporting period for each data measure. 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](http://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.

Instrument/Legacy Societal and Economic Data (5/21)



U.S. Department of Transportation  
**Federal Aviation Administration**

Comparative measures are m

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Lead Participant (LP)			
Concept of Operations (ConOps) Name			
Urban/Suburban/Rural			
Number of Deliveries during the Identified Reporting Period (Pre-UAS)			
Delivery Time Per Delivery (in minutes, Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Labor Hours Per Delivery (in hours, Pre-UAS)			
Distance Traveled Per Delivery (Miles, Pre-UAS)			
Customers Served (Pre-UAS)			
Delivery Area (Miles, Pre-UAS)			
Fuel Cost (in \$US, Pre-UAS)			
Maintenance Cost (in \$US, Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Workplace Injuries, Minor (Pre-UAS)			
Workplace Injuries, Serious (Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Workplace Injuries, Fatal (Pre-UAS)			
Victim Injuries, Minor (Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Victim Injuries, Serious (Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Victim Injuries, Fatal (with Pre-UAS)			
Carbon Emissions			
Noise			
Field Name (Additional Metrics)	Response	Reporting Period Start Date	Reporting Period End Date



## Package Delivery (Legacy)

most closely aligned with "last mile deliveries" as defined by industry

Additional Information	Instructions
	Select the name of the Lead Participant for the project.
	Enter the title for the ConOps in question.
	Use the drop-down menu to identify whether the project is located in an urban, suburban, or rural area. <b>Note:</b> <b>Urban:</b> Zip code with more than 7,000 people per square mile. <b>Suburban:</b> Zip code with between 101 and 7,000 people per square mile. <b>Rural:</b> Zip code with fewer than 101 people per square mile.
	Enter the total number of deliveries (pre-UAS) performed during the reporting period.
	Enter the average delivery time (in minutes) for pre-UAS operations.

Additional Information	Instructions
	Enter the average labor hours per delivery (in hours) for pre-UAS operation for this period of reporting.
	Enter the average distance traveled per delivery (in miles) for pre-UAS deliveries for this period of reporting.
	Enter the total number of customers that received deliveries during the reporting period.
	Enter the delivery area radius (in miles) for deliveries. <b>Note:</b> This measure is meant to capture the possible delivery area that is able to be reached with UAS.
	<p>Enter the average fuel cost (in US dollars) per delivery for this period of reporting.</p> <p>For ground vehicles: In order to estimate fuel costs for traditional deliveries, use this formula: number of vehicles used per delivery x miles travel per incident x 11.6 cents/mile</p> <p><i>Data source: AAA Average Fuel Costs per mile; 2019</i></p>
	<p>Enter the total maintenance cost (in US dollars) pre-UAS for this reporting period.</p> <p>In order to estimate maintenance costs under the traditional delivery method: number of vehicles used per delivery x miles traveled per delivery x number of deliveries x 8.94 cents/mile</p> <p><i>Data source: AAA Average Fuel Costs per mile; 2019</i></p>

Additional Information	Instructions
	<p>Enter the total number of <u>minor</u> workplace 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>
	<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>

Additional Information	Instructions
	<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>
	<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>

Additional Information	Instructions
	<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>

Additional Information	Instructions
	<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>
	<p>Enter the average CO<sub>2</sub> emissions for delivery vehicles per delivery.</p>
	<p>Provide data from any formal historical noise studies you may have conducted (if applicable).</p>
<p><b>Field description: Please provide a detailed description for any additional measures being captured.</b></p>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	

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

**Additional Details:**  
If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

(leave blank)

(leave blank)

Empty response area for additional details.

Empty response area for additional details.

Empty response area for additional details.

**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.




**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

---

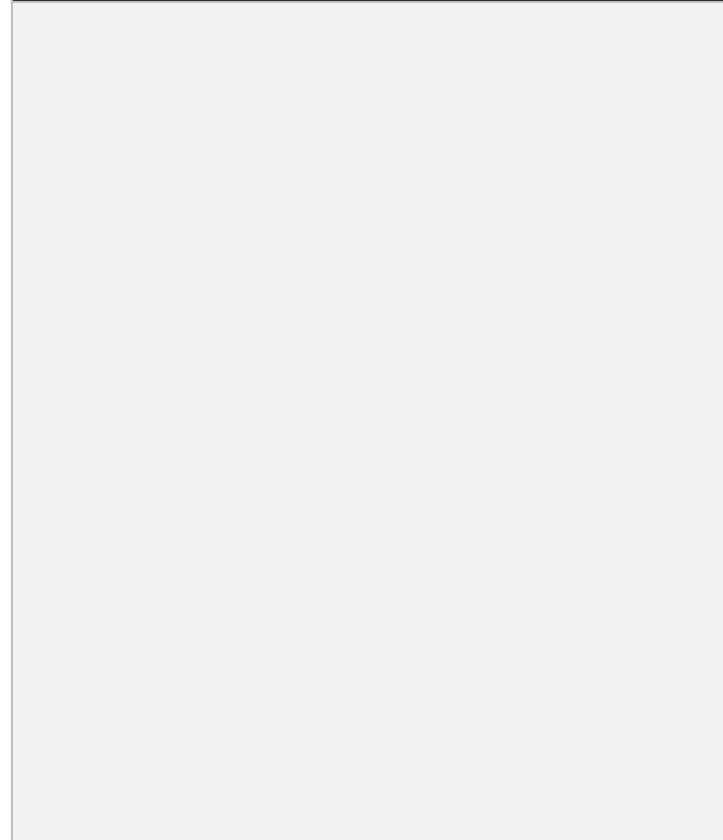
**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

---

**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.



**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.



U.S. Department of Transportation  
**Federal Aviation Administration**

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Lead Participant (LP)			
Concept of Operations (ConOps) Name			
Urban/Suburban/Rural			
Number of Responses during Period (Pre-UAS)			
Response Time Per Responses (in minutes, Pre-UAS)			
Labor Hours (in hours, Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Distance Traveled (Miles, Pre-UAS)			
Fuel Cost (in \$US, Pre-UAS)			
Maintenance Cost (in \$US, Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Workplace Injuries, Minor (Pre-UAS)			
Workplace Injuries, Serious (Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Workplace Injuries, Fatal (Pre-UAS)			
Victim Injuries, Minor (Pre-UAS)			



Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Victim Injuries, Serious (Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Victim Injuries, Fatal (with Pre-UAS)			
Incidence of High-Risk Activities (non-UAS)			
Carbon Emissions			
Noise			
Field Name (Additional Metrics)	Response	Reporting Period Start Date	Reporting Period End Date

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
------------	----------	-----------------------------	---------------------------

## Public Safety (Legacy)

Additional Information	Instructions
	Select the name of the Lead Participant for the project.
	Enter the title for the ConOps in question.
	Use the drop-down menu to identify whether the project is located in an urban, suburban, or rural area. <b>Note:</b> <b>Urban:</b> Zip code with more than 7,000 people per square mile. <b>Suburban:</b> Zip code with between 101 and 7,000 people per square mile. <b>Rural:</b> Zip code with fewer than 101 people per square mile.
	Enter the total number of responses (pre-UAS) performed during the reporting period.
	Enter the average response time (in minutes) for pre-UAS operations.
	Enter the average labor hours per response (in hours) for pre-UAS responses during this period of reporting.

Additional Information	Instructions
	<p>Enter the average distance traveled per response (in miles) for pre-UAS responses for this period of reporting.</p>
	<p>Enter the average fuel cost (in US dollars) per response for this period of reporting.</p> <p>For ground vehicles: In order to estimate fuel costs for traditional response, 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>
	<p>Enter the total maintenance cost (in US dollars) pre-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 or alternate, vehicle specific rate</p> <p><i>Data source: AAA Average Fuel Costs per mile (for more tailored vehicle specific rate); 2019</i></p>

Additional Information	Instructions
	<p>Enter the total number of <u>minor</u> workplace 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>
	<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>

Additional Information	Instructions
	<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>
	<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>

Additional Information	Instructions
	<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>



Additional Information	Instructions
	<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>
	<p>Enter the average number of high risk activities workers executed per response during this incidence during this reporting period.</p> <p><b>Note:</b> This is 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>
	<p>Enter the average CO<sub>2</sub> emissions for vehicles per response.</p>
	<p>Provide data from any formal historical noise studies you may have conducted (if applicable).</p>
<p><b>Field description: Please provide a detailed description for any additional measures being captured.</b></p>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	

**Additional Information**

**Instructions**

**Additional Details:**  
If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

(leave blank)

(leave blank)

**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.


**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

---

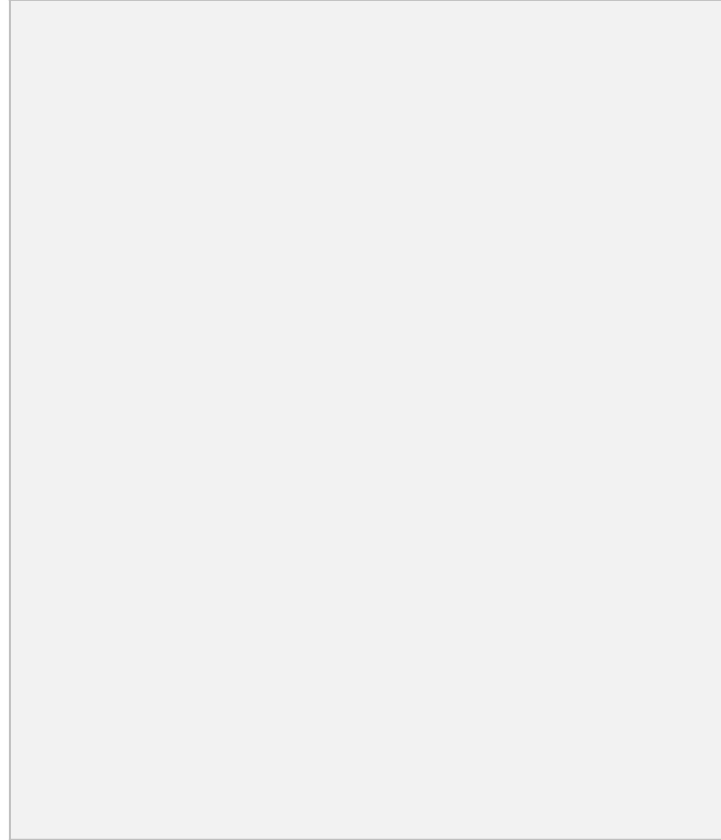
**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

---

**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.









U.S. Department of Transportation  
**Federal Aviation Administration**

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Lead Participant (LP)			
Concept of Operations (ConOps) Name			
Urban/Suburban/Rural			
Number of Inspections during Period (Pre-UAS)			
Inspection Time (in minutes, Pre-UAS)			
Labor Hours (in hours, Pre-UAS)			
Distance Traveled (Miles, Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Fuel Cost (in \$US, Pre-UAS)			
Maintenance Cost (in \$US, Pre-UAS)			
Workplace Injuries, Minor (Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Workplace Injuries, Serious (Pre-UAS)			

Field Name	Response	Reporting Period Start Date	Reporting Period End Date
Workplace Injuries, Fatal (Pre-UAS)			
Incidence of High-Risk Activities (non-UAS)			
Carbon Emissions			
Noise			
Field Name (Additional Metrics)	Response	Reporting Period Start Date	Reporting Period End Date

## Inspection (Legacy)

Additional Information	Instructions
	Select the name of the Lead Participant for the project.
	Enter the title for the ConOps in question.
	<p>Use the drop-down menu to identify whether the project is located in an urban, suburban, or rural area.</p> <p><b>Note:</b>  <b>Urban:</b> Zip code with more than 7,000 people per square mile.  <b>Suburban:</b> Zip code with between 101 and 7,000 people per square mile.  <b>Rural:</b> Zip code with fewer than 101 people per square mile.</p>
	Enter the total number of inspections (pre-UAS) for this reporting period.
	Enter the average inspection time (in minutes) for pre-UAS operations.
	Enter the average labor hours per inspection (in hours) for pre-UAS operations.
	Enter the average distance traveled per inspection (in miles) for pre-UAS operations.

Additional Information	Instructions
	<p>Enter the average fuel cost (in US dollars) per inspection pre-UAS operations during this reporting period.</p> <p>For ground vehicles: In order to estimate fuel costs for traditional inspection, use this formula: number of vehicles used per inspection x miles traveled per inspection x 11.6 cents/mile</p> <p><i>Data source: AAA Average Fuel Costs per mile; 2019</i></p>
	<p>Enter the total maintenance cost (in US dollars) pre-UAS for this reporting period.</p> <p>In order estimate maintenance costs under the traditional inspection method: number of vehicles used per inspection x miles traveled per inspection x number of inspections x 8.94 cents/mile</p> <p><i>Data source: AAA Average Fuel Costs per mile; 2019</i></p>
	<p>Enter the total number of <u>minor</u> workplace injuries associated with responses during the reporting period.</p> <p>ALS 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>

Additional Information	Instructions
	<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>

Additional Information	Instructions
	<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>
	<p>Enter the average number of high risk activities workers executed per inspection during this incidence during this reporting period.</p>
	<p>Enter the average CO<sub>2</sub> emissions for vehicles per inspection.</p>
	<p>Provide data from any formal historical noise studies you may have conducted (if applicable).</p>
<p><b>Field description: Please provide a detailed description for any additional measures being captured .</b></p>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	



**Additional Details:**  
If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

(leave blank)
(leave blank)

**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.


**Additional Details:**

If your response data is measured differently from the instructions, please provide a detailed description of how your response data is measured.

