

Attachment 1

Helicopter Accident/Incident Supplemental Checklist

Company information

- Number of aircraft 1
- Models flown Bell 206
- Types of missions flown 137 Aerial Application
- Number of locations served Various
- General terrain conditions for operations Crops / Fields
- Characteristic weather for operations VFR
- Number of pilots that perform the same mission as the accident flight 1

1. **Formal risk management program** that the company had in place, if any:

2. **Method** by which **risks** associated with the accident flight were evaluated

by the Company: _____

by the Pilot: _____

3. Did the company have a (circle correct response)

Non-punitive safety/incident reporting or monitoring system YES NO

Designated safety officer with direct access to senior management YES NO

4. Company's procedure, if any, for pilots to make a **go/no-go decision**:

5. Was this procedure clearly defined and enforced by the company? YES NO

6. Company **standard operating procedures (SOP)** regarding the mission/circumstances of the accident:

7. Method of enforcement of **SOPs** by management:

8. **Communications**, if any, between the pilot and the company regarding the flight (before the accident):

Owner / operator.

9. **Operational oversight** in place for this flight:

10. Was this flight **local** or **remote**? Remote

11. **Company hiring criteria** for pilots?

N/A

12. **Flight Experience:** Other than the required pilot time matrix in the eADMS report, how many flight hours had the pilot accrued in the following?

- Piston and/or turbine rotorcraft _____
- With this company _____
- On this mission type _____

13. **What training**, if any, did the pilot receive in the following areas:

- Risk assessment and risk management

- Weather evaluation and inadvertent encounters with adverse weather

- Formal aeronautical decision making (ADM)

- Transition to make and model

- Mission-specific training (for accident flight mission)

- Crew resource management
-

- Terrain and hazard environment
-

14. Was the pilot in training at the time of the accident? YES ☒ NO

15. If yes, what **type of training**? _____

16. **Other helicopter models the pilot flew** _____

17. **Previous history** of accidents, violations, or difficulty with the mission of accident maneuver.

18. **Safety equipment:** Check to verify whether the aircraft was equipped with each of these:

- ☐ Recording devices: If so what type: _____
- ☐ Proximity detection systems (i.e. Terrain Awareness Warning Systems)
- ☐ Night Vision Imaging Systems
- ☒ Wire strike protection system
- ☐ Crashworthy fuel system
- ☐ Helmets
- ☐ Fire retardant clothing/gloves
- ☐ Aircraft floats (over water)
- ☐ Personal flotation devices/life rafts/external life rafts
- ☐ Sonic locator (offshore)
- ☒ Emergency Locator Transmitter (ELT) (121.5 or 406)

19. **Preflight Planning** (if relevant) performed for the accident flight:

20. **Weather information** available to the pilot prior to departure:
