

Attachment 1

Helicopter Accident/Incident Supplemental Checklist

Company information

- Number of aircraft 1
- Models flown 1
- Types of missions flown Various
- Number of locations served Local
- General terrain conditions for operations Various
- Characteristic weather for operations Day 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:

Unknown

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**:

Unknown

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:

Unknown

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

Unknown

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

Yes

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

FAA

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

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

Unknown

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 Piston
- With this company Yes
- On this mission type Yes

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

- Risk assessment and risk management

Unknown

- Weather evaluation and inadvertent encounters with adverse weather

Yes

- Formal aeronautical decision making (ADM)

Unkown

- Transition to make and model

Unknown

- Mission-specific training (for accident flight mission)

Yes

- Crew resource management

Unknown

- Terrain and hazard environment

Unknown

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.

No

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:

Yes

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

Yes
