



NATIONAL TRANSPORTATION SAFETY BOARD

Office of Aviation Safety
Washington, D.C. 20594

September 18, 2019

Attachment 6 – Survival Flight company forms

OPERATIONAL FACTORS/HUMAN PERFORMANCE

CEN19FA072



VIKING Aviation, LLC Form 129 Instructions

**VIKING Aviation Form 129 Instructions are contained within the form itself.
Refer to VIKING Aviation Form 129 for specific criteria on Risk Assessments.**

Below are self-explanatory instructions for VIKING Aviation Form 129 that do not need to be consulted before use of the form.

Highest Risk Level:

The highest risk assessment picked out from the group of concerns in column 1. (Ex. A)

Final Risk Assessment Level:

The highest risk assessment from the 4 areas of concern. (Ex. A.C.)

Risk Assessments Levels are as follows from high risk to low risk.

R = Red

A.C. = Amber Critical

A = Amber

G = Green

Specific criteria for determining risk levels is located on VIKING Aviation Form 129.

This form is intended to be an evolving document. See VIKING Aviation GOM Volume 1 Section T & Appendix 3 for detailed information on how to complete this form.



VIKING Aviation, LLC Form 129

Viking Aviation Risk Assessment Worksheet

(G – Green) (A – Amber) (A.C. – Amber Critical) (R – Red)

Environmental, current and forecast weather, all components to include ambient and cultural lighting

Weather above 500 FT of a ceiling and/or visibility above 2 SM of any applicable day, night, aided, or unaided weather minimums.	G
Weather within 500 FT of a ceiling and/or visibility within 2 SM of any applicable day, night, aided, or unaided weather minimums.	A
Weather within 100 FT of a ceiling and/or visibility within 1 SM of any applicable day, night, aided, or unaided weather minimums.	A.C.
Weather is below any applicable day, night, aided, or unaided weather minimums.	R
Highest Risk Level:	

Aircraft Status

No required inspections are due within the next 5 hours	G
Fuel Planning: Enough fuel to land at destination with 45 minutes or more of remaining fuel	G
A required inspection is due within the next 5 hours	A
Fuel Planning: Enough Fuel to land at destination with more than 30 minutes and less than 45 minutes of remaining fuel	A
The medical crew has an additional person going through training, the additional weight has lowered the maximum useful load to below 400 pounds.	A
A required inspection is due within 1 Hour after completion of proposed flight	A.C.
Fuel Planning: Enough Fuel to land at destination within 20- and 30-minutes fuel.	A.C.
A maintenance ground run or flight that is not normal procedures	A.C.
A required inspection is due	R
Fuel Planning: Enough Fuel to land at destination with less than 20 minutes of remaining fuel	R
Highest Risk Level:	

Personnel and Human Factors (PIC will not report for duty unless he or she has the required crew rest in compliance with the GOM and FAR's)

Crew Rest and Fatigue: Fully alert, wide awake	G
Stress: Low Stress	G
Life Events: Normal	G
Crew Rest and Fatigue: A little tired, reaching an elevated level.	A
Stress: Mild to Moderate, reaching an elevated level and prolonged	A
Life Events: An elevated level producing a decrease in situational awareness	A
Additional Personnel issues may be approaching a level that may affect safety for a Flight	A
Crew Rest and Fatigue: Extremely tired, difficulty concentrating, reaching an unacceptable level	A.C.
Stress: Moderate, reaching an unacceptable level and prolonged	A.C.
Life Events: An elevated level producing a significant decrease in situational awareness	A.C.
Additional Personnel Issues are approaching an unacceptable level that will affect safety for a Flight	A.C.
Crew Rest and Fatigue: Completely exhausted, unable to function	R
Stress: High, An unacceptable level and prolonged	R
Life Events: Detrimental events that decreases situational awareness to an Unsafe level	R
Additional Personnel Issues have reached an unacceptable level that will affect safety for a Flight	R
Highest Risk Level:	



VIKING Aviation, LLC Form 129

Flight type, the job we do

HAA Flights and Public Relations Flights	G
Landing Zone Conditions. Improved Area including: Hospital Pads, Airports, etc.	G
Inter-facility Transport Operations (Aided or Unaided)	G
Night Scene Operations (unimproved LZ) utilizing NVG (Aided)	G
Night Scene Operations (unimproved LZ) not utilizing NVG (Unaided)	A
The sheriffs 'office has requested assistance looking for a missing person	A.C.
Night Unaided Scene Operations to unimproved LZs for Aircraft Bases primarily utilizing NVGs for normal night operations. (NVGs inop/out of service for this flight)	A.C.
The type and job requested does not meet Green and / or Amber criteria can be considered a higher level of risk and therefore an Amber Critical Flight Release is requested. Night Operations: Can be utilizing NVG (Aided) or not utilizing NVG (Unaided)	A.C.
The type and job requested goes outside the scope of the GOM	R
Highest Risk Level:	

Final Risk Assessment Level: _____

The final risk assessment level is determined by the highest risk level determined from each areas of concern.

The goal is for all risk assessments to be green.

The Risk Level of the Flight Release will be the highest Risk Level from any of the 4 areas of concern. For Example: 2 of the areas of concern are assessed as Green, 1 of the areas of concern is assessed as Amber, and 1 of the areas of concern is assessed as Amber Critical. The Flight Release will be an Amber Critical Flight Release.

The Risk Assessment Form 130 will be filled out for each flight at the OCC to mirror the PIC's Risk Assessment Form 130 at the Base.

The PIC and OCS will verbally confirm that Form 130 on both ends are completed.

NOTE: Amber Flight Release criteria, the OCS will contact an Optional Control Manager and request approval for and Amber Critical Flight Release. During an Amber Critical Flight, the OCS will continuously monitor the conditions along the flight and report in with the PIC every 15 minutes.

This form is intended to be an evolving document. See VIKING Aviation GOM Volume 1 Section T & Appendix 3 for detailed information on how to complete this form.



VIKING Aviation, LLC Form 130 Instructions

Base Location:

Enter company issued base number. (Ex. SF4)

Aircraft #:

Enter the aircraft registration number. (Ex. N555FW)

Mth/Day:

Enter the current month and day. (Ex. 4/21)

Signature:

PIC must sign their name.

Time In:

Enter time duty time started. (Ex. 0700)

Time Off:

Enter time duty time ended. (Ex. 1900)

Total Duty:

Enter total duty time in hours. (Ex. 12)

D/Ldg:

Enter total amount of day flight time and total number of day landings

N/Ldg:

Enter total amount of night flight time and total number of night landings.

NG/Ldg:

Enter total amount of night vision goggle time and total number of landings using night vision goggles (if applicable).

Risk Assessment:

This assessment comes from the four areas of concern on VIKING Aviation Form 129.

1: Environmental/Weather

2: Aircraft Status

3: Personnel/Human Factors

4: Flight Type

1-4: Enter the calculated Risk assessment for the corresponding numbers:

G: Green

A: Amber

AC: Amber Critical

R: Red

G.F.R:

Enter initials of person who issued the green flight release.

A.F.R:

Enter initials of person who issued the amber flight release.

A.C.F.R.:

Enter initials of person who issued the amber critical flight release.

Obst's:

Enter a check mark to show that obstacles were checked at preflight and before accepting the flight.

W&B:

Enter a check mark to show that weight & balance was checked at preflight and before accepting the flight.

P.F.P.:

Enter a check mark to show that preflight planning was completed before accepting the flight.

Flight #:

Enter the company issued flight number

D.B.:

Enter a check mark to show that post flight debriefing was completed between the PIC and OCC.

This form is intended to be an evolving document. See VIKING Aviation GOM Volume 1 Section T & Appendix 3 for detailed information on how to complete this form.



VIKING Aviation, LLC Form 130

Viking Aviation Flight Release Log

2017 Viking Aviation Flight Release Log					Base Location:								Aircraft #						
Mth/Day	Signature	Time In	Time Off	Total Duty	D/Ldg	N/Ldg	NG/Ldg	Risk Assessment				G.F.R	A.F.R	A.C.F.R	Obst's	W&B	P.F.P	Flight #	D.B.
									1-	2-	3-	4-							
									1-	2-	3-	4-							
									1-	2-	3-	4-							
									1-	2-	3-	4-							
									1-	2-	3-	4-							
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									1-	2-	3-	4-							
									1-	2-	3-	4-							



VIKING Aviation, LLC Form 130-OCC Instructions

Mth/Day:

Enter the current month and day. (Ex. 4/21)

Base:

Enter the company base number.

OCS Initials:

Enter the initials of the qualified OCS issuing the flight release.

Start:

Enter the start time of flight release and risk assessment performed.

Stop:

Enter the stop time of flight release and risk assessment.

Total:

Enter the total time of the flight.

Risk Assessment:

This assessment comes from the four areas of concern on VIKING Aviation Form 129.

1: Environmental/Weather

2: Aircraft Status

3: Personnel/Human Factors

4: Flight Type

1-4: Enter the calculated Risk assessment for the corresponding numbers:

G: Green

A: Amber

AC: Amber Critical

R: Red

Issued Flight Release:

Enter the type of flight release issued.

G: Green

A: Amber

AC: Amber Critical

R: Red

Flight Number:

Enter the company issued flight number.

Obst's:

Enter a check mark to show that obstacles were checked at preflight and before accepting the flight.

W&B:

Enter a check mark to show that weight & balance was checked at preflight and before accepting the flight.

P.F.P.:

Enter a check mark to show that preflight planning was completed before accepting the flight.

D.B.:

Enter a check mark to show that post flight debriefing was completed between the PIC and OCC.

This form is intended to be an evolving document. See VIKING Aviation GOM Volume 1 Section T for detailed information on how to complete the risk assessment and this form.



VIKING Aviation, LLC
Form 130-OCC

Operations Control Center Flight Release Log

2018 Viking Aviation Operations Control Center Flight Release Log															
Mth/Day	Base	OCS Initials	Start	Stop	Total	Risk Assessment				Issued Flight Release (G/A/AC/R)	Flight Number	Obst's	W&B	P.F.P	DeBrief
						1)	2)	3)	4)						
						1)	2)	3)	4)						
						1)	2)	3)	4)						
						1)	2)	3)	4)						
						1)	2)	3)	4)						
						1)	2)	3)	4)						
						1)	2)	3)	4)						
						1)	2)	3)	4)						
						1)	2)	3)	4)						
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						1)	2)	3)	4)						
						1)	2)	3)	4)						
						1)	2)	3)	4)						
						1)	2)	3)	4)						

VA Form 130-OCC

Date: 04/20/2018

Viking Aviation GOM Revision: Ten



VIKING Aviation, LLC Form 131 Instructions

Date:

Enter the current date. (Ex. 8/21/2016)

Base:

Enter the company base number.

Flt #:

Enter company issued flight number.

Preflight brief completed:

Enter Yes, this means the required daily briefing items have been completed.

Info same as previous form?:

Enter a check mark here if no information from the previous form has changed.

PIC:

The PIC must sign this blank.

Nurse:

The Nurse must sign this blank.

Medic:

The Medic must sign this blank.

3rd Rider:

The 3rd rider must sign this blank if applicable.

RA:

Final risk assessment for the flight (*See VIKING Aviation Form 129 for possible risk assessments*)

Payload:

Enter payload expressed in pounds.

Fuel:

Enter total fuel expressed in pounds.

O2 psi:

Enter total oxygen level expressed in PSI.

TFR/Remarks:

Enter whatever the PIC deems necessary for the flight.

Safety Topic:

Enter safety topic for the flight.

Debrief for Flt #:

Enter the company issued flight number for debriefing.

PIC:

The PIC must sign this blank.

Nurse:

The Nurse must sign this blank.

Medic:

The Medic must sign this blank.

3rd Rider:

The 3rd rider must sign this blank if applicable.

OCS included in debrief?:

Check this box to verify that OCC was included in the crew debriefing.

Remarks/Lessons Learned:

Enter any remarks or lessons learned.

Supervisor contact:

Name of supervisor contacted for any unresolved issue from the flight.

Once the crew has signed this debriefing form all issues from a flight are considered settled.



VIKING Aviation, LLC Form 131

Shift Briefing/Debriefing Form

<p>Date: _____ Base: _____ Flt #: _____</p> <p>Preflight Brief Completed: _____</p> <p>Info Same as Previous Form?: _____</p> <p>PIC: _____ Nurse: _____</p> <p>Medic: _____ 3rd Rider: _____</p> <p>RA: _____ Payload: _____ lbs</p> <p>Fuel: _____ lbs O2 psi: _____</p> <p>TFR/Remarks:</p> <p>Safety Topic:</p>	<p>Debrief for Flt #: _____</p> <p>PIC: _____ Nurse: _____</p> <p>Medic: _____ 3rd Rider: _____</p> <p>OCS included in debrief?: _____</p> <p>Remarks/Lessons Learned:</p> <p>Supervisor Contact: _____</p>
<p>Date: _____ Base: _____ Flt #: _____</p> <p>Preflight Brief Completed: _____</p> <p>Info Same as Previous Form?: _____</p> <p>PIC: _____ Nurse: _____</p> <p>Medic: _____ 3rd Rider: _____</p> <p>RA: _____ Payload: _____ lbs</p> <p>Fuel: _____ lbs O2 psi: _____</p> <p>TFR/Remarks:</p> <p>Safety Topic:</p>	<p>Debrief for Flt #: _____</p> <p>PIC: _____ Nurse: _____</p> <p>Medic: _____ 3rd Rider: _____</p> <p>OCS included in debrief?: _____</p> <p>Remarks/Lessons Learned:</p> <p>Supervisor Contact: _____</p>



VIKING Aviation, LLC Form 133-OCC Instructions

**Instructions for Form 133-OCC will be the same for an OCS and CS.
OCS uses the top table & CS uses the bottom table.**

Date:

Enter the current date. (Ex. 10/15/2016)

Time In:

Enter the duty time start. (Ex. 0700)

Time Out:

Enter the duty time end. (Ex. 1700)

Daily Total:

Enter the total duty hours: (Ex. 8)

Total Weekly OCS Hours:

Enter the weekly OCS total number of hours worked.

Total Weekly CS House:

Enter the weekly CS total number of hours worked.

Printed Name:

OCS/CS must print their name in this blank.

Signature:

OCS/CS must sign this blank.



VIKING Aviation, LLC Form 133-OCC

Operations Control Center Duty Log



VIKING AVIATION OCC & COMMUNICATIONS DUTY LOG

Operations Control Specialist and Communications Specialists need to log their total daily and weekly hours in the corresponding tables below.

Operations Control Specialist Duty Log:

DATE	DAY	OCS TIME IN	OCS TIME OUT	DAILY TOTAL
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			

Control Specialist Duty Log:

DATE	DAY	CS TIME IN	CS TIME OUT	DAILY TOTAL
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			

Total Weekly OCS Hours: _____ Total Weekly CS Hours: _____

Printed Name: _____ Signature: _____



VIKING Aviation, LLC Form 134-OCC Instructions

Date:

Enter the current date. (Ex. 06/22/2017)

On Coming OCS:

Sign OCS Name

Accepted: Place a checkmark in this blank if the OCC is accepted

Active HAA Operations:

List all active HAA Operations by company issued base number. (Ex. SF2)

Active AC HAA Operations:

List all active Amber Critical HAA Operations by company issued base number. (Ex. SF6)

Available flight monitoring procedures:

Place a check mark for all corresponding available flight monitoring procedures.

Off Going OCS:

Sign OCS Name

Accepted: Place a checkmark in this blank if the OCC is accepted

OCM:

Enter on duty OCM's name.

Briefing Completed: Place a checkmark in this box once the OCM briefing is complete.

Technology Anomalies:

List any technology anomalies experienced while on shift.

Human factor considerations:

List any human factors that could possibly affect the shift.

New or Revised Policy's by Number:

List all new or revised policies by company issued policies numbers.

NOTAMs:

List any NOTAMs effecting the company service area.

TFR's:

List any TFR's effecting the company service area.

Weather affecting service area analysis:

Enter weather synopsis for the next 12 hours.

Each Company Issued Base Number:

PIC: Enter the name of the on-duty pilot.

MED/APC: Place a check mark in the corresponding box if the pilot has a current medical and a current APC.

Mx: Enter any maintenance issues or scheduled maintenance reported by the pilot

Risk Assessment:

This assessment comes from the four areas of concern on VIKING Aviation Form 129.

1: Environmental/Weather

2: Aircraft Status

3: Personnel/Human Factors

4: Flight Type

1-4: Enter the calculated Risk assessment for the corresponding numbers:

G: Green

A: Amber

AC: Amber Critical

R: Red



VIKING Aviation, LLC Form 134-OCC

OCC Shift Change Checklist



VIKING AVIATION OPERATIONS CONTROL CENTER SHIFT CHANGE CHECKLIST

The OCS checklist must be completed at shift change by the appropriate Operations Control Specialists.

Date:	<input type="checkbox"/> Briefing Completed
On Coming OCS: <input type="checkbox"/> Accepted	Technology Anomalies:
Active HAA Operations:	Human Factor Considerations:
Active AC HAA Operations:	New or Revised Policies by Number:
Available Flight Monitoring Procedures: <input type="checkbox"/> CAD <input type="checkbox"/> Skyconnect <input type="checkbox"/> IRIS <input type="checkbox"/> Bluetooth <input type="checkbox"/> Sat Phone <input type="checkbox"/> Fleeteyes <input type="checkbox"/> Radio <input type="checkbox"/> Outerlink	NOTAMS:
Off Going OCS: <input type="checkbox"/> Accepted	TFR's:

Weather Affecting Service Area Analysis:

SF1 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:	SF9 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:
SF2 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:	SF10 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:
SF3 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:	SF11 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:
SF4 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:	SF12 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:
SF5 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:	SF13 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:
SF6 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:	SF14 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:
SF7 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:	SF15 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:
SF8 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:	VK1 PIC:	RA: 1.	2.	3.	4.	Med/APC:		Mx:

Remarks: