

WPR21FA143

OPERATIONAL FACTORS/HUMAN PERFORMANCE

Group Chair's Factual Report - Attachment 12

SMS Manual Excerpts

October 25, 2022

HELICOPTER SAFETY BRIEFING

SMS-4

COMPANY: _____	DATE: _____
PARTY CHIEF: _____	LOCATION: _____
PILOT: _____	HELICOPTER: _____

The following people have been briefed on this date by the pilot in command on the proper safety procedures while working under or around helicopters, boarding and exiting the aircraft and with any additional information that the pilot may deem necessary for a safe work environment. Color Brochures listed as SMS-4 can also be used.

TOPICS DISCUSSED

<input type="checkbox"/> How to approach and move away (moving rotor) <ul style="list-style-type: none"> • Danger from rotor blow (loose objects, hats, debris, etc.) • Wait for signal from pilot • Move calmly (no running) • Crouched position in pilot's view • Slope of ground • Never approach the rear of aircraft (dangers from tail rotor) <input type="checkbox"/> Boarding and exiting procedures <ul style="list-style-type: none"> • Functioning of doors (inside and outside) • Functioning and use of seat belts • Use of head sets • No smoking inside and around aircraft <input type="checkbox"/> Equipment and cargo <ul style="list-style-type: none"> • Cargo must be carried, not thrown • No objects above shoulder height • Carry long equipment horizontally • Functioning of cargo doors • Cargo compartment limits • Cargo must be secured • Dangerous Goods i.e. -bearspray 	<input type="checkbox"/> Emergency procedures <ul style="list-style-type: none"> • Position for emergency landing • Wait for pilot's instruction before exiting (if conscious) • Emergency exits • Exiting when aircraft on it's side • Potential dangers when exiting • Helping each other • Location and use of extinguisher • Location and use of emergency transmitter • Location of first aid kit • Location and use of survival kit • Security card <input type="checkbox"/> Other briefing (if necessary) <ul style="list-style-type: none"> • Landing area • Sling load (i.e. static, PPE, no pax) • Winter hazards • Personal security briefing • Safety raft • Safety jacket • Boarding and exiting procedures (hover) • Clothing depending of season • ERP (Brief customers ERP with medic & management.) • Other: _____
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PRINT NAMES OF THOSE IN ATTENDANCE AND HAVE THEM INITIAL

COMPANY	NAME	INT.	COMPANY	NAME	INT.

SMS-9 DAILY INSPECTION REPORT

The following Daily Inspection Report shall be used at each work site to maintain a high standard of safety. If during your Daily Inspection you find or discover a hazardous condition or an unexpected situation, you shall identify it on a SMS Form-3 and forward it to your immediate supervisor. The employee shall ensure that the immediate actions taken (if any) are reported.

AIRCRAFT REGISTRATION: _____

LOCATION: _____

DATE: _____

1 Vehicle inspection (Registration)

a)	External condition: windows, dents
b)	Internal condition
c)	Tires
d)	Lights
e)	Oils, water, belts
f)	Fuel
2	Trailer inspection (Registration)
a)	External condition
b)	Internal condition
c)	Tires
d)	Lights
3	Work site inspection
a)	General condition
b)	Changes to the work site overnight
c)	Debris
d)	Helicopter landing area
e)	Refueling system: pumps, hoses, grounds
f)	Fuel tanker
g)	Signs
h)	Stolen items - overnight
i)	Any other

NOTE: The Daily Inspection Report is a guide

The signing of the SMS 10 report indicates that the person conducting the inspection has visually and physically verified each item. All items are inspected daily and a copy sent to your immediate supervisor weekly.

**SMS-10
INSPECTIONS, REPORTS AND CHECKLISTS**

Aircraft registration: _____ Location: _____

Week: _____ 20____ Truck # _____
Mileage # _____

1. SMS-1-Fuel compliance report

In reference to the SMS and SOP Manuals, all checks and items specified have been checked and are satisfactory:

Licence # Name Signature

2. Daily water sediment checks

In reference to the SMS and SOP Manuals, all checks and items specified have been checked and are satisfactory:

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Person taking samples must initial daily for each sample taken.

Name Signature License #

3. SMS-9 – Daily inspection report

In reference to the SMS and SOP Manuals; all checks and items have

Sun	Mon	Tue	Wed	Thu	Fri	Sat

been checked and are satisfactory

Initial each day for inspection completed.

Defects or anomalies: _____

Name Signature license #

4. SMS- 12 – Job Handover Report compliance sign-off form

In reference to the SMS and SOP Manuals, all checks and items specified have been checked and are satisfactory:

Defects or anomalies: _____

Name Signature License #

SMS-11

SOLOY HELICOPTERS LLC. WEEKLY SAFETY MEETING REPORT	
LOCATION:	
DATE:	
EMPLOYEES AND/OR CLIENTS PRESENT:	
COMPLETED BY:	

Topics discussed:

Hazards discussed:

Comments:

Employee's Signature:
Client's Signature:

Note: To be used when no weekly meeting is initiated by client. A copy of this report must be sent to the SMS manager.