|  |  |  |
| --- | --- | --- |
| **RPAS On-Site Survey Form (1)** | **Date:** |  |
| **Project / Task ID** |  | **Operating Area / Site ID** |  |
|  **Site Safety Assessment Ref:** |   | **Fieldwork Risk Assessment Ref.** |  |
| **Flight Authorisation (PRINT NAME):**  |  | **Flight Authorisation (SIGN):**  |  |
| **Task Summary** |  |
| **Met Data Source & Summary** | **Source****Wind Velocity****Cloud****Hazards / Precip.** |
| **Item** | **Consider** | **Check** | **Remarks** |
| **Permission** | Landowner  |   |   |
| **Air Traffic Control** | Clearance or liaison obtained if required |   |   |
| **Communications** | 2 way communications with ATC or and Crew |   |   |
| **NOTAMs** | Checked for local activity; Issued if required |  |  |
| **CANP** | Notification made if required |  |  |
| **Buildings** | Proximity, awareness of occupants, Congested area |   |   |
| **People** | Control, access to Operations areas |   |   |
| **Take Off area** | Ensure that T/O site is not in the vicinity of any ferrous objects |  |  |
| **Take Off area** | Cordoned off, FOD free, Warning Signs |   |   |
| **Land area** | Cordoned off, FOD free, Warning Signs |   |   |
| **Obstructions** | Masts, wires, water, industry, Trains, traffic |   |   |
| **Line of sight** | Adequate for task |   |   |
| **EVLOS (if applicable)** | Adequate Air Observers for the task. (MUST have direct comms during flt) |  |  |
| **Animals** | Awareness of actions if disturbed |   |   |
| **Contact Nos** | **Notes** |
| **Police** |  |  |
| **Local ATC**  |  |  |
| **Other** |  |  |

**OM-RPAS-Appendix 3 – On-Site Form – R1-1**

|  |  |
| --- | --- |
| **RPAS On-Site Survey Form (2)** | **Dynamic Risk Assessment**  |
| **Hazard** | **Initial****Risk** | **Mitigation** | **Final****Risk** |
|   |   |  |   |
|  |  |  |  |
|   |   |  |   |
|   |   |  |   |
|  |  |  |  |
|   |   |  |   |
|   |   |  |   |
| **Remote Pilot Signature:** |   |   |

|  |  |
| --- | --- |
| **RISK RATING (R)**Likelihood (L) x Severity (S) | **HAZARD SEVERITY (S)** |
| **NEGLIGIBLE**Negligible injury, no absence from work | **SLIGHT**Minor injury requiring first aid treatment | **MODERATE**Injury leading to a lost time accident | **HIGH**Involving a single death or serious injury | **VERY HIGH**Multiple deaths |
| **LIKELIHOOD OF OCCURRENCE (L)** | **VERY UNLIKELY** A freak combination of factors would be required for and incident/accident to result | **LOW****1** | **LOW****2** | **LOW****3** | **LOW****4** | **MEDIUM****5** |
| **UNLIKELY**A rare combination of factors would be required for an accident/incident to result | **LOW****2** | **LOW****4** | **MEDIUM****6** | **MEDIUM****8** | **MEDIUM****10** |
| **POSSIBLE**Could happen when additional factors are present but otherwise unlikely to occur | **LOW****3** | **MEDIUM****6** | **MEDIUM****9** | **MEDIUM****12** | **HIGH****15** |
| **LIKELY**Not certain to happen but an additional factor may result in an accident/incident | **LOW****4** | **LOW****8** | **MEDIUM****12** | **HIGH****16** | **HIGH****20** |
| **VERY LIKELY**Almost inevitable that an accident/incident would result | **MEDIUM****5** | **MEDIUM****10** | **HIGH****15** | **HIGH****20** | **HIGH****25** |
| **ACTIONS TO BE TAKEN:****1-5**  **LOW RISK** - May be acceptable; however, review task to see if risk can be reduced further.**6-12 MEDIUM RISK**- Task should only proceed with appropriate consultation with specialist personnel and safety team. Where possible the task should be refined to take account of the hazards involved or the risks should be reduced further prior to task commencement**13+** **HIGH RISK**- Task should not proceed. It should be redefined or further control measures put in place to reduce risk. The controls should be re-assessed for adequacy prior to task commencement. | **RISK EVALUATION:****Likelihood of Occurrence (L) –** How often could the hazard occur? Consider the task frequency, duration, method of work, employees involved.**Hazard Severity (S)-** How serious would the hazards effect be if realised. Consider type of hazard, biological, ergonomic, physical and chemicalTo Evaluate the likelihood and severity, this will produce a **Risk Rating (R)****Risk(R)=Likelihood (L) x Severity (S)** |

**RPAS On-Site Flight Log**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Flt Num1** | **Type2** | **ID / SN3** | **Pilot4** | **Pre-Flt Check5** | **T/O UTC** | **Land UTC** | **Total Time** |
|  |  |  |  |  | : | : | : |
|  |  |  |  |  | : | : | : |
|  |  |  |  |  | : | : | : |
|  |  |  |  |  | : | : | : |
|  |  |  |  |  | : | : | : |
|  |  |  |  |  | : | : | : |
|  |  |  |  |  | : | : | : |
|  |  |  |  |  | : | : | : |

*Continue record on equivalent line below*

|  |  |  |
| --- | --- | --- |
| **Flt Num1** | **UA Technical Notes** | **Science/ Task Notes** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Notes:

1. Unique Flight Number, e.g. *yyyymmdd\_nn* (where *nn* is a sequential number starting at 01 for the first flight of the day (e.g. 20140625\_01)
2. UA type / model
3. UA identification or serial number
4. Pilot name
5. Initials of the pilot following successful pre-flight airworthiness check

|  |
| --- |
| **Observations / Notes** |
| **Scientific / Support Crew (Names / Roles):** |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **After Action Report (Debrief)** |
| **What went well?** |
|  |
|  |
| **What could have gone better?** |
|  |
|  |
|  |
| **What Might we do differently next time?** |
|  |
|  |
|  |