

NAVAL SAFETY CENTER AVIATION SAFETY REVIEW CHECKLIST



Volume IV AEROMEDICAL

Squadron: _____

Location: _____

Date: _____

Flight Surgeon:

Name: _____

Email _____

Phone _____

Aviation Safety Officer

Name: _____

Email _____

Phone _____

INTRODUCTION

The Safety Center's Aviation Safety Survey Program is designed to provide the requesting unit's Commanding Officer with a "snapshot" of the Command's safety posture. The relationship of the survey team to the surveyed unit is that of a consultant to a client. A survey is not an inspection. It is a tool the CO can use for process improvement. As a matter of policy, results of a safety survey are not releasable outside your command. Waivers to this policy are only at the express direction of Commander, Naval Safety Center.

The purpose of a safety survey is hazard detection. It is intended to bring to the attention of the activity being surveyed those management, administrative, training or material deficiencies which might in some way constitute a compromise to safety. This checklist is intended to assist in the conduct of safety surveys, whether performed by a team from the Naval Safety center, individual squadrons/units, or other activities. Not all questions will be applicable to each specific aviation-related unit being surveyed. It is not the intent of this checklist to supersede existing directives. It is furnished by the Naval Safety Center to assist commands in the execution of their Aviation Safety programs.

This is Volume IV of the six part checklist: All volumes available for download at <http://safetycenter.navy.mil>

<u>Volume</u>	<u>Title</u>
I	SAFETY/NATOPS/OPERATIONS/TRAINING
II	FACILITIES - AIR STATION
III	FACILITIES - SHIPBOARD
IV	AEROMEDICAL
V	ORGANIZATIONAL LEVEL MAINTENANCE
VI	INTERMEDIATE LEVEL MAINTENANCE

The Aeromedical Division of the Naval Safety Center is responsible for the contents of Volume IV. We encourage feedback concerning this checklist. Feedback for Volume IV should be forwarded to:

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Norfolk, VA 23511-4399

OR

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The checklists are not comprehensive and they include some items that are not required by a directive, but are recommended and/or widely implemented. References are listed when considered helpful. Additional guidance concerning Aeromedical Safety can be found in **[The Naval Flight Surgeon's Guide to Duties and Responsibilities, Fourth Edition](#)**. This guide can be downloaded from the Naval Safety Center web page at <http://safetycenter.navy.mil>.

Aeromedical

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PART I: INTERVIEWS WITH FLIGHT SURGEON/SO/ASO

1. FLIGHT SURGEON AVAILABILITY

IS THE FLIGHT SURGEON READILY AVAILABLE TO COMMAND PERSONNEL?

- PCS assignment to command v/s ADDU from wing or clinic
- MOU with local health care facility**
- Number of commands covered by Flight Surgeon
- Percentage of time in this command's spaces
- Assigned desk or office within command spaces
- Access to CO and XO
- Chain of Command - works directly for XO and CO

Reference: [OPNAVINST 6410.1 \(Utilization of Flight Surgeons\)](#)
[Joint COMNAVAIRLANT Instruction 6000.2C](#)
[COMNAVAIRPAC Instruction 6000.3B](#)

NOTES:

2. FLIGHT SURGEON PARTICIPATION

IS THE FLIGHT SURGEON SUFFICIENTLY INVOLVED IN COMMAND ACTIVITIES?

- AOMs
- Department Head meetings
- Social Activities
- Flying with squadron
- Meeting 3710.7S flight-hour requirements
- Frequency and extent rounds
- Maintenance, line, night check personnel visits
- Detachments
- Deployments

Reference [OPNAVINST 3710.7S \(General NATOPS\)](#)

Notes:

3. FLIGHT SURGEON ASSIGNMENT

IS THE FLIGHT SURGEON APPROPRIATELY ASSIGNED TO COMMAND FUNCTIONS?

- Training lectures and demonstrations per [OPNAVINST 3710.7S: 8.4](#)
- Planning Board for Training (PB4T) participation
- Safety Meetings
- Human Factors Councils per [OPNAVINST 3750.6R 205 f.\(2\)](#)
- Safety Standdowns
- Safety Surveys
- Anymouse routing and review

Reference [OPNAVINST 3710.7S \(General NATOPS\)](#)
[OPNAVINST 3750.6R](#)

Notes:

4. AEROMEDICAL CLEARANCE

ARE PROCEDURES FOR TRACKING THE STATUS OF AEROMEDICAL CLEARANCE ADEQUATE?

- Handling paperwork
- Electronic communication and tacking of Aeromedical Clearance notices
- Schedules office procedures
- NATOPS record check
- Use of Local Board of Flight Surgeons to complete Aeromedical Summary

Notes:

5. WRITTEN COMMUNICATION

IS FLIGHT SURGEON'S DISSEMINATION OF INFORMATION ADEQUATE?

- POD notes
- Bulletin board items
- Safety newsletters, FS health newsletters
- Aeromedical WEB page

Notes:

6. COMMAND READINESS MONITORING

DOES FLIGHT SURGEON / CORPSMAN ADEQUATELY MONITOR SQUADRON(S) READINESS?

- Check-in procedures
- Procedures for contacting FS
- Maximum flight hours
- Circadian disturbances ([3710.7S: 8.3.2.1.1](#))
- Weight control
- Physical readiness
- Hearing conservation program
- Flight simulator program ([3710.7S: 8.3.2.17](#))
- Monitors and educates about self-medication and alcohol misuse
- Works with NAVOSH officer to ensure compliance with directives
- Injury documentation and reporting in compliance with OPNAVINST 5100E.23, 4300.19D or MARINE CORPS ORDER P5102.1A

References: [OPNAVINST 3710.7S \(General NATOPS\)](#)
[OPNAVINST 6110.1G \(Navy PRT instruction\)](#)
[OPNAVINST 5100.23E \(NAVOSH Program\)](#)
[OPNAVINST 5100.19D \(NAVOSH Program for Forces Afloat\)](#)

MARINE CORPS ORDER P5102.1A

Notes:

7. PREVENTIVE MEDICINE / HEALTH PROMOTION PROGRAMS

DOES COMMAND MAINTAIN REQUIRED PROGRAM DOCUMENTATION?

- Tobacco addiction control programs
- Alcohol abuse prevention
- CPR training assistance
- Suicide prevention
- Stress management
- Back and head injury prevention
- Sight conservation
- Hypertension screening

References: [OPNAVINST 6100.2 \(Health Promotion\)](#)
[SECNAVINST 5100.13b \(Tobacco Policy\)](#)
[NAVMEDCOMINST 6520.1a \(evaluation and management of the suicidal patient\)](#)

Notes:

8. ELECTRONIC SUPPORT

DOES THE COMMAND MEDICAL ASSETS HAVE RECOMMENDED COMPUTERS TO SUPPORT REQUIRED MONITORING PROGRAMS?

- Dedicated FS computer - laptop ideal
- Email access at squadron and clinic
- Internet access at squadron and clinic
- CHCS access in squadron and clinic
- SAMS access / Is SAMS up to date?
- Web site in compliance with DOD directives
- Corpsman computer support

Notes:

9. HUMAN FACTORS SCREENING

DOES THE COMMAND HAVE PROCEDURES FOR HUMAN FACTORS SCREENING?

- Human Factors Council (HFC) members assigned in writing
- Is FS a standing member of the HFC
- FS attendance at all meetings documented
- Records of HFC reviewed contain only name of members and meeting date
- Human Factors Boards (HFB) records maintained in CO's safe only
- HFC meetings are not conducted with other events

References: [OPNAVINST 5420.109 \(FNAEB Procedures\)](#)
[COMNAVAIRPACINST 5420.2B \(HFC Instruction\)](#)
[COMNAVAIRLANTINST 5420.5C \(HFC Instruction\)](#)
[COMNAVAIRRESFORINST 5429.2 \(HFC Instruction\)](#)
[NAVAIRWARCENACDIV 5420.1 \(HFC Instruction\)](#)

CNATRAINST 5420.13D (HFC Instruction)
 MARINE CORPS ORDER 3750.1A (AVIATION SAFETY
 AND STANDARDIZATION PROGRAMS)
 OPNAVINST 3750.6R (Naval Aviation Safety Program)
 205f.(1),(2),(3)

Notes:

PART II: REVIEW OF INSTRUCTIONS AND DOCUMENTS

1. SAFETY PROGRAM ORGANIZATION

DOES THE COMMAND HAVE AN AEROMEDICAL SAFETY PROGRAM?

- Command and safety department organization includes Flight Surgeon
- Flight Surgeon duties specified in writing
- Flight Surgeon "tasked with aeromedical aspects of Command Safety Program" (OPNAVINST 3750.6R: 205e)
- Standing member of the Aviation Safety Council (205d)
- Medical department representative assigned to Enlisted Aviation Safety Committee (205e)
- Hospital Corpsman assignment to squadron

References: [OPNAVINST 3710.7S \(General NATOPS\)](#)
[OPNAVINST 3750.6R \(Naval Aviation Safety Program\)](#)

Notes:

2. SAFETY PROGRAM DOCUMENTATION

DOES THE COMMAND ADEQUATELY DOCUMENT SAFETY ACTIVITIES

- File of past safety standdown programs with Flight Surgeon participation
- Record of [OPNAVINST 3710.7S: 8.4](#) aeromedical threat lectures provided to squadron
- Record of AMB training and drills
- Is Flight Surgeon support of command documented?

References: [OPNAVINST 3710.7S \(General NATOPS\)](#)
[OPNAVINST 3750.6R \(Naval Aviation Safety Program\)](#)

Notes:

3. MISHAP RESPONSE PLANNING (PREMISHAP PLAN)

IS THE COMMAND ADEQUATELY PREPARED TO RESPOND TO AN AVIATION MISHAP?

- Premishap plan well organized and easy to use
- Flight Surgeon assigned to AMB in writing
- Flight Surgeon immediately notified for all classes of mishaps
- Flight Surgeon phone numbers current (clinic, home, pager, and cell)
- Flight Surgeon responsibilities included in premishap plan
- Documented contingency planning for mishap site HAZMAT protection and biological precautions
- Planning for remains jurisdiction and AFIP assistance

- Planning for biological sampling and shipping AFIP TOXGUIDE 98
- [The Naval Flight Surgeon's Pocket Reference to Aircraft Mishap Investigation](#) (5th edition, 2001) available
- FS mishap investigation kit available, updated regularly and contains signed inventory
- Command briefed on the concept of privileged information
- Contingency plan for deployments/detachments/off site mishaps
- Documentation of premishap plan training and exercises

References: [The Naval Flight Surgeon's Pocket Reference to Aircraft Mishap Investigation](#) (5th edition, 2001)
[OPNAVINST 3750.6R Naval Aviation Safety Program](#)

Notes:

PART III: OTHER AEROMEDICAL CONSIDERATIONS

1. HOSPITAL/CLINIC SUPPORT

IS THE LOCAL HOSPITAL AND CLINIC SUPPORTIVE OF AEROSPACE MEDICINE?

- Distance to clinic or hospital
- Adequate staff to support operational requirements
- Sick call hours supportive of shift workers
- Physical exam access
- Dependent care availability
- Flight Surgeon organization
- MOU or plans to provide patient care in the event that Flight Surgeon tasked with mishap investigation or TAD away from local area.

Notes:

2. OTHER MEDICAL SUPPORT

DOES THE COMMAND RECEIVE NEEDED ADDITIONAL MEDICAL SUPPORT?

- Aviation physiology training
- AMSO availability and utilization [See MCO 3750.2](#)
- Occupational medicine support for NAVOSH program
- Dental care and dental readiness status

Notes:

3. CREW RESOURCE MANAGEMENT PROGRAM (CRM)

DOES AN ADEQUATE CREW RESOURCE MANAGEMENT PROGRAM EXIST?

- Command Support
- Trained Instructors
- Regular sessions, complete documentation (including NATOPS documentation of annual check ride)
- In compliance with instructions
- Flight Surgeon receives training annually

References: [OPNAVINST 3710.7S \(General NATOPS\)](#)
[OPNAVINST 1542.7C \(Crew Resource Management Program\)](#)

OPNAVINST 1542.7A (Aircrew Coordination Training Program)

Notes:

4. NIGHT VISION DEVICES

ARE ADEQUATE PROCEDURES FOR NVD TRAINING AND USE IN EXISTENCE?

Flight Surgeon, Flight Physiologist, AMSO involved in training program

Maintainers vision checked in accordance with [BUMEDNOTE 6490 30 JAN 96](#)

Notes:

PART IV: COMMAND SAFETY CLIMATE, SURVEY RESULTS

1. SURVEY RESULTS

DOES THE [COMMAND SAFETY CLIMATE SURVEY](#) QUESTIONNAIRE REVEAL PROBLEMS?

Interest and support of superiors (Q1)

Balance of concern for people and mission goals (Q2)

Command/supervisor support strong safety program (Q3, 4, 5, 7)

Pressure to perform (Q6)

Safety department visibility (Q8)

Access to safety personnel (Q9)

Quality of safety standdowns and training (Q10 & 11)

Individual involvement in safety program (Q12, 13, 14)

Flight Surgeon recognition/visibility, available, approachable (Q15, 16, 17, 18)

Causal factors of next mishap (Q19 & 20)

ORM training, compliance and utility (Q21, 22, 23, 24)

Utilization of Safety Center produced information (Q24, 25, 26)

NOTES: