

APPENDIX B: HELIBASE MANAGEMENT FORMS AND CHECKLISTS

I. Introduction and Purpose.

This appendix provides standardized for the management and operation of helibases. A discussion of helibase-related (ICS) Incident Command System forms, checklists, evaluations, and job aids, is also included.

Such standardization helps to implement common procedures among participating agencies to meet mutual safety, efficiency, fiscal management, and contract administration objectives. The forms also provide a basis for training development and presentation.

II. Applicability.

The forms in this appendix are to be utilized by Helibase Managers, whereas those in Appendix A are utilized by Helicopter Managers in the management and operation of a single helicopter.

However, several of the Helicopter Management (HCM-series) forms contribute to the informational needs of the Helibase Management (HBM-series) forms.

It is therefore essential that Helicopter Managers use these forms as appropriate or required when operating as part of a helibase organization, and that Helibase Managers ensure that appropriate HCM forms are completed timely and accurately.

Some of the forms are required for all helibase operations, some are required only for incident operations. Others are optional and may be used at the discretion of the Helibase Manager. Certain optional forms may be required by the air operations staff at an incident or project due to a specific management informational need.

Chart B-1 on the following pages is a summary listing of the HBM-series and other checklists and job aids. Included is information concerning the purpose of the form, the HBM form number, whether a form is optional or required for all or only certain situations, responsibility for completion, and frequency of completion. The Helibase Manager may use this chart as a quick-reference guide to form requirements. The pages following the chart contain a comprehensive discussion of each form.

All Helibase Managers should obtain sets of all forms so that they may respond to different management requirements encountered. Recognizing that at most incidents, or prior to a project's start that copies may be reproduced, Chapter 9 provides recommendations concerning the number of forms to carry in the Helibase Manager's Kit.

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Appendix B

Table B-1

| Form Name | Purpose | IHOG Form # Required or Optional | Individual Responsible for Completion | Frequency | Remarks |
|--|---|--|---|--|---|
| All required forms must be completed and implemented by the start of the second operational shift when two or more helicopters are assigned to an incident base. On project helibases where two or more helicopters are assigned, they must be completed or implemented at the start of the first operational shift. | | | | | |
| Helibase Organizational Chart | To identify by name those persons filling positions on the helibase. | HBM-1 Required | Helibase Manager or Deck Coordinator | Updated daily | Obtain information on qualifications from HCM-7 Helicopter Crew Information Sheet |
| Aviation Locations Summary | To provide information on helispots, dispatches, and other locations pertinent to the aviation operation. | HBM-2 Required | Helibase Manager | Updated daily | Brief all new pilots and managers as appropriate |
| Helibase Aircraft Information Summary | To provide Air Operations staff with a summary on assigned aircraft | HBM-3 Required | Helibase Manager | Update as new aircraft are assigned | Copies to Air Support Group Supervisor (ASGS) and Air Operations Branch Director (AOBD) |
| Allowable Payload Chart | To provide helibase management personnel a means to plan mission loads safely and efficiently | HBM-4 Optional | Helibase Manager | Update as new aircraft or aviation locations are assigned. | Use information from Aviation Locations Summary, Load Calculations, and Helicopter Load Capability Summary |
| Flight Following Log | To enable the Aircraft Base Radio Operator to record flight following information so the location of an aircraft is immediately known | HBM-5 Optional - see remarks | Aircraft Base Radio Operator | As needed | Information from the form is required, but other forms may be used |
| Flight Hours Tracking (Multiple Helicopters) | To allow tracking of helicopter flight time over the course of the day | HBM-5A Optional | Aircraft Timekeeper or Aircraft Base Radio Operator | As needed | Ensures there will be sufficient flight time for required missions and enables flight time to be spread equitably over all assigned aircraft. |
| Helibase Mission Request Log | To establish an orderly mission request process for use by the Helibase Manager in prioritizing and assigning helicopter missions | HBM-6 Required | Aircraft Base Radio Operator | As needed | Enter initial mission assignments from current ICS-220 |
| Helibase Daily Use and Cost Summary | To track cost and use on an incident or project | HBM-7 Required | Helibase Manager or Aircraft Timekeeper | At end of operational shift | Copies to Cost Unit and ASGS/AOBD |
| Helibase Communications Plan | To track currently assigned frequencies being used by the helibase | HBM-8 Optional | Helibase Manager | As changes occur | Ensure updates are completed as changes occur |
| Helicopter Demobilization Information | Provides information on demobilization times, routes, stops, and layovers | HBM-9 Optional | Helicopter Manager | As helicopters are demobed | Copy to AOBD and Demobe Unit |
| Helicopter Flight Schedule | Provide flight itinerary information to dispatch system | HBM-9A Optional | Helicopter Manager | As helicopters are demobed | Copy to AOBD and local dispatch center |
| Helibase Diagram | Provides helibase layout and local flight hazard, and flight route information | HBM-10 Optional | Deck Coordinator | Complete as needed | If used, ensure hazard information and flight routes are depicted |

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Appendix B

Table B-1 (Continued)

| Form Name | Purpose | IHOG Form # Required or Optional | Individual Responsible for Completion | Frequency | Remarks |
|---|--|--|--|---|---|
| | All required forms must be completed, and implemented by the start of the second operational shift, when two or more helicopters are assigned to an incident base. On project helibases where two or more helicopters are assigned, they must be completed or implemented at the start of the first operational shift. | | | | |
| Helibase Cumulative Cost Summary | Allows tracking of helibase costs over the course of an incident or project | HBM-11 Optional | Helibase Manager | Update daily | Use information from HBM-7 |
| Heliback Crews Performance Rating | Allows a mechanism to rate heliback crew on helicopter/helibase specific missions | HBM-12 Optional | Helibase Manager | At end of assignment | Copies should be kept from helibase record and a copy should be sent to crew's home unit |
| Helibase Personnel Performance Rating | Allows a mechanism to rate single resource helicopter personnel on helicopter/helibase specific missions | HBM-13 Optional | Helibase Supervisor | At end of assignment | Copies should be kept for helibase record and a copy should be sent to the crew's home unit |
| Two-For-One CWN Management and/or Standard to Limited Request | An approval system to allow a manager to manage two limited or restricted category helicopters, or designate a standard category aircraft as limited use | HBM-14 Optional | State or regional level Aviation Manager | Each occurrence | Other methods of approval may be used, depending on agency policy |
| Daily Helicopter Operations Briefing Checklist | Enables the Helibase Manager to review all applicable procedures and policies are in place for a safe and efficient helicopter operation | HJA-1 Required | Helibase Manager | Daily | See Appendix F for the checklist and for further information |
| Helibase Manager Reminder List | Enables the Helibase Manager to review items, systems, and procedures applicable to helibase operations | HJA-2 Optional | Helibase Manager | Daily or as needed | See Appendix H for the checklist and for further information |
| Remote Fuel Site Reminder List | Enables the Helibase Manager to review items, systems, and procedures applicable to remote fuel site operations | HJA-3 Optional | Helibase Manager | During initial establishment of helibase and updated as necessary | See Appendix I for the checklist and for further information |
| Crash Rescue/Medivac/Evacuation Plan | Provides procedures and protocols for crash rescue, medivac and helibase evacuation missions. | HJA-4 *Optional | Helibase Manager | During initial establishment of helibase and updated as necessary | See Appendix C for Plan. A crash rescue and medivac plan is required for all helibases. Other formats may be used |
| Emergency Rescue Information | Identifies assigned medivac helicopters, medical facility information, and air ambulance/life flight information. | HJA-4A Required | Helibase Manager | During initial establishment of helibase and updated as necessary | See Appendix C for further information |
| Emergency Medivac and Medical Transport Request | To provide additional information for aircraft responding to a medivac or medical transport | HJA-4B *Optional | Aircraft Base Radio Operator | As medical incident occur | See Appendix C for further information |

* Optional information must be documented, other formats are acceptable.

III. Helibase Management (HBM) Forms.

IMPORTANT NOTE: The Helibase Management (HBM) forms or checklists that are required must be completed or implemented by the second operational period on incident helibases or helispots to which two or more helicopters are assigned.

On project helibases with two or more helicopters assigned, the required forms must be completed or implemented prior to the start of the first day's operations. The requirement for project helibases is stricter than that for incidents due to the ability of the project's Helibase Manager to plan in advance of the operation.

A. Helibase Organization Chart (HBM-1). (See Exhibit B-1)

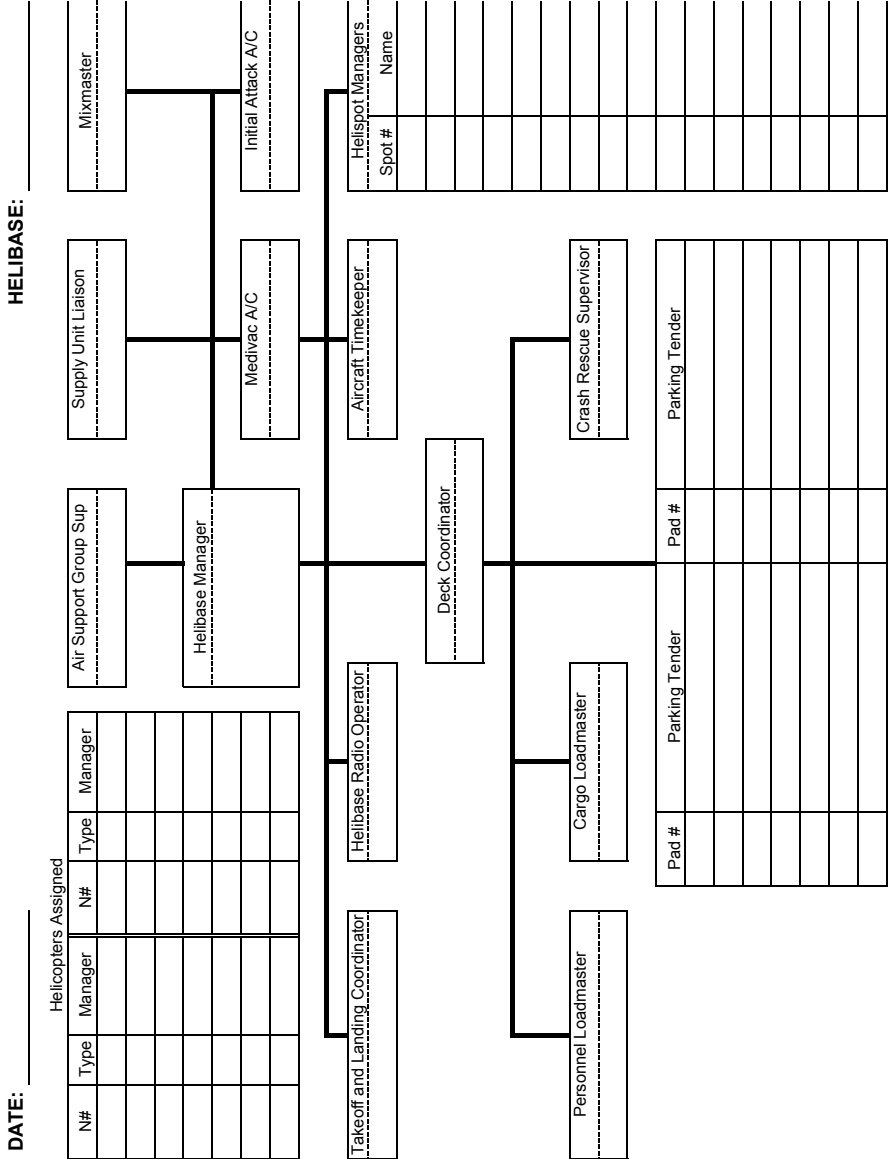
1. Purpose. The purpose is to establish, by name, those positions filled on a helibase, as well as provide other information concerning aircraft and radio frequencies assigned.
2. Applicability. The form is required and must be initiated by the second operational period on incident helibases or helispots to which two or more helicopters are assigned. On project helibases with two or more helicopters assigned, the form must be completed prior to the start of the first day's operations.
3. Responsibility and Instructions For Completion. Refer to Exhibit B-1. Refer also to Chapter 15 for further information on making daily assignments.

The Helibase Manager is responsible for completion. Names are entered at the start of helibase operations. Position assignments are reviewed daily, and appropriate changes in the chart are made as needed. The Helibase Manager must ensure that personnel assigned to fulfill a function are qualified (see "Related Forms" below).

4. Routing and Filing. No routing is necessary. The form becomes part of the helibase file.
5. Posting. The form is posted on the helibase display board. Information may also be transferred to an organization board carried by many helicopter crews.
6. Related Forms. Forms HCM-7, Helicopter Crew Information Sheet, should be consulted prior to making assignments in order to ensure qualified personnel are filling positions. Frequencies are obtained from the day's ICS-220, Air Operations Summary and the ICS-205, Incident Radio Communications Plan.

Exhibit B-1: Helibase Organization Chart (HBM-1)

HELIBASE ORGANIZATIONAL CHART



B. Aviation Locations Summary (HBM-2). (See Exhibit B-2.)

1. Purpose. The purpose is to provide information concerning helispots and other landing areas (for example, dip sites) for load planning purposes, hazard identification and safety, and Pilot briefings.
2. Applicability. The form is required and must be initiated by the second operational period on incident helibases or helispots to which two or more helicopters are assigned. On project helibases with two or more helicopters assigned, the form must be completed prior to the start of the first day's operations.
3. Responsibility and Instructions For Completion. Refer to Exhibit B-2. Also refer to Chapters 8 and 15 for further information.

The initial reconnaissance of the incident for purposes of helispot site selection provides a timely opportunity to initiate the form.

The Helibase Manager is responsible for completion. Often the Helispot Managers and Helibase Manager will jointly complete the Summary. Pilots should always be consulted and briefed concerning the information on the Summary. It should be updated as necessary (additional helispots, helispot improvement to accommodate larger helicopters, etc.).

4. Posting. The Summary is posted on the helibase display board as soon as it is completed.
5. Routing and Filing. The Summary becomes part of the helibase file.
6. Related Forms. The Summary is supplemented by a topographic map showing the locations of all helispots, dip sites, hazards, etc.

C. Helibase Aircraft Information Summary (HBM-3). (See Exhibit B-3.)

1. Purpose. The purpose is to provide the Helibase Manager and air operations staff with an informational summary on all aircraft assigned to the helibase(s).
2. Applicability. The form is required for fires with a Type 1 or 2 Incident Management Team assigned, and if requested by project personnel.
3. Responsibility and Instructions For Completion. Refer to Exhibit B-3. The Helibase Manager is responsible for completion, and usually delegates this responsibility to the Aircraft Timekeeper.

Information is obtained from Forms HCM-6, Helicopter Information Sheets, and Forms HCM-7, Helicopter Crew Information Sheets, submitted by Helicopter Managers upon arrival at the incident or project.

The form should be updated as additional aircraft arrive.

4. Posting. The form is posted on the helibase display board.
5. Routing and Filing. A current copy of the form is routed to the Air Support Group Supervisor and to the Air Operations Branch Director. The form becomes part of the helibase file.
6. Related Forms. Form HCM-6, Helicopter Information Sheet, and Form HCM-7, Helicopter Crew Information Sheet, provide the necessary information.

Exhibit B-3: Helibase Aircraft Summary (HBM-3)

HELIBASE AIRCRAFT INFORMATION SUMMARY

Helibase: _____

| N# | Contract CWN or Fleet | Pilot Name Manager + # in Module | FT/Hour GT/Day | Avail/Day AV/Hour | Pax Seats Bucket or Tank Capacity | Check if Available | | | | |
|----|-----------------------------|--|-------------------|----------------------|---|---------------------------------|----------|--------|------------------|------|
| | | | | | | FLIR | Longline | Rappel | Cargo Letdown | Foam |
| | | | | | | | | | | |
| | | | | | | Other capabilities and comments | | | | |
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| | | | | | | Other capabilities and comments | | | | |

HBM-3 (01/05) REQUIRED

D. Allowable Payload Chart (HBM-4) (See Exhibit B-4)

1. Purpose. The purpose is to provide helibase management personnel with the means to plan mission loads safely and efficiently. The completed forms can quickly provide the Helibase Manager with information on which aircraft are suitable for different loads to different helispots.
2. Applicability. The form is optional. It may be required by the Helibase Manager to facilitate planning.
3. Responsibility and Instructions For Completion. Refer to Exhibit B-4. The Helibase Manager is responsible for ensuring forms are initially completed and updated as new aircraft arrive on the incident or as new helibases/helispots are established. Actual completion is usually performed by the Deck Coordinator or Loadmasters.

Enter the allowable IGE/OGE loads for the range of temperatures which may be encountered at the helispot during the day. These figures may be obtained from Form HCM-11, Single Helicopter Load Capability Planning Summary - Multiple Helispots and Fuel Loads.

The form should be updated as additional aircraft arrive. A new form should be completed as additional helispots are established.

4. Posting. The form is posted on the helibase display board.
5. Routing and Filing. No routing is necessary. The form becomes part of the helibase file.
6. Related Forms. Form HCM-8, Helicopter Load Calculation; Form HCM-10, Single Helicopter Load Capability Planning Summary - Multiple Helispots and Fuel Loads; Form HBM-4, Allowable Payload Chart.

Exhibit B-4: Allowable Payload Chart (HBM-4)

ALLOWABLE PAYLOAD CHART

| Helispot or Other Location: _____ | | Coordinates: _____ | | | | | | | | | | PA: _____ | |
|---|---------------------|----------------------|------------------|------------------|------------------|------------------|------------------|-------------------|-------------------|-------------------|--|-----------|--|
| Allowable Payload (HIGE and HOGI) at Various Temperature Ranges | | | | | | | | | | | | | |
| N # | 5° C or 41° F | 10° C or 50° F | 15° or 59° | 20° or 68° | 25° or 77° | 30° or 86° | 35° or 95° | 40° or 104° | 45° or 113° | 50° or 122° | | | |
| Make/ Model | | | | | | | | | | | | | |
| | IGE | | | | | | | | | | | | |
| | OGE | | | | | | | | | | | | |
| | IGE | | | | | | | | | | | | |
| | OGE | | | | | | | | | | | | |
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HBM-4 (01/05) OPTIONAL

E. Helibase Flight Following Log (HBM-5). (See Exhibit B-5)

1. Purpose. The purpose is to enable the Helibase Radio Operator to perform helicopter flight following quickly and efficiently, with knowledge of where any given helicopter is at any time.
2. Applicability. The form is optional and should be implemented by the second operational period on incident helibases or helispots to which two or more helicopters are assigned. (It is recommended that the form be implemented on any incident helibase where flight following is being performed on-site, that is, not through the unit dispatch office.) On project helibases with two or more helicopters assigned, the form must be implemented prior to the start of the first day's operations.

IMPORTANT NOTE: This form is for flight following purposes only; it is not intended for any other use, though information such as round-trip times and total missions for the operational period can be calculated. If additional information is relayed, the Radio Operator should utilize the appropriate format (Helibase Mission Request Log, General Message Form, Unit Log, etc.).

3. Responsibility and Instructions For Completion. Refer to Exhibit B-5. The Helibase Manager is responsible for flight following at a helibase. The Helibase Manager usually delegates this responsibility to the Aircraft Base Radio Operator, who becomes responsible for implementing and making entries on the form. The Radio Operator should inform the Helibase Manager immediately if a helicopter fails to meet a required check-in.

Completion of individual blocks on the form is self-explanatory.

4. Posting. None (the Radio Operator usually keeps the form in the helibase communications area).
5. Routing and Filing. No routing is necessary. The form becomes part of the helibase file.
6. Related forms. The form should be used in conjunctions with HBM 5 (Flight Following Log) and HBM-6 (Helibase Mission Request Log)

Exhibit B-5: Flight Following Log (HBM-5)

FLIGHT FOLLOWING LOG

| Date: | | | Helibase: | | |
|----------------|-----------------|--|-----------|--|--|
| Aircraft N# | Time / Hobbs | Comments / Destination / Location / etc. | | | |
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HBM-5 (01/05) *OPTIONAL

F. Flight Hour Tracking (Multiple Helicopters) (HBM-5A) (See Exhibit B-6)

1. Purpose. The purpose is to enable the Helibase Manager to track cumulative flight hours over the course of a day on multiple-aircraft projects or incidents. It ensures that there will be sufficient flight time for tasks assigned for the end of the operational period, and that flight time is spread fairly evenly among the helicopters available.

The primary intent is not to track Pilot flight time/duty day, even though this information can be entered at the top of the form.

2. Applicability. The form is optional. It may be required by the Helibase Manager or air operations staff to facilitate planning. It is recommended that it be used on helibases with a large number of helicopters where tracking of flight time is more difficult.
3. Responsibility and Instructions For Completion. Refer to Exhibit B-6. The Helibase Manager is responsible for ensuring completion. Actual completion is usually performed by the Aircraft Timekeeper.

Entries are self-explanatory. The Helibase Manager and Helicopter Managers should make entries with whatever frequency (hourly, every four hours, etc.) that is deemed necessary.

4. Posting. None, although it may be posted on the display board. (The Aircraft Timekeeper usually keeps the form in the helibase communications area).
5. Routing and Filing. None.
6. Related Forms. Form HCM-12, Pilot Flight Time/Duty Day Cumulative Log.

Exhibit B-6: Flight Hour Tracking (Multiple Helicopters) (HBM-5A)

FLIGHT HOUR TRACKING (MULTIPLE HELICOPTERS)

| | | | |
|--------------|------------------|--|--|
| Date: | Helibase: | | |
|--------------|------------------|--|--|

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| A/C N#: | A/C N#: | A/C N#: | A/C N#: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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HBM-5A (01/05) OPTIONAL

G. Helibase Mission Request Log (HBM-6). (See Exhibit B-7)

1. Purpose. The purpose is to establish an orderly and documented mission request process for use by the Helibase Manager in tracking, prioritizing, and assigning helicopter missions.
2. Applicability. The form is required and must be implemented by the second operational period on incident helibases or helispots to which two or more helicopters are assigned. On project helibases with two or more helicopters assigned, the form must be implemented prior to the start of the first day's operations.
3. Responsibility and Instructions For Completion. Refer to Exhibit B-7. The Helibase Manager is responsible for entering mission requests as received from personnel authorized to request them (for example, Operations Chief or Project Aviation Manager, Air Operations Branch Director, Air Tactical Group Supervisor, Incident Dispatch, etc.).

This responsibility is usually delegated to the Aircraft Base Radio Operator or Aircraft Timekeeper.

Personnel receiving mission requests should ensure that personnel are authorized to request them, and that the proper chain-of-command is followed.

Initial entries should be made at the morning's briefing from the ICS-220 Air Operations Summary or project plan. If the number or scope of missions conflict with available aircraft, obtain priorities from ASGS or AOBD and enter priority in far left-hand column.

Completion of individual blocks on the form is self-explanatory.

4. Posting. None (the Aircraft Timekeeper or Radio Operator usually keeps the form in the helibase communications area).
5. Routing and Filing. No routing is necessary. The form becomes part of the helibase file.
6. Related Forms. Form ICS-220, Air Operations Summary.

Exhibit B-7: Helibase Mission Request Log (HBM-6)

HELIBASE MISSION REQUEST LOG

Helibase: _____ Incident: _____ Date: _____ of _____
 Page: _____ of _____

| Priority | Time Received | Requested By | Received By | Mission | Time Needed | Deliver To | Helicopter Assigned | Completed @ |
|----------|---------------|--------------|-------------|---------|-------------|------------|---------------------|-------------|
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HBM-6 (01/05) REQUIRED

H. Helibase Daily Use and Cost Summary (HBM-7). (See Exhibit B-8)

1. Purpose. The purpose is to enable the Helibase Manager to meet cost/use reporting requirements of the air operations staff on an incident and of the Project Aviation Manager on a project.
2. Applicability. The form is required on incidents to which a Type I or II Incident Management Team (IMT) is assigned. However, the air operations staff on a Type I or II Team will usually require that the Helibase Manager(s) submit summaries from the day of initial attack. Helicopter and Helibase Managers should therefore be prepared to furnish this information once an IMT is assigned.

It may also be required on projects where the Project Aviation Manager requires cost summaries.

3. Responsibility and Instructions For Completion. Refer to Exhibit B-8. The Helibase Manager is responsible for completing this form. This responsibility is usually delegated to the Aircraft Timekeeper.

Entries are made from information provided by Helicopter Managers on Form HCM-15, Helicopter Daily Use and Cost Summary. The Helibase Manager should ensure:

- If daily flight guarantees are not met on ARA helicopters, that these costs are included on the summary.
 - If daily/hourly availability or guarantee costs on exclusive-use contract helicopters are already paid from presuppression funding, that these costs are not included on the summary.
4. Posting. None.
 5. Routing and Filing. The form is routed to the air operations staff on incidents or to the Project Aviation Manager on projects prior to the end of the day. It becomes part of the helibase file.
 6. Related Forms. Forms HCM-15, Helicopter Daily Use and Cost Summary, submitted by each Helicopter Manager provide information on individual helicopter costs.

Exhibit B-8: Helibase Daily Use and Cost Summary (HBM-7)

HELIBASE DAILY USE and COST SUMMARY

Date: _____ Helibase Name: _____ Incident/Project Name: _____ Helibase Manager: _____

| N # | Make/Model | Type | Contract Type | Total PAX Transported | Total Pounds Cargo | Total Gallons Water | Total Gallons Retardant | Total Gallons Foam | Flight Hours | Individual Aircraft Cost |
|------------------------------------|------------|------|---------------|-----------------------|--------------------|---------------------|-------------------------|--------------------|--------------|--------------------------|
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| Total Aircraft Use and Cost | | | | | | | | | | |

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|--|--|--|--|--|--|--|--|--|--|------|
| Additional Support Expenses (Itemize Below) | | | | | | | | | | |
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| Total | | | | | | | | | | Cost |

Grand Total Cost of Helibase This Operational Period: _____
HBM-7 (01/05) REQUIRED

I. Helibase Communications Plan (HBM-8) (See Exhibit B-9)

1. Purpose. The purpose is to provide radio frequency information to all pilots and helicopter crew.
2. Applicability. The form is optional in both incidents and projects, but may be required by Air Operations staff or local Aviation Managers.
3. Responsibility and Instructions for Completion. Refer to Exhibit B-9. The Helibase Manager is responsible for completing the form. It is essential that the Air Operations Branch Director (AOBD) or Air Support Group Supervisor (ASGS) communicate and coordinate with the communications Unit Leader concerning frequency needs and assignments. The frequencies on the ICS-205 must match those identified on the ICS-220 Air Operations Summary and on Form HBM-1, Helibase Organization Chart.
4. Posting. A copy should be posted on the helibase display board.
5. Routing and filing. The AOBD should ensure that sufficient copies of the ICS-205 are made available for use by the Helibase Manager, Takeoff and Landing Coordinator, Radio Operator and Pilots.

HINT: To lessen the amount of paperwork the Pilot must deal with in the cockpit, it is helpful if the AOBD requests that applicable aviation radio frequencies be incorporated into a corner of the Incident or Project Map that is distributed each day. This can be accomplished by writing out the frequencies and functions (for example, Air-to-Air 122.925) on a small piece of paper, taping it to the map, and making copies for the Pilot.

6. Related Forms. As stated, frequencies and their functions must match those on the ICS-220 Air Operations Summary and on Form HBM-1 Helibase Organization Chart.

Exhibit B- 9: Helibase Communications Plan (HBM-8)

HELIBASE COMMUNICATIONS PLAN

Incident: _____ Helibase: _____ Date: _____

| Frequency Name | Receive | Transmit | Tone | Other Information |
|----------------------------------|---------|----------|------|-------------------|
| Local Unit Dispatch | | | | |
| | | | | |
| Air to Air Fixed Wing | | | | |
| | | | | |
| Air to Air Rotor Wing | | | | |
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| Air to Ground | | | | |
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| Command | | | | |
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| Tactical to Divisions | | | | |
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| | | | | |
| | | | | |
| Deck | | | | |
| | | | | |
| TOLC | | | | |
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| Helibase Flight Following | | | | |
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J. Helicopter Demobilization Information Sheet (HBM-9). (See Exhibit B-10.)

1. Purpose. The purpose is to enable the Helibase Manager to provide demobilization information on air and associated ground resources to the Planning Section so it may be relayed timely and accurately.
2. Applicability. The form is optional. It may be required by the Helibase Manager or air operations staff to facilitate timely transmittal of helicopter demobilization information.
3. Responsibility and Instructions For Completion. Refer to Exhibit B-10. The Helibase Manager and Helicopter Manager, along with the Pilot, are mutually responsible for completing the form when a decision to demobilize the resource has been made.

Completion is self-explanatory. Update if travel routes and times change, or decision to hold the resource is made.

4. Posting. None.
5. Routing and Filing. Route the form to the Air Support Group Supervisor or Air Operations Branch Director, who is responsible for ensuring the information is relayed to the Planning Section.
6. Related Forms. None.

Exhibit B-10 Helicopter Demobilization Information Sheet (HBM-9)

HELICOPTER DEMOBILIZATION INFORMATION SHEET

Helibase: _____ **Date:** _____ **Time:** _____

I. Aircraft Information

Aircraft FAA N# _____ Incident Order Project Number: _____

Helicopter Manager: _____

Release Date: _____ Release Time: _____ Location: _____

ETA to Home Base or Other Location Date: _____ Time: _____

II. Chase truck Information

Chase Truck ID or Designator: _____ License #: _____

Make and Model: _____ Chief of Party: _____

Passengers: _____

Release Date: _____ Release Time: _____ Location: _____

Travel Route: (Indicate in route stops and RON's)

ETA to Home Base or Other Location Date: _____ Time: _____

III. Service Truck Information

Driver Name: _____

License #: _____ Make and Model: _____

Travel route:(Indicate enroute stops and RON's. If same as Chase Truck, enter Same)

ETA to Home Base or Other Location Date: _____ Time: _____

Submitted By: _____ **Position** _____

K. Helicopter Flight Schedule (HBM-9A). (See Exhibit B-11.)

1. Purpose. The purpose is to enable the Helibase Manager to provide demobilization information on air and associated ground resources to the Planning Section so it may be relayed timely and accurately.
2. Applicability. The form is optional. It may be required by the Helibase Manager or air operations staff to facilitate timely transmittal of helicopter demobilization information.
3. Responsibility and Instructions For Completion. Refer to Exhibit B-11. The Helibase Manager and Helicopter Manager, along with the Pilot, are mutually responsible for completing the form when a decision to demobilize the resource has been made.

Completion is self-explanatory. Update if travel routes and times change, or decision to hold the resource is made.
4. Posting. None.
5. Routing and Filing. Route the form to the Air Support Group Supervisor or Air Operations Branch Director, who is responsible for ensuring the information is relayed to the Planning Section and/or local dispatch center.
6. Related Forms. HBM-9A Helicopter Flight Schedule.

Exhibit B-11 Helicopter Flight Schedule (HBM-9A)

HELICOPTER FLIGHT SCHEDULE

| | | | | | | | | | | | | | | |
|---|--------|--------------------|-----|-----|--------------------------|--------|---------|-----|-----|-----------|------|-----------------------------|------|--|
| Initial Request Information | | Charge Code | | | | | | | | | | Aircraft Information | | |
| Date | Time | | | | | | | | | | | FAA N# | | |
| To | From | | | | | | | | | | | Flight Schedule Number | | |
| Mission Details | | | | | | | | | | | | Make/Model | | |
| | | | | | | | | | | | | Color | | |
| | | | | | | | | | | | | Vendor | | |
| | | | | | | | | | | | | Telephone Number | | |
| | | | | | | | | | | | | Pilots | | |
| Flight Itinerary | | | | | | | | | | | | | | |
| Passenger and Cargo Information | | | | | | | | | | | | | | |
| Name/Cargo | Weight | Order # | DPT | DST | Name/Cargo | Weight | Order # | DPT | DST | | | | | |
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| Radio Frequencies | | | | | | | | | | | | | | |
| Flight Following | | | | | Radio Frequencies | | | | | | | | | |
| FAA Flight Plan Filed Agency Flight Following NICC Flight Following 1-800-994-6312 Home Unit Phone | | | | | UNIT | | | | | Transmit | | Receive | | |
| | | | | | | | | | | Frequency | Tone | Frequency | Tone | |
| Notes and Comments: | | | | | | | | | | | | | | |

L. Helibase Diagram (HBM-10). (See Exhibit B-12.)

1. Purpose. The purpose is to enable the Helibase Manager to brief Pilots and other personnel on the location of helibase facilities, touchdown pads, and flight routes inbound to and outbound from the helibase.
2. Applicability. The form is optional and should be completed by the second operational period on incident helibases or helispots to which two or more helicopters are assigned. On project helibases with two or more helicopters assigned, the form should be completed prior to the start of the first day's operations.
3. Responsibility and Instructions For Completion. Refer to Exhibit B-12. Also refer to Chapters 8 and 15 for further information.

The Helibase Manager is responsible for completion. The Helibase Manager usually delegates this responsibility to the Takeoff and Landing Coordinator (TOLC) and the Deck Coordinator. Pilots should always be consulted concerning flight routes and location of facilities, landing pads, etc.

The map should include, but is not limited to, the following:

- Inbound/Outbound Flight routes
- Location of all landing pads (designate as "personnel," "cargo" {both internal and sling/longline}, and "fueling")
- Location of hazards on and around the helibase
- Vehicle parking (fuelers, helibase personnel, crews, cargo)
- Location of helibase operations and communications area

The map should be updated as necessary (realignment of helibase, addition of landing pads, whenever locations change, facilities are added, etc.). An update date/time should be indicated on the map.

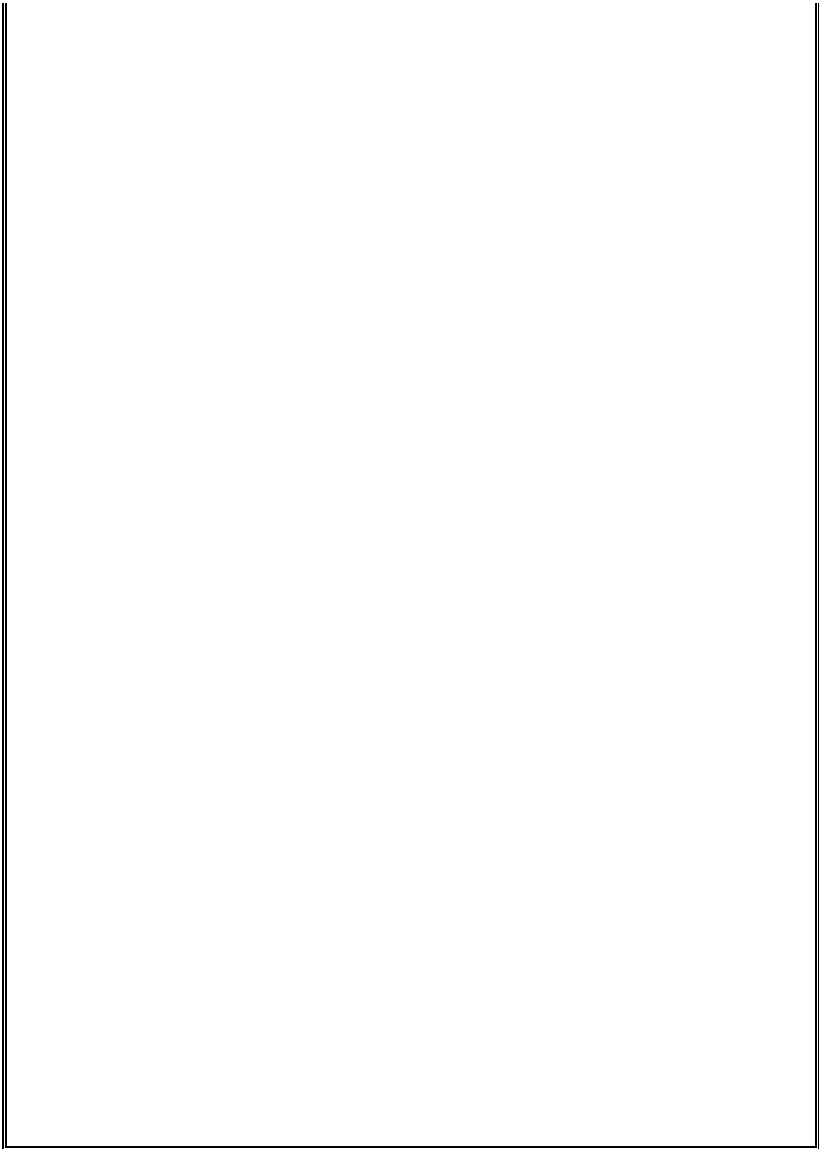
4. Posting. The map is posted on the helibase display board as soon as it is completed.
5. Routing and Filing. Pilots should be briefed utilizing the latest map. No additional routing is necessary. The map becomes part of the helibase file.
6. Related Forms. The Incident Map showing helispot locations and incident area hazards is a separate map.

Exhibit B-12: Helibase Diagram (HBM-10)

HELIBASE DIAGRAM

Helibase: _____

Date: _____



HBM-10 (01/05) REQUIRED

M. Helibase Cumulative Cost Summary (HBM-11). (See Exhibit B-13)

1. Purpose. The purpose is to ensure accurate cost tracking over the course of an incident or project.
2. The form is optional for fire and project use. Air operations staff should request its completion if required by them.
3. Responsibility and instructions for completion. The helibase manager is responsible for completing this form, but may be delegated to other helibase staff. Entries are made from the individual HBM-7 forms.
4. Posting. None
5. Routing and Filing. The form should become part of the Helibase documentation file on large fires, and give to the project manager for projects.
6. Related Forms. Forms HBM-7 Helibase Daily Use and Cost Summary.

Exhibit B-13: Helibase Cumulative Cost Summary (HBM-11)

HELIBASE CUMULATIVE COST SUMMARY

Helibase: _____

| DATE | PAX | Cargo | Water | Retardant | Foam | F/T | Support | Total Cost |
|---------------|-----|-------|-------|-----------|------|-----|---------|------------|
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| Totals | | | | | | | | |

N. Helitack Crew Performance Rating (HBM-12) and Helibase Personnel Performance Rating (HBM-13) (See Exhibits B-14 and B-15)

1. Purpose. Use to rate crews and single resources in performance of duties on the helibase.
2. Applicability. The forms are required on all incidents where an incident management team is assigned and optional on projects.
3. Responsibility and Instructions for Completion. The forms will be completed by the appropriate helibase supervisor.
4. Posting. None.
5. Routing and Filing. A copy should be mailed to the employees or crews home unit supervisor, and one copy kept for the fire package.
6. Related forms. None.

Exhibit B-14: Helitack Crew Performance Rating HBM-12.

HELITACK CREW PERFORMANCE RATING

| | | | | | |
|--|-----------|----------------------------------|---------------------------------------|---|-----------|
| Instructions: This rating is to be used only for determining an employees firefighting qualifications. Crew will be rated by the immediate supervisor, not the Crew Representative. If deficiencies are indicated for items 9 and 10 , explain in item 13. | | | | | |
| 1. Crew Name | | 2. Fire Name and Number | | 3. Managers Name | |
| 4. Crew Home Unit and Address | | | 5. Agency Responsible for Fire | | |
| 6. Incident Management Type | | 7. Helibase Type (1 or 2) | | 8. Dates on Incident to | |
| 9. Crew Evaluation | | | | 11. Names Of Outstanding Workers | |
| Rating Factors | Excellent | Satisfactory | Needs to Improve | | Deficient |
| Physical Condition | | | | | |
| Attitude | | | | | |
| Team Work | | | | | |
| Off Line Conduct | | | | | |
| Use of Safe Practices | | | | | |
| Crew Organization and Equipment | | | | | |
| Helibase Operations | | | | | |
| 10. Supervisory Performances | | | | | |
| Crew Supervisor | | | | | |
| Assistant Crew Supervisor | | | | | |
| Squad Leader(s) | | | | | |
| Senior Firefighter(s) | | | | | |
| 12. Names of Crewmembers needing Improvement | | | 13. Areas Needing Improvement | | |
| 14. Remarks | | | | | |
| 15. Crew Supervisor (signature): This rating has been discussed with me. | | | | 16. Date | |
| 17. Rated By (signature) | | 18. Incident Position | 19. Home Unit Address | 19. Date | |

Exhibit B-15: Helibase Personnel Performance Rating HBM-13.

HELIBASE PERSONNEL PERFORMANCE RATING

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------|----------|-----------------------------------|-----------------------|---|----------|------------------------------|----------|------------------------------------|-----------------------|-----------------|----------|-----------------------|----------|----------|-----------------------|----------|----------|----------|----------|--|
| Instructions: This rating is to be used only for determining an employees firefighting qualifications. The immediate supervisor will rate each employee. If deficiencies are indicated, explain in item 10. | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name | | | | | | 2. Fire Name and Number | | | | | | | | | | | | | | | | |
| 3. Home Unit Address | | | | | | 4. Agency Responsible for the Fire | | | | | | | | | | | | | | | | |
| 5. Incident Position | | | | 6. Dates on Incident to | | 7. Helibase Type | | | | 8. Incident Management Type | | | | | | | | | | | | |
| 9. Evaluation Enter X under appropriate rating number and proper heading for each category listed. | | | | | | | | | | | | | | | | | | | | | | |
| <p>0 - Deficient - Does not meet the minimum requirements of the individual statement. Deficiencies must be identified in remarks.</p> <p>1 - Needs to Improve - Meets some or most of the requirements of the individual element. Identify improvement needed in remarks.</p> <p>2 - Satisfactory - Employee meets all requirements of the individual element</p> <p>3 - Superior - Employee consistently exceeds the performance requirements.</p> <p>* - Not Applicable</p> | | | | | | | | | | | | | | | | | | | | | | |
| Rating Factors | | Helibase Gen | | | HECM / HESM | | | HCWN | | | ABRO / TOLC | | | DECK | | | HEB1 / HEB2 | | | | | |
| | | Qual / Trainee | | | Qual / Trainee | | | Qual / Trainee | | | Qual / Trainee | | | Qual / Trainee | | | Qual / Trainee | | | | | |
| | | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | |
| Knowledge of the job | | | | | | | | | | | | | | | | | | | | | | |
| Ability to obtain performance | | | | | | | | | | | | | | | | | | | | | | |
| Attitude | | | | | | | | | | | | | | | | | | | | | | |
| Decisions under stress | | | | | | | | | | | | | | | | | | | | | | |
| Initiative | | | | | | | | | | | | | | | | | | | | | | |
| Consideration for personal welfare | | | | | | | | | | | | | | | | | | | | | | |
| Obtain equipment and supplies | | | | | | | | | | | | | | | | | | | | | | |
| Physical ability for the job | | | | | | | | | | | | | | | | | | | | | | |
| Safety | | | | | | | | | | | | | | | | | | | | | | |
| Crash rescue | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | |
| 10. Remarks | | | | | | | | | | | | | | | | | | | | | | |
| 11. Crew Supervisor (signature): This rating has been discussed with me. | | | | | | | | | | | | | | 12. Date | | | | | | | | |
| 13. Rated By (signature) | | | | 14. Incident Position | | | | 15. Home Unit Address | | | | 16. Date | | | | | | | | | | |

O. Two for One CWN Mgt and/or Standard to Limited Request (HBM-14) (See Exhibit B-16)

1. Purpose. The purpose is to document authorization from the appropriate state or regional Aviation Manager to allow one manager to manage 2 Restricted category or limited use designated helicopters, or to allow a standard category helicopter to be designated for limited use. Refer to Chapter 2 for more information.
2. Applicability. The form is optional at all levels, but authorization by the Appropriate Aviation Manager must be documented.
3. Responsibility for Completion. The form must be completed by the AOBD, ASGS, Helibase Manager, Helicopter Manager, or local Aviation Manager.
4. Posting. The Authorization should be held by the requesting official until the request is no longer needed or is no longer valid.
5. Related Forms. None

Exhibit B-16: Two For One CWN MGT. And/Or Standard to Limited Helicopter Request HBM-14.

TWO FOR ONE CWN MGT. AND/OR STANDARD TO LIMITED HELICOPTER REQUEST

Date of Request: _____

Agency/Unit: _____ Incident Name: _____

Requesting Official: _____ Title: _____

One Manager to be Assigned to 2 Restricted Category / Limited Use Helicopters

HCWN Name(1): _____ Last day of HCWN assignment: _____ O- # _____

1. Helicopter Make and Model: _____ N- # _____ A- # _____

2. Helicopter Make and Model: _____ N- # _____ A- # _____

Manager is fully qualified and agrees to manage both helicopters: Yes _____ No _____

A second HCWN is on order with active efforts to fill (2): Yes _____ No _____

The helicopters are located side by side at the same helibase: Yes _____ No _____

A fully qualified Helibase Manager is assigned: Yes _____ No _____

Standard Category Helicopter to be Designated as Limited Use (3)

Helicopter will be used for Buckets, External Cargo, ATGS, HLCO, PSD, IR, OR Aerial Mapping only: Yes _____ No _____

Rational:

Helicopter Make and Model: _____ N- # _____ A- # _____

Approved By: _____ Title: _____ Date: _____

Disapproved By: _____ Title: _____ Date: _____

Rescinded By: _____ Title: _____ Date: _____

(1) If either the Manager or Aircraft changes from the original request, a new approval will need to be obtained.

(2) Requestor will notify approving official when 2nd HCWN is filled.

(3) Requestor will notify approving official when helicopter is removed from limited use designation.