

# Attachment 1

## Helicopter Accident/Incident Supplemental Checklist

### Company information

- Number of aircraft: Winter 5; Summer 9
- Models flown: Bell 206B-3; Bell 206L-3; Bell 206L-1(C30)
- Types of missions flown: 133, 135
- Number of locations served: On Demand
- General terrain conditions for operations: Alaska
- Characteristic weather for operations: VFR day & night
- Number of pilots that perform the same mission as the accident flight: 6

1. Formal **risk management program** that the company had in place, if any:  
Yes
2. Method by which **risks** associated with the accident flight were evaluated by the:  
Company? Jobs looked at by company management.  
Pilot? Risk management form.
3. Did the company have a (circle YES or NO)  
Non-punitive safety/incident reporting or monitoring system YES  
Designated safety officer with direct access to senior management YES
4. Company's procedure, if any, for pilots to make a **go/no-go decision**  
Risk management form, operational control.
5. Was this procedure clearly defined and enforced by the company? YES
6. Company **standard operating procedures (SOP)** regarding the  
mission/circumstances of the accident. General Operations Manual contains SOP's.  
In addition, CFIT training, CFIT manual, PCATD training flight manual and flat light  
scenarios.
7. Method of enforcement of **SOP's** by management? Chief Pilot rides with pilots and  
ensures compliance with SOP's.
8. Communications, if any, between the pilot and the company regarding the flight  
(before the accident)? Nothing out of the ordinary.
9. **Operational oversight** in place for this flight? Yes, Director of Operations/Chief Pilot  
maintains operational control.

10. Was this flight **local** or **remote**? Remote

11. Company hiring criteria for pilots? 1500 hours PIC, & OAS cardable.

12. Flight Experience: Other than the required pilot time matrix in the eADMS report, how many flight hours had the pilot accrued in the following?

- Piston and/or turbine rotorcraft: 7350
- With this company: 75
- On this mission type: 3000

13. **Training**, if any, did the pilot receive in the following areas.

- Risk assessment and risk management

Yes

- Weather evaluation and inadvertent encounters with adverse weather

Yes

- Formal aeronautical decision making (ADM)

Yes

- Transition to make and model

Yes

- Mission specific training (for accident flight mission)

Yes

- Crew resource management

Yes

- Terrain and hazard environment

Yes

14. Was the pilot in training at the time of the accident? NO

15. If yes, what type of training? \_\_\_\_\_

16. **Other helicopter models the pilot flew:** All models operated by company.

17. **Previous history** of accidents, violations, or difficulty with the mission of accident maneuver. None

18. **Safety equipment:** Check if the aircraft was equipped with the following equipment:

|     |                                                                      |
|-----|----------------------------------------------------------------------|
| No  | Recording devices: If so what type: Camera                           |
| No  | Proximity detection systems (i.e. Terrain Awareness Warning Systems) |
| No  | Night Vision Imaging Systems                                         |
| No  | Wire strike protection system                                        |
| No  | Crashworthy fuel system                                              |
| Yes | Helmets                                                              |
| No  | Fire retardant clothing/gloves No                                    |
| No  | Aircraft floats (over water) No                                      |
| No  | Personal flotation devices/life rafts/external life rafts No         |
| No  | Sonic locator (offshore) No                                          |
| Yes | Emergency Locator Transmitter (ELT) (121.5 or 406) 406/ Sat tracking |

19. **Preflight planning** (if relevant) performed for the accident flight. Yes

20. **Weather information** available to the pilot prior to departure. Yes/unapproved source.