

Attachment 1

Helicopter Accident/Incident Supplemental Checklist

Company information

- Number of aircraft 30
- Models flown 47-206-UH-1B
- Types of missions flown 137-133-91
- Number of locations served MN-IA-WI-ND-SD-NEB
- General terrain conditions for operations UPPER MID WEST PRAIRIE
- Characteristic weather for operations SUMMER VFR - 72-90°F
- Number of pilots that perform the same mission as the accident flight 15

1. **Formal risk management program** that the company had in place, if any:

FLIGHT STANDARDS - JNS - 137 OPERATION

2. **Method** by which **risks** associated with the accident flight were evaluated

by the Company: N/A

by the Pilot: REMOTE SATELLITE OPERATION - FLY FLIGHT HOME BASE

3. Did the company have a (circle correct response)

Non-punitive safety/incident reporting or monitoring system YES ☒ NO

Designated safety officer with direct access to senior management YES ☒ NO

4. Company's procedure, if any, for pilots to make a go/no-go decision:

YES - company policy manual - common sense

5. Was this procedure clearly defined and enforced by the company? ☒ YES ☐ NO

6. Company **standard operating procedures (SOP)** regarding the mission/circumstances of the accident:

MARGINAL WX - LOW FUEL - LATE DAY
NEW low time Pilot/Mixer loader
SHOULD HAVE DRIVEN HOME - BAD ADM.

7. Method of enforcement of **SOPs** by management:

RECURRENT - REVIEW - MAKE GOOD
ADM - CHOICES.

8. **Communications**, if any, between the pilot and the company regarding the flight (before the accident):

NONE - OTHER THAN IF IT
WORKED OUT HE COULD FLY DIRECT HOME TO
BASE FLIGHT TIME.

9. **Operational oversight** in place for this flight:

INTERACTION WITH WORKING PILOT AND MIKEA LOVED

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

11. **Company hiring criteria** for pilots?

COMMERCIAL RH - CLASS II MEDICAL - CDL HORIZON
AERIAL APPLICATION LICENSE - STATE COUNTRY ASOF. 200 HRS

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 50+
- With this company 50+
- On this mission type Yes

13. **What 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 - AND STUDENT WAS CFI RH

- Transition to make and model

Yes - SUBSTANTIAL

- Mission-specific training (for accident flight mission)

Yes - EXTENSIVE

- Crew resource management

Yes

- Terrain and hazard environment

Yes

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

15. If yes, what **type of training**? _____

16. Other helicopter models the pilot flew G-2A/G-3B Bell 47

17. **Previous history** of accidents, violations, or difficulty with the mission of accident maneuver.

NONE

18. **Safety equipment:** Check to verify whether the aircraft was equipped with each of these:

- ☐ Recording devices: If so what type: _____
- ☐ Proximity detection systems (i.e. Terrain Awareness Warning Systems)
- ☐ Night Vision Imaging Systems
- ☒ Wire strike protection system
- ☐ Crashworthy fuel system
- ☒ Helmets
- ☐ Fire retardant clothing/gloves
- ☐ Aircraft floats (over water)
- ☐ Personal flotation devices/life rafts/external life rafts
- ☐ Sonic locator (offshore)
- ☐ Emergency Locator Transmitter (ELT) (121.5 or 406)

19. **Preflight Planning** (if relevant) performed for the accident flight:

N/A

20. **Weather information** available to the pilot prior to departure:

Yes