

CUSTOMER ENQUIRY FORM

CUSTOMER DETAILS	
CUSTOMER NAME	
ADDRESS	
ORGANISATION	
CONTACT NUMBER	
EMAIL	

DATE

JOB NUMBER

DATE REQUIRED

CLIENT VISIT REQUESTED
YES / NO

DESCRIPTION OF WORK REQUIRED	

SPECIFICATIONS	
Type/ Model of UAS to be used:	<u>Videography:</u> Format: Output: <input type="checkbox"/> Video <input type="checkbox"/> Photo
<u>Mapping</u> No. of Ha to be covered: Resolution: Flight height: Overlap: Sidelap: No. GCPs to be placed:	<u>Spraying:</u> No. of Ha to be covered: Dosage: Flight height and Speed:

PRE SITE SURVEY

JOB NUMBER

DATE

FLIGHT TEAM COMPOSITION	
PILOT IN COMMAND:	
OBSERVER:	
UAV REGISTRATION:	

OPERATING SITE LOCATION	
OPERATING SITE NAME:	
SITE LATITUDE:	
SITE LONGITUDE:	
ALTITUDE AMSL:	ft AMSL
DATE WORK REQUIRED:	
IS THERE VEHICULAR ACCESS:	YES / NO
WORK REQUIRED:	

ITEM	ACTION TO COMPLETE	FINDINGS
AIRSPACE	Airspace Class? (A,C,D,E,F,G) - ATC Permission Required?	
TERRAIN	What is the Terrain? (Flat, Mountainous, Boggy)	
PROXIMITIES	Other Aircraft (Aerodromes, Heli Pads, Model Sites)	
HAZARDS	Live Firing, High Intensity Radio Transmissions, Gas Venting	
RESTRICTIONS	Nuclear Power Stations, Prisons, High Intensity Radio	
SENSITIVITIES	Nature Reserves, Recreational Areas, Bye Laws	
PEOPLE	Local Habitation (Do we need to Letter Drop?)	
LIVESTOCK	Local Farms	
PERMISSION	Local Authority, Land Owner, Military Space	
ACCESS	Public Right of Way, Gates & Roads	
CORDON	Is a Cordon Required? (Do we need extra staff?)	
FOOTPATHS	Public Footpaths, Bridal Paths	
ALTERNATE	Alternative Operational / Take Off Sites	
RISK MITIGATION	Can the job be done at another time to avoid School times etc	
WEATHER	24 hour forecast	
NOTAMS	Any Notice to Airmen that may affect operations	

COMPLETED PRE-NOTIFICATION	If Notified, Record Date, Time & Contact Name
LOCAL AIR TRAFFIC CONTROL:	
MILITARY CONTROL:	
NOTICE TO AIRMEN:	

RISK ASSESSMENT FORM

FLIGHT TEAM:		PILOT-IN-COMMAND:				OBSERVER:			
		PAYLOAD OPERATOR:				AIRCRAFT:			
1 – HAZARD (Something with the potential to cause harm, how will it be realized and what is the potential injury?)	2 - AT RISK	3 - EXISTING CONTROL MEASURES	RISK			7 - FURTHER CONTROL MEASURES	RISK		
			4 SEVERITY	5 PROBABILITY	6 RISK		8 SEVERITY	9 PROBABILITY	10 RISK
FURTHER ACTIONS (Further control measures which could be implemented at the planning stage to improve safety)									
ADDITIONAL COMMENTS (Actions identified by personnel on site, to make the operation safer)									
AUTHORIZED BY THE ACCOUNTABLE MANAGER		Name (Print):				SIGNED:			

AT RISK (Column 2)	SEVERITY (Column 4 and 8)		PROBABILITY (Column 5 and 9)		RISK RATING (Columns 6 and 10)		
E - Employees	1	NO INJURY, PROPERTY DAMAGE	1	EXTREMELY UNLIKELY	Severity X Probability - 1 to 5	MIN	Y - Acceptable Risk
C - Client	2	MINOR INJURY	2	REMOTE POSSIBILITY	Severity X Probability - 5 TO 10	LOW	Y - Acceptable Risk
V - Visitors	3	REPORTABLE INJURY	3	WILL POSSIBLY OCCUR	Severity X Probability - 12 TO 15	MED	? - Needs further consideration
P - Public	4	MAJOR INJURY OR FATALITIES	4	WILL PROBABLY OCCUR	Severity X Probability - 16 TO 20	HIGH	N - Unacceptable Risk
A - All			5	ALMOST CERTAIN			

ON SITE SURVEY

PILOT:	DATE	WIND SPEED
OBSERVER:		m/s
	TEMP	DIRECTION
	*C	

ITEM	ACTION TO COMPLETE	FINDINGS
OBSTRUCTIONS	Masts, Power Lines, Buildings, Train Tracks, Trees, Lakes, Rivers, Canals or Industrial Hazards	
VISUAL LIMITATIONS	Anything that May Impair Vision? (Up to 5KM)	
CORDON	Is a Cordon Required? (Do we need extra staff?)	
LIVESTOCK	Any Animals or Wildlife Present Nearby?	
TERRAIN	Flat Surface, Rough, Sloped, Wet, Trees?	
PERMISSION	Do We Have the Land Owners Permission?	Signature:
PUBLIC	Public Right of Way, Footpaths, Gates	
AIR TRAFFIC	Do We Need & or Have Clearance?	
COMMUNICATION	Are Two Way Radios Required?	
PROXIMITY	Are We Far Enough Away from Buildings?	
TAKE OFF AREA	Where is the Safest Convenient Position?	
LANDING AREA	Where is the Safest Convenient Position?	
OPERATIONAL ZONE	Are there Any Hazards or Obstructions?	
EMERGENCY AREA	Where is the Safest Convenient Position?	

CONTACT NAME AND TELEPHONE NUMBERS
PILOT:
OBSERVER:
CLIENT:
LOCAL POLICE:
LOCAL HOSPITAL:
LOCAL AIR TRAFFIC CONTROL:

NOTES:

PRE FLIGHT CHECKLIST

		Flight 1	Flight 2	Flight 3	Flight 4	Flight 5	Flight 6	Flight 7	Flight 8	Flight 9	Flight 10
G e n e r a l I n s p e c t i o n	Structure Inspect										
	Unfold the aircraft's arms										
	Start Motors without props, listen for abnormal sound and Motors All Spin Identically										
	Inspect leading edge/Install Props & Lock										
	Turn on the Aircraft and check if Camera Spins Freely										
	SD Card Formatted/ Installed										
	Remote Battery Charged										
	Propulsion Battery Charged(Check cell voltage)										
S y s t e m (D J I G	Firmware Review on DJI Go 4 App										
	Camera Settings Review(ISO, Video Format, Aperture)										
	GPS Fix/ Displayed Altimeter Height vs. Aircraft Actual Height										
	Minimum Safe Altitude/ RTH(Obstacle Avoidance)Set										
	Max altitude (400ft/120m)Set										
	Compass Calibration if prompted										
	Radio Links Verify										
	P Mode (GPS) Set										


o A p p & D r o n e D e p l o y)	Led on Aircraft-green											
	Green GPS Bar on iPad											
	Satellites Connected not < 7											
	Battery Level >95%											
	Remote Frequency Strength											
	Mapping Mission (Automatic)											
	Flight area Clear											
	Weather favorable for flight Check											
	ATC Notified if near airport											
	Secured Launch and Recovery space											
	DJI Pilot PE app Start											
	Download updated satellite map											
	Check the kml , flight altitude, resolution, Front overlap and Side lap if it meets the client request											
	Aircraft flight speed Check											
	Flight direction and starting waypoint											
	Motors Idle, Check Direction											
	Antenna Orientation Check											
	Confirm with the setting and approve pre-flight check Press blue button											
	Check takeoff area and start mission											
	Check the upward sensing and downward sensing and horizontal sensing											
	Obstacle avoidance, enable brake or avoid.											
	Aerial Photography/Videography/Manual Flight											
	Flight area Clear											
	Weather favorable for flight Check											
	ATC Notified if near airport											

	Secured Launch and Recovery space										
	Start motors (CSC command)										
	Check if there is no abnormal sound										
	Use left stick to lift the drone up to 1.5 m and hover for few seconds										
	Check if the drone is responsive on all commands(roll, pitch, yaw)										
	Antenna Orientation Check										
	Check the area and start flight										
	Check the upward sensing and downward sensing and horizontal sensing										
	Obstacle avoidance, enable brake or avoid.										

POST FLIGHT

		Flight 1	Flight 2	Flight 3	Flight 4	Flight 5	Flight 6	Flight 7	Flight 8	Flight 9	Flight 10
	Mapping Mission (Automatic)										
	Ensure desired images were captured										
	Inspect Drone for any damage										
	For the Last flight of the mission: upload images on Agisoft to check data integrity										
	Backup captured data										
	Pack all Equipment										
	Fill in all required logs										
	Aerial Photography/Videography/Manual Flight										
	Ensure desired footage was captured										
	Inspect Drone for any damage										
	Backup captured footages										
	Pack all Equipment										
	Fill in all required logs										

INCIDENT LOGBOOK

 Rwanda Civil Aviation Authority	RCAA-Form-UAS004
	UAS ACCIDENT AND INCIDENT REPORTING FORM (For initial report of UA Accident or Incident)

1. Report Number (Office Use)				2. Date and Time :				3. Name of Reporting Party:							
4. Telephone:						5. Address:									
6. Phase of Operation :						7. Location of Accident:									
8. UA Reg. Number:						9. Make / Model:									
10. Remote Pilot:						11. Telephone:									
12. UA Damage:						13. Any person/ property affected on ground:									
Destroyed		Major		Minor		Other		Fatal		Major		Minor		Nil	
14. UA fire? Yes / No								15. Is wreckage secure? Yes / No							
16. Description of Accident or Incident:															
17. Witnesses? Yes / No (If Yes, provide contact details of each witness).						Names:				Contact details					
18. Submitted by:						This report shall be submitted direct to Flight Safety Services (FSS) Office or ATC by quickest means but no later than 24hours.									

[illegible]

