

CUSTOMER ENQUIRY FORM

CUSTOMER DETAILS		DATE
CUSTOMER NAME		
ADDRESS		
ORGANISATION		JOB NUMBER
CONTACT NUMBER		
EMAIL		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	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:	

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

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 <small>(Something with the potential to cause harm, how will it be realized and what is the potential injury?)</small>	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:
OBSERVER:

DATE

WIND SPEED
m/s

TEMP
*C

DIRECTION

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	Use only genuine parts in good condition										
	Remote controller, Intelligent Flight Batteries, and mobile device are fully charged										
	Securely mount propellers onto motors, propellers and frame arms are unfolded, and motors can start and function normally										
	All parts are mounted securely, and cables are connected correctly and firmly										
	All the arrows on the GPS-Compass Pro point toward the front of the aircraft										
	Follow the on-screen instructions to calibrate the compass										
	DJI GO app and aircraft's firmware have been upgraded to the latest version										
	Your flight area is outside of any No Fly Zones and flight conditions are suitable for flying the aircraft										
	Be sure that you are NOT flying under the influence of alcohol, drugs or any substance that may impair your cognitive abilities.										
	Be familiar with the selected flight mode and understand all safety functions and warnings										
Be sure to observe all local regulations, obtain appropriate authorizations, and understand the risks. REMEMBER: It is solely your responsibility to comply with all flight regulations											

<p>Please MAINTAIN LINE OF SIGHT (WITH YOUR EYES) OF YOUR AIRCRAFT AT ALL TIMES. Please do not only rely on first person view camera to control your aircraft</p>										
<p>Ensure the DJI GO app is properly launched to assist your operation of the aircraft. WITHOUT THE FLIGHT DATA RECORDED BY THE DJI GO APP, IN CERTAIN SITUATIONS (INCLUDING THE LOSS OF YOUR AIRCRAFT) DJI MAY NOT BE ABLE TO PROVIDE AFTERSALES SUPPORT TO YOU OR ASSUME LIABILITY</p>										

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.				

COMBINED PILOT & AIRCRAFT HOURS LOGBOOK

DATE (DD/MM/YY)	TAKE-OF F TIME (HH:MM)	LANDING TIME (HH:MM)	AIRCRAFT SYSTEM NAME	BATTERY NUMBER	PILOT-IN-COMMA ND	LOCATION NAME	PURPOSE OF FLIGHT	COMMENTS AND MINOR INCIDENTS