

CUSTOMER ENQUIRY FORM

CUSTOMER DETAIL	S DATE
CUSTOMER NAME	
ADDRESS	
	JOB NUMBER
ORGANISATION	DATE REQUIRED
CONTACT NUMBER	DATE REGUIRED
EMAIL	CLIENT VISIT REQUESTED
	YES / NO
DESCRIPTI	ON OF WORK REQUIRED
S	PECIFICATIONS
Type/ Model of UAS to be used:	<u>Videography:</u>
	Format:
<u>Mapping</u>	Output:VideoPhotoPhoto
No. of Ha to be covered:	No. of Ha to be covered:
Resolution:	Dosage:
Flight height: Overlap:	Flight height and Speed:
Sidelap:	
No. GCPs to be placed:	
DDE (NITE CHOVEY
PRES	SITE SURVEY
JOB NUMBER DATE	OPERATING SITE LOCATION
	OPERATING SITE NAME:
	SITE LATITUDE:
	SITE LONGITUDE:
FLIGHT TEAM COMPOSITION	ALTITUDE AMSL: ff
PILOT IN COMMAND:	DATE WORK REQUIRED:
OBSERVER:	IS THERE VEHICULAR ACCESS: YES NO
UAV REGISTRATION:	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-C	OMM	AND:				OBSERVER:			
	PAYLOAD C	PER	ATOR:				AIRCRAFT:			
1 – HAZARD		2 - AT	3 - EXISTING CONTROL MEASURES	RISK			7 - FURTHER CONTROL MEASURES	RISK		
(Something with the potential to cause harm, how will it be realized and what is the potential injury?)		RI S K	MEASURES	4 S E V E RI TY	5 P R O B A B L T Y	8 8 8 8		8 S E V E RI T Y	9 R O B A B L Y	10 RI S K
					-					
FURTHER ACTIONS	(Further contro	ol mea	sures which could be implemente	d at the	e planr	ning st	age to improve safety)			
ADDITIONAL COMM	ENTS (Actions	identif	ied by personnel on site, to make	the op	eratio	n safe	r)			
AUTHORIZED BY THE ACCOUNTABLE MA		Name	(Print):				SIGNED:			

AT RISK (Column 2)	SEVERITY (Column 4 and 8)			OBABILITY (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	2.1.22.1.21.
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 COMMUNICATION	Do We Need & or Have Clearance? 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 A	ND 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	Structure Inspect	_		0	T		0	,	0	<u> </u>	10
G	Start Motors without props,										
е	listen for abnormal sound and										
n	Motors All Spin Identically										
	Inspect leading edge/Install										
е	Props & Lock										
r	Camera Mount Secure/ no										
l -	torn rubber mounts										
а	Camera Spins Freely										
	SD Card Formatted/ Installed										
	Remote Battery Charged										
ı	Propulsion Battery Charged(
n	Check cell voltage)										
S											
р											
e											
С											
t											
_											
i											
0											
n											
S	Firmware Review on DJI Go										
l v	App Camera Settings Review(
У	ISO, Video Format, Aperture)										
S	GPS Fix/ Displayed Altimeter										
t	Height vs. Aircraft Actual										
	Height										
е	Minimum Safe Altitude/										
m	RTH(Obstacle Avoidance)Set										
1	Max altitude (400ft/120m)Set										
<u> </u>	Compass Calibration if										
D	prompted										
J	Radio Links Verify										
.	P Mode (GPS) Set										
	Led on Aircraft-green										$oxed{oxed}$
G	Green GPS Bar on IPad										
	Satellites Connected not < 7										
0	Battery Level >95%										
Α	Remote Frequency Strength					<u></u>					
р	Manning Missian (Automotic)										
	Flight area Clear										
р	Weather favorable for flight										
&	Check	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
D	ATC Notified if near airport										
ע	Secured Launch and										
r	Recovery space										
0	Drone app Start										
		<u> </u>				<u> </u>			<u> </u>		



n	Download updated satellite										
	map										
e	Check the kml , flight altitude,										
D	resolution, Front overlap and										
ן ט	Side lap if it meets the client										
l e	request										
	Aircraft flight speed Check										
p	Flight direction and starting										
	waypoint										
0	Motors Idle, Check Direction										
0	Antenna Orientation Check										
У	Confirm with the setting and										
1	approve pre-flight check										
<i>'</i>	Press blue button										
	Check takeoff area and start										
	mission Press blue button										
	Aerial Photography/Videography/Manual										
	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				1						
1	i Onioon liio area ana olan										
	flight										



POST FLIGHT

	Flight	Flight	Flight	Flight	Flight 5	Flight 6	Flight	Flight 8	Flight	Flight 10
Mapping Mission (Automatic)									J	10
Ensure desired images were captured				•						
Inspect Drone for any damage										
For the Last flight of the mission: upload images on processing software to check data integrity										
Backup captured data										
Pack all Equipment										
Fill in all required logs										
Aerial Pl	notog	raph	y/Vid	eogra	aphy/	Manu	ual Fl	ight		
Ensure desired footage was captured										
Inspect Drone for any damage										
Backup captured footages										
Pack all Equipment										
Fill in all required logs										



INCIDENT LOGBOOK

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

1. R	eport Number	(Office Use)	2.	Date and Time :		3. Name o	3. Name of Reporting Party:				
4.	Telephone:		•		5. Address:						
6.	Phase of Ope	eration:			7. Locatio	on of Accident:					
8.	8. UA Reg. Number:					Model:					
10.	Remote Pilo	ot:			11. Telepho	one:					
12.	UA Damaş	ge:			13. Any perso	on/ property af	fected on gro	und:			
De	stroyed	Major	Minor	Other	Fatal	Major	Minor	Nil			
14.	UA fire? Y	es / No		-	15. Is wrec	kage secure?	Yes / No				
16.	Description of	of Accident or	Incident	t:							
17.		es / No (If Ye		Nan	ies:		Contact deta	ails			
	provide conta witness).	act details of e	each								
Safe					report shall be submitted direct to Flight ty Services (FSS) Office or ATC by quickest ns 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