

# 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 <input type="checkbox"/> NO <input type="checkbox"/>
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

<b>FLIGHT TEAM:</b>	<b>PILOT-IN-COMMAND:</b>	<b>OBSERVER:</b>							
	<b>PAYLOAD OPERATOR:</b>	<b>AIRCRAFT:</b>							
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)									
<b>AUTHORIZED BY THE ACCOUNTABLE MANAGER</b>	<b>Name (Print):</b>				<b>SIGNED:</b>				

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:

<b>NOTES:</b>
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## PRE FLIGHT CHECKLIST


		Flight 1	Flight 2	Flight 3	Flight 4	Flight 5	Flight 6	Flight 7	Flight 8	Flight 9	Flight 10
SYSTEM	R/C and Aircraft battery charged										
	The pesticides required are adequate										
	The position of aircraft battery is secured										
	All parts are mounted securely										
	All cables are connected correctly and firmly										
	Propellers are unfolded and mounted onto the motors securely										
	Frame arms are unfolded and arm sleeves are firmly tightened										
	No blockage on spraying system										
	Test the sprinklers										
	Loosen the valve on the side of sprinklers and discharge bubbled then tighten the valves										
	Compass calibrated										
	Aircraft firmware and ??? updated to the latest version										
	Format DATA from the storage devices										

	Be familiar with the selected flight mode										
<b>F L I G H T P L A N</b>	ATC Notified if near airport										
	Do not fly in <b>NO FLY ZONES</b>										
<b>B E F O R E T A K E O F F</b>	Direct the drone status indicator towards you										
	Power on the R/C and connect the battery to the communication port and then the AS150U Port										
	Toggle the operation mode switch to ATT operation mode										
	Toggle the flight mode switch to ATT-mode and wait until no <b>RED</b> blinking from the aircraft										
	Call takeoff And the observer record the take off time										
	Push the throttle stick up to takeoff										
	Select the desired operation mode and spray the liquid										
	Toggle to Manual operation mode before landing										

## POST FLIGHT CHECKLIST

	Flight 1	Flight 2	Flight 3	Flight 4	Flight 5	Flight 6	Flight 7	Flight 8	Flight 9	Flight 10
Perform the CSC to stop the motors										
Disconnect the battery from the AS150U port and then the communication port										
Power off the remote controller										
Power off the ground system										
Fold the propellers the arms										
Remove the battery										
Empty the spray tank										
Dismount the ground system										
All the 4 spray nozzles present										
Pack all Equipment										
Fill in all required logs										

## INCIDENT LOGBOOK

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





