

CUSTOMER ENQUIRY FORM

DATE:
PROJECT NAME:

CUSTOMER DETAILS
CONTACT NAME:
COMPANY/ ORGANISATION:
ADDRESS:
CONTACT NUMBER:
Email:

DESCRIPTION OF WORK REQUIRED
DATE OF WORK REQUIRED: / /

SPECIFICATIONS REQUIREMENTS					
Type/Model of UAS to be used:					
UAV Registration:					
<i>Filming</i>			<i>Mapping</i>		<i>Spraying</i>
Output	Video	Photo	No. of Ha to be covered:		No. of Ha to be covered: Resolution: Flight altitude: Flight speed: Dosage:
Format:			Resolution: Flight altitude: Flight speed:		
Resolution:			Overlap: Sidelap: No. of GCPs to be placed:		

CLIENT VISIT REQUESTED: YES / NO <input type="radio"/>

SITE SURVEY

OPERATING SITE NAME:		
GPS Coordinates:	Ground elevation:	AMSL

PRE SITE SURVEY		
ITEM	ACTION TO COMPLETE	COMMENT
AIRSPACE	Aeronautical information(Aerodromes, Protected Airspace, Controlled airspace)	
TERRAIN	What is the Terrain? (Flat, Mountainous, Boggy)	
RESTRICTED AREAS	Highways, High tension cables, communication masts. Stadiums, Prisons, Police stations, Radar site	
OTHER AREAS	DJI No-fly zone, Populated areas, Zipline routes	
NOTAMS	Any Notice to Airmen that may affect operations	

ON SITE SURVEY		
ITEM	ACTION TO COMPLETE	COMMENT
ACCESS	Is there a vehicle access?	
OBSTRUCTIONS	Masts, Power Lines, Buildings, Train Tracks, Trees, Lakes, Rivers, Canals or Industrial Hazards	
PROXIMITY	Are We Far Enough Away from Buildings?	
VISUAL LIMITATIONS	Anything that May Impair Vision? (Up to 5KM)	
AIR TRAFFIC	Do We Have Clearance?	
PERMISSION	Do We Have the Land Owners Permission?	
CORDON	Is a Cordon Required? (Do we need extra staff?)	
TAKE OFF & LANDING AREAS IDENTIFIED	YES <input type="radio"/> /NO <input type="radio"/>	
EMERGENCY AREA IDENTIFIED	YES <input type="radio"/> /NO <input type="radio"/>	

WEATHER	Temperature:	Wind direction:	Good to fly
	Wind speed:	Rain:	YES <input type="radio"/> /NO <input type="radio"/>

CONTACT NAME	CONTACT NUMBER	Notified
Local Air Traffic Control:		YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/>
Local Police:		YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/>
PILOT:		
OBSERVER:		

NOTES:

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 realised and what is the potential injury?)</small>	3 - EXISTING CONTROL MEASURES	RISK		7 - FURTHER CONTROL MEASURES	RISK	
		4 SEVERITY	5 PROBABILITY		8 SEVERITY	9 PROBABILITY
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 FLIGHT OPS MANAGER		YES <input type="radio"/> / NO <input type="radio"/>				

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			




FLIGHT CHECKLIST

PRE FLIGHT CHECKLIST				
ACTION	CHECK			
Drone firmware updated and has no cracks and breaks	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Transmitter firmware updated	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Software/App updated	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Battery full charged or ≥ 95% and not swollen	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Remote Controller fully charged	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Motors clear and undamaged	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Flight path created and uploaded	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Ensure your SD card is correctly formatted and inserted in your drone or its camera	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Compass calibrated	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Ensure your flight route does not coincide with a NO Fly Zone and request to unlock if necessarily	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Ensure your take off and flight path is free from any obstacle and there are no people within your flight area	YES <input checked="" type="radio"/>	NO <input checked="" type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Double check all the vision and infrared sensors are cleaned	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Remove the gimble cover	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Wait for the home point to be recorded	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Double check all the propellers are installed correctly	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
IPad/Tablet/Laptop fully charged and connected to the drone and its controller	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
RCAA permit granted and Concerned authorities informed	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Assigned Specific UAV Preflight checked	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
NOTES:				

POST FLIGHT CHECKLIST				
ACTION	CHECK			
Ensure it is safe for landing and check for obstacles and for people	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Turn off the drone	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Remove the battery	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Turn off the Remote Controller	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Inspect the drone to ensure no damage was made including landing gear, batteries and all connections	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Inspect the gimble and reinstall the cover and check if the camera is not damaged	YES <input type="radio"/>	NO <input checked="" type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Clean the vision and infrared sensors from any dusts	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Check if the propellers are not damaged and remove them	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Ensure your flight path is completed 100%	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>
Double check all the vision and infrared sensors are cleaned	YES <input type="radio"/>	NO <input type="radio"/>	N/A <input type="radio"/>	<input type="radio"/>

Pack All equipments	YES	NO	N/A
Assigned Specific UAV Post Flight checked	YES	NO	N/A
NOTES:			

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.				

AIRCRAFT FLIGHT HOURS LOGBOOK

AIRCRAFT MODEL:
AIRCRAFT REGISTRATION NUMBER:
LOCATION NAME:
PURPOSE OF FLIGHT:
DATE:

TAKE OFF TIME (HH:MM)	LANDING TIME (HH:MM)	BATTERY NUMBER	COMMENTS AND MINOR INCIDENTS

PILOT-IN-COMMAND:	Signature:
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