

**INTERAGENCY HELICOPTER OPERATIONS GUIDE**  
**APPENDIX E- HELICOPTER CREW AND**  
**HELICOPTER BASE READINESS EVALUATION**

**APPENDIX E: HELICOPTER CREW AND HELICOPTER BASE  
READINESS EVALUATION**

- I. **Introduction.** Aviation management in a geographic area should conduct an annual evaluation of contract helicopter crews and unit helicopter bases as part of pre-season readiness. The local unit should have adequate time, as identified by the evaluators, to respond to the evaluation and to identify corrective action planned or already taken.
- II. **Purpose.** The purpose of the Helicopter Crew And Helicopter Base Readiness Evaluation is to review general readiness of the helicopter module and identify and correct any safety or operational deficiencies related to the helicopter base or crew. It should be stressed that the evaluation process is meant to be a constructive process.
- III. **Applicability.** The format as contained in the Helicopter Crew And Helicopter Base Readiness Evaluation is optional. However, individual agency manual or handbook direction may require completion through reference to the IHOG. If utilized, it should be completed for all contract helicopters and crews stationed at permanent helibases.
- IV. **Responsibility and Instructions for Completion.** Aviation management at the State, Regional, or Area Office level is responsible for conducting the evaluation. Annual evaluations are recommended. The crew and vendor should be allowed sufficient time (for example, 1-2 weeks) between contract start and the evaluation.

Completion of individual items is self-explanatory. The following is recommended as an overall approach:

- The Helicopter Manager should utilize the evaluation as a checklist to prepare for the visit by the team. It can also be used as a means of self-evaluation throughout the season.
  - In order to cover all functional areas in a reasonable amount of time, it is recommended that each member of the evaluation team cover a separate functional area, with others on the team concurrently completing their assigned area.
  - A closeout with local fire and aviation management to review both deficiencies and positive aspects of the program is essential to the process.
  - A followup, either formal or informal, should be made to ensure corrective action has been taken to rectify deficiencies.
- V. **Routing and Filing.** Formal submission to the local line manager is recommended, with followup reply from the local unit as to corrective actions planned or already taken. Regional, State or Area aviation management should keep past evaluations on file in order to ensure that items identified in previous visits have been addressed.

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**TEAM CONDUCTING THIS EVALUATION**

NAME	AGENCY	PHONE

IMPORTANT NOTE: It is recommended that personnel qualifications and knowledge (Section M) be addressed LAST in the evaluation. During the course of the inspection, items addressed in the previous sections will provide much of the information needed to make an evaluation of personnel.

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FUNCTIONAL AREA:      A. GENERAL

BASE NAME:	AGENCY/UNIT:
GEOGRAPHIC LOCATION:	
COMMERCIAL PHONE NUMBER(S): ( ) ( )	
MAILING ADDRESS:	
LATITUDE:	LONGITUDE:
TWN:                      RGE:                      SEC:	VOR                      NM @                      DEGREES
IS HELIBASE LOCATED AT AIRPORT?                      ± YES      ± NO	CONTRACT COAR:
FAA DESIGNATOR (if applic.):	CONTRACT PI(s):
AGENCY DESIGNATOR:	
HELICOPTER MANAGER:	ASST. MANAGER:
CREWMEMBER:	CREWMEMBER:
COMPANY NAME:	COMPANY PHONE:
ADDRESS:	
PILOT NAME:	LOCAL PHONE NUMBER:
RELIEF PILOT NAME:	LOCAL PHONE NUMBER:
MECHANIC NAME:	LOCAL PHONE NUMBER:
RELIEF MECHANIC NAME:	LOCAL PHONE NUMBER:
DRIVER NAME:	LOCAL PHONE NUMBER:
RELIEF DRIVER NAME:	LOCAL PHONE NUMBER:
ADDITIONAL INFORMATION:	



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FUNCTIONAL AREA:      B. HELIBASE LOCATION AND LANDING AREA (cont.)

ITEM #	EVALUATION CRITERIA	REMARKS
B10.	IS THERE ADEQUATE LIGHTING FOR NIGHT OPERATIONS (IF APPLICABLE)? <span style="float: right;">± YES    ± NO</span>	
B11.	FIRE EXTINGUISHERS:  NUMBER:  TYPE:  CAPACITY:  CONDITION:  DATE(S) OF LAST INSPECTION:  ARE THE EXTINGUISHERS THE PROPER TYPE AND HAVE THEY BEEN INSPECTED? <span style="float: right;">± YES    ± NO</span>  ARE AIRCRAFT-TYPE FIRE EXTINGUISHERS AT EACH LANDING PAD? <span style="float: right;">± YES    ± NO</span>	
B12.	IS ALL ELECTRICAL EQUIPMENT PROPERLY GROUNDED? <span style="float: right;">± YES    ± NO</span>	
B13.	IS THERE WATER AVAILABLE AT PAD(S) FOR AIRCRAFT WASHDOWN? <span style="float: right;">± YES    ± NO</span>	
OTHER		

FUNCTIONAL AREA:      C. RETARDANT FACILITIES (IF APPLICABLE):

ITEM #	EVALUATION CRITERIA	REMARKS
C1.	TYPE:  MIXING/HANDLING EQUIPMENT ADEQUATE? <span style="float: right;">± YES    ± NO</span>	
C2.	ENVIRONMENTAL CONSIDERATIONS (FOR EXAMPLE, CONTAINMENT, LEACHING, ETC.)	
OTHER		

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FUNCTIONAL AREA: D. BASE FACILITIES AND COMMUNICATIONS.

FREQUENCIES:	INITIAL CALL IN:	AIRNET:	
	LOCAL UNIT NET:	RAMP:	OTHER:

ITEM #	EVALUATION CRITERIA	REMARKS
D1.	IS THERE BACKUP AUXILIARY POWER SYSTEM AT THE BASE? <span style="float: right;">± YES ± NO</span>	
D2.	IS A LOCAL-AREA COMMUNICATIONS PLAN POSTED IN BOTH THE OFFICE AND PILOT READY ROOM? <span style="float: right;">± YES ± NO</span> ARE FREQUENCIES POSTED ON THIS PLAN? <span style="float: right;">± YES ± NO</span> IS THERE A PUBLIC ADDRESS SYSTEM AT THE BASE? <span style="float: right;">± YES ± NO</span>	
D3.	DOES BASE HAVE VHF-AM EQUIPMENT? <span style="float: right;">± YES ± NO</span> IF VHF-AM FREQUENCIES ARE BEING USED, ARE APPROPRIATE, AUTHORIZED FREQUENCIES ASSIGNED? <span style="float: right;">± YES ± NO</span>	
D4.	IS THE TELEPHONE SYSTEM ADEQUATE TO INTENDED ACTIVITY (NUMBERS OF LINES AND PHONES)? <span style="float: right;">± YES ± NO</span> ARE PHONES IN WORKING ORDER? <span style="float: right;">± YES ± NO</span> ARE INSTRUCTIONS FOR USE OF PHONE SYSTEM POSTED, INCLUDING THOSE RELATED TO VENDOR USE OF FEDERAL TELEPHONE SYSTEM? <span style="float: right;">± YES ± NO</span> ARE APPROPRIATE PHONE NUMBERS (LOCAL DISPATCH, CRASH-RESCUE, FBO, ETC.) CLEARLY POSTED? <span style="float: right;">± YES ± NO</span>	
D5.	IS A FIRST AID KIT AVAILABLE AND IN GOOD CONDITION? <span style="float: right;">± YES ± NO</span>	
D6.	IS OFFICE EQUIPMENT AND FURNITURE IN ACCEPTABLE CONDITION? <span style="float: right;">± YES ± NO</span>	
D7.	IF APPLICABLE, IS THE CONDITION AND ADEQUACY OF CREW OVERNIGHT QUARTERS ACCEPTABLE? <span style="float: right;">± YES ± NO</span>	
D8.	IS THE PILOT AND CREW READY ROOM/STANDBY AREA ADEQUATE?  AIR CONDITIONING AVAILABLE? <span style="float: right;">± YES ± NO</span> HEATING AVAILABLE? <span style="float: right;">± YES ± NO</span> HOT AND COLD POTABLE WATER? <span style="float: right;">± YES ± NO</span> SHOWER? <span style="float: right;">± YES ± NO</span> REST ROOM FACILITIES? <span style="float: right;">± YES ± NO</span> LOUNGE AREA? <span style="float: right;">± YES ± NO</span> ADEQUATE LIGHTING? <span style="float: right;">± YES ± NO</span> LOCKERS? <span style="float: right;">± YES ± NO</span> DESK(S)? <span style="float: right;">± YES ± NO</span> FLIGHT PLANNING AREA? <span style="float: right;">± YES ± NO</span> EATING FACILITIES? <span style="float: right;">± YES ± NO</span> STOVE/MICROWAVE? <span style="float: right;">± YES ± NO</span> REFRIGERATOR? <span style="float: right;">± YES ± NO</span>	

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FUNCTIONAL AREA: D. BASE FACILITIES AND COMMUNICATIONS (Cont.)

ITEM #	EVALUATION CRITERIA	REMARKS
D9.	DOES THE BASE OFFICE HAVE ADEQUATE SPACE (OFFICE AND STANDBY) FOR THE NUMBER OF PERSONNEL WORKING THERE AND FOR INTENDED OPERATIONS? ± YES ± NO	
D10.	IS THE OFFICE WELL-ORGANIZED (MATERIALS AND REFERENCES ACCESSIBLE AND LABELED, MAPS ON WALL, ETC.)? ± YES ± NO	

FUNCTIONAL AREA: E. PLANNING AND ADMINISTRATION

ITEM #	EVALUATION CRITERIA	REMARKS
E1.	IS THE HELICOPTER/HELIBASE OPERATIONS PLAN CURRENT AND AVAILABLE? <sup>1</sup> ± YES ± NO	
E2.	IS IT READILY AVAILABLE TO OTHER CREWS IN REGULAR HELICOPTER CREW'S ABSENCE? ± YES ± NO	
E3.	DOES THE OPERATIONS PLAN DEPICT OR DISCUSS THE FOLLOWING (REVIEW WITH BOTH CREW AND PILOT): A current organization chart for the base? ± YES ± NO A current organization chart for the local air attack organization? ± YES ± NO A current organization chart for the agency's contracting organization? ± YES ± NO Aircraft contract administration procedures? ± YES ± NO A current organization chart for the dispatch organization? ± YES ± NO A current communications plan for phone and radio use? ± YES ± NO A map of the local area with prominent landmarks? ± YES ± NO A map with zones of influence, exchange, and initial attack areas? ± YES ± NO A map of current detection flight routes? ± YES ± NO A map with local airfield hazards? ± YES ± NO Local airfield management (procedures/regulations) ± <b>YES</b> ± <b>NO</b> Local fuel vendor? ± YES ± NO A road map of local area? ± YES ± NO A list of local lodging and eating facilities? ± YES ± NO A list of equipment and parts at the base? ± YES ± NO Fuels and fire behavior common to the area? ± YES ± NO	

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<sup>1</sup> The purpose of a Helicopter/Helibase Operations Plan is not only to detail local operating procedures, but also to provide useful information to other helicopter crews ordered in to the unit to provide assistance.

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FUNCTIONAL AREA: E. PLANNING AND ADMINISTRATION (CONT.)

ITEM #	EVALUATION CRITERIA	REMARKS
E3. (cont)	<p>DOES THE OPERATIONS PLAN DEPICT OR DISCUSS THE FOLLOWING REVIEW WITH BOTH CREW AND PILOT?:</p> <p>Agency responsibilities (especially at interagency bases) ± YES ± NO</p> <p>Duties and responsibilities of base personnel? ± YES ± NO</p> <p>Timekeeping procedures? ± YES ± NO</p> <p>Use of forms and reports? ± YES ± NO</p> <p>Pilot standby/availability and dispatch requirements? ± YES ± NO</p> <p>Procedures for submission of payment documents? ± YES ± NO</p> <p>Base electrical system (normal and emergency)? ± YES ± NO</p> <p>Maintenance of base facilities and equipment? ± YES ± NO</p> <p>Washdown, draining, and spill procedures? ± YES ± NO</p> <p>Helicopter parking areas and procedures? ± YES ± NO</p> <p>Fueling areas and procedures? ± YES ± NO</p> <p>Flight plan and flight following procedures (Local, Geographic Area, and National)? ± YES ± NO</p> <p>Airspace coordination (local procedures for Temporary Flight Restrictions {FAR 91.137}, Special-Use Airspace {MOA's, RA's, etc.} And Military Training Routes)? ± YES ± NO</p> <p>Location of additional Personal Protective Equipment? ± YES ± NO</p> <p>Local crash-rescue organization and procedures? ± YES ± NO</p> <p>Hazard, incident, and accident reporting? ± YES ± NO</p> <p>Aircraft Performance and Power Check Charts? ± YES ± NO</p>	
E4.	<p>HAVE THE AIR CREWS AND HELICOPTER CREW BEEN BRIEFED ON THE CONTENTS OF THE BASE'S OPERATIONS PLAN? ± YES ± NO</p>	
E5.	<p>ARE THE FOLLOWING REFERENCES AVAILABLE AT THE BASE?</p> <p>Agency Aviation Management Manuals/Handbooks ± YES ± NO</p> <p>Aviation Fuel Quality Control Program (USDA-FS) or USDI 351 DM 1 Aviation Fuel Handling Handbook ± YES ± NO</p> <p>Aviation Transport Of Hazardous Materials Handbook ± YES ± NO</p> <p>Interagency Helicopter Operations Guide ± YES ± NO</p> <p>Interagency Aerial Ignition Guide ± YES ± NO</p> <p>Interagency Airspace Coordination Guide ± YES ± NO</p> <p>Interagency Helicopter Rappel Guide (If Applic) ± YES ± NO</p> <p>Interagency Helicopter Short-Haul Guide (If Applic) ± YES ± NO</p> <p>Agency Contract Administration Manual or Guide ± YES ± NO</p> <p>Health and Safety Codes for appropriate agency ± YES ± NO</p> <p>Current helicopter contract ± YES ± NO</p> <p>NIFC Aircraft Radio/Communications Frequency Guide ± YES ± NO</p>	



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FUNCTIONAL AREA: F. SAFETY AND TRAINING (cont.)

ITEM #	EVALUATION CRITERIA	REMARKS
F2.	IS A SAFETY BULLETIN BOARD ESTABLISHED AND HAVE CURRENT/USEFUL INFORMATION POSTED? <span style="float: right;">± YES    ± NO</span>	
F3.	ARE INCIDENTS/HAZARDS BEING PROPERLY RECORDED AND SUBMITTED? <span style="float: right;">± YES    ± NO</span>	
F4.	OVERALL SAFETY ATTITUDE OF:  CREW: __ HIGH __ AWARE __ COMPLACENT  VENDOR: __ HIGH __ AWARE __ COMPLACENT  MANAGEMENT: __ HIGH __ AWARE __ COMPLACENT	
F5.	HAS A CREW TRAINING PLAN BEEN ESTABLISHED TO MEET AGENCY HANDBOOK AND INTERAGENCY GUIDE REQUIREMENTS? <span style="float: right;">± YES    ± NO</span>	
F6.	HAS TRAINING BEEN CONDUCTED IN THE TRANSPORT OF HAZARDOUS MATERIALS? <span style="float: right;">± YES    ± NO</span>	
F7.	HAS A PHYSICAL FITNESS TRAINING PROGRAM BEEN ESTABLISHED? <span style="float: right;">± YES    ± NO</span>  IS IT ADEQUATE TO THE NEEDS OF AN INITIAL ATTACK CREW? <span style="float: right;">± YES    ± NO</span>	
F8.	IS A LOCAL MAP OF KNOWN FLIGHT HAZARDS POSTED? <span style="float: right;">± YES    ± NO</span> IS THE HAZARD MAP ACCESSIBLE TO BOTH HELICOPTER CREW AND PILOT(S)? <span style="float: right;">± YES    ± NO</span> HAS THE MAP BEEN UPDATED? <span style="float: right;">± YES    ± NO</span>  DATE OF LAST REVISION:  IS THERE A KEY ON THE MAP THAT IDENTIFIES TYPES OF HAZARD? <span style="float: right;">± YES    ± NO</span> ARE MILITARY TRAINING ROUTES AND SPECIAL-USE AIRSPACE (MOA's, RA's, ETC.) CLEARLY MARKED? <span style="float: right;">± YES    ± NO</span> ARE TRANSMISSION WIRES AND OTHER HAZARDS CLEARLY MARKED? <span style="float: right;">± YES    ± NO</span> HAS A SAFETY BRIEFING BEEN HELD WITH ALL HOME-BASE AIR CREWS CONCERNING LOCAL KNOWN HAZARDS? <span style="float: right;">± YES    ± NO</span> IS A SMALLER-SCALE HAZARD MAP BEING CARRIED ABOARD THE AIRCRAFT? <span style="float: right;">± YES    ± NO</span>	
F9.	ARE POWER CHECKS BEING COMPLETED AND POSTED IN GRAPHIC FORMAT? (CHECK DOCUMENTATION) <span style="float: right;">± YES    ± NO</span>	



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FUNCTIONAL AREA: H. CRASH-RESCUE<sup>2</sup>

ITEM #	EVALUATION CRITERIA	REMARKS
H1.	HAVE APPROPRIATE HELIBASE PERSONNEL RECEIVED TRAINING IN CRASH-RESCUE PROCEDURES AND USE OF EXTINGUISHERS? <span style="float: right;">± YES ± NO</span>	
H2.	HAVE PERSONNEL ASSIGNMENTS BEEN MADE IN THE EVENT OF A CRASH AT THE HELIBASE? <span style="float: right;">± YES ± NO</span>	
H3.	HAS A CRASH-RESCUE DRILL BEEN CONDUCTED THIS YEAR? <span style="float: right;">± YES ± NO</span>	
H4.	IS THE AIRCRAFT EMERGENCY RESPONSE PLAN CLEARLY POSTED AND/OR ACCESSIBLE AT THE HELIBASE? <span style="float: right;">± YES ± NO</span>	
H5.	IS THE LOCAL-UNIT SEARCH AND RESCUE PLAN CLEARLY POSTED AND/OR ACCESSIBLE AT THE HELIBASE? <span style="float: right;">± YES ± NO</span>	
H6.	HAVE ALL PERSONNEL BEEN BRIEFED ON THEIR RESPONSIBILITIES RELATIVE TO BOTH THE AIRCRAFT EMERGENCY RESPONSE AND THE DISTRICT SEARCH AND RESCUE PLANS? <span style="float: right;">± YES ± NO</span>	

FUNCTIONAL AREA: I. STORAGE AND BACKUP EQUIPMENT

ITEM #	EVALUATION CRITERIA	REMARKS
I1.	IS HELICOPTER ACCESSORY/HELICOPTER EQUIPMENT STORAGE ADEQUATE? <span style="float: right;">± YES ± NO</span>	
I2.	IS THERE ADEQUATE EQUIPMENT FOR BOTH INITIAL AND EXTENDED ATTACK? <span style="float: right;">± YES ± NO</span>	
I3.	CONDITION OF STORED EQUIPMENT AND ACCESSORIES: CRASH/RESCUE KIT: <span style="float: right;">± GOOD ± FAIR ± POOR</span> EVACUATION KIT: <span style="float: right;">± GOOD ± FAIR ± POOR</span> INITIAL ATTACK KITS: <span style="float: right;">± GOOD ± FAIR ± POOR</span> LEADLINES AND SWIVELS: <span style="float: right;">± GOOD ± FAIR ± POOR</span> LAST DATE(S) SENT FOR TESTING:  WEIGHING SCALES: <span style="float: right;">± GOOD ± FAIR ± POOR</span> NETS: <span style="float: right;">± GOOD ± FAIR ± POOR</span> TOOLS/POWER EQUIPMENT: <span style="float: right;">± GOOD ± FAIR ± POOR</span> AERIAL IGNITION DEVICES: <span style="float: right;">± GOOD ± FAIR ± POOR</span>  OTHER:	

<sup>2</sup> Note: This information may be contained in the Base Operations portion (page E-7) of this document.

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FUNCTIONAL AREA: J. HELICOPTER

MAKE/MODEL	FAA REGISTRATION #	CURRENT HOBBS READING

ITEM #	EVALUATION CRITERIA	REMARKS
J1.	AIRCRAFT APPROVAL CARD (SIGNED BY AND DATE):	
J2.	IS HAZARDOUS MATERIALS HANDBOOK ABOARD?           ± YES   ± NO IS PILOT FAMILIAR WITH HANDBOOK?                   ± YES   ± NO	
J3.	IS FLIGHT MANUAL UP-TO-DATE AND ARE APPROPRIATE CHARTS BEING USED?                   ± YES   ± NO	
J4.	CHECK CONDITION OF THE FOLLOWING: EMERGENCY LOCATOR TRANSMITTER:                   ± OK   ± INOP BATTERY DATE ON ELT: FIRE EXTINGUISHER(S):                                 ± OK   ± INOP DATE LAST INSPECTED: CONDITION OF FIRST AID KIT (CHECK COMPONENTS): AGAINST CONTRACT REQUIREMENTS)                   ± OK   ± INOP CONDITION OF SURVIVAL KIT (CHECK COMPONENTS AGAINST CONTRACT REQUIREMENTS)                   ± OK   ± INOP CONVEX MIRROR:   ± OK   ± INOP SEAT BELTS AND SHOULDER HARNESSSES:             ± OK   ± INOP PILOT'S HELMET (DOES IT MEET REQUIREMENTS)?   ± YES   ± NO RADIOS: 9600-CHANNEL RADIO:                             ± OK   ± INOP VHF-AM 720-CHANNEL:                           ± OK   ± INOP PACK SET ADAPTER:                               ± OK   ± INOP FREQUENCY AND TONE LIST READILY AVAILABLE TO THE PILOT:   ± YES   ± NO LORAN/OTHER (SATELLITE) NAVIGATIONAL EQUIPMENT:   ± OK   ± INOP INSTRUCTIONAL BOOKLETS AVAILABLE?         ± YES   ± NO PILOT KNOWLEDGEABLE OF USE:                 ± YES   ± NO  GENERAL HELICOPTER CONDITION:                   ± GOOD ± FAIR ± POOR SKIN AND EXTERIOR:                                 ± GOOD ± FAIR ± POOR WINDOWS:   ± GOOD ± FAIR ± POOR DOORS:   ± GOOD ± FAIR ± POOR UPHOLSTERY:   ± GOOD ± FAIR ± POOR CARGO COMPARTMENT:                                 ± GOOD ± FAIR ± POOR SKIDS/WHEELS:                                       ± GOOD ± FAIR ± POOR FIXED TANK (If applic):                             ± GOOD ± FAIR ± POOR BUCKET:    ± GOOD ± FAIR ± POOR	
J5.	ANY MAJOR COMPONENT CHANGES SINCE ARRIVAL ON BASE, OR IMMINENT?                             ± YES   ± NO	



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FUNCTIONAL AREA: L. HELICOPTER CREW CHASE TRUCK

VEHICLE MAKE/MODEL	LICENSE #	GVWR RATING

ITEM #	EVALUATION CRITERIA	REMARKS
L1.	DOES TRUCK MEET ESTABLISHED AGENCY STANDARD (GVWR; PASSENGER CAPACITY)? ± YES ± NO	
L2.	IS A TRUCK INVENTORY LIST POSTED? ± YES ± NO	
L3.	DOES INVENTORY MEET MINIMUM EQUIPMENT LIST STANDARD? ± YES ± NO	
L4.	ARE ALL BOXES AND BAGS CLEARLY LABELED? ± YES ± NO	
L5.	CHECK CONDITION OF ACCESSORIES AND EQUIPMENT:  INITIAL ATTACK KITS: ± GOOD ± FAIR ± POOR PERSONAL GEAR BAGS: ± GOOD ± FAIR ± POOR (WITHIN 35 LB. LIMIT?): ± YES ± NO LEADLINES AND SWIVELS: ± GOOD ± FAIR ± POOR LAST DATE(S) SENT FOR TESTING: WEIGHING SCALES: ± GOOD ± FAIR ± POOR NETS: ± GOOD ± FAIR ± POOR PUMP(S): ± GOOD ± FAIR ± POOR TOOLS/POWER EQUIPMENT: ± GOOD ± FAIR ± POOR	
L6.	DOES TRUCK HAVE ADEQUATE COMMUNICATIONS (FM/AM)? ± YES ± NO	
L7.	ARE DAILY VEHICLE INSPECTION LOGS BEING COMPLETED AND ARE THEY UP-TO-DATE? ± YES ± NO	

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FUNCTIONAL AREA: M. HELICOPTER CREW

Please list the following information for personnel assigned to the base. In evaluating personnel qualifications, knowledge and training, refer to the Interagency Helicopter Operations Guide, Chapter II, for Helicopter Manager, Assistant Manager, Lead Crewmember, and Crewmember positions. Use one sheet for each individual assigned to the crew.

EVALUATOR'S NAME:

EXPERIENCE RECORD

PAST EXPERIENCE				
NAME:	PAST POSITION	AGENCY UNIT	YEARS (FROM/TO)	# SEASON
CURRENT POSITION ON CREW:				

TRAINING RECORD

COURSE	YEAR	LOCATION





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FUNCTIONAL AREA: N. PROFICIENCY CHECKS (CONT.)

EVALUATION CRITERIA	REMARKS
<p><b>N4. FIXED-TANK OPERATIONS (IF APPLICABLE).</b></p> <p>LOAD CALCULATIONS CORRECT: <span style="float: right;">± YES ± NO</span>  CORRECT FILL PROCEDURES BY CREW: <span style="float: right;">± YES ± NO</span>  ACCURACY OF PILOT:  ___ TRAIL DROP ON SIMULATED FIRE <span style="float: right;">± GOOD ± FAIR ± POOR</span>  ___ DROP ON SIMULATED SNAG <span style="float: right;">± GOOD ± FAIR ± POOR</span></p>	
<p><b>N5. LONGLINE OPERATIONS (IF APPLICABLE).</b></p> <p>PILOT/CREW BRIEFING: <span style="float: right;">± YES ± NO</span>  LOAD CALCULATIONS CORRECT: <span style="float: right;">± YES ± NO</span>  PROPER EQUIPMENT/PPE: <span style="float: right;">± YES ± NO</span>  POSITION OF PARKING  TENDER/CORRECT HAND SIGNALS: <span style="float: right;">± YES ± NO</span>  CORRECT RADIO DIRECTIONS: <span style="float: right;">± YES ± NO</span>  GROUNDING PROCEDURES: <span style="float: right;">± YES ± NO</span>  PROPER SLING LOAD PROCEDURES: <span style="float: right;">± YES ± NO</span></p>	
<p><b>N6. PERSONNEL/INTERNAL CARGO TRANSPORT OPERATIONS</b></p> <p>LOAD CALCULATIONS CORRECT: <span style="float: right;">± YES ± NO</span>  MANIFESTING CORRECT: <span style="float: right;">± YES ± NO</span>  PERSONNEL SAFETY BRIEFING: <span style="float: right;">± YES ± NO</span>  POSITION OF PARKING  TENDER/CORRECT HAND SIGNALS: <span style="float: right;">± YES ± NO</span>  PERSONNEL SAFETY DURING ENTRY: <span style="float: right;">± YES ± NO</span>  CARGO ACCURATELY WEIGHED AND MARKED: <span style="float: right;">± YES ± NO</span>  INTERNAL CARGO STOWED CORRECTLY: <span style="float: right;">± YES ± NO</span>  EXTERNAL CARGO STOWED CORRECTLY: <span style="float: right;">± YES ± NO</span>  EXTERNAL CARGO REMOVED CORRECTLY: <span style="float: right;">± YES ± NO</span>  PERSONNEL SAFETY DURING EXIT: <span style="float: right;">± YES ± NO</span></p>	

FUNCTIONAL AREA: N. PROFICIENCY CHECKS (CONT.)











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**HELICOPTER BASE READINESS EVALUATION**

P. RECOMMENDATIONS AND FOLLOW-UP REQUIREMENTS:

WE CONCUR WITH THE ABOVE OBSERVATIONS, EVALUATION, AND RECOMMENDATIONS.

DATE: \_\_\_\_\_

EVALUATOR NAME	SIGNATURE	AGENCY	DATE