



Aviation Safety Program - Flight Request and Mission Profile (EZ)

Fermilab personnel who utilize aircraft in the performance of their duties must have PRIOR approval of the Directorate. (This does not include travel on commercial air carriers.) Fermilab personnel are not to be on aircraft to perform work activities unless it is "absolutely essential". Contracted services are to be utilized whenever possible so as not to put Fermilab personnel at risk.

Aviation missions, which will transport Fermilab employees, shall be conducted in accordance with Fermilab Aviation Safety Policy.

Documented proposals for aviation missions that will have Fermilab personnel on aircraft are to be submitted to the Directorate at least 15 days prior to the intended date of the flight. If mission requirements are conditional, (e.g., specific seasonal weather conditions might dictate when the mission can be performed) it is acceptable to indicate a window of time in which aviation missions are to be flown rather than specific dates.

A Flight Request / Mission Profile Form, approved by the Directorate, must accompany Purchase Requisitions for aviation services.

Requester Date	<input type="text"/>	Requester	<input type="text"/>	ID#	<input type="text"/>	Extension	<input type="text"/>
PO#	<input type="text"/>	Division/Section	<input type="text"/>	Department / Group	<input type="text"/>		

MISSION PURPOSE(INCLUDE PROGRAMMATIC REASON FOR FLIGHT & JUSTIFICATION FOR FNAL EMPLOYEES TO BE ON AIRCRAFT)

FLIGHT SCHEDULING WINDOW (CHECK ALL APPROPRIATE BOXES)

- JAN
 FEB
 MAR
 APR
 MAY
 JUN
 JUL
 AUG
 SEP
 OCT
 NOV

Date Range	From (date)	<input type="text"/>	To (date)	<input type="text"/>	Number of Flights	<input type="text"/>
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WILL AIRCRAFT LAND AT FERMILAB? YES NO IF YES, LOCATION OF LANDING

- Anthony Frello Field
 FD Paved Area

AVIATION SERVICE PROVIDER		NAME OF CONTACT		LICENSE NUMBER	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE #
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE OF AIRCRAFT TO BE REQUESTED IN THIS MISSION PROFILE

- HELICOPTER
 SINGLE ENGINE FIXED WING
 MULTI-ENGINE FIXED WING

OVERFLIGHT AREA

- NORTH HALF
 WEST HALF
 NW QUADRANT
 NE QUADRANT
 ENTIRE SITE
 SOUTH HALF
 EAST HALF
 SW QUADRANT
 SE QUADRANT

OVERFLIGHT AREA INFORMATION

Pilot in Command (PIC) will maintain constant contact with DuPage Tower. Flight below 500 ft. AGL over Fermilab is prohibited except for approved landing, accident avoidance or emergency landing.

PIC - Print Name

PIC Signature

Date

FORM CONTINUES ON REVERSE SIDE



POTENTIAL AVIATION HAZARDS

- Wilson Hall
- Transmission Lines
- Model rocket launch
- Low Level Flying (< 1000 ft.)
- Door Open Operation
- Exterior Camera Mount
- Bird Migration/Low Flying
- Antenna Tower
- Other

HAZARDS MITIGATION

- Horizontal Separation
- Vertical Separation
- Onboard Observer
- Seat Restraints
- Seat Harness
- Other
- FAA Coordination (Explain below)

If "Other" (Explain here)

DOE ASSOCIATED PERSONS ON BOARD	EMPLOYEE NUMBER AND ORGANIZATION	EMERGENCY CTC INFO AND PHONE

WILL HAZARDOUS MATERIALS BE ON THE AIRCRAFT DURING FLIGHT? YES NO IF YES DESCRIBE MATERIAL BELOW

FLIGHT CONDITIONS FAA-VFR FAA-IFR

WILL FLIGHT DEVIATE FROM FAA REGULATIONS? NO YES (If yes explain in the space below how it will deviate and reason(s) for deviation)

THIS SPACE PROVIDED FOR ADDITIONAL COMMENTS/EXPLANATIONS

FERMI AVIATION SAFETY OFFICER REVIEW (SIGNATURE AND DATE)

CHIEF SAFETY OFFICER- REVIEW (SIGNATURE AND DATE)

***** BELOW THIS LINE FOR DIRECTOR'S OFFICE ONLY *****

As the Fermilab official responsible for approving aviation operations in which Fermilab employees will be qualified non-crew member on non-commercial carrier aircraft, I have reviewed this request and certify that the mission described is essential to the Fermilab mission. I also certify that the mission analysis has been completed. All safety concerns, hazards, and mitigating actions have been identified.

DIRECTORATE APPROVAL (SIGNATURE)	ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	DATE
FERMI SITE OFFICE APPROVAL (SIGNATURE)	ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	DATE

Submit by Email

Print Form