

Part 102 planning and operational risk assessment - Annex B

PLANNING AND OPERATIONAL RISK ASSESSMENT FORM		PILOT:
DATE/TIME: _____:_____ am pm		OBSERVER:
LOCATION: _____	JOB REF: _____	AIRCRAFT TYPE:

Mark completed ✓

Weather suitable for operation (record conditions here – i.e. cloud base / wind / precipitation):	<input type="checkbox"/>
VNC and AIP supplements checked	<input type="checkbox"/>
NOTAMs checked - Provide details of any relevant NOTAMs and their effect on this operation e.g Activation of special use airspace:	<input type="checkbox"/>
Notification to property owner completed on ___/___/___ . Record method of notification here:	<input type="checkbox"/>
Sufficient daylight remaining to complete task	<input type="checkbox"/>

Complete ALL sections

Tick Y/N as appropriate

2A. Is the flight to be conducted in controlled airspace?	Y	N (go to 2B)	
Airshare approval obtained (Airshare number: _____)			<input type="checkbox"/>
OR Operation will be shielded.....			<input type="checkbox"/>
FLIGHT MUST NOT EXCEED 400 FT AGL			

2B. Is the flight within Special Use airspace? (e.g. Restricted or Military operational area)	Y	N (go to 2C)	
Approval obtained from administering authority			<input type="checkbox"/>

2C. Is the flight to be conducted within 4km of an uncontrolled aerodrome or helipad?	Y	N (go to 2D)	
Aerodrome operator has been notified.....			<input type="checkbox"/>
Observer briefed for operation.....			<input type="checkbox"/>
OR Flight conducted as a shielded operation			<input type="checkbox"/>
FLIGHT MUST NOT EXCEED 400 FT AGL			

2D. Is the flight to be conducted above 400 ft?	Y	N (go to 3A)	
NOTAM issued no less than 24 hrs prior to operation (unless operating in UAS Danger Area for that purpose).....			<input type="checkbox"/>
Observer briefed for operation (per company policy).....			<input type="checkbox"/>
FLIGHT MUST REMAIN WITHIN UNCONTROLLED AIRSPACE AND GREATER THAN 4KM FROM AN AERODROME OR HELIPAD			

3A. JOB SPECIFIC HAZARD ASSESSMENT

Identify ALL hazards present. This is not an exhaustive list – you must record any hazards not listed below at OTHER.

- Trees and obstacles
- Critical infrastructure
- Weather conditions
- Powerlines and overhead cables
- Other aircraft
- Aerodromes and helipads
- Roads and vehicles
- Property
- Animals (Birds, Dogs, Horses etc.)
- People
- Radio frequency interference

OTHER: _____

3B. Please refer to the **Hazard Assessment Guidance** on page 4 of this form to assess the consequence, likelihood and risk level rating of each hazard identified.

List the hazard (from 3A)	Describe the risk(s) the hazard poses	What control measures will be used to mitigate the risk?	Consequence	Likelihood	Risk level rating

SUPPLEMENTARY HAZARD ASSESSMENT FORM

JOB REF:

3B. List the Hazard (from 3A)	Describe the risk(s) the hazard poses	What control measures will be used to mitigate the risk?	Consequence	Likelihood	Risk level rating

HAZARD ASSESSMENT GUIDANCE

CONSEQUENCE LEVEL	DESCRIPTION
CATASTROPHIC	One or more fatalities Loss of aircraft or major equipment
CRITICAL	Serious injury to one or more people, resulting in permanent disability Sustained or extensive damage to aircraft or equipment
MAJOR	Injury that requires hospitalisation (with no permanent disability) Damage to aircraft or equipment resulting in temporary inability to use it
MODERATE	Injury requiring only First Aid (no permanent disability) Isolated and quickly-repaired damage to aircraft
MINOR	No injury or very minor injury that does not require First Aid Minor or no damage to aircraft or equipment

		LIKELIHOOD				
		RARE	UNLIKELY	POSSIBLE	PROBABLE	LIKELY
CONSEQUENCE	CATASTROPHIC	MEDIUM (16)	MEDIUM (10)	HIGH (6)	HIGH (3)	HIGH (1)
	CRITICAL	LOW (20)	MEDIUM (13)	MEDIUM (9)	HIGH (5)	HIGH (2)
	MAJOR	LOW (21)	MEDIUM (15)	MEDIUM (11)	MEDIUM (8)	HIGH (4)
	MODERATE	LOW (23)	LOW (19)	MEDIUM (14)	MEDIUM (12)	MEDIUM (7)
	MINOR	LOW (25)	LOW (24)	LOW (22)	LOW (18)	MEDIUM (17)

LIKELIHOOD LEVELS	DESCRIPTION
LIKELY	Expected to occur at least once during the task or activity
PROBABLE	Could occur during the task or activity
POSSIBLE	It's conceivable it could occur, but only expected infrequently
UNLIKELY	It's conceivable that this could happen, although only in unusual circumstances
RARE	It's not conceivable that this could occur

HIGH - Unacceptable	Risk level unacceptable, do not proceed. Person with Primary Responsibility must be informed, and consideration given to what, if any additional action could be taken to reduce the risk to a lower level.
MEDIUM - Review	Further risk reduction / mitigation must be considered. Acceptance from the Person with Primary Responsibility is required before this operation can commence.
LOW - Acceptable	Risk is considered acceptable.

JOB REF: _____

4. OTHER ACTIONS

Mark completed ✓

Consent from people obtained / signage in place (if applicable)	
Appropriate PPE available and safety equipment in place (Fire extinguisher/first aid kit)	
VHF radio fully charged and tuned to _____ MHz <i>(record correct frequency here)</i>	
Aircraft, controller and equipment batteries fully charged	
Aircraft pre flight checks complete, Return to Home location and height correctly set	
Pilot self assessment complete (I'M SAFE)	
Takeoff & Landing zones clear (including consideration of any alternate landing areas in emergency)	

5. POST FLIGHT ACTIONS

Post Flight Checks complete	
ATC notified of flight termination (if applicable)	
Any aircraft defects logged for inspection	
Any new hazards added to company hazard register	

PERSON WITH PRIMARY RESPONSIBILITY SIGNOFF (required for acceptance of medium and high residual risk rating at 3B.)

DATE _____

PILOT SIGNOFF

By signing this, I confirm that I have completed this assessment in its entirety and will follow all Visual Excellence procedures for RPAS operations.

DATE _____