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| **UAS Flight Planning Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Task Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flight Planning Checklist No (from header): | | | | | | | | | | | | | | | | | | Provide your own FPCL number here. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task Details 1: | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task Details 2: | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flight Dates: | | Click to enter a date. | | | | | | | | | | | | | Click to enter a date. | | | | | | | | | | | | | | | | Click to enter a date. | | | | | | | | | | | | | |
| Time of Day: | | Day only: | | | | | | |  | | | | | | | Night only: | | | | | | | | | |  | | | | | | Day + Night: | | | | | | |  | | | | | |
| Line-of-Sight: | | VLOS: | | | | |  | | | | E-VLOS: | | | | | | | |  | | | | | B-VLOS: | | | | | |  | | | | | | Other: | | | |  | | | | |
| Flight Modes: | | Auto: | | |  | | | | | | Semi-Auto: | | | | | | | | | |  | | | | Manual: | | | | | | | |  | | | | Other: | | | | |  | | |
| **The UAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UAS Make and Model: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payloads Required: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UAS Ground Control System: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UAS Radio Controller: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UAV Launch System: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UAV Recovery System: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Safety Personnel** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UAV Pilot: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UAS Technician: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task Specialists: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety Representative: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Security Representative: | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Area of Operations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | Enter text. | | | | | | | | | | | | | | | | | Province/County: | | | | | | | | | | | | | | Enter text. | | | | | | | | | | |
| Closest Town/City: | | | Enter text. | | | | | | | | | | | | | | | | | District: | | | | | | | | | | | | | | Enter text. | | | | | | | | | | |
| Farm/Lodge/Reserve/Park name: | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mine/Plant/Site/Factory/Building name: | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Area name: | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GPS Coordinates: | | | Enter coords. | | | | | | | | | | | | | | | | | Elevation (ASL): | | | | | | | | | | | | | | Enter text. | | | | | | | | | | |
|  | | | Enter coords. | | | | | | | | | | | | | | | | | Elevation (AGL): | | | | | | | | | | | | | | Enter text. | | | | | | | | | | |
| Is a Safety Footprint Required? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | |  | | | | No | | | | |  | |
| If yes, has it been defined/developed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | |  | | | | No | | | | |  | |
| If yes, has it been submitted to the Aviation Regulator? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | |  | | | | No | | | | |  | |
| **Expected Environment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Terrain: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Population Density: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Buildings and Dwellings: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Roads: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Man-Made Obstacles: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Natural Obstacles: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Sources of EME: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Climate: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Airspace** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Airspace Class: | | | Enter text. | | | | | | | | | | | | | | | | | Airspace Type: | | | | | | | | | | | | | | | Enter text. | | | | | | | | | |
| Controlled or Uncontrolled Airspace: | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Nearest Aerodrome: | | | Enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dst: | | | km |
| On Approach Path: | | | Enter text. | | | | | | | | | | | | | | | | | On Take-off Path: | | | | | | | | | | | | | | | Enter text. | | | | | | | | | |
| **Permissions Required** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Entity* | | | | | | *Required?* | | | | | | | | *Received?* | | | | | | | | | | | *Contact Details* | | | | | | | | | | | | | | | | | | | |
| *Yes* | | | | *No* | | | | *Yes* | | | | | | | | *No* | | |
| City Council | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Local Municipality | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Local Law Enforcement | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Regional Body | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Nature Conservation | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Air Traffic Control | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Site Owner | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Land Owner | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Tribal Leader | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Facility Owner | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Home Owner | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Other | | | | | |  | | | |  | | | |  | | | | | | | |  | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Entity* | | | | | | *Required?* | | | | | | | | *Pre-Informed?* | | | | | | | | | | | | | | *Contact Number* | | | | | | | | | | | | | | | | |
| *Yes* | | | | *No* | | | | *Yes* | | | | | | | | | *No* | | | | |
| Local Law Enforcement | | | | | |  | | | |  | | | |  | | | | | | | | |  | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| Local Fire Services | | | | | |  | | | |  | | | |  | | | | | | | | |  | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| Local EMS | | | | | |  | | | |  | | | |  | | | | | | | | |  | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| Local GP/Doctor | | | | | |  | | | |  | | | |  | | | | | | | | |  | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| Aviation Authority | | | | | |  | | | |  | | | |  | | | | | | | | |  | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| Immediate Owner | | | | | |  | | | |  | | | |  | | | | | | | | |  | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| OO Hotline | | | | | |  | | | |  | | | |  | | | | | | | | |  | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| **Flight Planning Checklist Completed By:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | Click here to enter text. | | | | | | | | | | | | | | | | **Title:** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
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|  | | | | **Signed on:** | | | | | | | | | | | | | | Choose date. | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| *NOTES:*   * *FPCL = Flight Planning Checklist.* * *This Checklist is to be completed during the initial planning phase, prior to deployment to the Area of Operations.* * *An overview of all tasks to be executed during the flight should be provided.* * *All payload types to be utilised during the flight must be specified.* * *A “General Area name” may be specified if the task will not be flown over a specific town, lodge, farm, facility or other “named area”, e.g. “the Gobi Desert”, or “the Australian Outback”.* * *The Flight Planner should consider the development of a Safety Footprint for high-risk tasks.* * *EME = Electromagnetic Emissions.* * *Dst = distance to nearest aerodrome in km.* * *The “Airspace Type” may include Restricted-, Prohibited-, Segregated-, Flexible Use- or other Special Use Airspace.* * *An Aerodrome includes major airports, minor airports, airfields, airstrips, bush/farm airstrips, water-ports, helipads or any ground-based location where manned aircraft or helicopters may operate from.* * *OO = UAS Operating Organisation.* * *The “Title” is the post title held by the individual signing off the FPCL, e.g. UAV Pilot, CEO / Accountable Manager, etc.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |