HELICOPTER MISSION REQUEST CHECKLIST - R.O.M.A.

EHEST
Component of ESSI
European Helicopter Safety Team

R | Request – Type of mission – Specify position

Type of mission

a) Emergency Medical Service?   [ ]
b) Transport of personnel (number? specific equipment? destination?)   [ ]
c) Transport of goods (type? Dangerous? Weight? Dimension? packaging?)   [ ]
d) Firefighting (where? other aircraft/vehicles/personnel in the area?)   [ ]
e) Rescue (helicopter fitted with winch? is it required?)   [ ]

Position

County: _____   Town, road: _____

GPS coordinates (**verify lat/long units**):

Degrees, Minutes, Seconds   N ____° ____' ____"   E ____° ____' ____"
Degrees, Minutes, fraction of Minutes   N ____° ____.____'   E ____° ____.____'

O | Obstacles – Verify obstacles in the landing area

Type of obstacle	Existence	Actions or Communications
Power lines, pylons, antennas	[ ] no [ ] yes	Report distance from landing point
Funicular, lifts, cables	[ ] no [ ] yes	Warn the funicular/cable manager
Drones, other flying objects	[ ] no [ ] yes	No drones. Inform if other aircrafts. Radio freq.
Animals, birds (e.g. seagulls)	[ ] no [ ] yes	Ward off birds. Pay attention to cows, horses, etc.

M | Meteorological – Report meteorological conditions

Visibility	[ ] Good (> 5 km)	[ ] Marginal (2 – 5 km)	[ ] Lower than 2 km
Wind	[ ] Light	[ ] Moderate	[ ] Strong or gusting
Conditions	[ ] Cloudy, overcast	[ ] Rain	[ ] Thundershower
Mountain tops	[ ] Visible	[ ] Not visible	[ ] Patches of fog
Phenomena	[ ] Hail	[ ] Sand storm	[ ] Tornado

A | Area – Prepare area - Safety

Type of area	[ ] Prepared (helipad, heliport) [ ] Unprepared [ ] Elevated helipad
	[ ] Road [ ] Highway (traffic stopped?)
	[ ] Sports field (Guardian advised? Gates opened? Lights on?)
	[ ] Ground, grass field [ ] Beach [ ] Mountain
	[ ] Flooded [ ] Ski run or snowed surface
	[ ] Other: _____
Lights (at night)	[ ] Not available [ ] Available: [ ] Removable lights [ ] Fixed spot lights
Surface	[ ] Flat [ ] Sloped [ ] Hilly [ ] Mountain

Personnel in the area	Name	tel. number	Radio freq./Ch.	Band
Firefighters				
Medical				
Police				

Other – Supplementary information

Planned stops?   [ ] no   [ ] yes   Where? _____
Persons to be embarked?   No.: _____   Total weight: _____   Where? _____
Passengers tel. No. (at least one): _____
Goods: Type: _____   Total weight: _____   Dimensions: _____