

Humidity:

Solar Wx.

Mission Information Form

Job Details Section								
Mission Date:	PIC	Sup.PIC		Obsv.		Job Nº		
Mission Goal / Details								
Client Details Section								
Client Name:			Client Phone:					
Address			•					
City			State			Zip+4		
Site Details Section								
Address			Airspace Class: B C D E G					
City					If Controlled, Waivers Needed? □No □Yes □Yes, Have			
City, State, Zip Code					Local CTAF/Unico			
Property Manager, Owner, Onsite Contact			□Not	ified?	Site Survey Done? □No □TBD □Yes			
					TFR / Restrictions?	(24 Hrs Out)	□No □Yes	
Site Assessment Sectio	n							
Physical Obstructions	□Y □No	□N/A						
RF Interference	□Y □No							
Livestock / Animals	□Y □No	□N/A						
Public Access	□Y □No	□N/A						
Structures	□Y □No	□N/A						
Roadways	□Y □No	□N/A						
LOS Obstructions, Other	□Y □No	□N/A		,				
Take-Off / Landing Zones	□Y □No	□N/A						
Emergency Landing Zone	s □Y □No	□N/A						
Holding Area	□Y □No	□N/A						
Weather Information (Predicted or Actua	1)						
Sunrise: Winds:		Notes:						
unset: Temp:								

Contacts Section						
PIC						
Sup.PIC.						
Obsv						
Local Hospital						
Local Police						
ATC Phone						
Preflight Checklist:						
□ Client Consent Form Done						
☐ Airspace Survey Done						
☐ Aircraft Preflight Done						
□ Weather Checked						
□ Crew Briefing Done						
□ Risk Assessment						
Mission Notes:						