

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: _____	