



## Helicopter Operations Construction Tailboard

Work Location	Time ____:____ AM/PM	Crew Lead
	Date ____/____/____	
Helicopter Contractor		First Line Supervisor
Pilot's Name	Tailboard Conducted by:	Landing Zone Lead

**Pre-Job Planning Aid** (see PG&E document AVI-3001M-JA01)

Checklist Items:	Yes	No	N/A
Is the Helicopter Operation Field Manual on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees/contractors present, and listening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has helicopter job scope and what is to be accomplished for the day, been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have head & hand signals and 3-way communication been reviewed and understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has Radio Communications been confirmed? Radio Channel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the escape routes been established while working under the helicopter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the pilot do an aerial survey for hazards/conditions at jobsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the pilot verify the Helicopter Safe Working Distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Helicopter Horizontal Safe Work distance (1/2 diameter of rotor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Helicopter Vertical Safe work distance (10 feet marker below skid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the pilot verify long-line length? Length used HEC:                      Cargo:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the pilot confirm heaviest load weights with EIC? Max Load:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helicopter's Max Lift capacity with 10% margi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the pilot review correct operation of cargo hook? Hook type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are gravel bags available on site and in good condition (no damage or rips)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has pilot reviewed emergency shutdown of engines, battery, and use of rotor brake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the LZ secured from debris and flying objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is water truck (dust mitigation) onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has rigging been inspected – tagged and rated? (shackles, wire rope, fiber slings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss static discharge with long-line work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has public safety been addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have Helicopter ID Cards (Pilot/HEC/Cargo) been confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss re-tailboarding if scope changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review Side Pull section of HOFM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Personal Protective Equipment (PPE) and Critical Component Checklist

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|--|--|
| <input type="checkbox"/> Hard Hats with Chinstraps<br><input type="checkbox"/> HEC Rescue Knives<br><input type="checkbox"/> Conduct buddy check for HEC employees | <input type="checkbox"/> Inspect HEC Harness<br><input type="checkbox"/> Inspect HEC rope, A-frame<br><input type="checkbox"/> Assemble and inspect Air Reach Seat |
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