

**FLIGHT OPERATIONS
PROGRAM**

LOSS PREVENTION UNIT
OFFICE OF RISK MANAGEMENT
DIVISION OF ADMINISTRATION

20240701

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FLIGHT OPERATIONS PROGRAM

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FLIGHT OPERATIONS PROGRAM

INTRODUCTION:

The Flight Operations program is intended to reduce the number and severity of accidents and thereby minimize the financial impact on state government.

The cost of insurance coverage assessed to each agency's budget is determined by considering two factors: 1) value of the aircraft, and 2) cost of prior claims.

The Office of Risk Management (ORM) has a comprehensive Loss Prevention Program as required by R.S. 39:1543 for statewide implementation. The Flight Operations program is part of the overall program. Its purpose is to address safety, control use of aircraft, reduce the state's exposure, reduce the loss expenses, achieve accountability, and meet the requirements of R.S. 39:1543.

The following materials are included to assist administrators, supervisors, loss prevention coordinators, loss prevention representatives, and agency or unit safety officers in managing and implementing a flight operations program. Definitions and forms are included and described in the appendix.

COMPONENTS OF LOUISIANA'S FLIGHT OPERATIONS PROGRAM

1. Agency Safety Policies and Procedures:

- A. Responsibilities – Each agency using or maintaining aircraft is responsible for implementing a flight operations safety program. This program should include rules concerning:
- who shall be permitted to operate aircraft under the agency's control,
 - flight training,
 - proper maintenance procedures in accordance with FAA regulations,
 - procedures for addressing and documenting correction of any FAA citations received by the agency,
 - maintenance of all required agency and/or FAA forms and other documentation,
 - emergency procedures, and
 - proper accident reporting.

Only employees authorized by their agency head or designee shall operate aircraft for agency business. Policies must outline the roles and responsibilities of department/agency heads, supervisors/chief pilots, and employees in aircraft safety. These policies shall be issued to all affected employees and form the basis for the agency's flight safety program.

The TPA will, upon request, assist agencies in organizing, directing, implementing, and controlling a flight operations program that minimizes the adverse impact of aircraft accidents.

Departments/Agency Heads

Department and agency heads are responsible for implementation of the flight operations program and must stress the importance of the department's program to affected employees. Department/agency heads or their designees are responsible for reviewing pilot records and identifying employees authorized to operate state aircraft. They are also responsible for annual reviews of all pilots to determine whether they should continue to operate state-owned aircraft and to verify that each pilot has valid certificates in all areas of flight operation.

Supervisors/Chief Pilots

Supervisors and chief pilots must identify employees certified for each type of aircraft and flight operation. The supervisor or designee shall make time available for each authorized operator to attend the necessary training courses and flight checks. Supervisors are responsible for seeing that all aircraft provided to these employees are in safe operating condition and all airworthiness certificates are posted and current. They must ensure that all aircraft policies and procedures are followed and that all agency and/or FAA required reports are submitted. A safe environment shall be provided in work areas, shops, ramps, vehicles, aircraft and offices.

Employees

Employees who are authorized to operate and/or maintain state-owned/leased aircraft are responsible for the safe operation of those aircraft on the ground as well as in the air. They shall report any unsafe condition or accident involving the state-owned or leased aircraft to their supervisor and are responsible for having all necessary operator permits for type of aircraft and flight conditions.

Employees must report revocation of operator license and notify their supervisors of any violation of FAA/state procedures in the operation and maintenance of state-owned/leased aircraft.

Each pilot shall hold a current FAA commercial pilot certificate in the type and class rating for the aircraft they are assigned to fly. A copy of the certificate must be kept on file. This includes flight instructors but not student pilots.

The Command Pilot shall adhere to all Federal Aviation Regulations on the operation of a particular aircraft. He shall also be responsible for assuring that adequate measures are taken to afford public protection in the vicinity of aircraft during periods of its operation or expected operation.

- B. Training - The Loss Prevention Unit will, upon request, assist agencies in implementing safety training programs that address the needs of the agency. The LP Unit will help to identify training aids and resources that can be used for flight safety. All pilots shall attend required training and flight checks per the FAA.
- C. Accident Analysis - The Office of Risk Management has the authority to investigate any and all accidents of any type. The Loss Prevention Unit will, upon request, assist the TPA and/or other agencies in investigating accidents resulting in a claim.
- D. Definition of an accident – An accident is defined as any incident in which the aircraft comes in contact with another aircraft, object, person, or ground which results in death, personal injury, and/or property damage, regardless of who was injured, what was damaged or to what extent, where it occurred or who was responsible.
- E. When to report an accident – The first consideration after experiencing an accident is the preservation and protection of human life. All flight crew action will be directed toward this end. Pilots will refer to NTSB requirements that pertain to aircraft accidents, incidents, overdue aircraft and safety investigations.
- F. How to report an accident – In addition to FAA forms or Agency forms, the pilot will complete the Office of Risk Management Aircraft Incident/Accident Report and forward to the TPA, within forty-eight (48) hours (see appendix). If the pilot is unable to complete this form their supervisor should complete the form. If injury or property damage is evident, contact the TPA by phone as soon as possible.

GLOSSARY

AD: Airworthiness Directive

Agency Head: The highest authority within a subsidiary of a Departments

Chief Pilot: Pilot designated by Agency to handle duties

Command Pilot: The pilot in charge during the flight

FAA: Federal Aviation Agency

NTSB: National Transportation Safety Board

ORM: Office of Risk Management

TPA: Third Party Administrator

R.S. 39:360(C): Revised Louisiana statute governing use of state-owned aircraft; criteria; maintenance

State Aircraft: Any aircraft owned or leased by the State of Louisiana

APPENDIX

Aircraft Incident/Accident Statement

AIRCRAFT INCIDENT / ACCIDENT STATEMENT

SECTION 1—AIRCRAFT OWNERSHIP/OPERATION:

STATE OWNED? YES NO

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|--------------------|
| OWNER OF AIRCRAFT: |
| ADDRESS: |
| |
| |
| PHONE: |
| FAX: |
| EMAIL: |

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| OPERATOR OF AIRCRAFT (IF DIFFERENT FROM OWNER): |
| ADDRESS: |
| |
| |
| PHONE: |
| FAX: |
| EMAIL: |

| |
|-----------------------|
| LIEN HOLDER (IF ANY): |
| ADDRESS: |
| |
| PHONE: |
| FAX: |

SECTION 2—DESCRIPTION OF INCIDENT/ACCIDENT:

| | |
|--|--|
| DATE AND TIME OF ACCIDENT: | |
| LOCATION OF ACCIDENT: | |
| CURRENT LOCATION OF AICRAFT: | |
| UNDER WHAT FAA REGULATION WAS THE AIRCRAFT BEING OPERATED (PART 41/61/91/135/121/125/ETC): | |
| THE PURPOSE OF THE FLIGHT: | |
| | |
| | |
| | |

WHAT HAPPENED?

DESCRIBE THE EVENTS AND CIRCUMSTANCES INVOLVED WITH THE ACCIDENT IN AS MUCH DETAIL AS POSSIBLE. INCLUDED COPIES OF ALL STATEMENTS FIVE TO THE NTSB, FAA, POLICE, ETC., IF AVAILABLE. USE EXTRA SHEETS OF PAPER IF NECESSARY AND INCLUDE AND PHOTOS OR DIAGRAMS THAT YOU FEEL MAY BE RELATED TO THE ACCIDENT.

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SECTION 3—INJURIES TO PASSENGERS:
 (LIST ALL PASSENGERS AND INJURIES—IF ANY)

| NAME/ADDRESS/PHONE NUMBER | INJURIES: |
|---------------------------|-----------|
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SECTION 4—INDICATE ANY NON-PASSENGER INJURIES OR PROPERTY DAMAGES AS A RESULT OF THE ACCIDENT:

| NAME/ADDRESS/PHONE NUMBER | NATURE AND EXTENT OF INJURY AND/OR DAMAGE |
|---------------------------|---|
| | |
| | |
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SECTION 5—PILOT INFORMATION:

| | PILOT IN COMMAND | CO-PILOT |
|---|------------------|----------|
| NAME | | |
| ADDRESS | | |
| PHONE | | |
| DATE OF BIRTH | | |
| EMPLOYER | | |
| SEAT POSITION DURING ACCIDENT | | |
| PILOT CERTIFICATE TYPE (STU/PVT/CML/ATP) | | |
| RATINGS (SEL.MEL/IFR/ETC) | | |
| TYPE RAITNGS HELD | | |
| CLASS/DATE OF MEDICAL | | |
| TOTAL PIC TIME | | |
| TOTAL PIC MEL/TP/JET | | |
| TOTAL PIC MAKE & MODEL | | |
| TOTAL PIC MAKE 7 MODEL LAST 12 MONTHS | | |
| TOTAL PIC MAKE & MODEL LAST 90/30 DAYS | | |
| DATE LAST REQ CHECK RIDE (BIANNUAL/PART 135/ETC) | | |
| WHO GAVE.WHERE WAS LAST CHECK RIDE | | |
| DATE LAST CHECK RIDE IN MAKE & MODEL | | |
| DATE/LOCATION OF MFG APPROVED GRD/FLT TRAINING (MAKE/MODEL A/C) | | |
| LIST ANY PREVIOUS ACCIDENTS OR VIOLATIONS | | |

PLEASE ATTACH A PHOTOCOPY OF YOUR AIRMAN'S CERTIFICATE, LAST MEDICAL AND LAST PAGE OF YOUR PERSONAL LOGBOOK SHOWING A SUMMARY OF YOUR TOTAL FLIGHT EXPERIENCE INCLUDING YOUR LAST CHECK RIDE.

SECTION 6—AIRCRAFT INFORMATION:

| | |
|--|--|
| AIRCRAFT YEAR MAKE & MODEL | |
| REGISTRATION NUMBER | |
| SERIAL NUMBER | |
| AIRFRAME TIME ON DATE OF ACCIDENT | |
| ENGINE TIME ON DATE OF ACCIDENT (L) | |
| ENGINE TIME ON DATE OF ACCIDENT (R) | |
| WHO REGULARLY MAINTAINS AICRAFT (INHOUSE/INDIVIDUAL/FBO/ETC) | |
| UNDER WHAT FAA REGULATION IS THE AIRCRAFT MAINTAINED (91/135/121/125 ETC) | |
| TYPE OF MAINTENANCE PROGRAM (MFG/AAIP/ANNUAL/ETC) | |

| | |
|---|--|
| WHEN WAS THE LAST REQUIRED INSPECTION COMPLETED (DATE &A/F TIME) (ANNUAL/100HRS/ETC) | |
| AIRFRAME | |
| LEFT ENGINE | |
| RIGHT ENGINE | |
| WHO PERFORMED: | |

| | |
|--------------------------|--|
| ENGINE (S) MAKE & MODEL | |
| ENGINE SERIAL NUMBER (L) | |
| ENGINE SERIAL NUMBER (R) | |

| | | | |
|-------------|--|-----------|--|
| ENGINE TIME | | | |
| (L) TSN | | (R) TSN | |
| (L) TSOH | | (R) TSOG | |
| (L) TBO) | | (R) TBO | |
| (L) TSHSI | | (R) TSHSI | |

| | | |
|-----------------------------|----------|----------|
| MAKE & MODEL PROPELLER (S) | | |
| PROPELLER SERIAL NUMBER (L) | | |
| PROPELLER SERIAL NUMBER (R) | | |
| PROPELLER TIME | (L) TSOH | (R) TSOH |

| | |
|---|--|
| HAS THIS AIRCRAFT EVER BEEN DAMAGED PRIOR TO THIS ACCIDENT? IF SO, WHEN AND WAS THE EXTEND OF THE DAMAGE | |
|---|--|

PLEASE ENCLOSE COPIES OF MAINTENANCE LOGBOOK ENTRIES FROM YOUR LAST TWO INSPECTIONS FOR AIRFRAME/ENGINES AND PROPS IF APPLICABLE.

SECTION 7—VANDALISM OR THEFT CLAIMS

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| WHERE WAS YOUR AIRCRAFT WHEN THE THEFT AND/OR VANDALISM OCCURRED? |
| |

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|---------------------------|
| WHO SECURED THE AIRCRAFT? |
| |

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|--|
| WHEN WAS THE LAST TIME YOU SAW YOUR AIRCRAFT OR MISSING EQUIPMENT? |
| |

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|--|
| WHEN WAS YOUR AIRCRAFT AND/OR EQUIPMENT TAKEN OR VANDALIZED? |
| |

PLEASE PROVIDE THE FOLLOWING FOR ALL THEFTS OR VANDALISM LOSSES:

- A COPY OF THE POICE REPORT THAT WAS FILED (MANDATORY IN ORDER TO ESTABLISH A NCIC NUMBER)
- A LIST OF THE EQUIPMENT TAKEN WITH SERIAL NUMBERS
- ORIGINAL INVOICES OF EQUIPMENT OR AN AIRCRAFT EQUIPMENT LIST
- INVOICES FOR REPLACEMENT EQUIPMENT

SECTION 8—CERTIFICATION OF STATEMENT:

| | | |
|---|--|--|
| DATE INCIDENT/ACCIDENT STATEMENT WAS COMPLETED: | | |
| NAME & SIGNATURE OF PERSON COMPLETING FORM: | | |
| NAME & SIGNATURE OF AIRCRAFT OWNER: | | |
| NAME & SIGNATURE OF AIRCRAFT OPERATOR (IF DIFFERENT FROM OWNER: | | |