

HELICOPTER QUESTIONNAIRE

This questionnaire in conjunction with the AMD-13, Request for Contract Services, is designed to involve the requester/user in analyzing their operational and programmatic needs. The questionnaire is not be used for eliminating makes of helicopters or the equipment needed to perform the required tasks. Any unique operational or configuration requirement that would limit this request in any manner from full and open competition will require a separate justification. Proper identification of your requirements is an important step in obtaining the proper aviation resources.

If you require additional space to explain your requirements, please attach additional sheets with further details.

This form may be filled in on the computer or a blank form can be printed and filled in by hand. Use the mouse to navigate and click a box and begin typing. To check or uncheck a box, left 'click' the box. Answer each question with a narrative or check the appropriate block. Items not applicable to your requirements should be marked N/A (not applicable) or left blank.

1a. GENERAL - DESCRIPTION OF WORK TO BE PERFORMED— Primary projects that will be supported by the helicopter.

1b. INTERAGENCY FIRE YES NO **LAW ENFORCEMENT** YES Explain NO **FULLY CONTRACTOR OPERATED** YES NO

1c. REPORTING BASE (only if applicable)		1c. RELEASE BASE (only if applicable)	
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1d. COMMERCIAL FUEL SOURCE— Name, location and telephone number of closest fuel facility where the Contractor could obtain fuel.

1e. GOVERNMENT FACILITIES - Identify Government facilities that are available for Contractor use and the rental cost to the Contractor, if any.

1f. COMMERCIAL FACILITIES— Identify closest food and lodging facilities.

1g. BIA ONLY – Services accomplished on a Reservation may be subject to Tribal Employment Rights Ordinances (TEROs). Include address and telephone number of Tribal Employment Office.

2a. HELICOPTER PERFORMANCE – List make(s) and model(s) that you anticipate will satisfactorily support your program requirements.

2b. Your requirements for helicopter performance below:		2d. Highest altitude (MSL) and temperature where landings and take-offs will be made in your primary area of operation:
INTERNAL PAYLOAD (excluding pilot and fuel) <input type="checkbox"/> HIGE <input type="checkbox"/> HOGE	FUEL (VFR fuel reserve of 20 minutes will be added to the number you identify)	
ALTITUDE (Typical)	TEMPERATURE (Typical)	2e. Description of terrain in your primary area of operation:
2c. APPROXIMATE HELICOPTER AIRSPEED REQUIREMENT <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate speed: _____ Knots		

3a. PERSONNEL REQUIREMENTS - Identify crew compliment

Single Pilot Two Pilots

Driver (If a fuel vehicle is required, normally a driver is required.) Check if no driver is required

Mechanic - ON-SITE - If you require an on-site mechanic, can the mechanic also be the driver? Check one. YES NO
(If a mechanic is not required, the contract will permit the Contractor to determine the need for a mechanic to service/inspect the aircraft.)

Relief Crew. If checked, the compliment will be the same as specified above.
(Pilots, drivers, and mechanics must have two days off within any 14-day period.)

3b. DOI Departmental Manual identifies minimum standard experience levels that Contractor pilots must meet. These are automatically included in each solicitation and resulting contract. Indicate any other special requirement that should be included.

<input type="checkbox"/> Animal capture/tagging/herding	<input type="checkbox"/> Instruments	<input type="checkbox"/> Fixed Floats
<input type="checkbox"/> Deep snow landings	<input type="checkbox"/> Aerial ignition	<input type="checkbox"/> Other - Identify:
<input type="checkbox"/> Off-shore	<input type="checkbox"/> Long line	
<input type="checkbox"/> Geological survey work (USGS approved pilot)		

QUESTIONS CONCERNING THIS QUESTIONNAIRE SHOULD BE DISCUSSED WITH YOUR AM REGIONAL OFFICE
WESTERN REGION BOISE-208-334-9310 / PHOENIX-623-879-0589 **EASTERN REGION ATLANTA 770-458-7474**
ALASKA REGION, ANCHORAGE 907-271-5021

4a. HELICOPTER CONFIGURATION REQUIREMENTS Not counting the pilot how many passenger seats are required:		4c. Identify in terms of length, height, width, and weight, cargo items that will be carried inside the helicopter or internal baggage compartment.	
4b. Is there a particular seating configuration required <input type="checkbox"/> YES -Describe <input type="checkbox"/> NO		4d. Is a baggage compartment extender kit required? (available only for Bell 206/AS350 models) <input type="checkbox"/> YES <input type="checkbox"/> NO	
		4e. Are external cargo racks acceptable in lieu of an internal baggage compartment? <input type="checkbox"/> YES <input type="checkbox"/> NO - EXPLAIN	
4f. LANDING GEAR REQUIREMENTS – Check as needed for your requirement			
Skid Type-Extended Height <input type="checkbox"/> YES <input type="checkbox"/> NO		Snow/tundra Pads <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ground Handling Wheels <input type="checkbox"/> YES <input type="checkbox"/> NO		Wheels <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Standard Floats <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Pop Out-Emergency Floats <input type="checkbox"/> YES <input type="checkbox"/> NO	
4g. SPECIAL CONFIGURATION REQUIREMENTS – Identify and explain items needed for your requirement: <input type="checkbox"/> Limited Main Rotor Diameter			
<input type="checkbox"/> Large Cargo Area <input type="checkbox"/> Doors Open in Flight/Flight with Doors Removed <input type="checkbox"/> Passenger Visibility Requirements <input type="checkbox"/> Other-Identify below			
5. EQUIPMENT REQUIREMENTS – Check items required – All Equipment identified here will be Contractor Furnished			
5a. <input type="checkbox"/> Open Port (rapid refueling) <input type="checkbox"/> Closed Circuit Refueling (CCR) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Infrared Power Source <input type="checkbox"/> Locking Fuel Cap <input type="checkbox"/> Heater <input type="checkbox"/> Wire Cutter Kit <input type="checkbox"/> Main Rotor Brake <input type="checkbox"/> Rappel <input type="checkbox"/> Shorthaul <input type="checkbox"/> <input type="checkbox"/>		5b. Water/Retardant Bucket or Delivery Tank - (Is there any reason to limit the type of bucket (i.e. hard, collapsible etc)): <input type="checkbox"/> Bucket- <input type="checkbox"/> Primary* and as needed <input type="checkbox"/> Secondary** <input type="checkbox"/> Delivery Tank *Primary bucket/tank will be required to function at maximum capacity at the typical conditions specified in 2b. **Secondary (spare) bucket will typically be the next smaller size from the primary bucket	
		5d. <input type="checkbox"/> Shooting Window <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Internal Litter Kit <input type="checkbox"/> One <input type="checkbox"/> Two	
		5e. <input type="checkbox"/> Sling Work - Identify equipment:	
		5f. <input type="checkbox"/> Items to be fired, dropped or lowered from helicopter - Identify:	
		Maximum weight of sling load: _____ lbs.	
5g. Government Furnished Equipment (GFE) to be Provided <input type="checkbox"/> NO <input type="checkbox"/> YES -Describe			
<input type="checkbox"/> Automated Flight Following Equipment: <input type="checkbox"/> Track Only <input type="checkbox"/> Voice/Tracking Unit			
<input type="checkbox"/> OTHER GFE (Specify): _____			
5h. Identify any other additional requirements or arrangement needed:			
6. AVIONICS REQUIREMENTS – Please complete the following section to identify your avionics requirements. If you are unsure of what you need, contact the applicable office: the National Avionics Specialist in the West Region Boise office or the Alaska Regional office, for assistance .			
CHECK ALL THAT APPLY			
<input type="checkbox"/> STANDARD INTERAGENCY FIRE REQUIREMENTS (VHF-FM radio with guard & tones, AUX-FM, panel-mount GPS, dual audio system w/separate transmit and receive for pilot & observer, ICS for pilot, observer and aft exits, hot mic for pilot & observer, transponder, IFR altimeter/pitot/static tests)		<input type="checkbox"/> STANDARD RESOURCE PACKAGE (Aux-FM provisions, portable GPS, single audio control w/ICS & transmit for pilot & observer)	
<input type="checkbox"/> COMMON ADDITIONAL FIRE EQUIPMENT <input type="checkbox"/> VHF-FM Mobile radio in fuel truck <input type="checkbox"/> For Pilot Call-back: VHF-FM portable radio <input type="checkbox"/> or cell phone <input type="checkbox"/> <input type="checkbox"/> Add'l ICS at: <input type="checkbox"/> All, or <input type="checkbox"/> _____ positions <input type="checkbox"/> Add'l antenna for Gov't (specify model) _____ GPS <input type="checkbox"/> Data port for downloading A/C GPS data to Gov't computer <input type="checkbox"/> 2nd VHF-FM (FM-2) radio <input type="checkbox"/> without tones <input type="checkbox"/> 2nd 760-channel VHF-AM (COMM-2) radio		<input type="checkbox"/> EXTENDED OVERWATER PACKAGE (2 COMM's, 2 NAV's, marker beacon, etc. per 14 CFR 135.165) ADDITIONAL AVIONICS EQUIPMENT <input type="checkbox"/> VHF-FM panel-mounted radio with tones, but without guard <input type="checkbox"/> AUX-FM adapter cord for (specify model) _____ radio <input type="checkbox"/> PA/siren system. or <input type="checkbox"/> siren without PA system <input type="checkbox"/> Automated Flight Following (AFF). Note: AFF is NOT an Interagency requirement.	
7. FUEL SERVICING REQUIREMENTS (check all that apply)			
7a. # of fuel vehicle(s) required <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> Other, specify _____			
7b. Type of fuel vehicle <input type="checkbox"/> Truck ONLY (fuel would be carried on the truck) <input type="checkbox"/> Truck & Trailer acceptable <input type="checkbox"/> 4x4 capability required for truck			
7c. Fuel truck capacity required <input type="checkbox"/> 8 hours <input type="checkbox"/> 12 hours <input type="checkbox"/> 16 hours <input type="checkbox"/> OTHER-Specify _____			
7d. Additional fuel cache requirement <input type="checkbox"/> NO <input type="checkbox"/> YES-Describe _____			
7e. Other fuel or service vehicle requirements <input type="checkbox"/> NO <input type="checkbox"/> YES-Describe _____			