



## Agricultural Aviation Flight Risk Assessment Tool (FRAT)

Review and answer each question below. The questions are organized based on how frequently you should review them (i.e. you only need to review the annual questions once per year, while flight questions should be reviewed prior to each flight). *If you wish to have the question groups on different pages, you can print the FRAT and cut and laminate each group or copy and paste selected groups into a new document.*

### Annual Questions

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you have a current medical?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have a current biennial?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have current State and Federal licenses/certificates?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you wear Personal Protective Equipment (PPE)?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you wear a helmet?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you wear a fire-resistant flight suit?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you free of chronic illness?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you have a clear driving record with no DUI?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you wear a lap belt?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you wear a shoulder harness?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you attended PAASS in the last year?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Have you attended an Operation S.A.F.E. Fly In clinic in the past two years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Monthly Questions

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Is your total <i>ag time</i> sufficient for workload and supervision?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your total <i>time in type</i> sufficient for workload and supervision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you familiar with and used to flying with all your medications?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you familiar with your aircraft and aircraft systems?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Daily Questions

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Did you pass the <b>IMSAFE</b> checklist?<br><i>"I am physically and mentally safe to fly, not being impaired by Illness, Medication, Stress, Alcohol, Fatigue or Emotion."</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did you conduct an aircraft and crew preflight and briefing?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Before Each Flight Questions

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Are all weather factors (visibility, ceiling, temp / dew point spread, wind speed and variability) expected to be acceptable throughout the job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has fuel management been calculated and addressed?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have terrain features been addressed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the airstrip / landing zone sufficient for safe operation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are the target field and adjacent areas free of obstacles and difficult terrain?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you know what is in the hopper and how it affects the surrounding area?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you answered No to any of the above questions, STOP.**

**Reconsider making the flight or consider mitigation options to lower your risk. Talk to an experienced ag pilot mentor who can help you evaluate your risks for the flight and offer advice on your options.**

**Remember – No Flight, Job or Customer is Worth Your Life**