



MICHIGAN
ASSOCIATION OF AIR MEDICAL
PROVIDERS

Hospital Name	Hospital Location
Date of Assessment	Air Medical Program Name
Helicopter Type	PIC Name

Note: Use of this checklist is intended solely as a voluntary tool to aid in the safety oversight of ground level hospital helipads. Completion of this checklist by any pilot shall not be interpreted or construed as a certification, statement of suitability for use or fitness for purpose of any helipad. Pilots completing this checklist, their affiliated air carriers, air medical services providers, MAAP and all of their related employees shall be held harmless from all liabilities, damages, penalties, actions, suits, costs and claims of any kind or nature imposed, incurred or asserted against them arising out of the generation and/or use of this checklist.

Checklist Tasks:

1) Verify landing zone and immediate surrounding safety area is free of holes, large cracks, loose/crumbling paving materials, loose stones and other debris (FOD Hazards).	
2) Verify that no mobile objects, loose equipment, or unsecured cables/wires/hoses are present in the landing zone and safety area.	
3) Verify that no mobile objects, loose equipment, or unsecured cables/wires/hoses are present in the landing zone and safety area.	
4) Verify presence of portable fire extinguisher (minimum UL Class 4A:80B) is readily accessible and is inspected monthly.	
5) Verify fixed obstructions outside of landing zone are equipped with suitable obstruction lighting.	
6) Verify wind sock is in good repair and equipped with suitable lighting.	
7) If possible, verify operation of all lighting critical to helicopter operations (obstruction, windsock, landing zone, safety area, etc).	
8) Verify adequate security measures are in place to preclude unauthorized access to landing zone/safety area (i.e. suitable perimeter fencing and/or dedicated security monitoring personnel).	
9) Verify presence of No Smoking and Helipad Warning signs around perimeter of safety area.	
10) Verify adequate crown or slope to preclude ponding of rain or spilled fuel on the landing zone.	
11) Verify that any adjacent areas undergoing construction do not pose a hazard to helicopter operations (cranes, scaffolding, construction materials, tarps, etc).	
12) Verify that the intended/preferred approach and departure path(s) are free of obstructions that could interfere with helicopter operations.	
13) Verify any utility wires that pose a hazard to helicopter operations are identified by marker balls.	
14) Verify that trees, vegetation and landscaping adjacent to the safety area are sufficiently maintained to avoid interference with the approach/departure path(s), and do not create a hazard to people on the ground as a result of rotor wash (i.e. dead branches)	
15) Verify that grassy areas surrounding the safety area are regularly mowed to prevent congregation of wildlife.	
16) Verify that adjacent building trim, fixtures, signs, fencing, etc. appear to be sufficiently maintained so as to avoid detachment if subjected to high winds or helicopter rotor wash.	

List any hazards observed during the assessment (take photos if possible): _____

Immediately report any observed hazards to the helipad operator, your air medical program and your lead pilot. Names of the persons notified, if applicable: _____

Forward a copy of this checklist and any related photos to your lead pilot for distribution to MAAP members. Lead pilots please submit completed forms to the MAAP Safety Chairperson at joettas@med.umich.edu.

Recommendation: document any hazards observed through your air carrier's safety reporting system.