



## DEPARTMENT OF THE NAVY

COMMANDING OFFICER  
HELTRARON TWENTY EIGHT  
7180 USS LONG ISLAND STREET SUITE 320  
MILTON FL 32570-6101

IN REPLY REFER TO:  
HT-28INST 3750.4C  
00  
25 Aug 11

### HELTRARON TWENTY-EIGHT INSTRUCTION 3750.4C

Subj: PRECAUTIONARY EMERGENCY LANDING (PEL), BIRD STRIKE,  
THINGS-FALLING-OFF-AIRCRAFT (TFOA), OVER-TORQUE AND OVER-  
TEMPERATURE INCIDENT MANAGEMENT

Ref: (a) COMTRAWINGFIVEINST 3710.8R  
(b) HT-28INST 1601.2

Encl: (1) PEL/Bird Strike Checklist  
(2) Procedures for TFOA  
(3) Over-Torque/Over-Temp Questionnaire

1. Purpose. To establish a command policy for the analysis and control of PEL, Bird Strike, TFOA, Over-Torque and Over-Temp event information.

2. Cancellation. HT-28INST 3750.4B

3. Scope. The Safety Department shall maintain a database to track and cover all areas potentially affecting aviation safety including maintenance-induced and pilot-induced PEL, Bird Strike, TFOA, Over-Torque and Over-Temp of aircraft operated by HT-28 personnel.

4. Objective. To detect and eliminate unsafe trends and tendencies in aircraft and aircrew.

#### 5. Actions

a. Upon notification of a PEL (to include Over-Torques and Over-Temps/Bird Strike/TFOA), the Command/Student Duty Officer (CDO/SDO) shall complete enclosure (1) and/or enclosure (2) as appropriate. The original copy of the applicable form(s) shall be submitted to the Safety Department by the end of the duty period in which the incident occurred.

b. The Pilot-in-Command of the PEL aircraft shall review enclosure (1) and/or enclosure (2) for accuracy and fill out

enclosure (3) if applicable. All original copies shall be submitted to the Safety Department within 24 hours of incident or next workday, as applicable.

c. The Aviation Safety Enlisted (ASE) shall verify completion of the completed form(s). The ASE will enter the following information (at a minimum) into a concise and comprehensive database: aircraft side number, aircraft commander, date, fuel state, density altitude, malfunction, and type of maneuver being performed.

d. The ASE will routinely review completed reports to ensure they are being routed after maintenance action is complete, through the maintenance contractor, to NATMSACT, to TW-5 Safety and then back to HT-28 Safety, as appropriate.

e. Each month the ASE will sort maintenance-induced PELs by aircraft side number and review this list for trends. All trends noted shall be forwarded to the Aviation Safety Officer (ASO), Maintenance Officer, and CO/XO.

f. When the ASE documents a pilot-induced PEL, a review of the pilot's record over the last six months shall be accomplished to identify possible trends. All trends noted will be forwarded to the Standardization Officer and the CO/XO.

g. On a routine basis, the ASO will analyze pilot induced PELs by maneuver being performed and forward all trends to the Standardization Officer for AOM dissemination and training.

h. The Safety Department will provide a record of the previous month's pilot induced PELs to the Human Factors Committee.

6. Access. The ASO will control access to the PEL database.

  
M. C. THOMPSON

Distribution:  
Electronic Distribution

PRECAUTIONARY LANDING/BIRD STRIKE CHECKLIST

THIS FORM IS TO BE FILLED IN COMPLETELY AS POSSIBLE ANY TIME A PEL, BIRD STRIKE OR FLIGHT ABORT INVOLVING SQUADRON AIRCRAFT TAKES PLACE. ENSURE ALL ONGOING INFORMATION IS UPDATED AND PASSED ON TO ON-COMING DUTY OFFICERS TO ALLOW FOR PROPER TRACKING OF AIRCRAFT/AIRCREW STATUS. PLEASE REVIEW THE PROCEDURES IN THE SDO/FDO BINDER. ENSURE THE CO, XO, OPS AND SAFETY ARE BRIEFED ON ALL FACTS PERTAINING TO THE PEL.

1. GENERAL INFORMATION

CDO: \_\_\_\_\_ SDO: \_\_\_\_\_

DATE (YYYYMMDD): \_\_\_\_\_ SIDE NUMBER: \_\_\_\_\_

PILOT: \_\_\_\_\_ COPILOT: \_\_\_\_\_

TIME OF PEL: \_\_\_\_\_ LOCATION: \_\_\_\_\_

MALFUNCTION: \_\_\_\_\_

TYPE OF FLIGHT: \_\_\_\_\_ MANUEVER: \_\_\_\_\_

EVENT: ( ) 1<sup>ST</sup> HOP ( ) 2<sup>ND</sup> HOP ( ) 3<sup>RD</sup> HOP

IF HARD LANDING, K-FLEX ISOLATION MOUNT CONTACT OR OVERTORQUE,

FUEL REMAINING: \_\_\_\_\_ GALLONS

INITIAL ASSESSMENT OF DAMAGE/INJURY: \_\_\_\_\_  
(IF INITIAL ASSESSMENT EXCEEDS \$50,000 OR MODERATE/SEVERE INJURIES REQUIRING MEDICAL TREATMENT, STOP HERE!!! GO TO MISHAP BINDER.)

2. NOTIFICATION. NOTIFY KEY PERSONNEL AT WORK OR AT HOME.

HT-28 PERSONNEL:

\_\_\_\_\_ COMMANDING OFFICER X7948

\_\_\_\_\_ EXECUTIVE OFFICER X7948

\_\_\_\_\_ OPERATIONS OFFICER X7974

\_\_\_\_\_ SAFETY OFFICER X7967

MAINTENANCE:

\_\_\_\_\_ AIRCRAFT ISSUE X2151 OR HOTLINE

TIME OF CALL \_\_\_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

ENSURE CDO/SDO COORDINATE WITH MAINTENANCE ON RECOVERY OF AIRCRAFT/AIRCREW AND PHYSICAL SECURITY.

**TRAWING FIVE:**

\_\_\_\_\_ TW-5 CDO 637-2793

TIME OF CALL \_\_\_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

\_\_\_\_\_ NASWF ODO X7597

TIME OF CALL \_\_\_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

**MUST ENSURE THE FOLLOWING EMAIL IS SENT PRIOR TO TURNING CHECKLIST INTO SAFETY.**

SEND AN EMAIL TO WHTG CTW5 PEL NOTIFICATION (A DISTRUBUTION LIST LOCATED IN THE NMCI GLOBAL LISTING) WITH THE FOLLOWING INFORMATION (NOTE: INFORM TW-5 CDO IF NMCI IS DOWN AND UNABLE TO SEND EMAIL):

**\*\*\*SEND CC TO CO, XO, OPSO, SAFETY OFFICER, ASO and ASE\*\*\***

DATE (YYYYMMDD)

1. SQUADRON/SIDE NUMBER
  2. PILOT/COPILOT
  3. TIME OF PEL
  4. LOCATION
  5. MALFUNCTION (HARD LANDING, K-FLEX ISOLATION MOUNT CONTACT OR OVERTORQUE, Etc...)\*
  6. TYPE OF FLIGHT
  7. MANEUVER
  8. DAMAGE (NONE, SOME (< \$50K), EXTENSIVE (>\$50K...)
  9. \*\*PERSONNEL INJURIES
  10. \*\*\*PRESS INTEREST LIKELY
- \* **BIRD STRIKE INFORMATION:** AIRCRAFT COMMANDER NEEDS TO CONTACT ASO FOR WESS REPORT.  
\*\*IF DAMAGE IS ESTIMATED TO BE > \$20K, OR PERSONNEL WERE INJURED THEN EXECUTE APPROPRIATE MISHAP PROCEDURES IMMEDIATELY.  
\*\*\* IF PRESS INTEREST IS LIKELY AND NO MISHAP THEN EXECUTE APPROPRIATE OPREP/UNIT SITREP REPORTING PROCEDURES IMMEDIATELY.

NAME AND RANK OF PERSON SENDING EMAIL \_\_\_\_\_

IF NO PEL EMAIL IS SENT BY SQUADRON THEN CDO WILL NOTIFY THE FOLLOWING PERSONNEL BY PHONE REGARDLESS OF TIME:

COMMODORE X7555  
TW-5 SAFETY X7138 or X7063  
TW-5 OPS X7147  
MAINTENANCE OFFICER X7140

**IF MISHAP/SUSPECTED MISHAP:**

\_\_\_\_\_ CALL BRANCH MEDICAL CLINIC TREATMENT ROOM, X7508 (MAKE ARRANGEMENTS FOR STANDARD POST MISHAP SCREENING)

TIME OF CALL \_\_\_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

\_\_\_\_\_ CALL HT-28 FLIGHT SURGEON (850)623-7151

TIME OF CALL \_\_\_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

IF AIRCRAFT LANDS ON OTHER THAN GOVERNMENT PROPERTY, NOTIFY THE FOLLOWING PERSONNEL AFTER OBTAINING APPROVAL FROM THE COMMODORE:

\_\_\_\_\_ HT-28 LEGAL OFFICER X7959

TIME OF CALL \_\_\_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

\_\_\_\_\_ CNATRA DUTY OFFICER DSN 861-2284/2278 PAGER 512-962-5118

TIME OF CALL \_\_\_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

\_\_\_\_\_ TW-5 PAO 665-6121

TIME OF CALL \_\_\_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

IF UNIT SITREP OR OPREP REQUIRED (CDO/SDO SHALL DETERMINE BASED UPON MISHAP BINDER FLOWCHART - CLEAR WITH CO BEFORE RELEASE!) - See Pre-Mishap Plan, Tab 6.

\_\_\_\_\_ TW-5 DUTY OFFICER X7167

TIME OF CALL \_\_\_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

\_\_\_\_\_ NASWF ODO X7597

TIME OF CALL \_\_\_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

TYPE OF MAINTENANCE ACTION: (CIRCLE IF KNOWN)

TRUCK BACK      MAINTENANCE RECOVERY      RETURN FLIGHT

3. ENSURE ALL INFORMATION IS UPDATED AND PASSED ONTO NEXT DUTY SECTION TO ALLOW FOR TRACKING. PLACE FORMS IN SAFETY DEPARTMENT BY END OF DUTY PERIOD IN WHICH INCIDENT OCCURRED.

\_\_\_\_\_ CDO/SDO SIGN TO ENSURE TO ALL ITEMS ARE COMPLETE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

4. PLACE COMPLETED FORM ON ASO'S DESK IN SAFETY OFFICE.

PROCEDURES FOR REPORTING THINGS FALLING OFF AIRCRAFT (TFOA)

\_\_\_ 1. DETERMINE THE NATURE OF THE INCIDENT.

WHAT FELL OFF:

WHERE:

WHEN DISCOVERED:

\_\_\_ 2. DETERMINE IF AN OPREP-3 NAVY BLUE OR SITREP IS REQUIRED.

YES NO A. OPREP-3 NAVY BLUE REQUIRED (FOR OTHER THAN ANTI-COLLISION LENS) IF:

- 1. LOCATION OBJECT FELL OFF IS UNKNOWN.
- 2. OBJECT POSSIBLY FELL ON POPULATED CIVILIAN PROPERTY.
- 3. PROPERTY DAMAGE DID OR IS SUSPECTED TO HAVE OCCURRED.

YES NO B. SITREP IS REQUIRED IF OBJECT DID NOT FALL OFF ON GOVERNMENT PROPERTY, BUT NOT IN VICINITY OF HOUSES OR POPULATED AREA.

\_\_\_ C. NEITHER AN OPREP OR SITREP IS REQUIRED IF THE OBJECT FELL OFF OVER GOVERNMENT PROPERTY.

\_\_\_ 3. NOTIFY THE FOLLOWING PERSONNEL:

- \_\_\_ COMMANDING OFFICER
- \_\_\_ EXECUTIVE OFFICER
- \_\_\_ SAFETY OFFICER
- \_\_\_ OPERATIONS OFFICER

\*\*\*\*\*  
 \* SEE STEP FIVE OF MISHAP PLAN FOR \*  
 \* HT-28 KEY PERSON LIST FOR OFFICE \*  
 \* AND HOME PHONE NUMBERS \*  
 \*\*\*\*\*

IF UNABLE TO NOTIFY ANY OF THE ABOVE, THE CDO/FDO WILL RELEASE THE OPREP/SITREP. CONTINUE TRYING TO NOTIFY THE ABOVE.

\_\_\_ 4. NOTIFY THE TW-5 SAFETY OFFICER AT X7138. (AFTER HOURS CONTACT THE TW-5 DUTY OFFICER X7437)

TIME OF CALL \_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

IF UNABLE TO CONTACT THE TW-5 SAFETY OFFICER ENSURE THAT CNATRA SAFETY (AV) 861-3888/2200 OR DUTY OFFICER (AV) 861-2284 HAS BEEN NOTIFIED OF THE INCIDENT.

TIME OF CALL \_\_\_ NAME AND RANK OF PERSON BRIEFED \_\_\_\_\_

OVER-TORQUE/OVER-TEMP QUESTIONNAIRE

1. SQUADRON/UNIT: \_\_\_\_\_
2. DATE OF INCIDENT: \_\_\_\_\_
3. SAFETY POC: \_\_\_\_\_
  - A. CONTACT NUMBER: \_\_\_\_\_
4. TYPE AIRCRAFT (CIRCLE ONE): TH-57B TH-57C
5. EXCEEDENCE INFORMATION:
  - A. TORQUE OR TOT: \_\_\_\_\_
  - B. TIME: \_\_\_\_\_
6. TYPE OF FLIGHT (I.E., C4001, I4191): \_\_\_\_\_
7. GENERAL CONDITIONS AT TIME OF INCIDENT:
  - A. TEMPERATURE: \_\_\_\_\_
  - B. WINDS:
    - (1) DIRECTION/SPEED/GUSTS: \_\_\_\_\_
  - C. AIRCRAFT HEADING AT TIME OF INCIDENT: \_\_\_\_\_
  - D. COURSE/RUNWAY IN USE: \_\_\_\_\_
  - E. FUEL STATE: \_\_\_\_\_
  - F. GROSS WEIGHT: \_\_\_\_\_
8. SUMMARY OF EVENTS LEADING UP TO AND CAUSING THE INCIDENT (INCLUDE MANEUVER SET-UP, MANEUVER DESCRIPTION, AND GENERAL PARAMETERS THROUGHOUT MANEUVER):
9. LIST MEASURES THAT MAY HAVE HELPED PREVENT THIS INCIDENT (I.E., ADDITIONAL BRIEFING ITEMS, DEFENSIVE POSTURING, UPDATED WEATHER, ETC.)
  - A. \_\_\_\_\_  
\_\_\_\_\_
  - B. \_\_\_\_\_  
\_\_\_\_\_
  - C. \_\_\_\_\_  
\_\_\_\_\_
10. ROUTING:
  - A. Return all completed forms to the Safety Office.