**Safety Briefing Checklist**

**Instructions**: Pilot is responsible for providing a pre-flight safety briefing. This checklist allows staff that are crew/passenger for the task aware of the minimum briefing items to be covered by the pilot. A copy of the completed checklist to be uploaded into the response drive.

|  |  |  |  |
| --- | --- | --- | --- |
| Aircraft Task |  | Date:Planned Time of Departure: | ­­­­ / / am/pm |

## Flight Details

|  |  |
| --- | --- |
| General area of Operation |  |
| From |  | To |  |
| Aviation Operator |  | Aircraft Type |  |
| Aircraft Registration number | VH - |

## Manifest

| Role | Name | Weight (kg) | Contact No. | Agency |
| --- | --- | --- | --- | --- |
| 1. Pilot |  |  |  |  |
| 2. Crew |  |  |  |  |
| 3. Crew |  |  |  |  |
| 4. Crew |  |  |  |  |
| 5. Passenger |  |  |  |  |
| 6. Equipment |  |  |  |  |

## Briefing: *should at least include:*

|  |  |
| --- | --- |
| **Task** | **Tick**  |
| Embarking/Disembarking procedures (safe access and egress from the aircraft) |  |
| How to open doors, escape hatches |  |
| How to operate internal communications system |  |
| How to operate seat belts and the use of brace positions |  |
| Location and operation of aircraft emergency equipment including fire extinguishers, Emergency Locator Beacon/s |  |
| Location of first aid kit and survival equipment |  |
| Emergency procedures and emergency exits |  |
| Identification of restricted items |  |
| No smoking, mobile telephone and electronic item use requirements |  |
| Restricted activities during the flight |  |
| Information contained on flight safety cards |  |
| Flight details |  |
| ***The following items of safety equipment must be demonstrated:*** |  |
| Operation of normal and emergency exits |  |
| Operation of seat belts |  |
| Wearing and operation of individual life jackets, if appropriate |  |
| Location and operation of inflatable life rafts, if appropriate |  |
| Donning and use of immersion/survival suits when these are required |  |

## Completed by

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date |  |