The NVG Go/No-Go Checklist must be completed and signed by the pilot of each Cooperator aircraft, the Helibase Manager, and the Air Operations Branch Director prior to commencing night time aerial firefighting operations. If any box is unchecked (the item is NOT accomplished), the entire night time aerial firefighting operation is a No-Go. A check mark inside a box indicates that all aspects of the required procedures are applicable and have been satisfied.

**Operational Planning**

- All night time aviation missions have been subjected to the risk assessment process and have been approved by the Air Operations Branch Director and the Incident Commander.
- All applicable aviation positions are assigned to fully qualified personnel.
- Pilots, aircraft and support personnel meet agency requirements for night time aerial firefighting operations.
- An organization chart has been prepared and distributed, showing applicable functions and the name of the person responsible.
- Temporary Flight Restriction (TFR) is in place when appropriate.
- All pilots meet duty day and flight hour limitations.

**Communications**

- A night time communications plan has been prepared and approved to include the following:
  - Air-to-Air
  - Air-to-Ground
  - Take Off and Landing
  - Command

**Briefings**

- Ground personnel assigned to work in areas of the incident where night time aerial firefighting operations will occur have been briefed. *(Night Time Air Operations Branch / Division Briefing Guidelines & Worksheet)*
- Flight crews and Helibase personnel have been briefed on specifics of night time helibase operations.
- Flight crews and personnel assigned to the water point have been briefed on specific procedures for night time water point operations. *(Night Time Helicopter Water Point Briefing Guideline & Worksheet)*

**Helibase Operations**

- A Cooperator-Qualified Crewmember has been assigned to the helibase.
- Procedures have been established for night time helicopter movement around the helibase.
- Procedures have been established for maintaining aircraft separation in the airspace surrounding the helibase.
- Procedures have been established for flight following of assigned aircraft.
- Procedures have been established to control the movement of personnel and vehicles around the helibase.
- Procedures have been established to provide dust abatements measures during night time helibase operations.
- Emergency procedures have been established for response to incidents or accidents at the helibase.
Water Point Operations

- Helispot used for water point operations is of adequate size with acceptable surface conditions and free of ground hazards.
- Procedures have been established to provide dust abatement measures during night time water point operations.
- Procedures have been established for identifying the landing pad and the lighting configuration to be used.
- Safe approach and departure paths have been identified.
- Reporting points have been established to manage spacing and sequencing into and out of the water point.
- Potential aerial hazards have been identified.
- Wind-shift decision points have been established and change of direction procedures are in place.
- Specific hand signals have been identified to be used by personnel at the water point.
- Supply line configuration and Shut-Off Valve location has been established.
- Appropriate GPM flow rate for helicopter ground fill has been established.
- Positioning of personnel at the water point during landing and take-off has been established.
- A method has been established for pilots to signal water point personnel approval to approach the aircraft.
- A method has been established for pilots to communicate or signal to helispot personnel the desired amount of water.
- Emergency procedures have been established for response to incidents or accidents at the water point.

Approval & Review: The following personnel shall sign prior to commencing night time aerial firefighting operations:

Prepared By ___________________    _____________________ Date_______ Time______  
Helibase Manager  (Signature)  
(Print Name)

Approved By ___________________    _____________________ Date_______ Time______  
Air Ops Branch Director  (Signature)  
(Print Name)

Reviewed By ___________________    _____________________ Date_______ Time______  
Pilot  (Signature)  
(Agency & ID)

Reviewed By ___________________    _____________________ Date_______ Time______  
Pilot  (Signature)  
(Agency & ID)

Reviewed By ___________________    _____________________ Date_______ Time______  
Pilot  (Signature)  
(Agency & ID)

Reviewed By ___________________    _____________________ Date_______ Time______  
Pilot  (Signature)  
(Agency & ID)

Reviewed By ___________________    _____________________ Date_______ Time______  
Pilot  (Signature)  
(Agency & ID)

Reviewed By ___________________    _____________________ Date_______ Time______  
Pilot  (Signature)  
(Agency & ID)