



## Job Walk/Coordination Form/Job Hazard Analysis (JHA)

Please return completed form back to Air Ops  
([AirOpsForms@sce.com](mailto:AirOpsForms@sce.com)) with both representative's approvals 7 days  
prior to scheduled job date.

Flight Request Form # \_\_\_\_\_ TD/SAP Accounting Number: \_\_\_\_\_

Helicopter Contractor Company: \_\_\_\_\_

Electrical Contractor/Work Site Representative: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Date(s) and Time(s) of helicopter's arrival(s): \_\_\_\_\_ Pre-positioning Requested: Yes No

### Mission Specific Details

GPS Coordinates for the Landing Zone(s)/LZ: \_\_\_\_\_

FAA Congested Area Plan: Yes No Emailed to: \_\_\_\_\_ Date: \_\_\_\_\_

FAA approved copy emailed to [AirOpsForms@sce.com](mailto:AirOpsForms@sce.com) Date: \_\_\_\_\_

A copy of all approved Congested Area Plans with the FAA, for work performed on behalf of SCE, will be shared with the Aircraft Operations Department and the work site Representative via email as soon as the approved copy is available.

Traffic Control - Yes No Number of Traffic Control Personnel Required -

Traffic Control shall be provided by the work site representative, the Helicopter Contractor will provide a traffic plan to coordinate road closure(s), foot traffic paths, and any opportunities for ingress to the operational area for all lifts.

Evacuations - Yes No

If yes, provide list of addresses that need to be evacuated

List provided to \_\_\_\_\_ for notification prior to one week of job date.

Addresses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a list of evacuation addresses to the work site representative so they may hand out evacuation notices prior to one week of job date.

It is the responsibility of the Helicopter Contractor to assure that all addresses on the list have been evacuated.

Valley Fever Mitigation (If Required): Yes No \_\_\_\_\_  
Type of Mitigation

Notify/coordinate with any applicable governing agencies: Yes No \_\_\_\_\_

If yes, which ones:

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**Number of helicopter ground support/radiomen for adequate support based on number of lifts/lift sites/LZ locations -**

**Method of Communication -** \_\_\_\_\_

**List of Frequencies -** \_\_\_\_\_

**Confirm pole weights and number of poles and additional lifts, including tools/gravel bags /super sacs/etc.:**

**Helicopter Rigging Needed for Job:**

Note: It is the Helicopter Contractor's responsibility to supply standard helicopter rigging.

**Additional Comments:**

**Fuel support needed -** Yes      No

**Water truck(s) needed -** Yes      No      **Note: Water truck must have a minimum of 2,500 gallons**

If yes, the work site Representative is responsible for scheduling the equipment to the work site.

**For HEC Jobs Only:**

Training for HEC participants Training Date:

Contingency Plan for HEC Personnel (Helicopter Maintenance Issue, Weather, Daylight Etc.)

**Digital Signatures:**

Helicopter Contractor Representative:

\_\_\_\_\_ Date

Work Site Representative:

\_\_\_\_\_ Date