



PART 127 HELIPORT & HELISTOP CHECKLIST

1.	NAME OF HELIPORT / HELISTOP										
2.	a.	NAME OF APPLICANT OR REPRESENTATIVE									
	b.	Business / Residential address									
	c.	Postal address								Postal code	
	d.	Telephone number			e.	Fax number					
	f.	Cellular phone number			g.	E-mail address					
3.	INTENDED PURPOSE OF THE HELISTOP <i>(Mark with X)</i>					Private		Commercial			
	HEMS		DAY VFR		NIGHT VFR		IFR	OTHER:			
4.	HELICOPTERS TYPES INTENDED FOR USE				H 1		H 2				
	PERFORMANCE CLASS				1.		2.		3.		
4.	MAUW LIMITATIONS OF HELIPORT/STOP IF AN ELEVATED STRUCTURE								kg's		
5.	OTHER CONSIDERATIONS FOR INTENDED LOCATION OF HELIPORT/STOP										
6.	OPERATIONAL SAFETY ASPECTS OF HELIPORT/STOP							ACCEPTABLE <i>(Tick applicable box)</i>			
	a.	Influence of the prevailing winds on the Landing area					YES		NO		
	b.	Distance and Position of Obstacles from Landing area					YES		NO		
	c.	Glide Slope Angle to the landing area					YES		NO		
	d.	Obstacles on Approach and Take-off paths					YES		NO		
	e.	Angle of slopes on the Landing area					YES		NO		
	f.	Existence of a safe Over- and Undershoot area					YES		NO		
	g.	Existence of a safe Break-away area					YES		NO		
	h.	Existence of safe routes to and from the heliport/stop					YES		NO		
	i.	Heliport/stop Standard Operating Procedures in place					YES		NO		
	j.	Security measures in place at Heliport/stop					YES		NO		
7.	GIVE REASONS IF 'NO' ANSWERED IN PARAGRAPH 7 ABOVE:										

8.	RECOMMENDATIONS

SIGNATURE OF FLIGHT OPERATIONS INSPECTOR	NAME IN BLOCK LETTERS	DATE
SIGNATURE OF PART 139 ASI INSPECTOR	NAME IN BLOCK LETTERS	DATE