

# On-Site Survey Form

Your Business Name Ltd

<b>Client Name</b>		<b>Date Now</b>	
<b>Contact Name</b>		<b>Wind Speed</b>	
<b>Pilot Name</b>		<b>Temp °C</b>	
<b>Job Number</b>		<b>Job Description</b>	
		STILLS / VIDEO	

## OnSite Checks

## Contacts

Concern	Description	Action?	PILOT
OBSTRUCTIONS	Wires, Buildings, Masts, Other		
VIEW LIMITATIONS	Anything that may impair VLOS		<b>OBSERVER</b>
PEOPLE	Ground Control Required?		
LIVESTOCK	Animals, Wildlife		<b>CLIENT</b>
TERRAIN	Type of Terrain (Flat/Rough/Wet/Icy etc.)		
PUBLIC	Public Access? Signage Required?		<b>HQ</b>
AIR TRAFFIC	Clearance Required? Gained?		
PROXIMITIES	Adequate Separation From Buildings, Obstructions etc		<b>ATC</b>
TAKE OFF AREA (T)	Where is the Safest Convenient Position?		
LANDING AREA (L)	Where is the Safest Convenient Position?		<b>POLICE</b>
EMERGENCY AREA (E)	Where is the Safest Convenient Position?		
HOLDING AREA (H)	Where is the Safest Convenient Position?		<b>HOSPITAL</b>
PERMISSION	Local Authority, Land Owner		
COMMS	Communications method eg Radio?		

**FLY / NO FLY**