Form Revised 2-24-20

Reported Heliskiing Activity

Company Name: SEABA

Bi-weekly Period: from 3/11/20 to 3/25

Person Completing Report: Austin

Date	Start Time	End Time	Heli ID #	Skier Days Used (do not count training/guide school days)	Area(s) / Flight Path(s)	Deviation from the flight guidelines? (provide explanation below*)	Accidents? (provide explanation below*)	Incidental Wildlife Observation? (provide explanation below inc. type of wildlife & location*)
3/11/20	10:00	1600	360CH	12	Town Zone	No	No	None
3/12/20	10:00	1600	360CH	12	Town Zone	No	No	None
3/13/20	10:00	1600	360CH	16	Town Zone	No	No	None
3/13/20	900	1700	253CH	9	Talkin River	No	No	None
3/14/20	800	1700	360CH	16	Town Zone	No	No	None
3/14/20	800	1700	253CH	9	Talkin River	No	No	None
3/14/20	800	1700	252CH	4	Kicking Horse	No	No	None
3/15/20	730	1700	360CH	16	Town Zone	No	No	None
3/15/20	730	1700	253CH	9	Rainbow Glacier Zone	No	No	None
3/15/20	1000	1700	252CH	4	Kicking Horse	No	No	None
3/17/20	1000	1600	360CH	12	Talkin River	No	No	None
3/17/20	1000	1600	253CH	9	Talin River	No	No	None
3/19/20	930	1600	360CH	12	Town Zone	No	No	None
3/20/20	1030	1600	360CH	12	Kicking Horse Right	No	No	None
3/22/20	1200	1300	360CH	4	Town Zone	No	No	None
3/23/2						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
				0				

*** Explanations-------flight deviations, accidents, incidental wildlife observations, if any**

Date	