Form Revised 2-24-20

Reported Heliskiing Activity

Company Name: _____

Bi-weekly Period: from to

Person Completing Report:

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*)
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						No	No	None
						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	