Reported Heliskiing Activity

Bi-weekly Period: from

to

Company Name: _____

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*)
* Explanationsflight deviations, accidents, incidental wildlife observations, if any								
Date					, ,			