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| --- | --- | --- | --- | --- |
| **Third Party Company/Organisation:** | | **UAS Pre-deployment RAMS**  **Risk Assessment & Method Statement** | | |
| **Date:** | **Assessed by: (competent person)** | **Checked by: (supervisor, manager)** | **RAMS ref no:** | **Review date:** |
|  |  | If applicable |  |  |

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| **Flight Team Composition** | | | |
| **Registered Operator:** |  | **Operator number:** |  |
| **Remote Pilot:** |  | **Flyer ID number:** |  |
| **GCS Operator:** | If applicable | **Other Crew:** | If applicable |

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| **UAS Details** | | | | | | |
| **UAV Model:** |  | | | |  |  |
| **Type of UAS:** | Multirotor |  | Fixed Wing |  | **M.T.O.M (KG):** |  |

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| **Operating Site Location** | | | | | | | | |
| **Site Name:** |  | | **Nearest address:** | |  | | | |
| **University Contact (Responsible Person):** |  | | **Owner contact details:** | |  | | | |
| **Site Lat/Long** |  | | **Altitude (AMSL) (m)** | |  | | | |
| **Has permission been granted?** | **YES** |  | **NO** |  | | | | |
| **Is the site within a geo-restricted area, or in proximity to an airport or other sensitive zone?** | | | | No | |  | Yes |  |

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| **Insurance details** | | | | | |
| **Insurance Company:** |  | | **Expiry date:** | |  |
| **Level of cover:** | £ | **Certificate No.** | |  | |

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| --- | --- |
| **Category** | |
| **Operational category:** | Open/\*Specific (delete as appropriate) |
| **OA number:** | if appropriate |

\*If specific please provide OA number and reference any non standard permissions in your method statement

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| --- | --- |
| **Google Earth map URL:** |  |
| **Maximum altitude AGL:** |  |
| **Flight area drawn on screenshot of map (google earth or valid aviation chart):** | |
| Include flight boundary, take-off & landing position, flight path/s, pilot and crew positions, and any identified hazards. | |
| **What is the objective or purpose of the flights at this location** | |
| e.g. Gathering dust samples for volcano modelling. | |
| **Describe the flight operations that will be conducted to meet the above objectives.** | |
| e.g. number of flights, intended duration, flight profile, site specific requirements etc. | |

**General assessment of risks**

Identify and provide mitigations against all risks specific to the location and operation you have outlined. Use multiple pages if required.

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| **Description of hazard** | **Potential outcome** | **Control measures to be put in place** | **A** | **B** | **Risk Rating (A) x (B)** | **Comments/actions** |
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**Key for Risk Assessment table**

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| **Score to be allocated:** | **3** | **2** | **1** |
| **A – Severity of incident:** | Major injury, death or damage to property | Injury or damage requiring medical treatment | Minor or no injury/damage |
| **B – Likely occurrence** | Regular exposure | Occasional exposure | Exposure very rare. |

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| **Resultant risk rating (AxB)** | **Response required** |
| **<3** | No real change in procedure required. |
| **3-4** | Provide additional training, supervision and monitoring. |
| **6** | Critically examine the areas of exposure to risk in the operation and investigate alternative locations or operating conditions to reduce risk rating. |
| **9** | Operation cannot go ahead until controls to reduce risk are agreed. |

**Method Statement**

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| --- |
| **Describe detailed steps on how to complete the tasking and avoid the risks identified. IE. How will you complete your objectives safely and within the law.** |
| For any points in the risk assessment where you feel further clarity is required you should expand on your proposed control measure to be put in place. Outline precisely how you will conduct your operations being specific about processes and procedures you are putting in place to fully mitigate that risk. |

**Signatures of acceptance**

By signing, you acknowledge the risks outlined above and agree to abide by the approved risk mitigations. Additionally, you agree to abide by the UOB flight operations manual, and all laws as laid out in the ANO at all times. If in doubt you agree to seek guidance before commencing any flight.

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|  | **Name(s)** | **Job Title/status** | **Signature** | **Date** |
| **Registered Operator** |  |  |  |  |
| **Remote Pilot** |  |  |  |  |
| **University Responsible Person for this activity** |  |  |  |  |