## UAV/CAMERA DRONE CONTRACTOR SAFETY, LOSS CONTROL & REGULATORY QUESTIONNAIRE

(Effective August 29, 2016)

## CONTRACTOR CONTACT DETAILS

Name	of Company:		
Address:		Telephone Numbers:Office:	
		Cell:	
Manager Responsible for Safety:		Website address:	
Name	and position of contact person completing this form:		
Above person's email address:		Above person's telephone numbers:Office:	
Brief D	Description of UAV, Camera System, including UAV weight:	Cell:	
Brief D	Description of Services provided:		
Numb	er of Staff participating in this contract:	Proposed date(s) of operations:	
2.	Is the proposed UAV less than 55 pounds?  Yes No Does the intended operation require an FAA Certification operating Rules (Part 107)? If so, has Contactor secure No No No N/A N/A	te of Waiver (14 CFR Part 107) outside the scope of small UA' ed such C.O.W.?	
3.	Does Contractor maintain a Motion Picture and Televis  Yes No No	sion Operations Manual (MPTOM) approved by the FAA?	
4.	Has Contractor written and does Contractor use a Star	ndard Operating Procedure (including Pre-Flight checklist)?	
	Yes No No		
5.	Does Contractor maintain a Flight Log?		
	Yes No No		
6.	Does Contractor maintain a Maintenance Log?		
	Yes No		

7.	Has Contractor ever had insurance denied or cancelled?			
	Yes No No			
8.	Does Contractor carry the required general liability insurance (min \$1 mm)? Contractor must be able to name TCU as additional insured on this policy.			
	Yes No No			
9.	Does Contractor intend to use an F.A.A. Licensed Remote Pilot-In-Command?			
	Yes No No			
	Remote Pilot(s)-In-Command Name(s)  Remote Pilot(s) Certificate Number			
	1)			
	3)			
10.	Have all proposed UAV Pilot-In-Command complete the FAA aeronautical knowledge test or online Part 107 training course?			
	Yes No No			
	Comments:			
11.	Are the Remote Pilot(s)-In-Command assigned to this contract employees or independent contractors?			
	Employees Independent Contractors			
12.	Are Contractor's UAVs registered with the FAA? Registration required for all UAV's weighing between 0.55 lbs and 55 lbs.			
	Yes No No			
13.	Please described Contractor's level of qualification and experience in similar operations (please feel free to attac additional information):			
14.	Does contractors use a visual observer for:			
	All Shoots Some Shoots No Shoots			

5.	Please provide information on your arrangements for reporting, recording and investigating accidents and incidents:				
6.	Has this Contractor or any company employee (including Pilots) been the subject of an FAA enforcement action?  Yes No				
	If yes, please provide details of any enforcement action including FAA license suspensions, reportable incidents or accidents.				
7.	Does Contractor belong to a recognized trade/industry association promoting education and safety in UAV operations?				
	Yes No Organizations:				
	Other Information:				
	Is there any other information Contractor wishes to supply which you believe is relevant?  Yes No				
	Supporting information attached/enclosed?				
	Yes No No				

## **DECLARATION**

I declare to the best of my knowledge that the information submitted is true and is an accurate account of the details requested.

Print Name				
Title				
Signature				
 Date				

## Email completed form to Drew Solomon, TCU Risk Management

Email: drew.soloman@tcu.edu

