

WHS-PRO-CHK-018d – Planning Checklist for use of Remote Piloted Aircraft

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Name of Operator: _____

Division / College: _____

| Item | Licencing and Insurance Requirements | Yes | No | N/A |
|------|--|--------------------------|--------------------------|--------------------------|
| 1 | Do you hold a current UAV Controller Certificate or Remote Pilot License issued by CASA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Do you hold a current AROL or FROL? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Have you undertaken Pilot inductions and had procedures / software demonstrated through induction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Have you received digital copies of operations, flight and maintenance manuals and associated documents / software to appropriately plan, execute and log missions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Have you undertaken initial and annual evaluations (knowledge and flight competency) by the Chief Pilot? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Have you undertaken a minimum of 5 hours experience on the type of RPA to be used (under supervision) and maintained 5 hours of flights in a 90 day period? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Have you ensured your name, date of birth, details of UAV Controllers Certificate or RPA licence and approximate number of logged RPA hours of flight have been declared to JCU insurance on insurance@jcu.edu.au? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Information:

JCU Remote Pilot in Command

| | |
|-----------------|-----------------|
| Name _____ | Signature _____ |
| Telephone _____ | Email _____ |
| Date _____ | |

Dean, Research (or delegate)

| | |
|-----------------|----------------|
| Name _____ | Position _____ |
| Telephone _____ | Email _____ |
| Signature _____ | Date _____ |