

# GDOT Publications Policies & Procedures

Form Word:DOT1906 - GDOT UAS Post-Flight Check Log Section:Intermodal Programs Office/Department: 3ADMINISTRATION

**Reports To:** OCOMSR CHIEF ENGINEER **Contact:** 404-631-1000

See Below.

#### **GDOT UAS POST-FLIGHT CHECK LOG**

### **UAS Registration Number:**

Model:

| <b>Office/District Name</b> |      |            |                                 |     |       |
|-----------------------------|------|------------|---------------------------------|-----|-------|
| Flight Crew                 | Name |            |                                 |     |       |
| UAS Pilot                   |      |            |                                 |     |       |
| Visual Observer             |      |            |                                 |     |       |
| Additional Role             |      |            |                                 |     |       |
| Additional Role             |      |            |                                 |     |       |
| Weather Conditions          |      |            | Site description                |     |       |
| Cloud Conditions            |      |            | Address/MM                      |     |       |
| Winds Speed                 |      | mph        | City                            |     |       |
| Winds Direction             |      |            | County                          |     |       |
| Visibility                  |      | nm         | GPS Location                    |     |       |
| Precipitation               |      |            |                                 |     | miles |
| Temperature                 |      | Fahrenheit | Nearby Airport<br>Code/Distance |     | miles |
| Humidity                    |      |            |                                 |     | miles |
| Sunrise                     |      | AM         | Structures AGL                  | ft  |       |
| Sunset                      |      | PM         | Owner/Operator                  |     |       |
| Flight Characteristics      |      |            | System                          |     |       |
| 1 Launch/Recovery time      |      |            |                                 |     |       |
| 2 Launch/Recovery time      |      |            | Attachments                     |     |       |
| 3 Launch/Recovery time      |      |            | Max setup AGL                   | ft  |       |
| 1 Flight Mission Type       |      |            | Fence Distance                  | ft  |       |
| 2 Flight Mission Type       |      |            | Est Flight Time                 | min |       |
| 3 Flight Mission Type       |      |            | Total Weight                    | lb  |       |

| Remarks                 |  |  |  |  |
|-------------------------|--|--|--|--|
| Delays? Reason:         |  |  |  |  |
| Accidents? Description: |  |  |  |  |
| Additional:             |  |  |  |  |
| UAS Pilot Signature:    |  |  |  |  |

Date:

Time:

## **References:**

Click here to enter Policy references, if any.

#### History:

updated logo: 01/25/19; new form: 11/07/17