



**Federal Aviation
Administration**

Overview Heliport Evaluation

United States Perspective

Presented at: **ICAO Heliport Seminar**
Dubai, U.A.E.

December 8 – 10, 2015

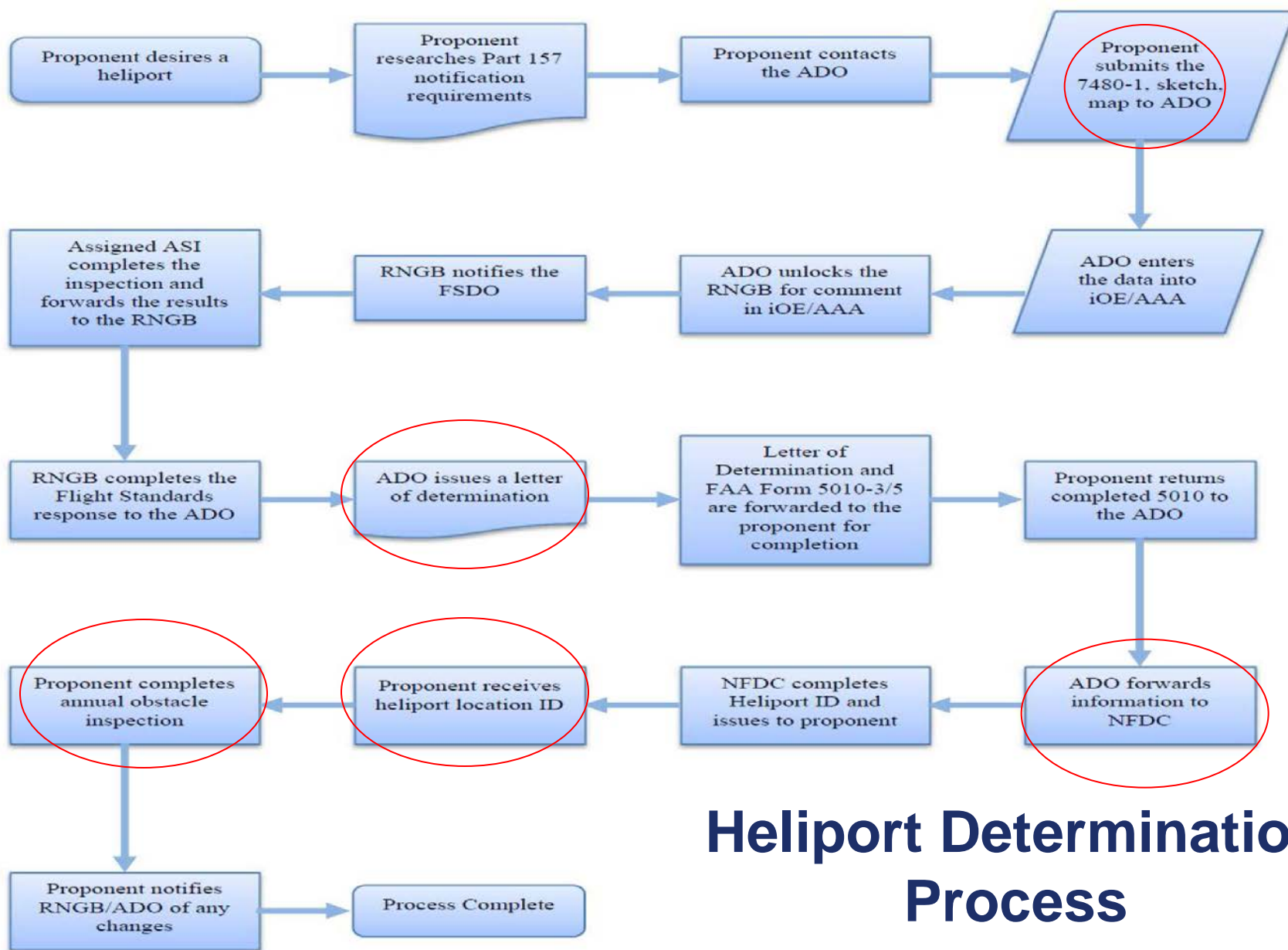
By: **Khalil Kodsi, P.E. PMP**
Senior Airport Engineer, AAS-100



Heliport Evaluation

- The U.S. do not have a program to support Certification of Heliports
- **Evaluate Operational Safety** – Some AC 150/5390-2 Heliport Design criteria, although not regulatory, provide reasonable standard to help an inspector determine if a helicopter operations can be conducted safety at a proposed location.
- **Airspace Analysis Policy** - Flight Standards conduct an onsite evaluation of new or existing heliports when the proponent notify the FAA per part 157.
- **Notification of Construction or Alteration** – Code of Federal Regulations (14CFR) part 157 require a heliport proponent to notify FAA of construction, alteration, or deactivation of almost all permanent heliports.





Heliport Determination Process

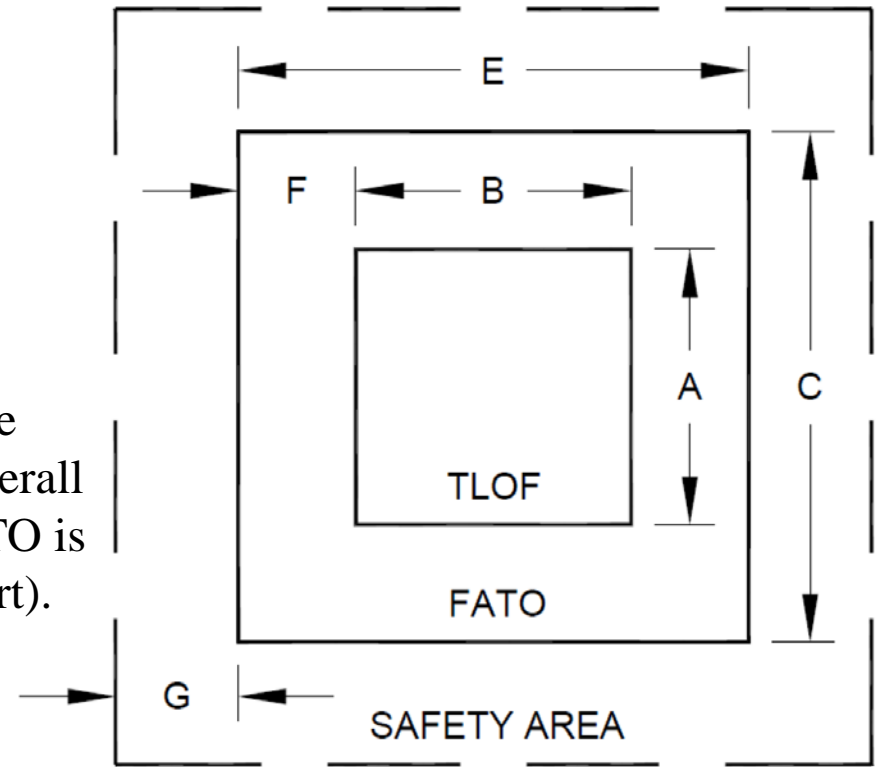


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Helipad Minimum Dimensions -

Job Aid to Inspectors

A/B. Minimum TLOF Dimensions – This is the Greater of: (1 x rotor diameter (RD)) or (1x overall Length (D) at elevated heliports where the FATO is Not load bearing) or (40 feet at hospital heliport).



C/E. Minimum FATO Dimensions – This is the greater of: (1.5 x overall length (D)) OR (TLOF dimensions + the minimum separation between the TLOF and FATO perimeters (F below)).

F. Minimum Separation between the TLOF and FATO Perimeters = $(\frac{3}{4} \times D) - (\frac{1}{2} \times RD)$.

G. Minimum Separation between the FATO and Safety Area Perimeters. Based on the type of heliport and the heliport markings – refer to AC 150/5390-2 Tables 2-1, 3-1, or 4-1 as applicable.



Thank you!

Questions!



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Notification Form

U.S. Department of Transportation
Federal Aviation Administration

OMB CONTROL NUMBER: 2120-0036
EXPIRATION DATE: 10/31/2014

NOTICE FOR CONSTRUCTION, ALTERATION AND DEACTIVATION OF AIRPORTS

A. Airport Owner <input checked="" type="checkbox"/> Check if this is also the Property Owner		B. Airport Manager (Complete if different than the Airport Owner)		
1. Name and Address <input checked="" type="checkbox"/> Check if this is the Airport's Physical Address ABC Helicopter Corporation 1234 Washington Avenue Oklahoma City, OK 73159		1. Name and Address <input type="checkbox"/> Check if this is the Airport's Physical Address		
2. Phone (555) 555-1212	3. Email jane.doe@abcopters.com	2. Phone	3. Email	
C. Purpose of Notification (Answer all questions that apply)		D. Name, Location, Use and Type of Landing Area		
1. Construct or Establish as: <input checked="" type="checkbox"/> Airport <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Ultralight Flightpark <input type="checkbox"/> Balloonport <input type="checkbox"/> Seaplane Base <input type="checkbox"/> Other		1. Name of Landing Area ABC Helicopter		
2. Construct, Alter or Realign as: <input type="checkbox"/> Runway <input type="checkbox"/> Helipad(s) <input type="checkbox"/> Other <input type="checkbox"/> Taxiway (Public Use Airports only)		2. Loc ID (for existing)		
3. Change Status From/To: <input type="checkbox"/> VFR to IFR <input type="checkbox"/> IFR to VFR <input type="checkbox"/> Private Use to Public Use <input type="checkbox"/> Public Use to Other		3. Associated City and State Oklahoma City, OK		
4. Change Traffic Pattern: <input type="checkbox"/> Direction _____ <input type="checkbox"/> Other (Describe Below) <input type="checkbox"/> Altitude _____		4. Distance from City 3 (nm)		
5. Deactivate: <input type="checkbox"/> Airport <input type="checkbox"/> RWY _____ <input type="checkbox"/> TWY _____		5. County (Physical Location) Oklahoma		
6. Description: Establish a new private use heliport.		6. Direction from City SW		
		7. Latitude 35° 23' 40.90"		
		8. Longitude 97° 37' 14.50"		
		9. Elevation 1,275		
		10. Current Use: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Private Use of Public Lands		
		11. Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Military (Branch)		
		12. Airport Type: <input type="checkbox"/> Airport <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Ultralight Flightpark <input type="checkbox"/> Balloonport <input type="checkbox"/> Seaplane Base <input type="checkbox"/> Other		
E. Landing Area Data (List any Proposed, New or Unregistered Runways, Helipads, etc.)				
1. Airport, Seaplane Base or Ultralight Flightpark (use second page if needed)		2. Helicopter, Balloonport or other Landing Area (use second page if needed)		
RWY ID	/	Helipad ID	H1	
Lat. & Long.	Show on attachment(s)	Lat. & Long.	Show on attachment(s)	
Surface Type		Surface Type	Concrete	
Length (feet)		TLOF Dimensions	37 x 37	
Width (feet)		FATO Dimensions	65 x 65	
Lighting (if any)		Lighting (if any)	Perimeter	
Right Traffic (YN)	/	Ingress/Egress (Degrees)	020 & 285 egress	
Elevation (AMSL)	Show on attachment(s)	Elevation (AMSL)	Show on attachment(s)	
VFR or IFR	/	Elevated Height (AGL)	0	
			0	
F. Operational Data (Indicate if the number provided is Actual or Estimated)				
	1. Number of Based Aircraft		2. Average Number of Monthly Landings	
	Present or Estimated	Estimated in 5 Years	Present or Estimated	Estimated in 5 Years
Single Engine				
Multi Engine				
Jet				
Helicopter	0	0	0	10
Glider				
Military				
Ultralight				
3. What is the Most Demanding Aircraft that operates or will operate at the Airport? (Provide approach speed, rotor diameter, etc. if known) EC-130				
4. Are IFR Procedures for the Airport Anticipated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Within _____ Years				
G. CERTIFICATION: I hereby certify that all of the above statements made by me are true and complete to the best of my knowledge.				
1. Name, title of person filing this notice (type or print) Jane Doe, Director of Safety		2. Signature (in ink):		
3. Date 10/01/2014		4. Phone (555) 555-1212		5. Email jane.doe@abcopters.com

FAA Form 7480-1 (4/14) SUPERSEDES PREVIOUS EDITION



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