



AIRSTRIP ASSESSMENT REPORT
To be used as advisory information only

Nearest City:	
Helipad Focal Point:	
DATE of assessment:	
Contact number:	
Email:	
A/C type: Mi-8	
Airstrip orientation:	
Elevation:	Slope:
Other facilities available:	

Prepared by:	
Coordinates: N 00° 00' 00" W 00° 00' 00"	
Length: m	Width: m
Tower frequency:	Fuel availability:

Drawing of airstrip (please also attach photo, if possible)



Special procedures:
Airstrip condition/surface:
Contact Agency/focal point:
Pax (payload) limitations for take-off and landing, if any: N/A

Remarks/observations/hazards: