Australian Government
Civil Aviation Safety Authority

STANDARD CERTIFICATE OF AIRWORTHINESS

1. Nationality & Registration Mark	2. Manufacturer & Manufacturer's Designation of Aircraft	3. Aircraft Serial No.
VH-IDW	Robinson Helicopter Company R44 II	12335

4. Airworthiness *Category*~~*Categories*~~*

NORMAL

5. This certificate is issued pursuant to the Convention on International Civil Aviation dated 7 December 1944 and the Civil Aviation Regulations of Australia in respect of the above aircraft which is considered to be airworthy when maintained and operated in accordance with the Civil Aviation Regulations of Australia and any prescribed conditions set out as an Annex to this certificate.

Certificate issue date
29/07/2008
(day/month/year)

*~~Delegate of the Authority~~/*Authorised person**
.....s22
(Signature) (Printed Name)

6. Subject to suspension or cancellation, pursuant to the Civil Aviation Regulations of Australia, this certificate shall remain in force until *~~the expiry date below or~~ the aircraft ceases to be registered on the Civil Aircraft Register of Australia.

Certificate expiry date
...../...../.....
(day/month/year)

* *Delete text marked in italics that are not required.*
** *Instrument of Appointment No.: **I17902701A Iss 07***

Note: • *this certificate is subject to conditions as listed on the annex dated **29/07/2008** attached to this certificate and forms part of this certificate.*

NO ENTRIES MAY BE MADE ON THIS CERTIFICATE EXCEPT BY A DELEGATE OF THE AUTHORITY OR AN APPROPRIATE AUTHORISED PERSON.

Any person finding this certificate should forward it to the Civil Aviation Safety Authority

Australian Government
Civil Aviation Safety Authority

ANNEX TO CERTIFICATE OF AIRWORTHINESS

THIS ANNEX IS ISSUED AS PART OF THE CERTIFICATE OF AIRWORTHINESS IDENTIFIED BELOW AND MUST BE ATTACHED TO THAT CERTIFICATE AT ALL TIMES.

Aircraft Registration Number **VH-IDW** is subject to the following conditions: **Nil.**

Annex issue date
29/07/2008
(day/month/year)

*~~Delegate of the Authority~~/*Authorised person**
.....s22
(Signature) (Printed Name)

* *delete text marked in italics that are not required.*
** *Instrument of Appointment No.: **I17902701A Iss 07***

NO ENTRIES MAY BE MADE ON THIS ANNEX EXCEPT BY A DELEGATE OF THE AUTHORITY OR AN APPROPRIATE AUTHORISED PERSON.

PURSUANT TO SUBREGULATION 21.176(5) OF THE CIVIL AVIATION REGULATIONS OF AUSTRALIA, A PERSON MUST NOT CONTRAVENE A CONDITION SPECIFIED ON A CERTIFICATE OF AIRWORTHINESS.

Any person finding this Annex should forward it to the Civil Aviation Safety Authority

Australian Government
Civil Aviation Safety Authority

CERTIFICATE OF REGISTRATION

1. Nationality and Registration Mark	2. Manufacturer and Manufacturer's Designation of Aircraft	3. Aircraft Serial Number
VH-IDW	ROBINSON HELICOPTER CO R44 II	12335

4. Name of Owner s 22 [redacted]

5. Address of Owner s 47F [redacted]

6. It is hereby certified that the above described aircraft has been duly entered in the Australian Civil Aircraft Register in accordance with the Convention on International Civil Aviation dated 7th December 1944 and the Civil Aviation Safety Regulations 1998.

25 Jul 2008
Date First Registered in Australia

21 Oct 2014
Registration holder commencement date

28 Nov 2014
Date of issue of this certificate

Expiry date of this certificate

For Civil Aviation Safety Authority [redacted]

s 22 [redacted]

Australian Civil Aircraft Register

Note:

- This certificate is not proof of ownership of this aircraft.
- This certificate must be carried on the aircraft when operating outside of Australian Territory.
- The registration holder must notify the Australian Civil Aircraft Register in writing about changes to the particulars recorded on this certificate within 14 days of the change occurring.

All certificates of registration previously issued in respect of this aircraft are hereby superseded and cancelled.

If found, this certificate should be forwarded to: Postage Paid, Civil Aviation Safety Authority, Australian Civil Aircraft Register, GPO Box 2005, Canberra ACT 2601, Australia

Form 024

Printed 0 /2012

Australian Government
Civil Aviation Safety Authority

CERTIFICATE OF APPOINTMENT OF REGISTERED OPERATOR

1. Nationality and Registration Mark	2. Manufacturer and Manufacturer's Designation of Aircraft	3. Aircraft Serial Number
VH-IDW	ROBINSON HELICOPTER CO R44 II	12335

This notice confirms the appointment of

s 22 [redacted]

as the registered operator under regulation 47.100 for the aircraft identified above, effective from 21 October 2014.

This appointment is effective until the aircraft registration holder cancels either the aircraft registration or the appointment of the registered operator, or the registration holder changes.

The current registration holder for this aircraft is:

s 47F [redacted]

Date of issue of this notice:

28 Nov 2014

For Civil Aviation Safety Authority s 22 [redacted]

s 22 [redacted]

Australian Civil Aircraft Register

Note:

- This confirmation is not proof of ownership of this aircraft by the registered operator
- The registration holder must notify the Australian Civil Aircraft Register through the approved form about changes to the registered operator.
- The registration holder must notify the Australian Civil Aircraft Register in writing if the address of the registered operator changes
- A copy of this notice shall be attached to the aircraft certificate of registration

If found, this certificate should be forwarded to: Postage Paid, Civil Aviation Safety Authority, Australian Civil Aircraft Register, GPO Box 2005, Canberra ACT 2601, Australia

052
9/2014

Australian Government
Civil Aviation Safety Authority

SURVEILLANCE REPORT

Helibrook Pty Ltd

ARN: s 47G [redacted]

AOC

Surveillance Dates: 15/05/2017 to 01/01/0001

Executive Summary

s 22 hold an AOC #: CASA.TAAOC.0726, for Charter and Aerial work, they sub hire aircraft from multiple operators to service their clients.

At approximately 0930 on Sunday 23 April 2017 s 22 were the operator of VH-SCM, a Robinson R44 helicopter, on a charter flight from a houseboat in Talbot Bay to Pullman Creek.

During the lift off from the helideck, the helicopter low rotor RPM warning sounded and within 1-2 seconds the aircraft skids hit the water and the aircraft entered the water and sank.

All person were able to exit the underwater helicopter of their own accord and were treated for minor injuries in hospital.

CASA reviewed the aircraft log books and could not identify any anomalies.

CASA established that there were deficiencies in the service level agreement procedures between s 22 and s 22 .

CASA also established that s 22 did not follow their own documented DAMP.

It is recommended that further surveillance is carried out in future to ensure procedural adherance during cross hire arrangements.

s22

Surveillance Lead
22/05/2017

Statement of confidential nature of the contents

This Surveillance Report is a confidential document between CASA and the authorisation holder. CASA will not disclose this report or its content to any third person except, in pursuance of its functions, with the express permission of the authorisation holder or as required by law.

Surveillance objective

The objective of the surveillance is to assess the ability and willingness of an authorisation holder to comply with all applicable legislative obligations.

Surveillance team

Name	Discipline
s22 (Lead)	Team Leader
s22	Airworthiness Inspector

Surveillance scope

The surveillance scope is the extent and boundaries of the surveillance activity.

Scope item	Findings Issued
Unscheduled - Occurrence - Desktop	Nil

* Item added to original scope
** Item originally scoped but not completed

Summary of surveillance findings

Surveillance finding(s) are the result of the evaluation of the collected surveillance evidence against the surveillance criteria.

No findings issued.

Technical summary

On Sunday 23 April 2017, s22 was the operator of R44 registered VH-SCM. This aircraft had been cross hired from s22 and a service level agreement between the two operators was in place at the time of the accident.

At the time of the accident the pilot was reportedly well rested, with no flight or duty hours recorded the previous day and with a duty period of 19 hours over the previous 14 days.

The weather was clear sky, nil wind, high humidity and 33 degrees, with glassy water.

Prior to the accident flight the pilot had at approximately 0915 conducted a similar flight from a houseboat helideck to Pullman Creek with 3 passengers. There were no recorded technical difficulties with the aircraft, the helicopter performance and departure profile were within limits, based on all available data provided to CASA. The doors of the helicopter had been removed for both flights.

At approximately 0930 with two passengers on board, the aircraft again lifted off from the houseboat helideck, whilst the pilot was building airspeed upon departure, the aircraft low rotor RPM horn sounded and the within 1 -2 seconds and approximately 5 – 10 feet above water, the aircraft skids clipped the water, and the aircraft sank into the water.

It was noted by s22 that the pilot in command had conducted a daily inspection and fuel drain prior to first flight, and no anomalies had been found. The pilot in command commented that he had flown the aircraft for the previous 30 – 40 hours and despite using more oil than usual the aircraft had carried no obvious defects.

All persons on board were able to exit the aircraft under the water, inflate their lifejackets on the surface and swim to shore. All persons were taken to the hospital and treated for minor injuries.

CASA was advised of the accident on Monday 24 April 2017, by the s22 chief pilot, with a brief supporting information email supplied later the same day. The aircraft maintenance provider – s22 - was contacted and a CAR 301 demand issued for the aircraft log books, which were delivered the same day – this review can be found below in the technical summary.

s22 s22 had not activated their DAMP and CASA advised the chief pilot of responsibilities under the DAMP requirements. DAMP surveillance now falls under the regions as part of ongoing surveillance, and this should be followed up during the next audit with s22 .

Since the accident the pilot has undergone post incident check and training, including a flight review and 20:11 renewal.

CASA established during the desktop review that s22 had not followed the documented procedures for the service level agreement with the aircraft operator. The process was discussed with the operator who advised he was aware they had omitted to correctly follow the documented procedures The process for acceptance of the aircraft should be looked at further during future surveillance of s22 .

CASA was made aware that the aircraft had been recovered from the water and no visual inspection of the aircraft was required.

Review of Aircraft History Maintenance Records

Aircraft Registration:	VH-SCM
Manufacturer:	ROBINSON HELICOPTER CO
Model:	R44 II
Serial number:	11157
Engine type:	Piston
No of engines:	1
Aircraft first registered in Australia:	23-May-06
Year of manufacture:	2006
Registration holder:	s 22 s 47F
Registration holder commencement date:	4-Aug-15
Registered operator:	s 22 s 47F
Registered operator commencement date:	4-Aug-15

Sequence of events and aircraft history:

Date	A/F Hrs	TS Last 100	Maint Rel	Inspection	Maintainer	Comments
23/04/2017						Aircraft crashed shortly after take-off from house boat in Talbot bay enroot Pullman Creek. Note: Refer to pilot report provided 27 April 2017
2/04/2017						Reported by DPAW aircraft landed on beach: Reason unknown at this time!
10/03/2017	1885.6	7.4	N/A	Rectification	s 22	Miscellaneous rectifications
1/02/2017	1878.2	50.8	A204405	100 Hourly		Cylinders 1 & 4 Repaired Low compression 47 additional work items.

					s 22	
27/09/2016	1856.8	29.4	N/A	Rectification		Tail strike, Blades & Hub replaced.
31/08/2016	1827.4	69.2	A161468	100 Hourly		Reported low engine power and high oil consumption Cylinder 3 replaced Cylinders 5 & 6 repaired 7 additional Work items.
14/07/2016	1758.2	99.3	A172273	100 Hourly		Oil leaks from Magnetos +25 additional work items
15/04/2016	1658.9	101.9	A164564	100 Hourly		No Comments
4/08/2015	1557		A160065	100 Hourly		No Comments

Observation from brief review of aircraft log books:
At the time of the incident the aircraft was being operated by s 22 on their AOC TAAOC .0723-3 the pilot was s 22 ARN: s 47F who has provided a statement. Ae been the most recent maintenance provider and have carried out the last three 100 hourly m inspections since 14 July 2016 over a period of 120 hours. It is noted that the aircraft has ha removed repaired and or replaced in the last 50.8 hours. The engine serial Number L-30995 as fitted from new and has a total time of 1778.2 hours since new at the last 100 hourly inspe time between overhaul for this model engine is 2000 hours. It is also noted that the aircraft h number of additional maintenance items carried out since being maintained by s 22 current Maintenance release A204405 is presumed lost with the aircraft however as advised the total time of the aircraft as of 21 April 2017 was 1935.3 TTIS which is 57.1 hours flown si last issued.
MR A161468 is noted to have some minor errors in flight recording.
MR A164564 is noted to have exceeded maintenance requirements and expiry period.

As an observation the aircraft had several 100 hourly's over a short amount of time flown ho understood this was at the operators request due to peak tourist period. Given that the aircra for at least 57.1 hours since the last 100 hourly inspection there is no significant information records other than the engine was within 65 hours of being due for an engine overhaul and t had been repaired or replaced due to low compression and high oil consumption.

Current status of aircraft as of 28 April 2017:
The aircraft is currently resting in 10 metres plus of water and has been secured to the ocea expected to be raised within the next couple of days prior to the next spring tides and recove barge and transported out of the area. From an insurance perspective it is clearly a write-off known as to what level or if any investigation will be carried out as to the cause of the reporte failure.

Updated status of aircraft as of 15 May 2017:
CASA has since been advised that the aircraft has been recovered from the ocean floor and

Australian Government
Civil Aviation Safety Authority

SURVEILLANCE REPORT

Helibrook Pty Ltd

ARN: s 47G [redacted]

AOC

Surveillance Date: 15/05/2017

Executive Summary

s 22 hold an AOC #: CASA.TAAOC.0726, for Charter and Aerial work, they sub hire aircraft from multiple operators to service their clients.

At approximately 0930 on Sunday 23 April 2017 s 22 were the operator of VH-SCM, a Robinson R44 helicopter, on a charter flight from a houseboat in Talbot Bay to Pullman Creek.

During the lift off from the helideck, the helicopter low rotor RPM warning sounded and within 1-2 seconds the aircraft skids hit the water and the aircraft entered the water and sank.

All person were able to exit the underwater helicopter of their own accord and were treated for minor injuries in hospital.

CASA reviewed the aircraft log books and could not identify any anomalies.

CASA established that there were deficiencies in the service level agreement procedures between s 22 and s 22

CASA also established that s 22 did not follow their own documented DAMP.

It is recommended that further surveillance is carried out in future to ensure procedural adherance during cross hire arrangements.

s 22
Surveillance Lead
22/05/2017

Statement of confidential nature of the contents

This Surveillance Report is a confidential document between CASA and the authorisation holder. CASA will not disclose this report or its content to any third person except, in pursuance of its functions, with the express permission of the authorisation holder or as required by law.

Surveillance objective

The objective of the surveillance is to assess the ability and willingness of an authorisation holder to comply with all applicable legislative obligations.

Surveillance team

Name	Discipline
s 22 (Lead)	Safety Systems Inspector
s 22	Airworthiness Inspector

Surveillance scope

The surveillance scope is the extent and boundaries of the surveillance activity.

Scope item	Findings Issued
Unscheduled - Occurrence Investigation Request - Desktop	Nil

* Item added to original scope
** Item originally scoped but not completed

Summary of surveillance findings

Surveillance finding(s) are the result of the evaluation of the collected surveillance evidence against the surveillance criteria.

No findings issued.

Technical summary

On Sunday 23 April 2017, s 22 was the operator of R44 registered VH-SCM. This aircraft had been cross hired from s 22 and a service level agreement between the two operators was in place at the time of the accident.

At the time of the accident the pilot was reportedly well rested, with no flight or duty hours recorded the previous day and with a duty period of 19 hours over the previous 14 days.

The weather was clear sky, nil wind, high humidity and 33 degrees, with glassy water.

Prior to the accident flight the pilot had at approximately 0915 conducted a similar flight from a houseboat helideck to Pullman Creek with 3 passengers. There were no recorded technical difficulties with the aircraft, the helicopter performance and departure profile were within limits, based on all available data provided to CASA. The doors of the helicopter had been removed for both flights.

At approximately 0930 with two passengers on board, the aircraft again lifted off from the houseboat helideck, whilst the pilot was building airspeed upon departure, the aircraft low rotor RPM horn sounded and then within 1 -2 seconds and approximately 5 – 10 feet above water, the aircraft skids clipped the water, and the aircraft sank into the water.

It was noted by s 22 that the pilot in command had conducted a daily inspection and fuel drain prior to first flight, and no anomalies had been found. The pilot in command commented that he had flown the aircraft for the previous 30 – 40 hours and despite using more oil than usual the aircraft had carried no obvious defects.

All persons on board were able to exit the aircraft under the water, inflate their lifejackets on the surface and swim to shore. All persons were taken to the hospital and treated for minor injuries.

CASA was advised of the accident on Monday 24 April 2017, by the s 22 chief pilot, with a brief supporting information email supplied later the same day. The aircraft maintenance provider – s 22 - was contacted and a CAR 301 demand issued for the aircraft log books, which were delivered the same day – this review can be found below in the technical summary.

s 22 had not activated their DAMP and CASA advised the chief pilot of s 22 responsibilities under the DAMP requirements. DAMP surveillance now falls under the regions as part of ongoing surveillance, and this should be followed up during the next audit with s 22 .

Since the accident the pilot has undergone post incident check and training, including a flight review and 20:11 renewal.

CASA established during the desktop review that s 22 had not followed the documented procedures for the service level agreement with the aircraft operator. The process was discussed with the operator who advised he was aware they had omitted to correctly follow the documented procedures. The process for acceptance of the aircraft should be looked at further during future surveillance of s 22 .

CASA was made aware that the aircraft had been recovered from the water and no visual inspection of the aircraft was required.

Review of Aircraft History Maintenance Records

Aircraft Registration:	VH-SCM
Manufacturer:	ROBINSON HELICOPTER CO
Model:	R44 II
Serial number:	11157
Engine type:	Piston
No of engines:	1
Aircraft first registered in Australia:	23-May-06
Year of manufacture:	2006
Registration holder:	s 22 s 47F
Registration holder commencement date:	4-Aug-15
Registered operator:	s 22 s 47F
Registered operator commencement date:	4-Aug-15

Sequence of events and aircraft history:

Date	A/F Hrs	TS Last 100	Maint Rel	Inspection	Maintainer	Comments
23/04/2017						Aircraft crashed shortly after take-off from house boat in Talbot bay enroot Pullman Creek. Note: Refer to pilot report provided 27 April 2017
2/04/2017						Reported by DPAW aircraft landed on beach: Reason unknown at this time!
10/03/2017	1885.6	7.4	N/A	Rectification	s 22	Miscellaneous rectifications

					s 22 [redacted]	
1/02/2017	1878.2	50.8	A204405	100 Hourly		Cylinders 1 & 4 Repaired Low compression 47 additional work items.
27/09/2016	1856.8	29.4	N/A	Rectification		Tail strike, Blades & Hub replaced.
31/08/2016	1827.4	69.2	A161468	100 Hourly		Reported low engine power and high oil consumption Cylinder 3 replaced Cylinders 5 & 6 repaired 7 additional Work items.
14/07/2016	1758.2	99.3	A172273	100 Hourly		Oil leaks from Magnetos +25 additional work items
15/04/2016	1658.9	101.9	A164564	100 Hourly		No Comments
4/08/2015	1557		A160065	100 Hourly		No Comments

Observation from brief review of aircraft log books:

At the time of the incident the aircraft was being operated by s 22 [redacted] on their AOC # CASA.TAAOC.0723-3 and the pilot in command has provided a statement. s 22 [redacted] have been the most recent maintenance provider and have carried out the last three 100 hourly maintenance inspections since 14 July 2016 over a period of 120 hours. It is noted that the aircraft has had five cylinders removed repaired and or replaced in the last 50.8 hours. The engine serial Number L-30995-48A is original as fitted from new and has a total time of 1778.2 hours since new at the last 100 hourly inspections. The time between overhaul for this model engine is 2000 hours. It is also noted that the aircraft has had a number of additional maintenance items carried out since being maintained by s 22 [redacted] The current Maintenance release A204405 is presumed lost with the aircraft however as advised by s 22 [redacted] the total time of the aircraft as of 21 April 2017 was 1935.3 TTIS which is 57.1 hours flown since MR was last issued.

MR A161468 is noted to have some minor errors in flight recording.

MR A164564 is noted to have exceeded maintenance requirements and expiry period.

As an observation the aircraft had several 100 hourly's over a short amount of time flown however it is understood this was at the operators request due to peak tourist period. Given that the aircraft had operated for at least 57.1 hours since the last 100 hourly inspection there is no significant information in the aircraft records other than the engine was within 65 hours of being due for an engine overhaul and that 5 cylinders had been repaired or replaced due to low compression and high oil consumption.

Current status of aircraft as of 28 April 2017:

The aircraft is currently resting in 10 metres plus of water and has been secured to the ocean floor. It is expected to be raised within the next couple of days prior to the next spring tides and recovered onto a barge and transported out of the area. From an insurance perspective it is clearly a write-off and it is not known as to what level or if any investigation will be carried out as to the cause of the reported engine failure.

Updated status of aircraft as of 15 May 2017:

CASA has since been advised that the aircraft has been recovered from the ocean floor and relocated to Broome, however as a result of the tidal movements whilst the aircraft was secured to the ocean floor it has suffered severe damage and broken apart.

Australian Government
Civil Aviation Safety Authority

SURVEILLANCE REPORT

Helibrook Pty Ltd

ARN: s 47G [redacted]

AOC

Surveillance Date: 15/05/2017

Executive Summary

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At approximately 0930 on Sunday 23 April 2017 s 22 were the operator of VH-SCM, a Robinson R44 helicopter, on a charter flight from a houseboat in Talbot Bay to Pullman Creek.

During the lift off from the helideck, the helicopter low rotor RPM warning sounded and within 1-2 seconds the aircraft skids hit the water and the aircraft entered the water and sank.

All person were able to exit the underwater helicopter of their own accord and were treated for minor injuries in hospital.

CASA reviewed the aircraft log books and could not identify any anomalies.

CASA established that there were deficiencies in the service level agreement procedures between s 22 and s 22 .

CASA also established that s 22 did not follow their own documented DAMP.

It is recommended that further surveillance is carried out in future to ensure procedural adherance during cross hire arrangements.

s 22

Surveillance Lead
22/05/2017

Statement of confidential nature of the contents

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Surveillance objective

The objective of the surveillance is to assess the ability and willingness of an authorisation holder to comply with all applicable legislative obligations.

Surveillance team

Name	Discipline
s 22 (Lead)	Safety Systems Inspector
s 22	Airworthiness Inspector

Surveillance scope

The surveillance scope is the extent and boundaries of the surveillance activity.

Scope item	Findings Issued
Unscheduled - Occurrence Investigation Request - Desktop	Nil

* Item added to original scope
** Item originally scoped but not completed

Summary of surveillance findings

Surveillance finding(s) are the result of the evaluation of the collected surveillance evidence against the surveillance criteria.

No findings issued.

Technical summary

On Sunday 23 April 2017, s 22 was the operator of R44 registered VH-SCM. This aircraft had been cross hired from s 22 and a service level agreement between the two operators was in place at the time of the accident.

At the time of the accident the pilot was reportedly well rested, with no flight or duty hours recorded the previous day and with a duty period of 19 hours over the previous 14 days.

The weather was clear sky, nil wind, high humidity and 33 degrees, with glassy water.

Prior to the accident flight the pilot had at approximately 0915 conducted a similar flight from a houseboat helideck to Pullman Creek with 3 passengers. There were no recorded technical difficulties with the aircraft, the helicopter performance and departure profile were within limits, based on all available data provided to CASA. The doors of the helicopter had been removed for both flights.

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It was noted by s 22 that the pilot in command had conducted a daily inspection and fuel drain prior to first flight, and no anomalies had been found. The pilot in command commented that he had flown the aircraft for the previous 30 – 40 hours and despite using more oil than usual the aircraft had carried no obvious defects.

All persons on board were able to exit the aircraft under the water, inflate their lifejackets on the surface and swim to shore. All persons were taken to the hospital and treated for minor injuries.

CASA was advised of the accident on Monday 24 April 2017, by the s 22 chief pilot, with a brief supporting information email supplied later the same day. The aircraft maintenance provider – s 22 - was contacted and a CAR 301 demand issued for the aircraft log books, which were delivered the same day – this review can be found below in the technical summary.

s 22 had not activated their DAMP and CASA advised the chief pilot of s 22 responsibilities under the DAMP requirements. DAMP surveillance now falls under the regions as part of ongoing surveillance, and this should be followed up during the next audit with s 22 .

Since the accident the pilot has undergone post incident check and training, including a flight review and 20:11 renewal.

CASA established during the desktop review that s 22 had not followed the documented procedures for the service level agreement with the aircraft operator. The process was discussed with the operator who advised he was aware they had omitted to correctly follow the documented procedures. The process for acceptance of the aircraft should be looked at further during future surveillance of s 22

CASA was made aware that the aircraft had been recovered from the water and no visual inspection of the aircraft was required.

Review of Aircraft History Maintenance Records

Aircraft Registration:	VH-SCM
Manufacturer:	ROBINSON HELICOPTER CO
Model:	R44 II
Serial number:	11157
Engine type:	Piston
No of engines:	1
Aircraft first registered in Australia:	23-May-06
Year of manufacture:	2006
Registration holder:	s 22 s 47F
Registration holder commencement date:	4-Aug-15
Registered operator:	s 22 s 47F
Registered operator commencement date:	4-Aug-15

Sequence of events and aircraft history:

Date	A/F Hrs	TS Last 100	Maint Rel	Inspection	Maintainer	Comments
23/04/2017						Aircraft crashed shortly after take-off from house boat in Talbot bay enroot Pullman Creek. Note: Refer to pilot report provided 27 April 2017
2/04/2017						Reported by DPAW aircraft landed on beach: Reason unknown at this time!
10/03/2017	1885.6	7.4	N/A	Rectification	s 22	Miscellaneous rectifications

1/02/2017	1878.2	50.8	A204405	100 Hourly	s 22 [redacted]	Cylinders 1 & 4 Repaired Low compression 47 additional work items.
27/09/2016	1856.8	29.4	N/A	Rectificatio		Tail strike, Blades & Hub replaced.
31/08/2016	1827.4	69.2	A161468	100 Hourly		Reported low engine power and high oil consumption Cylinder 3 replaced Cylinders 5 & 6 repaired 7 additional Work items.
14/07/2016	1758.2	99.3	A172273	100 Hourly		Oil leaks from Magnetos +25 additional work items
15/04/2016	1658.9	101.9	A164564	100 Hourly		No Comments
4/08/2015	1557		A160065	100 Hourly		No Comments

Observation from brief review of aircraft log books:

At the time of the incident the aircraft was being operated by s 22 [redacted] on their AOC # CASA.TAAOC.0723-3 and the pilot in command has provided a statement. s 22 [redacted] have been the most recent maintenance provider and have carried out the last three 100 hourly maintenance inspections since 14 July 2016 over a period of 120 hours. It is noted that the aircraft has had five cylinders removed repaired and or replaced in the last 50.8 hours. The engine serial Number L-30995-48A is original as fitted from new and has a total time of 1778.2 hours since new at the last 100 hourly inspections. The time between overhaul for this model engine is 2000 hours. It is also noted that the aircraft has had a number of additional maintenance items carried out since being maintained by s 22 [redacted] The current Maintenance release A204405 is presumed lost with the aircraft however as advised by s 22 [redacted] the total time of the aircraft as of 21 April 2017 was 1935.3 TTIS which is 57.1 hours flown since MR was last issued.

MR A161468 is noted to have some minor errors in flight recording.

MR A164564 is noted to have exceeded maintenance requirements and expiry period.

As an observation the aircraft had several 100 hourly's over a short amount of time flown however it is understood this was at the operators request due to peak tourist period. Given that the aircraft had operated for at least 57.1 hours since the last 100 hourly inspection there is no significant information in the aircraft records other than the engine was within 65 hours of being due for an engine overhaul and that 5 cylinders had been repaired or replaced due to low compression and high oil consumption.

Current status of aircraft as of 28 April 2017:

The aircraft is currently resting in 10 metres plus of water and has been secured to the ocean floor. It is expected to be raised within the next couple of days prior to the next spring tides and recovered onto a barge and transported out of the area. From an insurance perspective it is clearly a write-off and it is not known as to what level or if any investigation will be carried out as to the cause of the reported engine failure.

Updated status of aircraft as of 15 May 2017:

CASA has since been advised that the aircraft has been recovered from the ocean floor and relocated to Broome, however as a result of the tidal movements whilst the aircraft was secured to the ocean floor it has suffered severe damage and broken apart.

Australian Government
Civil Aviation Safety Authority

SURVEILLANCE REPORT

Helibrook Pty Ltd

ARN: s 47G [redacted]

AOC

Helibrook non-compliance Investigation

Surveillance Dates: 26/10/2018 to 31/10/2018

Executive Summary

Five reports have been received of what reporters referred-to collectively as: “unsafe behaviour” by helicopters attributed-to, or badged: “Horizontal Falls Seaplane Adventures”. The AOC-holder to which this name is attributable has been identified as s 22 . The last surveillance event conducted on this Operator was concluded 27 May 2017. CASA established that there were deficiencies in the service level agreement procedures between s 22 and s 22 , their maintenance-provider and CASA also established that s 22 did not follow their own documented DAMP.

s 22 is one of several AOCs forming part of the s 22 , based at Jandakot, covering mainly, helicopter training and charter operations and fixed-wing charter. s 22 itself is a helicopter AOC. The Operation concerned is a small satellite operation involving one aircraft and two casual pilots at a tourist destination known as “Horizontal Falls”, a geographical tidal feature roughly 200nm North-East of Broome. This satellite operation flies tourists on helicopter joy flights in connection with a fixed-wing operation badged as “Horizontal Falls Seaplane Adventures”.

The nature of the events can be summarised as *reported*: low-flying and “harassment” of passenger vessels by a helicopter, “unsafe behaviour” by a helicopter in relation to a seaplane, “illegal” landing and “a helicopter departing in thick fog”. Four videos have been submitted of some of these events, specifically, apparent low-flying and one video of a landing of an R44 helicopter on Cockatoo Island. It was only possible to clearly identify one aircraft in the videos. There are also photographs mentioned by one reporter, who gave a contact email address and he has been contacted to ask if he would be prepared to submit the photos, but none have been forthcoming.

Enquiries were made with the full cooperation of the s 22 Chief Pilot and a satisfactory explanation, supported by evidence was obtained for some of the matters. Some of the reporting itself was inaccurate in that dates were given incorrectly, however, the Operator accepted that whilst circumstantial, he elected to explore their veracity for himself.

There was insufficient detail in the evidence, so no findings were issued. Notwithstanding, the Chief Pilot undertook an investigation of his own, and agreed to speak to the crews who might have been involved and to make changes to their Operations Manual to clarify the standards of manouever that were acceptable in the context of joy-flights by s 22 . It was concluded that the Operator was taking a thoroughly responsible approach to the event and was proactive in finding and closing potential omissions in the Operator's procedures. Therefore, CASA can be satisfied that s 22 can continue to operate safely and effectively.

A review of this report has failed to identify the supporting evidence and the location of said evidence for the report conclusion to pass the veracity test. The assigned inspector has relocated to the Eastern Region and whilst he has been requested to address the lack of recorded evidence to date this has not been complied with. The organisation has been scheduled for surveillance in June 2019 where these reports will be included in the scoping process.

Entry made by s 22 Certificate Team Manager CMT 3 Western region 11 February 2019

s 22 [redacted]

Surveillance Lead
20/02/2019

Statement of confidential nature of the contents

This Surveillance Report is a confidential document between CASA and the authorisation holder. CASA will not disclose this report or its content to any third person except, in pursuance of its functions, with the express permission of the authorisation holder or as required by law.

Surveillance objective

The objective of the surveillance is to assess the ability and willingness of an authorisation holder to comply with all applicable legislative obligations.

Surveillance team

Name	Discipline
s 22 [redacted] (Lead)	Flying Operations Inspector

Surveillance scope

The surveillance scope is the extent and boundaries of the surveillance activity.

Scope item	Findings Issued
Operational Standards	Nil
Authorised Activities	Nil
Safety Assurance	Nil
Safety Policy and Objectives	Nil
Safety Promotion	Nil
Safety Risk Management	Nil
Assessments	Nil
Qualifications and authorisations (instructor, examiner and support staff)	Nil
Training Management	Nil

* Item added to original scope
** Item originally scoped but not completed

Summary of surveillance findings

Surveillance finding(s) are the result of the evaluation of the collected surveillance evidence against the surveillance criteria.

No findings issued.

Technical summary

Reports had been received of what reporters referred to collectively as: “unsafe behaviour” by helicopters attributed to, or badged: “Horizontal Falls Adventures”. The AOC-holder to which this name applies has been identified as s 22 .

Chronologically the events can be summarised as follows:

- 15 June 2018 - low flying by a helicopter over a passenger vessel; “deliberate and systematic low-flying and vessel-harassment”
- 1 July 2018 - report of unsafe behaviour by a helicopter in relation to a seaplane: "This organisation is conducting itself in a manner which demonstrates a systemic and belligerent disregard of legal and safety obligations over an extended period"
- 2 July 2018 - Illegal landing on Cockatoo Island: "...an unauthorised landing on our property by the same operator in the past few weeks"
- 23 July 2018 and 24 July 2018 - reports of a helicopter departing Broome in thick fog, (the earlier date is an ATSB Report No. 201804016): "This morning (24 July 2018), at 6.20am a helicopter departed the Broome airport amidst thick fog. There was no other air activity, understandably, and many witnesses who were shocked. There was NO window of opportunity as the pilot may protest. We were all aghast. I have full view of the runway and flight path every day. I heard the helicopter and was shocked because I knew there would be no flights out at that time. I did not see the aircraft depart due to the heavy fog, BUT I heard it fly over the Chinatown flight path where I was..." and also: "Helicopter departed with zero visibility. Other pilots were watching and shaking their heads. I was about to do a scenic flight with the named company (s 22), and I’m an airline pilot with several thousand hours of experience. I have photographs of this morning that proves the conditions were nowhere near legal".

Videos have been submitted of some of these events, specifically, apparent low-flying and one video of a landing of an R44 helicopter VH ZGY, which video is date and time-stamped: “12:55 2 July 2018 Cockatoo Island”. There are also photographs mentioned by one reporter, who gave a contact email address and he has been contacted to ask if he would be prepared to submit the photos (see last comment immediately above). So far, no reply has been received.

The activity in the videos, from a safety standpoint, depicted helicopters engaging in manouvers which placed the aircraft in situations of varying risk profiles relative to the two main risks, engine and tail rotor failure). The dynamic position of the aircraft at various stages of the (from the passenger’s perspective…..), “fun” manouevers, (steep

turns/reversal turns, and low-level flying)), placed the aircraft in a situation from which recovery from these two risks would be practically impossible. One video depicting an aircraft entering a gorge at an indeterminate height could be a breach of sub-regulation 157 (1) (b) of the *Civil Aviation Regulations 1988* (CAR 1988), but without any clear dimensional evidence this is not possible to determine and the registration marks of the aircraft concerned are not visible. A second video depicted an aircraft landing on or adjacent-to (it isn't clear from the video), a beach, which may constitute a breach of Regulation 93 of the CAR 1988, vis the right to alight there.

The Chief Pilot of s 22 was interviewed at 10:00 am on 26 September 2018. He answered each of the reports in-turn and did not insist on seeing the evidence for himself. In the context of the first two items he accepted that there was a need to investigate further and report back on his findings as to whether there had been any breaches of operational limitations or legislation. On the second and third items, the "illegal" landing and the "take-off in fog" he gave plausible and substantial explanations which he undertook to support with further evidence. The discussion covered several aspects of the operation considering the scope of the surveillance and he provided examples of induction records and offered further evidence as necessary, to support the discussion. Most of these records were viewed and discussed, but not copied as the Inspector was satisfied that the Operator can supply them on-demand.

Following the meeting, the Chief Pilot undertook to investigate the facts of the first two reports, report back with details of the "illegal landing" and obtain a written report from the pilot concerned in the "Take-off in fog" incident, which he did. He also undertook to make changes to his OPSMAN to further tighten the limitations of the procedures surrounding the conduct of tourist flights by s 22 .

The Chief Pilot reported back with confirmation of the details of the alleged illegal landing. The aircraft landed below the tide-line, however, the Chief Pilot advised that the pilot involved had been called to account by National Parks and Wildlife and had been required to attend a mediation session with them. He also provided a written report from the pilot in the "take-off in fog" incident, in which it was shown that in fact the pilot had acted responsibly in making the decision to depart Broome when he did. He also reported on the safety meetings he had held with pilots in Broome and Darwin to discuss possible breaches of procedures and to develop amendments for the OPSMAN.

The only outstanding item is the OPSMAN amendments, which are under-way as at the writing of this report and an Authorisation-Holder Performance Indicator will be conducted on conclusion. The Chief Pilot made no attempt to evade responsibility and he was entirely forthright in his knowledge and his lack-of-knowledge of matters. He undertook to examine the details of the allegations without any attempt to deflect their validity, accepting that there could be substance in their content regardless of their accuracy. He made no reference to the possibility that competitors could be conspiring to bring his operation into disrepute (which evidence could be construed from the nature of some of the reports - this was not shared with the Chief Pilot). In short, there were no excuses, he was cooperative, proactive and constructive throughout the process.

In conclusion, the "deliberate and systematic low-flying and vessel-harassment" and the "unsafe behaviour of a helicopter in relation-to a seaplane….", could not be substantiated or directly-attributed to this Operator. Notwithstanding, the Chief Pilot's intervention is considered sufficient for CASA to be satisfied that the Operator can continue to operate in a safe and effective manner. The video of the "illegal landing" was examined and it was found that the flight component of the event was conducted entirely safely and in accordance with the expected profile of a landing for a helicopter. The video imagery itself became unclear at the point of landing and there was a tree or shrubbery in the way of the camera, so it isn't possible to determine conclusively where the aircraft eventually alighted.

The pilot concerned was sanctioned separately by another Government Agency for the place where he alighted, so it was determined that this sanction was sufficient to address that matter. Finally, the “take-off in fog” was analysed and it was found that there were inconsistencies in the reported dates and times of the event. Notwithstanding, the Operator acknowledged the event as having taken place, but provided a statement from the pilot who conducted that flight and the statement (D18/543522) demonstrated a clear-thinking analysis of the weather conditions, clear risk-mitigation in the decision-making and overall, a sufficient understanding of the Regulations that CASA can be satisfied that the pilot operated in a safe and effective manner.

Documents used as standards and reference

Document Name
Entry Agenda 26 September 2018 - D18/521490

Key people interviewed during the surveillance

Name	Position	Date
s 22	Head of Operations	26/09/2018 - 26/09/2018

Australian Government
Civil Aviation Safety Authority

SURVEILLANCE REPORT

Helibrook Pty Ltd

ARN: s 47G [redacted]

AOC

Surveillance Dates: 10/06/2019 to 11/06/2019

Executive Summary

Following discussions with s 22 who has briefed the Executive Manager on the facts and circumstances. It has been agreed that as the CASA team was onsite on Monday 10 June to commence the surveillance event and again at the agreed time of 8.30 am Tuesday 11 June, that the surveillance event had commenced and the NSSP requirement has been met. On both occasions the organisation did not have a representative available or present, as such the matter is being referred to the OEG via brief before entering it into the CEM process.

The organisation did not attend the operational office at the agreed times on two occasions and the matter is being referred to the OEG/CEM.

s 22

Surveillance Lead
16/07/2019

Statement of confidential nature of the contents

This Surveillance Report is a confidential document between CASA and the authorisation holder. CASA will not disclose this report or its content to any third person except, in pursuance of its functions, with the express permission of the authorisation holder or as required by law.

Surveillance objective

The objective of the surveillance is to assess the ability and willingness of an authorisation holder to comply with all applicable legislative obligations.

Surveillance team

Name	Discipline
s 22	Flying Operations Inspector
	Team Leader
	Airworthiness Inspector

Dates and places – Onsite surveillance

Date	Location
10/06/2019 - 11/06/2019	Broome

Surveillance scope

The surveillance scope is the extent and boundaries of the surveillance activity.

Scope item	Findings Issued
Airworthiness Assurance	Nil
Airworthiness Control	Nil
* Aircraft Load Control	Nil
Fuel Load Control	Nil
Passenger Control	Nil
Drug and alcohol education program	Nil
Drug and alcohol testing program	Nil
Implementation of DAMP	Nil
Crew Scheduling	Nil
Authorised Activities	Nil
* Flight System	Nil
Safety Assurance	Nil
Safety Risk Management	Nil

* Item added to original scope
** Item originally scoped but not completed

Summary of surveillance findings

Surveillance finding(s) are the result of the evaluation of the collected surveillance evidence against the surveillance criteria.

No findings issued.

Australian Government
Civil Aviation Safety Authority

SURVEILLANCE REPORT

Helibrook Pty Ltd

ARN: s 47G [redacted]

AOC

Level 1 - Systems Audit

Surveillance Dates: 25/11/2019 to 26/11/2019

Executive Summary

This surveillance report outlines the findings of a surveillance event conducted on Air Operator Certificate (AOC) holder s 22 [redacted]. This AOC authorises charter and aerial work operations in piston and turbine helicopters.

At the time of the surveillance, the organisation operated 2 aircraft with 5 pilots, conducting approximately 400 flying hours per year. The key position holders included s 22 [redacted] is also the senior company pilot and is undergoing assessment to take over the Chief Pilot position.

The last significant surveillance activity carried out was a Level 2 unscheduled occurrence investigation event conducted in February 2019 at the organisation's Broome base. During that event no Safety Findings were issued.

This surveillance event was a Level 1 systems audit conducted by a team consisting of a Flying Operations Inspector and a Certificate Team Manager with an Airworthiness background.

During this event 1 Safety Finding and 1 Safety Observation were issued.

The breaches were discussed with the key personnel during the event, as well as in the exit meeting where the organisation acknowledged the surveillance team's observations and indicated a willingness to quickly remedy the breaches.

The scoping table in this report indicates the areas sampled by the team. Due to the nature of this sampling process it is possible that areas either outside the scoped elements or items not sampled may harbour possible deficiencies.

The surveillance team wish to acknowledge the AOC holder's representatives for their cooperation and openness during the audit.

s 22 [redacted]
Surveillance Lead
19/12/2019

Statement of confidential nature of the contents

This Surveillance Report is a confidential document between CASA and the authorisation holder. CASA will not disclose this report or its content to any third person except, in pursuance of its functions, with the express permission of the authorisation holder or as required by law.

Surveillance objective

The objective of the surveillance is to assess the ability and willingness of an authorisation holder to comply with all applicable legislative obligations.

Surveillance team

Name	Discipline
s 22	Flying Operations Inspector
	Team Leader

Dates and places – Onsite surveillance

Date	Location
25/11/2019 - 26/11/2019	Knuckey Lagoon, NT

Surveillance scope

The surveillance scope is the extent and boundaries of the surveillance activity.

Scope item	Findings Issued
* Airworthiness Assurance	1
* Airworthiness Control	Nil
* Line Servicing	Nil
* Maintenance System	Nil
* Aircraft Load Control	Nil
* Fuel Load Control	Nil
* Passenger Control	Nil
* Implementation of DAMP	Nil
* Crew Scheduling	Nil
* Operational Standards	Nil
* Authorised Activities	Nil
* Flight System	Nil
* Fuel Policy	Nil
* Operating Ports	Nil
* Operational Support Systems	1
* Safety Assurance	Nil
* Safety Policy and Objectives	Nil
* Safety Risk Management	Nil
* Training Management	Nil

* Item added to original scope
** Item originally scoped but not completed

Summary of surveillance findings

Surveillance finding(s) are the result of the evaluation of the collected surveillance evidence against the surveillance criteria.

No.	Type	Subject/Title	Due Date
818948	SO	Airworthiness Process	*N/A*
723177	SF	Operational Records Discrepancies	*09/01/2020*

A total of 2 finding(s) have been issued as a result of this surveillance. Of these finding(s) 1 are Safety Finding(s) that require a response by the due date.

Technical summary

Surveillance Process

A sampling surveillance audit was conducted into the flight operations of s 22 (the organisation). Where this report states elements were reviewed it means random sampling audit practices were utilised in accordance with (IAW) CASA's current Surveillance Manual; this manual is available on the CASA website.

Procedures, processes and practices were reviewed IAW the organisation's Operations Manual Issue 7.0 dated 01 June 2019 (OM) and Safety Management System Manual Issue 1.0 dated August 2019 (SMS).

All deficiencies found will be stated below. Where none are stated, it means no deficiencies were found in this section during sampling.

Technical Summary – Flying Operations

Aircraft Load Control

Passenger weights are taken and recorded for all flights. The senior pilot described the method used to confirm that aircraft were operated within centre of gravity limits, which was adequate and consistent with OM procedures.

Fuel Load Control

Operations manual fuel policy was reviewed and found to be adequate. Significant use is made of drum stocks for refuelling, with suitable OM procedures in place and safe practices emphasised during induction and recurrent personnel training.

Passenger Control

Pilot CAO 20.11 training records were sampled and found to be current. Passenger loading and briefing policy was discussed with key personnel and found to be adequate. A suitable passenger briefing was demonstrated during a check flight conducted on a company pilot.

Implementation of DAMP

The company has adopted the CASA Micro-business DAMP exemption, which is available to all staff via the Air Maestro computer system. DAMP training records were sampled and found to be in date.

Crew Scheduling

The system for assigning crews for flights was reviewed and compared with the processes outlined in the Operations Manual (OM). The process was found to be compliant.

Air Maestro flight and duty summaries were sampled for three company pilots and

compared with corresponding entries in aircraft maintenance releases and company trip sheets. These records were generally consistent, but flight times for two of the three pilots were found to be not recorded in accordance with the process described in the OM. **SF 723177 refers**.

Operational Standards

OM training and currency recording policy was reviewed and checked against records kept in the Air Maestro computer system. No discrepancies or deficiencies were found. The senior pilot was questioned about how the company ensured pilots were appropriately trained for all tasks, and the policy and associated training records were found to be suitable.

Authorised Activities

Samples of records indicating the types of operations undertaken were found to be in accordance with AOC authorisations and the OM.

CAR 234 Fuel Policy

Company fuel policy was reviewed and found to be in accordance with CASA's new fuel regulations.

Flight System

Crew co-ordination and standardisation of checklists was discussed with the senior pilot, who reported that standardisation was achieved through consistent check and training (documented in proficiency check records), including the use of standard approach and departure profiles. These were demonstrated satisfactorily in a check flight.

Operating Ports

The organisation's operations Helicopter Landing Site (HLS) register was reviewed and found compliant. The register is readily accessible to all operational personnel online using the company's computer system.

Operational Support Systems

Suitable flight planning facilities are available to company personnel via the NAIPS system, which is accessible via office computers and mobile devices. All required company documentation is available via the Air Maestro system, which can be accessed remotely. This also allows for timely return of operational data from remote locations. Mobile data coverage, supplemented by satellite phones where required, is adequate for all company operations.

Training Management

Training management is jointly overseen by the CP, SM and senior pilot using the OM, SMS and the Air Maestro records system, in conjunction with secondary whiteboard records for quick reference to when currencies are due to expire. Sampled records indicated that the system is working adequately.

Technical Summary – Safety Systems

Safety Policy and Objectives

A Safety Management System (SMS) was submitted to CASA for review in August 2019. The SMS was accepted on 22 November 2019. The Safety and Operations Manager, s 22 has recently completed SMS training and plans to complete human factors training in the coming weeks. s 22 will develop an implementation plan for the SMS after finalising formal training.

Safety Risk Management

Whilst s 22 are still to develop a formal implementation plan, 12 key hazards to the

operations have been identified, reviewed and actions recommended. Some actions are currently in progress to reduce identified risks. This work already completed will form a good basis for the implementation plan moving forward.

Technical Summary - Airworthiness

Aircraft

The operations manual, with respect to airworthiness controls, was reviewed and is at the standard required for the size and complexity of current operations. The operations manual was accepted by CASA for use on 26 September 2019.

The HAAMC was interviewed with regards to his airworthiness control and assurance aspects of the operation, the following were reviewed:

- CAR 30 (AMO) maintenance process; maintenance agreement with s 22 [redacted] was sighted.
- An annual AMO inspection requirement was introduced in the new operations manual. This review will be required to be completed by September 2020.
- Calibrated tooling is controlled by the HAAMC and supplied by the AMO. No calibrated tooling was available for sampling.
- Pilot maintenance training forms for Schedule 8 were not sighted. **OBS 818948 refers.**
- A Robinson 50 hourly inspection had been completed by an independent LAME. The operations manual requires pilots conducting 50 hourly inspections to complete worksheet form 21. The worksheet form 21 was not completed by the independent LAME when conducting the 50-hour inspection. **OBS 818948 refers.**
- Airworthiness directive (AD) control was discussed with HAAMC.
- The HAAMC process for controlling hours and the scheduling of maintenance was not described in the operations manual. **OBS 818948 refers**.

The Facility was clean and appropriate for organisation.

The aircraft VH-OAX was inspected and appeared in satisfactory condition with exception of the pilot's seat belt inertia reel which was unserviceable. This defect was recorded on the maintenance release and rectified before further flight.

The following were reviewed in relation to aircraft VH-OAX:

- Maintenance release A231440 & A200449
- Aircraft flight manual
- Certificate of Airworthiness

From the above review and inspection, the airworthiness aspects were adequate with an observation issued to identify potential areas for improvement.

Documents used as standards and reference

	Document Name
s 22 [redacted]	Operations Manual Issue 7.0 dated 01 June 2019
s 22 [redacted]	Safety Management System Manual Issue 1.0 dated August 2019

Key people interviewed during the surveillance

Name	Position	Date
s 22	Chief Pilot	25/11/2019 - 26/11/2019
	Chief Executive Officer	25/11/2019 - 26/11/2019
	Safety and Operations Manager	25/11/2019 - 26/11/2019
	Head of Aircraft Airworthiness and Maintenance Control	25/11/2019 - 26/11/2019

Australian Government
Civil Aviation Safety Authority

Safety Observation

Authorisation holder:	s 22 [redacted]	**Issued Date:**	19/12/2019
ARN:	s 47G [redacted]	**Safety Observation No:**	818948
Contact address:	s 47F [redacted]		
Subject/Title:	Airworthiness Process		
System:	Aircraft		
Element:	Airworthiness Assurance		

Safety Observation Details:

The following are potential areas for improvement in airworthiness process:

- A Robinson 50 hourly inspection had been completed by an independent LAME. The operations manual requires pilots conducting 50 hourly inspections to complete worksheet form 21. The worksheet form 21 was not completed by the independent LAME when conducting the 50-hour inspection, nor was It clear in the manual that the independent LAME must use this form. Consideration should be given to clarifying this section of the manual to require form 21 to be completed by the independent LAME.
- The HAAMC process for controlling hours and the scheduling of maintenance was not well described in the operations manual. Consideration should be given to describing the process in the operations manual.
- Pilot permitted maintenance is required to be conducted by a LAME, with successful completion recorded on form 19. Completed form 19s were not sighted during the audit. Daily inspections are considered as pilot maintenance under CASA schedule 8. An internal review is recommended to ensure all pilots conducting maintenance have completed form 19.

Issuing Inspector Name: s 22 [redacted]

Safety Observation

A Safety Observation is a document used to advise an authorisation holder of:

- latent conditions resulting in system deficiencies that, while not constituting a breach, have the potential to result in a breach if not addressed, and/or
- potential areas for improvement in safety performance

Australian Government
Civil Aviation Safety Authority

Safety Finding

Authorisation Holder:	s 22 [redacted]	
ARN: s 47G [redacted]	**EDRMS Ref:** EF12/2797-2	**Safety Finding Ref No:** 723177
Contact address:	s 47F [redacted]	
Regulatory reference:	Reg. 215 (9) of the CAR 1988	
Subject/Title:	Operational Records Discrepancies	
System-Element:	Operations - Operational Support Systems	

Note: In applying the principles of procedural fairness, CASA approaches its regulatory functions in a consultative and collaborative manner. Therefore CASA extends to the authorisation holder the opportunity to consider, comment on or object to this Safety Finding.

It should also be noted that issue of a Safety Finding does not in any way prejudice CASA's prerogative to take at any time such regulatory or other legal action as may be appropriate in the circumstances.

Details of deficiency:

Two company pilots had consistently entered aircraft maintenance time (collective up time) rather than flight time (rotors turning time) as flight time in their pilot log books and company flight and duty records.

The s 22 [redacted] Operations Manual section 1.1.2 contains the following definition:

'Flight Time - For the purposes of the PIC's flight crew logbook and Flight and Duty Time records is defined as "ROTORS IN MOTION", the chronological time elapsed time from when the rotor starts to turn until the rotor ceases to turn for the purpose of a flight.'

Criteria:

215 Operations Manual

...

(9) Each member of the operations personnel of an operator shall comply with all instructions contained in the operations manual in so far as they relate to his or her duties or activities.

Issuing inspector:	s 22 [redacted]
Date issued:	19/12/2019
Due date:	09/01/2020

Australian Government
Civil Aviation Safety Authority

SURVEILLANCE REPORT

Helibrook Pty Ltd

ARN: s 47G [redacted]

AOC

ATSB Occurrence 202004284 - Desktop Review - VH-XHB - Post Accident

Surveillance Dates: 28/09/2020 to 15/01/2021

Executive Summary

Authorisation Holder Details

This surveillance report outlines the results of an unscheduled ATSB Occurrence Desktop Review under Sky Sentinel event No. 22173 conducted on Air Operator Certificate (AOC) holder s 22 (the authorisation holder) - Certificate CASA.TAAOC.0726 Revision 7.

Authorisation Holder Type

The AOC authorises charter and aerial work operations in single engine turbine and piston helicopters. At the time of this surveillance event, the authorisation holder operated 3 helicopters.

Summary of Findings

This event has been raised as a review of relevant documentation following a heavy landing incident on 30 August 2020 involving Robinson R44 VH-XHB. The pilot, who was the only occupant, was not injured and the aircraft sustained moderate damage.

ATSB Occurrence Report Ref. 202004284

- Occurrence Date: 30 August 2020
- Occurrence Category: Incident
- Occurrence Primary Type: Hard landing
- Occurrence Location: Bynoe, NT, 0822
- Occurrence Summary: While repositioning for refuel, the helicopter landed hard. The pilot was not injured and the helicopter sustained moderate damage to the undercarriage.
- Reg. Type and Mark: Australian VH aircraft VH-XHB
- Aircraft Type, Make and Model: Helicopter - Robinson Helicopter Co - R44
- Reg. Operator: s 47G s 22

Relevant operational and maintenance documents were supplied by the company Safety Manager (SM) and reviewed by the surveillance team. No irregularities were found in these documents.

The surveillance team leader interviewed the SM by telephone, discussing the following matters:

- Training and induction conducted on the accident pilot
- Accident sequence of events and company follow-up
- Company DAMP policy requirements.

No irregularities were noted and the company's actions were considered to be appropriate and adequate. The SM reported that no DAMP testing had been carried out as the incident had not been considered serious enough to warrant it. While a degree of discretion is available in this regard, the surveillance lead reminded the SM of the company's responsibility to ensure compliance with DAMP procedures.

No further CASA action is recommended with respect to the company.

However, a broader CASA investigation of helicopter flight training standards in relation to accidents involving low-hours pilots is recommended, as noted in other recent surveillance reports.

s 22 [redacted]

Surveillance Lead
25/01/2021

Statement of confidential nature of the contents

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Surveillance objective

The objective of the surveillance is to assess the ability and willingness of an authorisation holder to comply with all applicable legislative obligations.

Surveillance team

Name	Discipline
s 22	Flying Operations Inspector
	Airworthiness Inspector

Surveillance scope

The surveillance scope is the extent and boundaries of the surveillance activity.

Scope item	Findings Issued
Unscheduled - ATSB Occurrence - Desktop Review	Nil

* Item added to original scope
** Item originally scoped but not completed

Summary of surveillance findings

Surveillance finding(s) are the result of the evaluation of the collected surveillance evidence against the surveillance criteria.

No findings issued.

Technical summary

Refer to Executive Summary.

Documents used as standards and reference

Document Name
ATSB report No. 202004284 dated 01 September 2020

Key people interviewed during the surveillance

Name	Position	Date
s 22 ARN s 47F	Pilot	30/08/2020 - 15/01/2021
s 22	Safety Manager	01/09/2020 - 15/01/2021

s 37 (1)(a)

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s 37 (1)(a)

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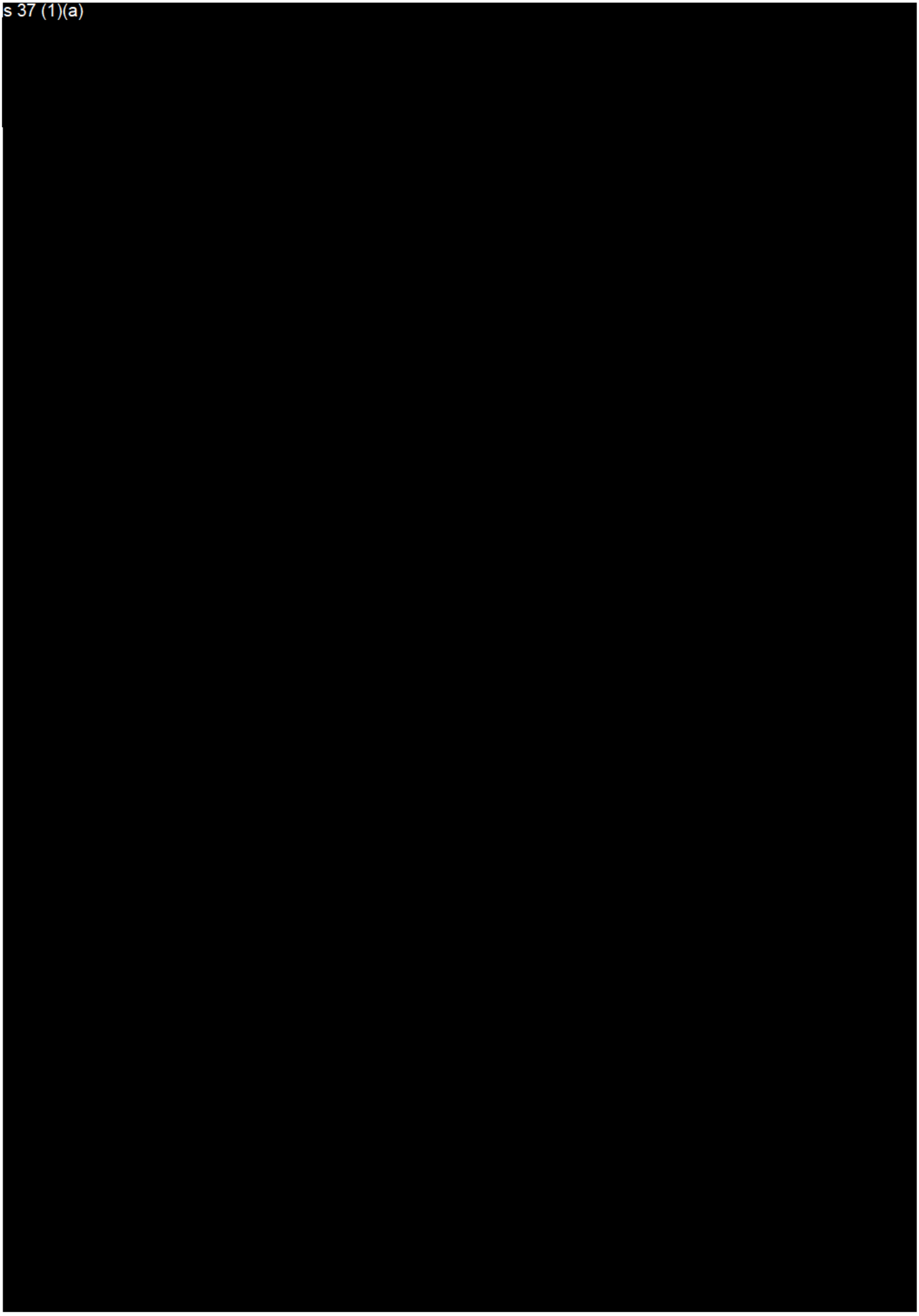

s 37 (1)(a)

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