

CAAP Level I Worksheet

Name: _____

Address _____

**CREW ACHIEVEMENT AWARD PROGRAM
CREW
LEVEL I**

TASKS:

<u>Check</u>	<u>Description of Task</u>
<input type="checkbox"/>	Personal protection: <ul style="list-style-type: none"> a) Proper clothing: natural fibers, supportive footwear, gloves, etc. b) Do's/don'ts: no smoking, don't get in front of things that move, stay on the ground at all times, never tie rope around yourself, no phone use while driving, etc. c) Know what roles/tasks/ "normal" looks like throughout the course of a flight
<input type="checkbox"/>	Pibal inflation.
<input type="checkbox"/>	Fan safety/operation: shutting off, moving, safety zone, loose items/grass, etc.
<input type="checkbox"/>	Spreading envelope and/or tarp
<input type="checkbox"/>	Assisting in securing parachute and/or vent(s)
<input type="checkbox"/>	Laying out crown line
<input type="checkbox"/>	Crowd control – cold inflation/launch/landing/tether
<input type="checkbox"/>	Working throat (not deflation line side) during inflation
<input type="checkbox"/>	Steadying basket on launch/landing
<input type="checkbox"/>	Assisting pack-up: squeezing, folding/strapping, coiling lines, bagging envelope
<input type="checkbox"/>	Helping load equipment after flight
<input type="checkbox"/>	Develop full confidence to speak up when something doesn't look right
<input type="checkbox"/>	Know your pilot's policies/expectations as to handling/managing: <ul style="list-style-type: none"> a) Unneeded first responders at landing ("everyone's OK, everything good") b) Landowners and trespassing (stay off private property until permission secured) c) Print, audio-visual photography/video, internet and social media: (media policy will vary. Minimum: defuse adding heat as "on fire," landings as "crashes," etc.
<input type="checkbox"/>	Being current member of a local balloon club (if possible)

BALLOON CLUB MEMBERSHIP:

Name of Organization: _____

Date of Membership: _____

MINIMUM CREWS: 10

APPLICANT CERTIFICATION STATEMENT:

I certify that I have completed the requirements for the BFA Crew Achievement Award Program Level I as specified.

Signature: _____ Date: _____

PILOT CERTIFICATION STATEMENT:

This is to certify that I have personally reviewed the applicant's qualifications and appropriate documentation and have determined that the applicant has satisfactorily completed the tasks for Level I as specified.

Signature: _____ Date: _____

Address: _____ Certificate Number: _____

ATTACHMENTS REQUIRED:

- (1) Check Payable to BFA for \$5.00
- (2) BFA Crew Achievement Award Application (Applicant's Section Completed and Signed)

FORWARD COMPLETED FORM TO A BFA CREW AWARD DESIGNEE