**3rd PARTY LED DRONE OPERATION APPROVAL FORM**

RPs / Colleges / Services must submit this Form to Health and Safety, Campus Services for approval before a 3rd Party may operate a drone on their behalf, or if a 3rd Party wishes to ‘over fly’ the University estate and where commissioned to fly on behalf of the University. **A supporting Mission Plan / Risk Assessment must also be included.**

|  |  |
| --- | --- |
| 3rd Party Name & Contact Details: |  |

|  |  |
| --- | --- |
| 3rd Party CAA Operational Authorisation Ref. No: |  |

|  |  |
| --- | --- |
| **NOTE: If no CAA Operational Authorisation:** | If no Operational Authorisation held, please (circle) as appropriate: |
| Will the flight be classed as “Open Category”? | YES | NO |
| What Sub-Category will the flight be? | A1 | A2 | A3 |
| Flight is far from people with no overflight of uninvolved persons | YES | NO |
| Flight will be 150m or more from a congested area | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Mission[[1]](#footnote-2): | From: |  | To: |

|  |  |
| --- | --- |
| Mission Location[[2]](#footnote-3): |  |

|  |  |
| --- | --- |
| Type of Mission[[3]](#footnote-4): |  |

|  |  |
| --- | --- |
| Insurance in Place for Drone operations: |  |

|  |  |
| --- | --- |
| Privacy Impact Controls (GDPR) Confirmed: |  |

|  |  |
| --- | --- |
| 3rd Party Remote Pilot Name / Contact Details: |  |

|  |  |
| --- | --- |
| Remote Pilot Qualifications and Flyer ID: |  |

|  |  |  |
| --- | --- | --- |
| Drone Class to be used & CAA Operator ID:[[4]](#footnote-5)  | Drone Class (C0, C1, C2, C3, C4, or legacy): | Operator ID:  |

|  |  |
| --- | --- |
| Flight Mission Plan / Risk Assessment Attached: |  |

|  |  |
| --- | --- |
| Please summarise general On-Site Controls eg Observers, Payload Master: |  |

**BANGOR UNIVERSITY PERSON(s) REQUESTING WORK**

*The completed Form must be submitted to Health and Safety (HSO), Campus Services before any drone operation takes place* *healthandsafety@bangor.ac.uk* *ext 2779 / 3854 / 3847*

*All comments / caveats contained in the Approval Section must be adhered to*

|  |  |
| --- | --- |
| BU Person(s) Requesting Work (Name): |  |
| Contact Details: |  |
| Please detail what areas of the BU Estate are being ‘over flown’ and who will be informed as part of this process: | Location / Building: | Person(s) to be Informed. **Note:** Security must also be informed pre and post flight on 01248 38 2795 |
| Relevant persons informed if ‘Over Flying’ BU Estate: | YES | NO | N/A | Date(s): |

**APPROVAL FROM HEALTH AND SAFETY (HSO), CAMPUS SERVICES**

|  |  |
| --- | --- |
| Approved by HSO (Name & Signature): |  |
| Date: |  |
| Comments / Caveats: | **NOTE:** Approval for a flight where no CAA Operational Authorisation is held by the 3rd Party is only given subject to the following requirements being met: * The flight is in the ‘Open Category’.
* The flight is far from people, at least 150m away from a congested area and involves no overflying of uninvolved persons.
* The 3rd Party’s Operator ID is displayed on the drone, the Pilot has DMARES as a minimum and adequate Public Liability Insurance is in place.
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1. Approximate range of dates if exact date not known [↑](#footnote-ref-2)
2. Sufficient information to locate the mission area. **Detail** **parts of the University estate to be ‘over flown’ on next page** [↑](#footnote-ref-3)
3. Summary eg Video Survey, 3D Data Capture Test Flight, Gas Detection and what data will be captured [↑](#footnote-ref-4)
4. Operator ID must be displayed on all drones to be used [↑](#footnote-ref-5)