

## NASA GSFC Aircraft Flight Safety Form



### Contact Information

Name

Mission /Affiliation

( )

( )

( )

Local Phone

Cell Phone

Affiliation phone

Local Address (Hotel Room #)

Affiliation Address

City, ST ZIP Code

City, ST ZIP Code

Email

### Emergency Contacts

Emergency Contact

Secondary Emergency Contact

( )

( )

( )

( )

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

I have received safety training in the NASA aircraft in which I will be flying, and I have read all associated documentation for the specific hazards associated with this mission. I have been adequately briefed on the hazards and risks associated with flying on this NASA Aircraft.

I am in good health to be able to conduct safe flight operations and I certify to have no health issues that would prevent me from flying on this NASA aircraft.

Print Name / Signature

Date