



**Federal Aviation  
Administration**

**Airport Surveying-GIS Program  
Interview Checklist  
Air Traffic Control Tower Chief**

Airport Name	City	State	Airport Identifier

Tower Chief Contact Information
Name
Street or Mailing Address of Airport
City, State, Zip Code
Primary telephone Number
Cell Phone Number
Fax Number
Email address
Direct telephone line to Tower Cab

Interviewer Contact Information
Name
Street or Mailing Address of Airport
City, State, Zip Code
Primary telephone Number
Cell Phone Number
Fax Number
Email address

Task or Question	Yes	No	Date	Interview Method	
				In person	Telephone
1. Introduce team and survey purpose	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Discuss radio procedures, call sign, and radio communications failure procedures.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Discuss and identify what (if any) are the best times of the day for access to the runway for extended periods of time.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4. Provide a copy of the proposed survey schedule, with work areas identified—preferably on an airport map or diagram. Obtain approval of schedule especially for runway time.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5. Discuss taxiway designations.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6. Obtain and review the current airport obstruction chart or airport layout plan, and ask for comments. Make notes directly on the document for field team use.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**Paperwork Reduction Act Statement:** This form is used to document source information about an airport or aeronautical facility which is part of the National Airspace System (NAS). This information is used to document airport data relating to the safety, security, or capacity of the national air transportation system. It is estimated that it will take approximately 5-80 hours to fill out the all of the necessary forms for a project depending on the complexity. No assurance of confidentiality is necessary or provided. It should be noted that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection of information is 2120-0569. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW, Washington, DC, 20591, Attn: Information Collections Clearance Officer, AIO-20.

Task or Question	Yes	No	Date	Interview Method	
				In person	Telephone
7. Inquire about restricted areas, radio and visual blind spots.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8. Request introduction to or contact information for facilities personnel.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Notes or Comments: