



**Federal Aviation
Administration**

**Airport Surveying-GIS Program
Interview Checklist
Airport Manager or Operations Manager**

Airport Name	City	State	Airport Identifier

Navigational Aid Facilities Responsible Party Contact Information
Name
Street or Mailing Address of Airport
City, State, Zip Code
Primary telephone Number
Cell Phone Number
Fax Number
Email address

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. 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 times when the team or equipment may interfere with NAVAID signals.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Discuss and determine the best time of day to get access to NAVAID sites both on and off airport.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4. Discuss changes or proposed changes to NAVAID systems.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5. Ask about location, accessibility and associated requirements, and directions to any outlying facilities.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6. Obtain contact and access information for NAVAIDS located off the airport and on or near private property.	<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. Review the Facilities abstract to determine if all of the navigational aids associated with the airport are identified.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8. Discuss required security and safety procedures when around and near the navigational aids.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. Request codes or keys for gates, as required, or obtain point of contact information for field access	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Notes or Comments:

Responsible Party Contact Information for Navigational Aid Access
Name
Street or Mailing Address of Airport
City, State, Zip Code
Primary telephone Number
Cell Phone Number
Fax Number
Email address