

APPENDIX A

NASA BPO APPLICATION AND CHECKLISTS



PART X – AGREEMENT

I have read and agree with all requirements and conditions set forth in the Conventional Balloon Flight Support Application and related materials available from the CSBF website.

Important

Waiver of Claims Form: **All non-NASA institutions and agencies** are to complete and return the attached form to CSBF.

Hold Harmless Form: **All institutions and agencies using radioactive materials** are to complete and return the attached form to CSBF.

Signed forms can be mailed to [REDACTED] at:
 Columbia Scientific Balloon Facility
 P.O. Box 319
 Palestine, TX 75802-0319

Name: _____

Organization: _____

Signature: _____

Date: _____

CSBF CONTACTS			
P.O. Box 319	[REDACTED]	[REDACTED]	Gas/Cryogen Orders
Palestine, TX 75802-0319	Operations Manager	Administrative Assistant	Purchasing
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



WAIVER OF CLAIMS AGAINST NEW MEXICO STATE UNIVERSITY THE PHYSICAL SCIENCE LABORATORY

With regard to Balloon Flight Services provided by New Mexico State University/Physical Science Laboratory, the operators of the Columbia Scientific Balloon Facility (CSBF), under contract with the National Aeronautics and Space Administration (NASA), the requiring institution identified below, agrees not to assert any claim or claims against the New Mexico State University/Physical Science Laboratory, the National Aeronautics and Space Administration, or their employees or agents, for loss or damage to any instrument or scientific equipment (including loss of or damage to the balloon) provided by the requiring institution and carried on a Balloon Flight provided by the Columbia Scientific Balloon Facility, or consequential damages resulting from such loss or damages, except with respect to any such loss or damages resulting solely from the fault or negligence of the New Mexico State University/Physical Science Laboratory.

This waiver shall be in effect from _____ to _____ inclusive.

INSTITUTION:

(Name of University or Organization)

(Department or Section)

OFFICIAL'S NAME:

(Type or print name of the Official with authority to legally bind the Institution)

OFFICIAL'S SIGNATURE :

(Signature of the Official with authority to legally bind the Institution)

TITLE:

(Title of above Official)

DATE:

(Date of Official's Signature)

PI'S NAME:

(Type or print Principal Investigator's name)

PI'S SIGNATURE:

(Principal Investigator's signature)

DATE:

(Date of Principal Investigator's Signature)



HOLD HARMLESS AND INDEMNIFICATION

The (Name of Institution, e.g. NASA Center, NOAA, NRL, University Name) agrees to Indemnify and Hold Harmless the Physical Science Laboratory of New Mexico State University (PSL/NMSU), its Regents, Officers, and employees from any liability whatsoever (including legal costs) associated with damages or death resulting from a radioactive substance provided by (Name of Scientific User at CSBF) and carried on a balloon flight launched, flown, and recovered by PSL/NMSU Columbia Scientific Balloon Facility (CSBF) for the (Name of Subgroup, e.g. Department, Section at Institution) whose address is (Street, City, State, Zip).

Name:

(Official with Authority to Legally Bind Institution)

Title:

(Official's Title at Institution)

Signature:

Date:

(Date Document Signed by Official)

Approved by _____ date 5/24/2006

NOTICE: This Checklist is used to review the data received from the customer during a Flight Review checkout: **DOCUMENT FOLLOWS:**

Balloon Flight Requirements Date ____ / ____ / ____

Organization: _____
Project Scientist _____

Balloon Assignment:

(1) Model (i.e., W29.47-2-01) _____ CSBF # _____
Recommended Payload: Max _____ Min _____
(2) Model (i.e., W29.47-2-01) _____ CSBF # _____
Recommended Payload: Max _____ Min _____

Flight Requirements:

Number of Flights: _____ Readiness Date: _____
Launch Time (Hr): _____ Launch Time (Date): _____
Desired Altitude (K Ft): _____ Minimum Altitude (K Ft): _____
Desired Float (Hrs): _____ Minimum Float (Hrs): _____
Flight Profile: *(If other than as high as possible for as long as possible)*

(Issue Pre-Flight Minimum Success Criteria Form to P.I.)

Flight Operations Briefing:

Estimated Weight (lbs) of Scientific Payload _____
Estimated Weight (lbs) of NSBF Equipment _____
Ballast (lbs): Steel _____ Sand _____ Other _____

TOTAL ESTIMATED PAYLOAD WEIGHT (LBS) _____

Estimated Float Altitude: w/Ballast _____ (KFt); w/o Ballast _____ (KFt)
Chute Diameter: _____ (Ft.); Release: _____; Suspension Ladder (Ft) _____
Special flight train length, components, etc... _____
Launch Vehicle: Tiny Tim _____ KATO _____ MLV _____
BOSS _____ HERCULES _____ Recovery Truck _____ Other _____
Flight Line Checkout (Hrs/Mins) _____ Estimated Show Time _____

Recovery Requirements:

Special recovery requirements/equipment: _____

(Issue recovery form to Principal Investigator)

Hazardous Materials and Conditions: *(check appropriately)*

Radioactive Sources	Ground Support	Flight	Recovery
Laser Hazards	Ground Support	Flight	Recovery
Chemical/Cryo/Gas	Ground Support	Flight	Recovery
Pressure Vessel	Ground Support	Flight	Recovery
High Voltage	Ground Support	Flight	Recovery
Pyrotechnics	Ground Support	Flight	Recovery
Magnets	Ground Support	Flight	Recovery

(If required, Issue Ground Safety Plan and Pressure Vessel Certification)

Science Emergency Information – Contact Name @ Location @ Phone #

(1) _____ @ _____ @ _____
 (2) _____ @ _____ @ _____

Aviation Support Briefing:

Passengers: Downrange Station _____ Recovery _____
 (C90 Tail # 240RE (6S) 441 Tail # N6860C (7S)
 CIP Check - Date _____ Time _____

SAR Considerations and Limitations:

Restrictions: _____

(Palestine – minimum impact 150, 250, 350 miles west, footprint dependent)
(Ft. Sumner – impact < 550 miles west; < 450 miles east & outside corridor.
Corridor East of Ft. Sumner – 069 deg to 112 deg and 265—450 miles.)

Meteorological Briefing:

Average Float Wind : _____ Sunrise _____ Sunset _____
 Post Flight Met Date (Y/N) _____
 Supplemental WX Data/Support: _____

Non-Standard Elect/Mech. Configuration/Squib Applications:

NSBF: _____
 Science: _____

Helium Valves: None _____ One _____ Two _____ Three _____

Data Rates:

Rate : _____ Code: _____

VCO Requirements:

VCO Channels(s) 1 CMD. Verify, 3 MKS, 5 _____, 7 _____

8 _____, 9 _____ 10 Mini Encoder, 11 GPS # 1, 12 GPS # 2,

B _____, E _____ HH _____,

Power Requirements:

CIP : _____ Science Transmitters: _____ Other: _____

Special Electronics Considerations:

Ground Station Requirements:

Launch Site

Down Range

Bit Syncs _____

Decom's _____

Project Scientist: _____

CSBF Representation: _____

Approved by: _____



Date: 1 October 2007

NOTICE: DOCUMENT FOLLOWS.

**OPERATIONS PREFLIGHT
READINESS REVIEW CHECKLIST**

Principal Investigator / Organization: _____

Proposed Flight Date / Campaign: _____

A. SCIENTIFIC REQUIREMENTS

- Down Range Support / Special Recording _____
- Minimum Success Criteria _____
- Recovery Instructions _____
- Science Command Sheet _____
- Ground Safety Plan _____

B. FLIGHT OPERATIONS

- SAR / Risk Analysis Review _____
- Launch Equipment Configuration and Certification (LECC) _____
- Pressure Vessel Certification _____
- Gondola Mechanical Certification _____
- Vehicle Pin and Chute Weight _____
- Max/Min Weight on Balloon _____

C. FLIGHT ELECTRONICS

- Command Sheets _____
- Science Off Command(s) _____
- Electronic Certification _____

D. MISCELLANEOUS

- Video Personnel _____
- Down Range Crew _____
- Aircraft Crew _____
- Recovery Crew _____
- Flight Line Crew _____
- Tower Crew _____
- Paperwork Distribution _____

CSBF REPRESENTATIVE _____

DATE _____

Approved by: _____



Date: 13 April 2007

NOTICE: This Flight Plan data is only valid for a launch within 72 hours of the Approved date and time or Renewed date and time. DOCUMENT FOLLOWS.

FLIGHT PLAN

PRINCIPAL INVESTIGATOR / ORGANIZATION _____

1 SCIENTIFIC REQUIREMENTS

LAUNCH WINDOW _____ **DESIRED LAUNCH TIME** _____

DESIRED FLOAT DURATION (HR) _____ **ALTITUDE (KFT)** _____

FLIGHT PROFILE _____

MINIMUM FLOAT DURATION (HR) _____ **ALTITUDE (KFT)** _____

FLIGHT PROFILE (IF DIFFERENT FROM ABOVE) _____

DOWN-RANGE SUPPORT AND/OR SPECIAL REPORTING _____

2 REQUIREMENTS FOR ALTITUDE AND TIME CONTROL

BALLOON _____

PAYLOAD WEIGHT With Ballast (lb) _____ Without Ballast (lb) _____

BALLAST _____ (lb) of _____ with Flow Rate of _____ (lb/min)

ALTITUDE With Ballast (Kft) _____ Without Ballast (Kft) _____

Ballast for Sunset (1st) _____ lb (2nd) _____ lb Ballast for Drive-up _____ lb

Ballasting Instructions _____

VALVE(S) _____ Type _____ Valving Instructions _____

ANEROID(S) Set Altitude to Arm/Fire _____ / _____ / _____

3 SUPPORT PERSONNEL

DOWN RANGE CSBF _____

Science _____

AIRCRAFT Pilot _____ Sr. Observer _____ E. Tech _____

PASSENGER(S) _____

RECOVERY CSBF _____

Science _____

RECOVERY INSTRUCTIONS ATTACHED Yes _____ No _____

SPECIAL EQUIPMENT _____

HAZARDOUS OR RADIOACTIVE MATERIALS _____

OTHER _____

4 FLIGHT LINE

LAUNCH DIRECTOR _____ ELECTRONICS SUPERVISOR _____

5 TOWER

FLIGHT DIRECTOR _____ ELECTRONICS SUPERVISOR _____

PREPARED BY _____ DATE _____ TIME _____

APPROVED BY _____ DATE _____ TIME _____

RENEWED BY _____ DATE _____ TIME _____

NOTES:

- 1) All changes on the Balloon Flight Support Application must be approved by the Head of CSBF Operations.
- 2) **ANY** changes on this Flight Plan **MUST** be approved by the Head of CSBF Operations or the appropriate Campaign Manager.
- 3) The Flight Plan is only valid for a launch within 72 hours of the Approved date and time or the Renewed date and time.

Approved by _____ Date _____

NOTICE: Record the recovery information on this form. This report is to be **presented to the launch or flight director upon arrival at NSBF** or remote launch site. Please **insure that this form is placed in the flight bag** (blue bag) for insertion in flight folder. This document cancels and replaces Operations Policy No. 04-74-02, Enclosure #7: **DOCUMENT FOLLOWS:**

RECOVERY REPORT

FLIGHT NUMBER _____ **LAUNCH DATE:** _____
SCIENTIFIC GROUP _____

I. PERSONNEL:

- A. AIRCRAFT 1. _____ 2. _____
 - B. RECOVERY 1. _____ 2. _____
 - C. SCIENTIST 1. _____ 2. _____
 - D. PROBLEMS, INJURY, ETC. _____
- _____

II. RECOVERY VEHICLE:

- A. TRUCK TAG #: _____
 - B. TRAILER _____
 - C. TIME OUT _____
 - D. MILEAGE OUT _____
 - E. TIME IN _____
 - F. MILEAGE IN _____
 - G. GPS USAGE _____
 - H. CELLULAR PHONE _____
 - I. PROBLEMS: _____
- _____

III. SCIENTIFIC PACKAGE:

- A. IMPACT TIME: _____
 - B. LOCATION (FROM NEAREST TOWN) _____
 - C. PROXIMITY TO INHABITED BUILDING _____
 - D. CONDITION _____
 - E. RADIOACTIVE SOURCE? _____
 - F. RECOVERY COMMENTS, COST, DAMAGE, ETC. _____
- _____

IV. TRACKING AIRCRAFT: (CIRCLE ONE)

- A. PAYLOAD RECOVERY ASSISTANCE: YES / NO
- B. BALLOON RECOVERY ASSISTANCE: YES / NO



FY2010 CONVENTIONAL BALLOON FLIGHT SUPPORT APPLICATION

Payload Acronym: _____

Payload Name: _____

The Conventional Balloon Flight Support Application identifies science group requirements for NASA/CSBF conventional balloon flight support. The Application is applicable for one year only. That is the forthcoming Government Fiscal Year, which runs from October 2009 to September 2010. Please complete a separate application in as much detail as possible for each individual balloon flight planned and return to:

E-MAIL TO: [REDACTED]
 CC TO: [REDACTED]

Completion instructions and other information regarding this application are contained in support documents available on the CSBF Web site at www.csbf.nasa.gov/convdocs.html.

LONG-DURATION BALLOONING (LDB) FLIGHT SUPPORT

An engineering or science validation flight, normally from the continental United States, is considered a standard conventional balloon flight and requires filing a conventional balloon flight support application. For LDB flight support, contact CSBF (see **CSBF CONTACTS**) or download an LDB Flight Application form from <http://www.csbf.nasa.gov/lbdbdocs.html>.

PART I SCIENCE

DISCIPLINE CODE		
Highlight or underline the standard discipline code applicable to the flight covered by this application.	A Infrared/Submillimeter Astrophysics C Particle Astrophysics E Geospace Sciences H Gamma Ray/X-Ray Astrophysics	P Special Projects S Solar and Heliospheric Physics U Upper Atmosphere Research T Test Flight

LDB TEST FLIGHTS			
Please indicate if this is an engineering or science validation flight for a future LDB flight.	Yes:		No:

SCIENCE DESCRIPTION	
Please describe the scientific experiment and its objectives. This description will be used to brief senior NASA officials and in press releases by the NASA Public Affairs Office. It may also be used by CSBF in our outreach and public relations programs. If possible, please limit to around 150 words. Use layman's terms to the maximum extent possible.	
Description	
Objectives	

V. RIGGING:

- A. PHYSICAL CONDITION OF FLIGHT EQUIPMENT:
PARACHUTE _____ TERMINATE _____ CUTAWAY _____
SUSP. CABLES _____ HOPPER (S) _____ UTP _____

- B. ACTIVATION STATUS OF TERMINATION HARDWARE
TERMINATE FITTING: HOLEX _____ EXP. BOLT _____
CHUTE CUTAWAY: HOLEX _____ PINS PULLED _____

- C. OTHER _____

VI. BALLOONS:

- A. LOCATION (FROM NEAREST TOWN) _____
- B. PROXIMITY TO INHABITED BUILDING _____
- C. BALLOON DISPOSAL _____
- D. VALVES RECOVERED _____ CONDITION _____
- E. TERMINATE COMPONENTS RECOVERED _____
- F. BALLOON IMPACT DIMENSIONS: _____
- G. RECOVERY COMMENTS, COST, DAMAGE, ETC.: _____

VII. SUMMARY OF REPORT:

REPORT PREPARED BY:



PART II CONTACTS

PRIMARY CONTACT	
Principal Scientific Investigator Name	
Organization Name	
Mailing Address	
Telephone Number	
Fax Number	
E-Mail Address	
Project Web Site	

SECONDARY CONTACT	
Project Officer or Delegate familiar with engineering aspects of experiment	
Organization name	
Mailing address	
Telephone number	
Fax number	
E-mail address	

FUNDING			
NASA SPONSORED		NON-NASA SPONSORED	
NASA Program		Sponsoring Agency	
Sponsoring Directorate		Program	
Science Discipline Chief		Program Executive	



PART III FLIGHT PROFILE

LAUNCH SITE	ESTIMATED SITE ARRIVAL DATE	REQUESTED FLIGHT DATE

FLOAT REQUIREMENTS		
CRITERIA	MINIMUM	DESIRED
Float Altitude		
Time at Float Altitude		
Altitude Stability		
Launch Time		

OTHER THAN NORMAL FLIGHT PROFILE REQUIREMENTS			
Ascent/descent rates		Valving	
Altitude variations		Other	
Payload reel down		Other	

PART IV MINIMUM SCIENCE SUCCESS CRITERIA

SCIENCE OBJECTIVES	DESCRIPTION	MINIMUM	DESIRED
Briefly state the minimum scientific objective that must be met to achieve a mission success.			
Provide a summary of the minimum and desired performance for the experiment (detectors, pointing systems, etc.).			

BALLOON AND SUPPORT SYSTEMS	DESCRIPTION	MINIMUM	DESIRED
Provide full details of any pertinent balloon and/or CSBF support systems (telemetry, commanding, recovery, etc.) performance requirements with minimum and desired criteria.			

METEOROLOGICAL SUPPORT	DESCRIPTION	MINIMUM	DESIRED
Provide details on any other data source or support element separate from the balloon flight but necessary to achieve mission success (instrumented sounding balloons, instrumented aircraft, satellite overpass, independent ground station measurements, National Weather Service radiosonde data, or CSBF radar tracking data).			



PART V PAYLOAD/GONDOLA AND BALLOON DATA

The gondola design documentation available on the CSBF Web site at <http://www.csbf.nasa.gov/gondoladocs.html> defines CSBF certification policies for gondolas and pressure vessels, along with GSFC fastener integrity requirements. Please verify that you have the appropriate documentation and procedures in place to comply with these policies.

PAYLOAD/GONDOLA						
Dimensions of scientific payload (attach drawings or photos if available)	L:		W:		H:	
Estimated weight of scientific payload (only experimenter-supplied equipment including experimenter-supplied batteries)						
Has CSBF flown this payload before? If yes, indicate where, when, and the flight number.	Yes:		No:			
		Date	Flight #	Site		
Have any structural changes been made that affect your previous mechanical and/or pressure vessel certifications?	Yes:		No:			
	If Yes, explain:					
Are there any restrictions on the proximity of the scientific payload to other equipment, electronics, ballast, or to the balloon?						

SPECIAL BALLOON REQUIREMENTS		
X	REQUIREMENT	ADDITIONAL INFORMATION
	No radar-reflective tape	
	Attached ducts	
	Minimum poly powder lubrication	
	Other	

PART VI GROUND SUPPORT

SERVICES	
Work area and shop support requirements	
CSBF environmental test chamber (Bemco) requirements	

NETWORK AND IT REQUIREMENTS	
Number of IP addresses:	
Static IP addresses	
Dynamic IP addresses	
Operating systems being used	



PART VII EXPENDABLE SUPPORT REQUIREMENTS

BATTERIES

Normally CSBF supplies batteries for the science instrument as well as for CSBF equipment. However, only lithium battery packs and cells used by CSBF are available. Indicate below if you want CSBF to purchase batteries for your scientific payload.

YES NO

NOTE

Lithium battery orders require long lead times and need to be identified as early as possible before the flight. Please provide an estimate even if you are unsure.

BATTERY	CELLS/PACK	LOADED VOLTAGE	AMPERE HOUR*	QUANTITY DESIRED
B7901-10	10	26	30	
B7901-11	11	29	30	
B7901-12	12	32	30	
B9660	10	26	7	
B9525	5	14	7	
B9808	5	14	1	
G20-12	1	2.6	7	
G62-12	1	2.6	30	

* De-rate ampere hour ratings for temperatures below -20 degrees Celsius

GAS / CRYOGEN ESTIMATE

Estimate the type, purity, container size, PSI, and quantity of compressed gas, cryogenes, and specialty gases you expect CSBF will need to order to support your program.

GAS/CRYOGEN	PURITY	CONTAINER SIZE	PSI	QUANTITY

Gas/Cryogen Orders

Gas/cryogen estimates you provide on this application are used ONLY for CSBF forecasting and planning purposes; no gas/cryogen order for your program will be generated based on this application form.

To place gas/cryogen orders:

1. Download the gas/cryogen order form from the CSBF Web site at <http://www.csbf.nasa.gov/bids.html>
2. Complete the form.
3. E-mail or fax the form to CSBF.

At least two to three weeks before your projected arrival at the launch site, please submit your program's gas/cryogen order to CSBF using one of the following methods:

Fax: 866-441-7849 or 903-723-8054, ATTN: Cryogenes

E-mail: [REDACTED]



BALLAST					
CSBF normally provides steel shot as ballast. Non-magnetic ballast (glass shot or sand) may be used if justified by science requirements. Please indicate your requirement.	Steel:		Glass:		Sand:

OTHER EXPENDABLES	
List any expendables and services other than those directly required by CSBF for its flight support.	

PART VIII SAFETY

The *Conventional Balloon Flight Application Users Handbook* (<http://www.csbf.nasa.gov/convdocs.html>) delineates CSBF policies regarding hazardous materials, systems, and equipment. Please verify that the appropriate documentation and procedures are in place to comply with these policies. You will be given a Verification of Safety Compliance form after your arrival at the launch site and be required to complete it before the payload is ready for flight.

You may be required to generate a special ground and/or flight safety plan to address hazardous conditions. If hazardous materials are used, you must furnish Material Safety Data Sheets (MSDS). Please forward any applicable safety documentation or plans that have been generated as part of your own institutional safety program as part of your project.

Each scientist is required to furnish CSBF with a Sealed Source Device Registry (SSDR) Safety Evaluation Sheet to be on file at CSBF before the source can be shipped to CSBF property or remote launch site. Refer to the *Conventional Balloon Flight Application Procedures Users Handbook* for instructions regarding radioactive sources.

HAZARDOUS MATERIALS LIST				
<p>The table at right lists hazards typically associated with balloon payloads. Please confirm those that are applicable to this project.</p> <p>Please indicate any additional hazardous materials, systems, or equipment not falling into these categories (i.e. toxic gases, super-conducting magnets).</p>		WHERE USED		
	HAZARD TYPE	YES	Ground	In Flight
Radioactive Materials				
Lasers				
Cryogenic Materials				
Pressure Vessels				
High Voltage				
Pyrotechnics				
Magnets				
Other				

RADIOACTIVE MATERIALS								
<p>List radioactive sources to be used, along with maximum activity/wattage.</p> <p>Identify materials in Ci, μCi, and/or nCi.</p>								
	<table border="1"> <thead> <tr> <th>SOURCE TYPE</th> <th>ACTIVITY / WATTAGE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	SOURCE TYPE	ACTIVITY / WATTAGE					
SOURCE TYPE	ACTIVITY / WATTAGE							



PART IX ELECTRONICS

CSBF TELECOMMAND SYSTEM			
The CSBF command system allows for a 16-bit parallel command word and a maximum of 77 discrete commands. Please reconfirm the following information from the Flight Support Abstract. See the <i>CIP Interface User handbook</i> at http://www.csbf.nasa.gov/convdocs.html for instructions for command integration.			
Do you plan to use your own command encoder and transmitter to meet science payload requirements?	If yes, please fill out:		
	FREQUENCY	POWER	AUTH. NO.
			AREA OF AUTH.

AIRBORNE TELEMETRY			
Indicate the nature of telemetry signals from the scientific instrumentation.	SIGNAL	FREQUENCY (BPS)	CODING (NRZ, BIO, ETC.)
CSBF normally furnishes telemetry transmitters. Do you plan to use your own telemetry transmitter?	If yes, please fill out:		
	FREQUENCY	AUTH. NO.	AREA OF AUTH.
Describe special or unusual electronic requirements, indicate constituent signals comprising science furnished composite video, and indicate any TV video requiring CSBF-supplied transmitters.			

GROUND TELEMETRY	
List any special requirements for ground station equipment, test equipment, special or unusual electronic requirements, constituent signals comprising science-furnished composite video, and TV video requiring CSBF-supplied transmitters.	
Downrange ground station support requirements?	

PART X FUTURE REQUIREMENTS

In an attempt to meet the future needs of the scientific community, it is critical that you provide detailed information on any balloon flights planned for the next five years to assist NASA/CSBF in developing flight support services. Considerable advanced planning is required for complicated missions, e.g., Australia, Canada, and Antarctica. Even if you are only thinking about proposing, identifying potential requirements facilitates the planning process. Include the anticipated number of flights through calendar year 2015 and the location and seasonal requirements of each. Also, note any special support, services, or capability requirements not presently offered by the CSBF.

PAYLOAD NAME	FLIGHT DATE	FLIGHT LOCATION	SPECIAL SUPPORT	ADDITIONAL SERVICES



PAYLOAD NAME	FLIGHT DATE	FLIGHT LOCATION	SPECIAL SUPPORT	ADDITIONAL SERVICES