

DRAFT TECHNICAL BACKGROUNDER
Northern Ontario Multimodal Transportation Strategy

Municipal Airports

Appendices

Prepared for the Ontario Ministry of Transportation
and Ministry of Northern Development and Mines



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Appendix B: Municipal Airport Survey Questionnaire

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2015 MTO Northern Municipal Airport Survey

Airport Information

Please enter the following:

Airport Name	
4-Letter Airport Location Indicator (per CDA Flight Supplement)	
Location (City, Township, etc.)	
Airport Operator Name	
Airport Owner Name	
Airport Manager Name	
Phone	
Fax	
Email	

Airport Owner Type:

- Local Municipality Airport Commission/Authority Board
 Regional Municipality Other (please specify): _____

Is the airport located in the same municipality as the owner?

- Yes No

Airport Operator Type:

- Local Municipality Airport Commission/Authority Board
 Regional Municipality Other (please specify): _____

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3. Status

Aerodrome Status:

- Certified
 Registered

If 'Certified', continue to Question 4.

If 'Registered', has your airport ever been 'Certified'?

- Yes
 No

If 'Yes', what year did this status change? _____

Please describe the reason for the change.

4. Employment

Please indicate/estimate the total number employees directly employed at the airport, including airport staff, contracted resources, tenants and based operators (35 - 40 hours/ week for full time).

Overall Total: _____
 Permanent full-time: _____
Temporary full-time: _____
Part-time: _____

If you are able, please indicate (estimate) the distribution of the 'Overall Total' above among the following categories. The sum of the answers below should add up to the number provided as the Overall Total.

Airport Staff (on payroll):	_____	Flight Training Schools:	_____
Airport Contracted Resources (e.g. building maintenance, snow removal, security, policing):	_____	Fixed Based Operators (FBOs) and Fueling Providers:	_____
Government Departments/Agencies supporting airport operations (e.g. CATSA, NAV Canada, CBSA, Health Canada, etc.):	_____	Air Carriers (scheduled passenger and cargo):	_____
Public Sector based aviation organizations (e.g. ORNGE/Ministry of Health, Ministry of Natural Resources, OPP Air Services, RCMP Air Services):	_____	Flying Club (management & administration):	_____
Other government (e.g. Environment, Coast Guard, Agriculture):	_____	Charter Operators:	_____
		Aircraft Maintenance and Repair:	_____
		Retail and/or Food and Beverage:	_____
		Other:	_____

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Functions of Airport

Please note the types of air service (whether based at airport or not) that take place at your airport). If possible, please input the number of air traffic movements in 2014 (one arrival and one departure are counted as two movements, best estimates acceptable).

Service	Service Available <i>Check all that apply</i>	Total Movements (if available)	Total Movements by type (if available)		
			Scheduled Commercial	Charter Commercial	Private Aircraft
Scheduled Commercial					
Charter Commercial					
GA - Flight Training					
GA - Other (Corporate Business)					
Medevac					
Air Ambulance					
Fueling					
Cargo Handling/ Freighting					
De-icing					
Private (airplane resides at airport)					
Aerial Water Bombing/Fire Fighting					
Search and Rescue					
Aerial Policing/ Enforcement					
Aerial Resource Management (e.g. bear tagging, rabies baiting)					
Evacuation/Emergency Management					
Service to provincially owned remote Far North airports					
Other (please specify)					

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6. Top Destinations

**What were the top 5 destinations from the airport in a year?
(Estimate number of movements)**

Rank	Destination	Movements to/ from
1.		
2.		
3.		
4.		
5.		

7. Customs/Immigration

Does your airport offer customs and/or immigration service?

- Yes, currently provides
 No, the airport has never provided customs or immigration services
- Provided previously but not currently

If 'Yes', what type of services?

8. Passengers per Year

Please input the number of passengers (enplaned/deplaned) at your airport each year over the last 5 years (best estimates acceptable):

2014 _____ 2011 _____
 2013 _____ 2010 _____
 2012 _____

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9. Air Cargo Tonnage

Are air cargo/freight services available at your airport?

- Yes No

If 'No' skip to Section 10.

If yes, what was your **annual** cargo tonnage each year over the last 5 years in metric tonnes (best estimates acceptable)?

2014 _____

2011 _____

2013 _____

2010 _____

2012 _____

10. Types of Benefits

What provincial and municipal benefits does the airport provide?

Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Encourages economic development/ attract business | <input type="checkbox"/> Permits local business to function more efficiently |
| <input type="checkbox"/> Provides accessibility | <input type="checkbox"/> Provides connections/ linkages to other airports/communities |
| <input type="checkbox"/> Provides access for emergency services (fire fighting, search and rescue, policing and emergency management) | <input type="checkbox"/> Provides connections/linkages to other modes (bus, rail, auto) |
| <input type="checkbox"/> Provides access to medevac services | <input type="checkbox"/> Other (please specify):

_____ |

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Airport Infrastructure

**Please rate the current conditions of facilities and equipment owned by the airport.
Please check one for each facility type.**

Facility	Very Poor	Poor	Fair	Good	Excellent	None
Runways						/
Taxiways						/
Apron						/
Terminal						/
Perimeter Fence						/
Vehicles/Equipment						/
Roads/Parking						/
Lighting (LED) Age: _____ years						
Lighting (Incandescent) Age: _____ years						
Back-ups - back-up generator						
Automated Weather Observation Station (AWOS)						
Human Weather Observation System (HWOS)						
Limited Weather Information System (LWIMS)						
Non Directional Beacon System (NBD)						
Area navigation (RNAV)						
Lateral navigation (LNAV)						
Other (please specify):						/

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12. Urgent Infrastructure Needs

What are the most urgent infrastructure needs? If available, please provide a cost estimate of the work to be undertaken (e.g. crack filling, runway rehabilitation).

Facility		5 - year cost estimate	
Runways			
Taxiways			
Apron			
Terminal			
Perimeter Fence			
Vehicles/Equipment			
Roads/Parking			
Lighting (LED) Age: _____ years			
Lighting (Incandescent) Age: _____ years			
Back-ups - back-up generator			
Automated Weather Observation Station (AWOS)			
Human Weather Observation System (HWOS)			
Limited Weather Information System (LWIMS)			
Non Directional Beacon System (NBD)			
Area navigation (RNAV)			
Lateral navigation (LNAV)			
Other (please specify): _____			

Please attach airport capital plans as reference document if applicable.

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13. Financial Viability

How would you describe the financial viability of your airport?

- Viable** = Sufficient revenues to cover operating costs and airport's share of capital costs)
- Self-Sustaining** = Sufficient revenues to cover operating costs
- Not Self-Sustaining** = Insufficient cash flow to cover operating costs

14. Financial Viability

Has the financial viability of your airport changed in the last five years?

- Yes
- No

If 'Yes', please describe the change, and why you think the change has occurred.

15. Financial Figures (2014)

Please provide the following financial figures for 2014.

All financial details will be kept confidential by the consultant, and will only be reported in aggregate form, without attribution.

Please include any Airport Improvement Fees (AIFs) in Operating Revenues (if applicable).

The sum of revenue distribution (aeronautical + commercial) must equal 100%.
AERONAUTICAL revenue is earned as a direct result of aircraft operations (landing fees, terminal fees, AIF, aviation fuel, aircraft parking fees, etc.).

NON-AERONAUTICAL revenue is earned through rental of space in the terminal building, or leasing of land (airside or groundside), vehicle parking fees, advertising revenue, etc.

Operating Revenues (excluding AIF)	
Operating Expenses	
Operating Profit (Loss) excluding AIF	
AIF Revenue if applicable	

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16. Fuel Services

Is aviation/ jet fuel sold at the airport?

- Yes No

If 'Yes', who sells the fuel (airport, private company, etc.)?

How much fuel was sold at the airport in year? (Estimates acceptable, include units)

Does a change in the price of aviation/ jet fuel significantly impact your airport? Please provide comment and describe in detail.

17. Revenue

Does your airport receive private investment, or utilize other unique revenue streams or funding models? If so, please describe.

18. Long Term Planning

Does your airport have a master plan?

- Yes No

If 'Yes', when it was last reviewed / updated?

If 'No', what is the reason for not having a plan or not having updated it?

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Does your airport have a business development plan?

- Yes
 No

If 'Yes', what year was this last updated?

Do you have other documented long-term plans? If so, please describe.

19. Funds for Improvements

What capital fund for infrastructure improvement has the airport received over the last five years? *(Please check all that apply)*

Fund	Applied	Received
Federal Airport Capital Assistance Program (ACAP)		
Infrastructure Stimulus Fund (ISF)		
FedNor		
Regional/Municipal		
Building Canada Fund		
Communities Adjustment Fund		
Northern Ontario Heritage Fund (NOHFC)		
Airport Improvement Fees		
Other(please specify)		

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20. Maintenance

Do long-term maintenance contracts affect the operations of your airport?

- Yes No

If 'Yes', how do they affect the operations of your airport?

Is obtaining scheduled air service a challenge for your airport?

- Yes No

If 'Yes', please describe why it is a challenge for your airport.

21. Risk Management/Emergency Preparedness

Does the airport have an emergency management program/plan?

If so, please append to completed survey response

- Yes No

Has the airport completed hazardous identification and risk assessment in the past five years?

- Yes No

If 'Yes', what are the results?

Do any dangerous goods move through the airport?

- Yes No

If 'Yes', what kinds?

Does the airport have a management system for the storage and handling of dangerous goods and hazardous materials?

- Yes No

Does the airport engage in annual/regular facilitation of emergency evacuations?

- Yes No

Has the airport faced an emergency that was the result of natural causes?

- Yes No

If 'Yes', what was the nature of the emergency?

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22. Additional Comments

Please provide further comments below on any additional needs or priorities that are not being addressed today and their implications on the provision of the airport services.

23. Survey Completion

Please enter the following information about the person(s) who completed the survey.

Name	
Address	
Telephone	
Email	
Others consulted	