**Section 14.APPENDIX H Heliport/Vertiport Standards, Facility Requirements and Restrictions on Use**

**Section 14.TABLE B Facility Requirements**

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| **Item** | **Heliport/ Helistop****Vertiport/ Vertistop****Public-Use** | **Heliport/ Helistop****Vertiport/ Vertistop****Private-Use** | **Heliport/ Helistop****Vertiport/ Vertistop****Restricted Landing Area** | **Hospital Heliport/ Helistop****Vertiport/ Vertistop** |
|  |  |  |  |  |
| Access Controla) Spectatorb) Vehicularc) Perimeter | RequiredRequiredRequired | RecommendedRecommendedRecommended | RecommendedRecommendedRecommended | RequiredRequiredRequiredSecurity and access may be controlled by hospital |
| Fire Protection | Required for heliports – one 20# extinguisher (two where fueling is present) | Required for heliports – one 20# extinguisher (two where fueling is present) | Recommended | Required – one 20# extinguisher (two where fueling is present) |
| First-Aid Kit | Required for heliport only | Recommended for heliport | Not Required | Not Required |
| Fuel & Oil Sales | Required for heliport during normal business hours Available by phone after business hours | Not Required | Not Required | Not Required |
| Hangar/Office | Required for heliport only | Not Required | Not Required | Not Required |
| Identification Beacons | Required for heliports | Recommended | Not Required | Recommended and required for all Trauma Centers  |

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| **Item** | **Heliport/ Helistop****Vertiport/ Vertistop****Public-Use** | **Heliport/ Helistop****Vertiport/ Vertistop****Private-Use** | **Heliport/ Helistop****Vertiport/ Vertistop****Restricted Landing Area** | **Hospital Heliport/ Helistop Vertiport/ Vertistop** |
| Lead-in Lights and Arrows | Required for heliports | Recommended | Not Required | Recommended |
| Marked FATO and/or TLOF Identifiable from 500' AGL | Required | Required | Required | Required |
| Paved TLOF | Recommended | Recommended | Not Required | Recommended |
| Perimeter/Flood Lighting | Required for night use | Required for night use | Recommended for night use | Required for night use |
| Potable Water | Required for heliport during normal business hours Available by phone after business hours | Not Required | Not Required | Not Required |
| Horizontal Safety Fence for Heliports Elevated 30" or Higher  | Required | Required | Required | Required |
| Sanitary Restroom | Required for heliport during normal business hours Available by phone after business hours | Not Required | Not Required | Not Required |
| Wind Direction / Velocity Indicator (must be lighted for night use) | Required | Required | Required | Required |

(Source: Amended at 37 Ill. Reg. 15127, effective August 30, 2013)