



SECTION 1: Flight and reporter details

Note: For each question, tick all that apply. If one answer is dominant for a given question, write a * next to that item.

<input type="text" value="A/C NUMBER"/> <input type="text" value="A/C TYPE"/> <input type="text" value="TECH LOG# (IF KNOWN)"/> <input type="text" value="DEPARTURE"/> <input type="text" value="ARRIVAL"/>	<input type="text" value="FLIGHT DATE (DD/MM/YYYY)"/> <input type="text" value="REPORTER NAME"/> <input type="text" value="EMPLOYEE NO."/> <input type="text" value="EMAIL"/> <input type="text" value="PHONE"/>	<p>Form completed by:</p> <p>Flight crew Cabin crew Engineering Other</p> <p>PIC SIGNATURE: (OPERATOR DISCRETION)</p> <input type="text"/>
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<p>Phases of flight:</p> <p>Parked (pre-flight) Pushback Engine start Taxi-out Take-off Climb Cruise Descent Approach Landing Taxi-in Parked (post-flight)</p>	<p>Estimated duration of incident:</p> <input type="text" value="MIN"/> <input type="text" value="ENGINE POWER LEVEL CHANGES"/> <input type="text"/> <p>Yes No Unknown</p> <p>Known history of similar conditions on same aircraft?</p> <p>Yes No Unknown</p>	<p>Recent aircraft service history:</p> <p>None De-icing or anti-icing Engine/APU oil serviced Hydraulic fluid serviced Pesticide application Unknown Other</p> <p>OTHER:</p> <input type="text"/> <input type="text"/>
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SECTION 2: Smoke or fire information

Note: For each question, tick all that apply. If one answer is dominant for a given question, write a * next to that item.

<p>Evidence of smoke or fire?</p> <p>Smoke Fire Neither smoke nor fire</p> <p>Type of smoke or fire?</p> <p>Localised smoke Generalised smoke Open flame</p>	<p>Location of smoke or fire:</p> <p>Cabin (if cabin, see next column) ▶ Flight deck Flight crew rest area Cabin crew rest area Lavatory Galley Cargo</p>	<p>Cabin: (complete if you ticked 'Cabin')</p> <p>Forward cabin Mid cabin Aft cabin Upper deck cabin</p> <p>Skip to Section 4</p>
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SECTION 3: Fume information

Note: For each question, tick all that apply. If one answer is dominant for a given question, write a * next to that item.

<p>If fumes, describe type:</p> <ul style="list-style-type: none"> Acrid Chemical De-icing Dirty socks Electrical Exhaust Fuel Musty or mouldy Oily/burning oil Vomit Other <p>OTHER <input type="text"/></p> <p><input type="text"/></p>	<p>If fumes in cabin:</p> <ul style="list-style-type: none"> Forward cabin Mid cabin Aft cabin Upper deck Cabin crew rest area Galley Private 	<p>If fumes in flight deck:</p> <ul style="list-style-type: none"> General flight deck area Flight crew rest area 	<p>If fumes in cargo:</p> <ul style="list-style-type: none"> Known source Unknown source <p>IF KNOWN, IDENTIFY: <input type="text"/></p> <p><input type="text"/></p>
<p>Intensity of fumes:</p> <ul style="list-style-type: none"> Mild Moderate Strong Nauseating 	<p>Apparent location of fumes in cabin/flight deck:</p> <ul style="list-style-type: none"> Air supply system vents Cabin item Flight deck equipment Galley equipment Unknown Other <p>OTHER <input type="text"/></p> <p><input type="text"/></p>	<p>Potential source of fumes coming from outside the aircraft:</p> <ul style="list-style-type: none"> De-icing or anti-icing underway Fuelling underway Proximity to ground service vehicle exhaust Proximity to other aircraft (exhaust) <p>OTHER <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	

SECTION 4: Other observations—all events

Note: for each question, tick all that apply.

<ul style="list-style-type: none"> Blocked drain Cabin item: <p>DESCRIBE <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <ul style="list-style-type: none"> Galley equipment malfunction 	<ul style="list-style-type: none"> Inflight entertainment system malfunction Irregular equipment noise 	<ul style="list-style-type: none"> Leak or spill Lights flickering or malfunction <p>OTHER <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>Air supply source:</p> <ul style="list-style-type: none"> APU Engines Ground conditioned air unit Ground air starter <p>OTHER <input type="text"/></p> <p><input type="text"/></p>
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SECTION 5: Symptoms and reactions—all events

Note: For each question, tick all that apply.

<p>Symptoms reported?</p> <p>Yes (see next column) ▶</p> <p>No</p> <p>Unknown</p> <p>If yes, symptoms reported by:</p> <p>Flight crew</p> <p>Cabin crew</p> <p>Maintenance</p> <p>Passenger(s):</p> <p>SEAT #</p>	<p>Symptoms/reported by:</p> <p>Complete if you ticked 'yes':</p>	<p>Flight crew</p> <p><input type="checkbox"/></p>	<p>Cabin crew</p> <p><input type="checkbox"/></p>	<p>Maintenance</p> <p><input type="checkbox"/></p>	<p>Passenger(s)</p> <p><input type="checkbox"/></p>
	Abnormal taste				
	Dizziness				
	Fatigue or weakness				
	Headache				
	Irritated eyes, nose, throat				
	Slower thinking				
	Trouble breathing				
Other					

Comments:

<p>Emergency equipment used?</p> <p>Yes (see next column) ▶</p> <p>No</p>	<p>Equipment/used by:</p> <p>Complete if you ticked 'yes':</p>	<p>Flight crew</p> <p><input type="checkbox"/></p>	<p>Cabin crew</p> <p><input type="checkbox"/></p>	<p>Maintenance</p> <p><input type="checkbox"/></p>	<p>Passenger(s)</p> <p><input type="checkbox"/></p>
	Oxygen mask				
	Smoke goggles				
	Portable breathing equipment				
	Portable oxygen bottle				
	Fire extinguisher				
	Drop down masks				

<p>Medical assistance required?</p> <p>None</p> <p>Flight crew</p> <p>Cabin crew</p> <p>Passenger(s):</p> <p>SEAT #</p> <p>Maintenance</p>	<p>Type of medical assistance: (if applicable)</p> <p>On-board only</p> <p>Medical advisory service</p> <p>Emergency medical services met aircraft</p> <p>Emergency room or clinic</p> <p>OTHER</p>	<p>Additional details:</p>
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SECTION 6: Maintenance follow-up and information—all events

Note: For each question, tick all that apply.

Maintenance fault or source identified?	Impact on operation	Maintenance action(s), if known:
Yes No	None Diversion Return to base Aircraft change Flight cancelled Gate delay <input type="text" value="OTHER"/> <input type="text"/>	

Notes: If needed, provide additional comments on separate paper.

SAMPLE