

**DO NOT REPORT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.
 ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE ASRS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA.
 ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.**

(SPACE BELOW RESERVED FOR ASRS DATE/TIME STAMP)

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of ID strip to you.
 NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.

TELEPHONE NUMBERS where we may reach you for further details of this occurrence:

HOME Area _____ No. _____ Hours _____

WORK Area _____ No. _____ Hours _____

NAME _____

ADDRESS/PO BOX _____

CITY _____ **STATE** _____ **ZIP** _____

TYPE OF EVENT/SITUATION _____

DATE OF OCCURRENCE _____
 (MM/DD/YYYY)

LOCAL TIME (24 hr. clock) _____
 (HH:MM)

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

REPORTER	EXPERIENCE
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<input type="checkbox"/> Flight Attendant (FA) <input type="checkbox"/> FA in charge <input type="checkbox"/> Off-Duty FA <input type="checkbox"/> Other _____	Total years as Flight Attendant _____ Total years as FA with your current airline _____ Number of aircraft types currently qualified to work on _____ Percent of duty time in past year on aircraft type involved _____
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FLIGHT INFORMATION

Type of Aircraft	(Make/Model) _____ number of seats _____ number of pax on board _____ number in cabin crew _____ number of exits: floor level _____ window _____ tailcone _____
Flight Segment	flight origin _____ destination _____ departure time _____ (HH:MM) time since takeoff _____ hrs/mins nearest city/state (if known) _____
Cabin Activity (check all that apply)	<input type="checkbox"/> boarding <input type="checkbox"/> beverage service <input type="checkbox"/> cart service <input type="checkbox"/> deplaning <input type="checkbox"/> meal service <input type="checkbox"/> tray service <input type="checkbox"/> other _____ <input type="checkbox"/> safety related duties, specify _____

OPERATOR	FLIGHT PHASE	WEATHER	LIGHTING
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<input type="checkbox"/> air carrier <input type="checkbox"/> air taxi <input type="checkbox"/> corporate <input type="checkbox"/> fractional <input type="checkbox"/> other _____	<input type="checkbox"/> parked <input type="checkbox"/> descent <input type="checkbox"/> taxi <input type="checkbox"/> approach <input type="checkbox"/> takeoff <input type="checkbox"/> landing <input type="checkbox"/> climb <input type="checkbox"/> gate arrival <input type="checkbox"/> cruise <input type="checkbox"/> other _____	<input type="checkbox"/> clear <input type="checkbox"/> cloudy <input type="checkbox"/> rain <input type="checkbox"/> fog <input type="checkbox"/> turbulence <input type="checkbox"/> snow <input type="checkbox"/> thunderstorms <input type="checkbox"/> ice <input type="checkbox"/> unknown	<table style="width:100%;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">CABIN</th> <th style="text-align: left; border-bottom: 1px solid black;">OUTSIDE</th> </tr> <tr> <td><input type="checkbox"/> high</td> <td><input type="checkbox"/> daylight</td> </tr> <tr> <td><input type="checkbox"/> medium</td> <td><input type="checkbox"/> night</td> </tr> <tr> <td><input type="checkbox"/> low</td> <td></td> </tr> <tr> <td><input type="checkbox"/> off</td> <td></td> </tr> </table>	CABIN	OUTSIDE	<input type="checkbox"/> high	<input type="checkbox"/> daylight	<input type="checkbox"/> medium	<input type="checkbox"/> night	<input type="checkbox"/> low		<input type="checkbox"/> off	
CABIN	OUTSIDE												
<input type="checkbox"/> high	<input type="checkbox"/> daylight												
<input type="checkbox"/> medium	<input type="checkbox"/> night												
<input type="checkbox"/> low													
<input type="checkbox"/> off													

EVENT CHARACTERISTICS

Reporter's location in aircraft at time of event _____		Reporter's activity at time of event _____	
Was a passenger directly involved in the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was fire/smoke involved in the event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did this event result in an injury to passenger? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was there an evacuation during or as a result of this event? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

AVIATION SAFETY REPORTING SYSTEM

NASA has established an Aviation Safety Reporting System (ASRS) to identify issues in the aviation system which need to be addressed. The program of which this system is a part is described in detail in FAA Advisory Circular 00-46F. Your assistance in informing us about such issues is essential to the success of the program. Please fill out this form as completely as possible, enclose in an sealed envelope, affix proper postage, and send it directly to us.

Section 91.25 of the Federal Aviation Regulations (14 CFR 91.25) prohibits reports filed with NASA from being used for FAA enforcement purposes. This report will not be made available to the FAA for civil penalty or certificate actions for violations of the Federal Air Regulations. Your identity strip, stamped by NASA, is proof that you have submitted a report to the Aviation Safety Reporting System. We can only return the strip to you if you have provided a mailing address. Equally important, we can often obtain additional useful information if our safety analysts can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you.

The information you provide on the identity strip will be used only if NASA determines that it is necessary to contact you for further information. THIS IDENTITY STRIP WILL BE RETURNED DIRECTLY TO YOU. The return of the identity strip assures your anonymity.

Thank you for your contribution to aviation safety.

NOTE: AIRCRAFT ACCIDENTS SHOULD NOT BE REPORTED ON THIS FORM. SUCH EVENTS SHOULD BE FILED WITH THE NATIONAL TRANSPORTATION SAFETY BOARD AS REQUIRED BY NTSB Regulation 830.5 (49CFR830.5).

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 2700-0172. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: P.O. Box 189 Moffett Field, CA 94035-0189.

If you want to mail this form, please fold pages, enclose in a sealed, stamped envelope, and mail to:



NASA AVIATION SAFETY REPORTING SYSTEM
 POST OFFICE BOX 189
 MOFFETT FIELD, CA 94035-0189



DESCRIBE EVENT/SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation. (USE ADDITIONAL PAPER IF NEEDED)

CHAIN OF EVENTS

- How the problem arose
- How it was discovered
- Contributing factors
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Actions or inactions
- Factors affecting the quality of human performance

DESCRIBE EVENT/SITUATION (continued)

CHAIN OF EVENTS

- How the problem arose
- Contributing factors
- How it was discovered
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Factors affecting the quality of human performance
- Actions or inactions