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**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.

EXPERIENCE

Describe your qualifications A P NDT repairman inspection authority avionics other _____

What is your technician/main-
 tenance experience in years? lead technician _____ technician _____ repairman _____ avionics _____
 inspector _____ other _____

FACTORS

Location _____

Was training a factor? Yes No I was instructing I was receiving training

What other factors may
 have contributed? lighting work cards briefing
 weather manuals other _____

Check items which were
 involved in the event

inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	installation	<input type="checkbox"/> Yes <input type="checkbox"/> No
testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	scheduled maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	MEL	<input type="checkbox"/> Yes <input type="checkbox"/> No
logbook entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	*other	_____
fault isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No	(*Describe in the Describe Event/Situation sector)	

Component/System/Sub-system involved: _____

Was maintenance deferred? Yes No

When was problem detected? routine inspection while aircraft was in
 in-flight service at gate
 taxi pre-flight
 other _____

CONSEQUENCES/OUTCOME

<input type="checkbox"/> flight delay <input type="checkbox"/> flight cancellation	<input type="checkbox"/> gate return <input type="checkbox"/> air turn back	<input type="checkbox"/> improper service <input type="checkbox"/> rework	<input type="checkbox"/> in-flight shut down <input type="checkbox"/> aircraft/engine damage <input type="checkbox"/> other _____
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AIRCRAFT/AIRWORTHINESS STATUS**MISSION****REPORTER ORGANIZATION**

aircraft released for service
 aircraft records completed
 aircraft required documents aboard
 not released for service
 unknown

passenger
 personal
 cargo/freight
 training
 ferry
 other _____

(Check all that apply)

<input type="checkbox"/> air carrier	<input type="checkbox"/> FBO
<input type="checkbox"/> air taxi	<input type="checkbox"/> government
<input type="checkbox"/> contracted service	<input type="checkbox"/> military
<input type="checkbox"/> corporate	<input type="checkbox"/> personal
<input type="checkbox"/> fractional	<input type="checkbox"/> other _____

TYPE OF AIRCRAFT (MAKE/MODEL) AND ENGINE TYPE

type of aircraft _____ series _____ ATA Code _____
 aircraft zone _____ engine model _____ other _____

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
- How it was discovered
- Contributing factors
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

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