

CHIRP

CABIN CREW REPORT FORM

CHIRP is totally independent of the Civil Aviation Authority and any Airline

Name: <input style="width: 90%;" type="text"/>	▲ Indicates Mandatory Fields
Address: <input style="width: 90%;" type="text"/>	
Post Code: <input style="width: 40%;" type="text"/>	Tel: <input style="width: 40%;" type="text"/>
e-mail: <input style="width: 90%;" type="text"/>	

1. Your personal details are required only to enable us to contact you for further details about any part of your report. Please do not submit anonymous reports.

2. On closing, this Report Form will be returned to you.
NO RECORD OF YOUR NAME AND ADDRESS WILL BE KEPT

3. CHIRP is a reporting programme for safety-related issues. We regret we are unable to accept reports that relate to industrial relations issues.

It is CHIRP policy to acknowledge a report on receipt and then to provide a comprehensive closing response, if required. If you do not require a closing response please tick the box:

No. I do not require a response from CHIRP

PLEASE COMPLETE RELEVANT INFORMATION ABOUT THE EVENT/SITUATION

YOURSELF - CREW POSITION	THE FLIGHT/EVENT	CABIN ACTIVITY
SCCM <input type="checkbox"/> CABIN CREW <input type="checkbox"/>	DATE OF INCIDENT	BOARDING <input type="checkbox"/> INFLIGHT SERVICE <input type="checkbox"/>
SUPERNUMERARY <input type="checkbox"/>	TIME	DISEMBARKING <input type="checkbox"/> OTHER:
OTHER:	AIRCRAFT LOCATION	FLIGHT PHASE
EXPERIENCE/QUALIFICATION	THE AIRCRAFT	PRE-DEPARTURE <input type="checkbox"/> TAXI <input type="checkbox"/>
TOTAL YEARS YEARS WITH CURRENT AIRLINE	TYPE/SERIES	TAKE-OFF/CLIMB <input type="checkbox"/> DESCENT/LANDING <input type="checkbox"/>
CURRENT AIRCRAFT TYPES QUALIFIED ON:	NUMBER OF CABIN CREW	STAND/GATE ARRIVAL <input type="checkbox"/> OTHER:
1. 2. 3.	NUMBER OF PAX ON BOARD	TYPE OF OPERATION
PASSENGER(S)/INJURY(IES)	NUMBER OF EXITS	SCHEDULED <input type="checkbox"/> CHARTER <input type="checkbox"/>
PASSENGER(S) INVOLVED? YES <input type="checkbox"/> NO <input type="checkbox"/>	WEATHER (IF RELEVANT)	CORPORATE <input type="checkbox"/> OTHER:
INJURY TO PASSENGER <input type="checkbox"/> INJURY TO CREW <input type="checkbox"/>	TURBULENCE <input type="checkbox"/> THUNDERSTORM <input type="checkbox"/>	MY MAIN POINTS ARE:
THE COMPANY	OTHER:	A:
NAME OF COMPANY:	REPORT TOPIC / MY REPORT RELATES TO:	B:
		C:

DESCRIPTION OF EVENT

Your narrative will be reviewed by a member of the CHIRP staff who will remove all information such as dates/locations/names that might identify you. Bear in mind the following topics when preparing your narrative:

Chain of events • Communication • Decision Making • Equipment • Situational Awareness • Weather • Task Allocation • Teamwork • Training

continue on reverse



PLEASE PLACE THE COMPLETED REPORT FORM, WITH ADDITIONAL PAGES IF REQUIRED, IN A SEALED ENVELOPE TO:

FREEPOST RSKS-KSCA-SSAT • The CHIRP Charitable Trust • 26 Hercules Way • Farnborough • GU14 6UU • UK (no stamp required if posted in the UK)

Confidential Tel: +44 (0) 1252 378947 or **Freefone** (UK only) 0800 214645 and Confidential Fax: +44 (0) 1252 378940

Report forms are also available on the CHIRP website: www.chirp.co.uk

