

CHIRP

ENGINEER REPORT FORM

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

| | |
|---|---|
| Name: <input type="checkbox"/> | <p>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.</p> <p>2. On closing, this Report Form will be returned to you. No Record Of Your Name And Address Will Be Kept</p> <p>3. CHIRP is a reporting programme for safety-related issues. We regret we are unable to accept reports that relate to industrial relations issues.</p> |
| Address: <input type="checkbox"/> | |
| Post Code: <input type="checkbox"/> Tel: <input type="checkbox"/> | |
| e-mail: <input type="checkbox"/> <input type="checkbox"/> Indicates Mandatory Fields | |

It is CHIRP policy to acknowledge a report on receipt and then to provide a comprehensive closing response. 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 | | THE EVENT | | DOCUMENTARY | |
|--|--|--|--|---|--|
| CERTIFYING ENGINEER <input type="checkbox"/> | TECHNICAL SUPPORT <input type="checkbox"/> | DATE OF OCCURRENCE | | PROCEDURES <input type="checkbox"/> | MANUALS <input type="checkbox"/> |
| QUALITY <input type="checkbox"/> | MECHANIC <input type="checkbox"/> | TIME OF OCCURRENCE | AM/PM | DOCUMENTATION <input type="checkbox"/> | REGULATION <input type="checkbox"/> |
| EXPERTISE | | THE AIRCRAFT | | HARDWARE | |
| A&C <input type="checkbox"/> | AVIONICS <input type="checkbox"/> | AIRCRAFT/ENGINE TYPE | | MATERIALS <input type="checkbox"/> | SPARES <input type="checkbox"/> |
| OTHER: | | SYSTEM/COMPONENT | | TOOLS <input type="checkbox"/> | |
| EXPERIENCE | | AIRCRAFT REG | G- | EXTERNAL | |
| YEARS IN MAINTENANCE IND | YRS | REPORTED TO | | COMMUNICATIONS <input type="checkbox"/> | WEATHER <input type="checkbox"/> |
| YEARS AT PRESENT COMPANY | YRS | LINE MANAGER <input type="checkbox"/> | QUALITY <input type="checkbox"/> | TIME PRESSURE <input type="checkbox"/> | OTHER: |
| WORK AREA/DUTY | | TECH SUPPORT <input type="checkbox"/> | CAA - MOR <input type="checkbox"/> | ITEMS THAT WERE INVOLVED IN EVENT (TICK ALL THAT APPLY) | |
| LINE <input type="checkbox"/> | BASE <input type="checkbox"/> | OTHER: | | INSPECTION <input type="checkbox"/> | FAULT ISOLATION <input type="checkbox"/> |
| WORKSHOP <input type="checkbox"/> | OFFICE <input type="checkbox"/> | FACTORS | | TESTING <input type="checkbox"/> | INSTALLATION <input type="checkbox"/> |
| SHIFT WORKED | | MANPOWER LEVELS <input type="checkbox"/> | SKILLS <input type="checkbox"/> | REPAIR <input type="checkbox"/> | SCHEDULED MAIN <input type="checkbox"/> |
| HOURS ON DUTY PRIOR TO INCIDENT | HRS | TRAINING <input type="checkbox"/> | MEDICAL STATE <input type="checkbox"/> | LOGBOOK ENTRY <input type="checkbox"/> | MEL <input type="checkbox"/> |
| THE COMPANY | | MY MAIN POINTS ARE: | | | |
| NAME OF COMPANY: | | A: | | | |
| REPORT TOPIC | | B: | | | |
| MY REPORT RELATES TO: | | C: | | | |

DESCRIPTION OF EVENT - PHOTOGRAPHS, DIAGRAMS ON A CD ARE WELCOME:

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 • Sleep Patterns

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

