

CHIRP

PILOT/FLIGHT CREW REPORT FORM

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

Name: <input type="checkbox"/> Address: <input type="checkbox"/> Post Code <input type="checkbox"/> Tel: <input type="checkbox"/> e-mail: <input type="checkbox"/> ▲ Indicates Mandatory Fields	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.
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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 <input type="checkbox"/>
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PLEASE COMPLETE RELEVANT INFORMATION ABOUT THE EVENT/SITUATION

YOURSELF - CREW POSITION				THE FLIGHT/EVENT			
CAPTAIN <input type="checkbox"/>	FIRST OFFICER <input type="checkbox"/>	DATE OF OCCURRENCE	TIME			(LOCAL/GMT)	
PILOT FLYING <input type="checkbox"/>	PILOT NOT FLYING <input type="checkbox"/>	LOCATION	HEIGHT/ALT/FL				
FLIGHT ENGINEER <input type="checkbox"/>	OTHER CREW MEMBER <input type="checkbox"/>	TYPE OF ATC SERVICE	DAY <input type="checkbox"/>	NIGHT <input type="checkbox"/>			
THE AIRCRAFT		TYPE OF FLIGHT		TYPE OF OPERATION			
TYPE/SERIES		IFR <input type="checkbox"/>	VFR <input type="checkbox"/>	PASSENGER <input type="checkbox"/>	TRAINING <input type="checkbox"/>		
NUMBER OF CREW		OTHER: <input type="checkbox"/>		FREIGHT <input type="checkbox"/>	OTHER: <input type="checkbox"/>		
EXPERIENCE/QUALIFICATION		WEATHER		FLIGHT PHASE			
TOTAL HOURS	HRS	VMC <input type="checkbox"/>	IMC <input type="checkbox"/>	TAXI <input type="checkbox"/>	TAKE-OFF <input type="checkbox"/>		
HOURS ON TYPE	HRS	RAIN <input type="checkbox"/>	FOG <input type="checkbox"/>	CLIMB <input type="checkbox"/>	CRUISE <input type="checkbox"/>		
TRG CAPT <input type="checkbox"/>	TRE <input type="checkbox"/>	ICE <input type="checkbox"/>	SNOW <input type="checkbox"/>	DESCENT <input type="checkbox"/>	APPROACH <input type="checkbox"/>		
OTHER QUALIFICATIONS:		OTHER:		LANDING <input type="checkbox"/>	GO AROUND <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

