

# CHIRP

## GENERAL AVIATION REPORT FORM

CHIRP is totally independent of the Civil Aviation Authority

Name:			
Address:			
Post Code			Tel:
e-mail:			

1. **Mandatory Fields:** Your personal details are required only to enable us to contact you for further details about any part of your report.

**NO RECORD OF YOUR NAME AND ADDRESS WILL BE KEPT**

2. On closing, this Report Form will be returned to you.

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								
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					
OTHER CREW MEMBER	<input type="checkbox"/>			AIRCRAFT TYPE		DAY	<input type="checkbox"/>	NIGHT	<input type="checkbox"/>		
EXPERIENCE			TYPE OF FLIGHT			NATURE OF FLIGHT					
TOTAL FLYING HOURS		HRS	IFR	<input type="checkbox"/>	VFR	<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	BUSINESS	<input type="checkbox"/>	
HOURS ON TYPE		HRS	OTHER:	<input type="checkbox"/>			TRAINING	<input type="checkbox"/>	OTHER:		
LICENCE/RATING			WEATHER			FLIGHT PHASE					
STUDENT	<input type="checkbox"/>	PRIVATE	<input type="checkbox"/>	VMC	<input type="checkbox"/>	IMC	<input type="checkbox"/>	TAXI	<input type="checkbox"/>	TAKE-OFF	<input type="checkbox"/>
CPL	<input type="checkbox"/>	ATPL	<input type="checkbox"/>	RAIN	<input type="checkbox"/>	FOG	<input type="checkbox"/>	CLIMB	<input type="checkbox"/>	CRUISE	<input type="checkbox"/>
INSTRUCTOR	<input type="checkbox"/>	MULTI-ENG	<input type="checkbox"/>	ICE	<input type="checkbox"/>	SNOW	<input type="checkbox"/>	DESCENT	<input type="checkbox"/>	APPROACH	<input type="checkbox"/>
INST. RATING	<input type="checkbox"/>	OTHER:		OTHER:				LANDING	<input type="checkbox"/>	GO AROUND	<input type="checkbox"/>
COMPANY/ORGANISATION (if applicable)			MY MAIN POINTS ARE:								
NAME OF ORGANISATION:			A:								
REPORT TOPIC			B:								
MY REPORT RELATES TO:			C:								

### DESCRIPTION OF EVENT

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

Chain of events • Communication • Decision Making • Equipment • Situational Awareness • Weather

### The UK Confidential Human Factors Incident Reporting Programme



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](http://www.chirp.co.uk)

