

# CHIRP

## AIR TRAFFIC CONTROL REPORT FORM

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

Name:		Indicates Mandatory Fields	<ol style="list-style-type: none"> <li>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.</li> <li>2. On closing, this Report Form will be returned to you. No RECORD OF YOUR NAME AND ADDRESS WILL BE KEPT</li> <li>3. CHIRP is a reporting programme for safety-related issues. <u>We regret we are unable to accept reports that relate to industrial relations issues.</u></li> </ol>
Address:			
Post Code	Tel:		
e-mail:			

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 response please tick the box:	No. I do not require a response from CHIRP <input style="width: 30px; height: 20px;" type="checkbox"/>
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### PLEASE COMPLETE RELEVANT INFORMATION ABOUT THE EVENT/SITUATION

YOURSELF			THE EVENT/SITUATION						
TOTAL EXPERIENCE			DATE		WEATHER:				
EXPERIENCE AT PRESENT UNIT			LOCAL TIME		VMC		IMC		
VALIDATED PRESENT POSITION			LOCATION OF AIRPORT		RAIN		FOG		
ACTING AS INSTRUCTOR			NEAREST REPORTING POINT		ICE		SNOW		
UNDER TRAINING			DAY/NIGHT		OTHER				
THE EVENT			FLIGHT PHASE		1ST AIRCRAFT		2ND AIRCRAFT		
NATS		NON NATS	TAXI	TAKE-OFF	TYPE/SERIES		TYPE/SERIES		
ATC SERVICE BEING PROVIDED			CLIMB	CRUISE	OPERATOR		OPERATOR		
TYPE OF AIRSPACE			DESCENT	APPROACH	PAX: Y/N	FREIGHT: Y/N	PAX: Y/N	FREIGHT: Y/N	
TYPE OF RADAR			LANDING	GO-AROUND	OTHER:		OTHER:		
SHIFT WORKED			OTHER:			IFR	VFR	IFR	VFR
HOURS ON DUTY						OTHER:		OTHER:	
LOCATION				REPORT TOPIC					
NAME OF UNIT				MY REPORT RELATES TO:					
MY MAIN POINTS ARE:									
A:									
B:									
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. Please include as much information as possible including chain of events, communication, decision making, equipment, situational awareness, weather, task allocation, teamwork, training and sleep patterns.

PLEASE PLACE THE COMPLETED REPORT FORM, WITH ADDITIONAL PAGES IS REQUIRED IN A SEALED ENVELOPE TO:  
 • FREEPOST • RTSX-BHUH-BTUX • THE CHIRP CHARITABLE TRUST • CENTAUR HOUSE • ANCELLS BUSINESS PARK • ANCELLS ROAD • FLEET • GU51 2UJ

TELEPHONE: +44 (0) 1252 378947

Report forms are also available on the CHIRP website: [www.chirp.co.uk](http://www.chirp.co.uk)

