

# CHIRP

## CABIN CREW REPORT FORM

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

Name:	<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. <b>NO RECORD OF YOUR NAME AND ADDRESS WILL BE KEPT</b> 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>
Address:	<input type="checkbox"/>		
Post Code	<input type="checkbox"/>	Tel:	
e-mail:	<input type="checkbox"/>		

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

### PLEASE COMPLETE RELEVANT INFORMATION ABOUT THE EVENT/SITUATION

YOURSELF - CREW POSITION		THE FLIGHT/EVENT		WEATHER (IF RELEVANT)			
SCCM	<input type="checkbox"/>	CABIN CREW	DATE OF INCIDENT	TURBULENCE	<input type="checkbox"/>	FOG	<input type="checkbox"/>
SUPERNUMERY	<input type="checkbox"/>	OTHER	TIME	THUNDERSTORM	<input type="checkbox"/>	SNOW	<input type="checkbox"/>
THE COMPANY		AIRCRAFT LOCATION		OTHER	<input type="checkbox"/>	RAIN	<input type="checkbox"/>
COMPANY NAME		PASSENGER(S) INJURY(IES)		CABIN ACTIVITY			
EXPERIENCE/QUALIFICATION		PASSENGER(S) INVOLVED?	Y / N	BOARDING	<input type="checkbox"/>	INFLIGHT SERVICE	<input type="checkbox"/>
TOTAL YEARS		INJURY TO PASSENGER?	Y / N	DISEMBARKING	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
YEARS WITH CURRENT AIRLINE		INJURY TO CREW?	Y / N	FLIGHT PHASE			
CURRENT AIRCRAFT TYPES		THE AIRCRAFT		PRE-DEPARTURE	<input type="checkbox"/>	TAXI	<input type="checkbox"/>
B737	<input type="checkbox"/>	B787	TYPE/SERIES	TAKE-OFF/CLIMB	<input type="checkbox"/>	DESCENT/LANDING	<input type="checkbox"/>
B747	<input type="checkbox"/>	A319/20/21	NO. OF CREW	STAND/GATE ARRIVAL	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>
B757	<input type="checkbox"/>	A330/340	NO. OF PAX	TYPE OF OPERATION			
B767	<input type="checkbox"/>	A380	NO. OF EXITS	SCHEDULED	<input type="checkbox"/>	CHARTER	<input type="checkbox"/>
B777	<input type="checkbox"/>	OTHER:	OTHER INFO	CORPORATE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
REPORT TOPIC/MY REPORT RELATES TO:							
MY MAIN POINTS ARE:							
A:							
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. Please include as much information as possible including chain of events, communication, decision making, equipment, situational awareness, teamwork, training and sleep patterns.


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

