

# CHIRP

## CABIN CREW 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 type="checkbox"/>
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### PLEASE COMPLETE RELEVANT INFORMATION ABOUT THE EVENT/SITUATION

YOURSELF - CREW POSITION			THE FLIGHT/EVENT			WEATHER (IF RELEVANT)		
SCCM		CABIN CREW	DATE OF INCIDENT			TURBULENCE		FOG
SUPERNUMERY		OTHER	TIME			THUNDERSTORM		SNOW
THE COMPANY			AIRCRAFT LOCATION			OTHER		
COMPANY NAME			PASSENGER(S) INJURY(IES)			CABIN ACTIVITY		
EXPERIENCE/QUALIFICATION			PASSENGER(S) INVOLVED?	Y / N		BOARDING		INFLIGHT SERVICE
TOTAL YEARS			INJURY TO PASSENGER?	Y / N		DISEMBARKING		OTHER
YEARS WITH CURRENT AIRLINE			INJURY TO CREW?	Y / N		FLIGHT PHASE		
CURRENT AIRCRAFT TYPES			THE AIRCRAFT			PRE-DEPARTURE		
B737		B787	TYPE/SERIES			TAKE-OFF/CLIMB		TAXI
B747		A319/20/21	NO. OF CREW			STAND/GATE ARRIVAL		DESCENT/LANDING
B757		A330/340	NO. OF PAX			OTHER:		
B767		A380	NO. OF EXITS			TYPE OF OPERATION		
B777		OTHER:	OTHER INFO			SCHEDULED		CHARTER
						CORPORATE		OTHER
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 • ONE KINGDOM STREET • PADDINGTON CENTRAL • LONDON • W2 6BD

TELEPHONE: +44 (0) 1252 378947

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

