

# CHIRP

## ENGINEER REPORT FORM

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

Name:	<input type="checkbox"/>	Indicates Mandatory Fields
Address:	<input type="checkbox"/>	
Post Code	<input type="checkbox"/>	Tel:
e-mail:	<input type="checkbox"/>	

- 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.
- On closing, this Report Form will be returned to you.  
No RECORD OF YOUR NAME AND ADDRESS WILL BE KEPT
- CHIRP is a reporting programme for safety-related issues. We regret we are unable to accept reports that relate to industrial relations issues.

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				THE EVENT				DOCUMENTARY				
CERTIFYING ENGINEER	<input type="checkbox"/>	TECHNICAL SUPPORT	<input type="checkbox"/>	DATE OF OCCURRENCE	<input type="checkbox"/>	PROCEDURES	<input type="checkbox"/>	MANUALS	<input type="checkbox"/>			
QUALITY	<input type="checkbox"/>	MECHANIC	<input type="checkbox"/>	TIME OF OCCURRENCE	<input type="checkbox"/>	DOCUMENTATION	<input type="checkbox"/>	REGULATION	<input type="checkbox"/>			
THE COMPANY				THE AIRCRAFT				HARDWARE				
COMPANY NAME				TYPE/SERIES				MATERIALS		SPARES		
EXPERTISE				SYSTEM/COMPONENT				TOOLS		OTHER		
A&C	<input type="checkbox"/>	AVIONICS	<input type="checkbox"/>	AIRCRAFT REG	<input type="checkbox"/>	EXTERNAL						
OTHER	<input type="checkbox"/>			REPORTED TO				COMMUNICATIONS		WEATHER		
EXPERIENCE				LINE MANAGER				TIME PRESSURE		OTHER		
TOTAL YEARS				TECH SUPPORT				ITEMS THAT WERE INVOLVED IN EVENT				
YEARS WITH CURRENT AIRLINE				QUALITY				INSPECTION		FAULT ISOLATION		
WORK/AREA DUTY				CAA MOR				TESTING		INSTALLATION		
LINE	<input type="checkbox"/>	BASE	<input type="checkbox"/>	OTHER INFO:				REPAIR		SCHEDULED MAIN		
WORKSHOP	<input type="checkbox"/>	OFFICE	<input type="checkbox"/>					LOGBOOK ENTRY		MEL		
SHIFT WORKED				FACTORS								
HOURS ON DUTY PRIOR TO INCIDENT				MANPOWER LEVELS						SKILLS		
				TRAINING						MEDICAL STATE		
REPORT TOPIC/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:

• 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)

