

CHIRP

FLYING DISPLAYS & SPECIAL EVENTS 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"/>	

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.
No RECORD OF YOUR NAME AND ADDRESS WILL BE KEPT
3. 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 - CREW POSITION				THE FLIGHT/EVENT			
CAPTAIN	<input type="checkbox"/>	FIRST OFFICER	<input type="checkbox"/>	DATE OF OCCURRENCE		TIME	
PILOT FLYING	<input type="checkbox"/>	PILOT NOT FLYING	<input type="checkbox"/>	LOCATION		HEIGHT/ALT/FL	
FLIGHT ENGINEER	<input type="checkbox"/>	OTHER:		AIRCRAFT TYPE		DAY	NIGHT <input type="checkbox"/>
EXPERIENCE/QUALIFICATION		TYPE OF DISPLAY FLIGHT			NATURE OF FLIGHT		
TOTAL FLYING HOURS	HRS	TRANSIT	<input type="checkbox"/>	PRACTICE	<input type="checkbox"/>	PRIVATE	COMMERCIAL <input type="checkbox"/>
HOURS ON TYPE	HRS	CURRENCY	<input type="checkbox"/>	VALIDATION	<input type="checkbox"/>	TRAINING	DISPLAY HIRE <input type="checkbox"/>
NO. OF DISPLAYS COMPLETED		REHEARSAL	<input type="checkbox"/>	DISPLAY	<input type="checkbox"/>	VFR	IFR <input type="checkbox"/>
LICENCE RATING		WEATHER			PHASE OF FLIGHT		
PRIVATE	<input type="checkbox"/>	VISIBILITY	(KMS)	ARRIVAL	<input type="checkbox"/>	DEPARTURE	<input type="checkbox"/>
CPL/ATPL	<input type="checkbox"/>	CLOUD BASE	(FT)	POSITIONING	<input type="checkbox"/>	HOLDING	<input type="checkbox"/>
DA/PDA	<input type="checkbox"/>	WIND	(DEG/KTS)	DISPLAYING	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
THE COMPANY:				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

