DO NOT REPORT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM. ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE ASRS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA. ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.

(SPACE BELOW RESERVED FOR ASRS DATE/TIME STAMP)

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip. NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you. TELEPHONE NUMBERS where we may reach you for further details of this occurrence: HOME Area _____ No. ____ WORK Area _____ No. ____ Hours ___ TYPE OF EVENT/SITUATION _____ NAME___ ADDRESS/PO BOX _____ DATE OF OCCURRENCE _____ CITY _____ STATE ___ ZIP ____ LOCAL TIME (24 hr. clock) _____ PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION. REPORTER **EXPERIENCE** ○ Flight Attendant (FA) ○ Trainee Total years as Flight Attendant ○ FA in charge
○ Off-Duty FA Total years as FA with your current airline ○ Extra FA Number of aircraft types currently qualified to work on Other____ Percent of duty time in past year on aircraft type involved FLIGHT INFORMATION Type of Aircraft (Make/Model) ___ number of pax on board ______ number in cabiii on tailcone _____ number of seats_ number in cabin crew_____ number of exits: floor level _____ window _____ ____ destination Flight Segment flight origin _____ ____ departure time ____ time since takeoff _____ hrs/mins nearest city/state (if known) __ ○ beverage service
 ○ cart service
 ○ tray service **Cabin Activity** boarding movie ○ other _____ (check all that O deplaning tray service o safety related duties, specify _____ apply) **OPERATOR** FLIGHT PHASE WEATHER LIGHTING ○ clear cloudy **CABIN OUTSIDE** ○ air carrier ○ predeparture ○ descent ○ rain ○ bright approach daylight ○ commuter taxi

 ∫ fog takeoffclimbcruiseother ○ turbulence ○ snow ○ night corporate ○ medium ○ charter ○ thunderstorms ○ ice ○ dark other ____ unknown **EVENT CHARACTERISTICS** Reporter's location in aircraft at time of event _____ Reporter's activity at time of event _____ Was a passenger directly involved Was fire/smoke involved in the event? \bigcirc Yes \bigcirc No in the event? ○ Yes ○ No Did this event result in an injury? ○ Yes ○ No Was there an evacuation during or \bigcirc Yes \bigcirc No as a result of this event? to passenger? ○ Yes ○ No to crew?

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

NASA has established an Aviation Safety Reporting System (ASRS) to identify issues in the aviation system which need to be addressed. The program of which this system is a part is described in detail in FAA Advisory Circular 00-46D. Your assistance in informing us about such issues is essential to the success of the program. Please fill out this form as completely as possible, enclose in an sealed envelope, affix proper postage, and and send it directly to us.

The information you provide on the identity strip will be used only if NASA determines that it is necessary to contact you for further information. THIS IDENTITY STRIP WILL BE RETURNED DIRECTLY TO YOU. The return of the identity strip assures your anonymity.

AVIATION SAFETY REPORTING SYSTEM

Section 91.25 of the Federal Aviation Regulations (14 CFR 91.25) prohibits reports filed with NASA from being used for FAA enforcement purposes. This report will not be made available to the FAA for civil penalty or certificate actions for violations of the Federal Air Regulations. Your identity strip, stamped by NASA, is proof that you have submitted a report to the Aviation Safety Reporting System. We can only return the strip to you, however, if you have provided a mailing address. Equally important, we can often obtain additional useful information if our safety analysts can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you.

Thank you for your contribution to aviation safety.

NOTE: AIRCRAFT ACCIDENTS SHOULD NOT BE REPORTED ON THIS FORM. SUCH EVENTS SHOULD BE FILED WITH THE NATIONAL TRANSPORTATION SAFETY BOARD AS REQUIRED BY NTSB Regulation 830.5 (49CFR830.5).

Please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:



NASA AVIATION SAFETY REPORTING SYSTEM POST OFFICE BOX 189 MOFFETT FIELD, CALIFORNIA 94035-0189

DESCRIBE EVENT/SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation. (USE ADDITIONAL PAPER IF NEEDED)

CHAIN OF EVENTS

		DESCRIBE EVE	ENT/SITUAT	ION, continued
				,
	CHAIN OF E	VENTS	Extra page	HUMAN PERFORMANCE CONSIDERATIONS
	- How the problem arose	- How it was discovered	1	- Perceptions, judgments, decisions - Actions or inactions
	- Contributing factors	- Corrective actions		- Factors affecting the quality of human performance