

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.

(SPACE BELOW RESERVED FOR ASRS DATE/TIME STAMP)

TELEPHONE NUMBERS where we may reach you for further details of this occurrence:

HOME Area _____ No. _____ - _____ Hours _____

WORK Area _____ No. _____ - _____ Hours _____

NAME _____

TYPE OF EVENT/SITUATION _____

ADDRESS/PO BOX _____

DATE OF OCCURRENCE _____

CITY _____ **STATE** _____ **ZIP** _____

LOCAL TIME (24 hr. clock) _____

**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.**

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION

EXPERIENCE

Describe your qualifications A & P A P Repairman Inspection Authority FCC Other _____

What is your technician/maintenance experience in years? Lead technician _____ Technician _____ Repairman _____ Avionics _____
Other _____

FACTORS

Location _____

Was training a factor? Yes No I was instructing I was receiving training

What other factors may have contributed? Lighting Work cards Briefing
 Weather Manuals Other _____

Check items which were involved in the event
Inspection Yes No Installation Yes No
Testing Yes No Scheduled maintenance Yes No
Repair Yes No MEL Yes No
Logbook entry Yes No * Other _____
Fault Isolation Yes No (* Describe in the Describe Event/Situation sector)

Component/System/Sub-system involved: _____

Was maintenance deferred? Yes No When was problem detected? Routine inspection While aircraft was in service at gate
 In-flight Pre-flight
 Taxi Other _____

CONSEQUENCES/OUTCOME

Flight Delay Gate Return Aircraft Damage Improper Service
 Flight Cancellation In-flight Shut Down Rework Air Turn Back
 Other _____

AIRCRAFT/AIRWORTHINESS STATUS

MISSION

OPERATOR

Aircraft released for service
 Aircraft records completed
 Aircraft required documents aboard
 Not released for service
 Unknown

Passenger
 Cargo
 Business
 Training
 Pleasure
 Other _____

(Check all that apply)
 Air Carrier Government
 Commuter Military
 Corporate Part 121
 Air-Taxi Part 135
 Charter Repair Station
 FBO Self Employed
 Flight School Other _____

TYPE OF AIRCRAFT (MAKE/MODEL) AND ENGINE TYPE

Type of Aircraft _____ Series _____ ATA Code _____
Aircraft Zone _____ Engine Model _____ Other _____

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

AVIATION SAFETY REPORTING SYSTEM

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 a sealed envelope, affix proper postage, and send it directly to us.

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.

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.

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)

Multiple horizontal lines for text entry.

CHAIN OF EVENTS

- How the problem arose
- How it was discovered
- Contributing factors
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Actions or inactions
- Factors affecting the quality of human performance