

CABIN OCCURRENCE NOTIFICATION

OCCURRENCE											
Type of Occurrence / Event		Date	Local Time / UTC								
REPORTER											
Name	Address	Contact No.	E-Mail								
REPORTER	EXPERIENCE										
<input type="checkbox"/> Cabin crew member (CCM) <input type="checkbox"/> Trainee <input type="checkbox"/> CCM in charge <input type="checkbox"/> Off-Duty CCM <input type="checkbox"/> Extra CCM <input type="checkbox"/> Other _____	Total years as a CCM _____ Total years as CCM with your current airline _____ Number of aircraft types currently qualified to work on _____ Percent of duty time in past year on aircraft type involved _____										
FLIGHT INFORMATION											
Type of Aircraft	Make/Model _____ Number of seats _____ Number of pax onboard _____ Number of cabin crew _____ Number of exits: floor level _____ window _____ tail cone _____										
Flight Segment	Flight origin _____ destination _____ departure time _____ Time since take off _____ hrs/mins nearest city/state (if known) _____										
Cabin Activity (check all that apply)	<input type="checkbox"/> boarding <input type="checkbox"/> beverage service <input type="checkbox"/> cart service <input type="checkbox"/> movie <input type="checkbox"/> deplaning <input type="checkbox"/> meal service <input type="checkbox"/> tray service <input type="checkbox"/> other _____ <input type="checkbox"/> safety related duties, specify _____										
OPERATOR	FLIGHT PHASE	WEATHER	LIGHTING								
<input type="checkbox"/> GACAR Part 121 (commercial) <input type="checkbox"/> GACAR Part 125 (non-commercial) <input type="checkbox"/> Other _____	<input type="checkbox"/> pre departure <input type="checkbox"/> descent <input type="checkbox"/> taxi <input type="checkbox"/> approach <input type="checkbox"/> take off <input type="checkbox"/> landing <input type="checkbox"/> climb <input type="checkbox"/> gate arrival <input type="checkbox"/> cruise <input type="checkbox"/> other _____	<input type="checkbox"/> clear <input type="checkbox"/> cloudy <input type="checkbox"/> rain <input type="checkbox"/> fog <input type="checkbox"/> turbulence <input type="checkbox"/> snow <input type="checkbox"/> thunderstorms <input type="checkbox"/> ice <input type="checkbox"/> unknown	<table style="width: 100%; border: none;"> <tr> <th style="text-align: center; border: none;">CABIN</th> <th style="text-align: center; border: none;">OUTSIDE</th> </tr> <tr> <td style="border: none;"><input type="checkbox"/> bright</td> <td style="border: none;"><input type="checkbox"/> daylight</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> medium</td> <td style="border: none;"><input type="checkbox"/> night</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> dark</td> <td></td> </tr> </table>	CABIN	OUTSIDE	<input type="checkbox"/> bright	<input type="checkbox"/> daylight	<input type="checkbox"/> medium	<input type="checkbox"/> night	<input type="checkbox"/> dark	
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OCCURRENCE / EVENT CHARACTERISTICS											
Reporter's location in aircraft at time of event _____ Reporter's activity at time of event _____											
Was a passenger directly involved in the event? <input type="checkbox"/> yes <input type="checkbox"/> no		Was fire/smoke involved in the event? <input type="checkbox"/> yes <input type="checkbox"/> no									
Did the event result in an injury? to passenger? <input type="checkbox"/> yes <input type="checkbox"/> no to crew? <input type="checkbox"/> yes <input type="checkbox"/> no		Was there an evacuation during or as a result of this event? <input type="checkbox"/> yes <input type="checkbox"/> no									
*RED fields are mandatory items											
REMARKS											