

**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. _____ Hours _____

WORK Area _____ No. _____ Hours _____

NAME _____

TYPE OF EVENT/SITUATION _____

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.

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	weather	work cards	manuals	briefing	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
				in-flight	at gate
				taxi	pre-flight
					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	passenger	air carrier	government
aircraft records completed	cargo	commuter	military
aircraft required documents aboard	business	corporate	part 121
not released for service	training	air-taxi	part 135
unknown	pleasure	charter	repair Station
	other _____	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)

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

DESCRIBE EVENT/SITUATION, continued...

CHAIN OF EVENTS

- How the problem arose
- How it was discovered
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Extra page

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