

**AIRCRAFT AIR QUALITY REPORTING FORM**

If you are NOT reporting an air quality/pesticide incident, use our GENERAL safety and health incident reporting form. You will SOON be able to submit ANY report on-line via www.afanet.org.

QUESTION 1.) Please provide the following information.

You are (<i>circle one</i>): AFA member ... Other flight attendant ... Passenger ... Pilot ... Mechanic	
Today's date	Your name
Date of incident	Phone number
Name of airline	Email address
Mailing address	
Do you think this incident could have been prevented? (If so, describe under question 5) Yes ... No ... Don't know	

QUESTION 2.) Flight attendants, pilots, and mechanics please continue. Passenger, skip to question 3.

Base	Union (if not AFA)	Employee number (AFA members only)
Years of work experience	Last four numbers of SSN (AFA members only)	
Number of hours on duty before incident		
Did you file a workers' compensation claim? Yes, pending ... Yes, denied ... Yes, approved ... No ... Don't know		
Did you file a report with the company?		Yes ... No
Can we share your report with the NASA ASRS confidential safety and health reporting system?		Yes ... No
To your knowledge, did this incident affect passengers?		Yes ... No
To your knowledge, did this incident affect another member(s) of the crew?		Yes ... No

QUESTION 3.) About the aircraft.

Type of aircraft	Flight Number	Aircraft tail number (<i>if known</i>)
Origin	Destination	Did flight continue? Yes ... No
Passenger load: (<i>circle one</i>)	0-25% ... 25-50% ... 50-75% ... 75-100%	
Flight duration (<i>hours</i>)	Number of flight attendants on duty? Number of flight attendants required?	
Did you see a smoke or mist? Yes ... No	Did you notice an odor? Yes ... No	
If there was an odor, circle the ONE phrase that describes it BEST: If OTHER, describe here: cigarette smoke ... burning smell ... deicing fluid ... "dirty socks" ... electrical smell ... engine exhaust ... lavatory cleaners/blue fluid ... lavatory waste ... oil/fuel ... pesticides ... sweet smell ... unknown		
IF you answered "yes" to an odor and/or smoke/mist, how long did it last? Also please describe the "where" and "when" below.		
Location in aircraft: Rear ... Middle ... Forward ... ALL (<i>circle any combination</i>) Cabin ... Galley ... Lavatory ... Cockpit ... Crew rest ... OTHER:		
Flight phase: Boarding ... Engine start-up ... Taxi out ... Climb ... Cruise ... Descent ... Landing ... (<i>circle selection</i>) Taxi in... Deplaning ... ALL ... OTHER:		
Did you notice a problem with the temperature of the cabin?		Yes ... No
If yes, please describe:		
Did you feel like the air in the cabin was fresh enough?		Yes ... No ... Don't know

Please complete both sides of this form and return it to your local AFA office or the
AFA Air Safety & Health Dept., 1275 K Street NW, #500, Washington, DC 20005/ fax +202-712-9793.
AFA will treat your personal information as confidential.

Question 4.) For pesticide-related problems, please answer these questions. Otherwise, skip to question 5.

When was the aircraft last treated?	
Was this a problem with (<i>circle one</i>)	Residual spraying ... In-flight spraying
Were the walls/seats/surfaces wet to the touch?	Yes ... No ... Don't know
Was the crew rest area wet/problematic?	Yes ... No ... Don't know

QUESTION 5.) Please describe what happened and describe how incident might have been prevented or might be prevented in the future (if applicable). Use an extra sheet of paper if you need to.

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QUESTION 6.) If you experienced any symptom(s), please indicate which one(s).

<input type="checkbox"/> NO SYMPTOMS NOTICED	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle tremors/twitching
<input type="checkbox"/> Allergic reaction	<input type="checkbox"/> Heartbeat rapid/chest pain	<input type="checkbox"/> Nausea
<input type="checkbox"/> Breathing difficulty	<input type="checkbox"/> Impaired vision	<input type="checkbox"/> Nose bleed
<input type="checkbox"/> Coughing	<input type="checkbox"/> Inability/reduced ability to perform duties	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Dizziness/fainting	<input type="checkbox"/> Infectious agent:	<input type="checkbox"/> Skin irritation/rash
<input type="checkbox"/> Ear inflammation/blockage/damage	<input type="checkbox"/> Loss of balance/disorientation	<input type="checkbox"/> Throat irritation
<input type="checkbox"/> Eye irritation	<input type="checkbox"/> Memory loss	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Metallic aftertaste	<input type="checkbox"/> OTHER:
Did you have related medical problems BEFORE the flight? (<i>circle one</i>) Yes ... No If yes, specify:		
Did you notice these symptoms DURING the flight? (<i>circle one</i>) Yes ... No		
Were you using oxygen DURING the flight? (<i>circle one</i>) Yes ... No		
Did you notice these symptoms AFTER the flight? (<i>circle one</i>) Yes ... No		
Did you seek medical attention AFTER the flight? (<i>circle one</i>) Yes ... No		

QUESTION 7.) For certain types of air quality incidents, the following technical information might be relevant. If possible, please obtain this information. If not, just skip to the end and submit your report.

Aircraft governmental registration number:		Had the plane been deiced? Yes ... No ... Don't know	
Captain:	Base:	Symptoms experienced?	Yes ... No ... Don't know
First Officer:	Base:	Symptoms experienced?	Yes ... No ... Don't know
If either reported symptoms, please describe:		Flight report submitted?	Yes ... No ... Don't know
Maintenance log entry completed?		Yes ... No ... Don't know	
If yes, maintenance log entry number:			
Hydraulic fluid gauge reading:		Oil gauge reading:	
CONDITIONS DURING THE INCIDENT:			
Number of air packs in use?		Source of supply air	APU ... Engine ... Don't know
Number of air packs available?		Recirc fans	On ... Off ... Don't know
Were any air packs inoperative? Yes ... No ... Don't know		Cabin altitude (<i>feet</i>)	Actual altitude (<i>feet</i>)
Supply duct temperatures: deg. F/deg. C		Left side:	Right side:

End of reporting form. Thank you.