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**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 ID strip to you.  
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** \_\_\_\_\_

**ADDRESS/PO BOX** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TYPE OF EVENT/SITUATION** \_\_\_\_\_

**DATE OF OCCURRENCE** \_\_\_\_\_  
(MM/DD/YYYY)

**LOCAL TIME (24 hr. clock)** \_\_\_\_\_  
(HH:MM)

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

**EXPERIENCE**

Describe your qualifications  A  P  NDT  repairman  inspection authority  avionics  other \_\_\_\_\_

What is your technician/main-tenance experience in years? lead technician \_\_\_\_\_ technician \_\_\_\_\_ repairman \_\_\_\_\_ avionics \_\_\_\_\_  
inspector \_\_\_\_\_ 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	installation	<input type="checkbox"/> Yes <input type="checkbox"/> No
testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	scheduled maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	MEL	<input type="checkbox"/> Yes <input type="checkbox"/> No
logbook entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	*other	_____
fault isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No	(*Describe in the Describe Event/Situation sector)	

Component/System/Sub-system involved: \_\_\_\_\_

Was maintenance deferred? <input type="checkbox"/> Yes <input type="checkbox"/> No	When was problem detected?	<input type="checkbox"/> routine inspection	<input type="checkbox"/> while aircraft was in service at gate
		<input type="checkbox"/> in-flight	<input type="checkbox"/> pre-flight
		<input type="checkbox"/> taxi	<input type="checkbox"/> other _____

**CONSEQUENCES/OUTCOME**

<input type="checkbox"/> flight delay	<input type="checkbox"/> gate return	<input type="checkbox"/> improper service	<input type="checkbox"/> in-flight shut down
<input type="checkbox"/> flight cancellation	<input type="checkbox"/> air turn back	<input type="checkbox"/> rework	<input type="checkbox"/> aircraft/engine damage
			<input type="checkbox"/> other _____

**AIRCRAFT/AIRWORTHINESS STATUS**

**MISSION**

**REPORTER ORGANIZATION**

aircraft released for service  
 aircraft records completed  
 aircraft required documents aboard  
 not released for service  
 unknown

passenger  
 personal  
 cargo/freight  
 training  
 ferry  
 other \_\_\_\_\_

**(Check all that apply)**

<input type="checkbox"/> air carrier	<input type="checkbox"/> FBO
<input type="checkbox"/> air taxi	<input type="checkbox"/> government
<input type="checkbox"/> contracted service	<input type="checkbox"/> military
<input type="checkbox"/> corporate	<input type="checkbox"/> personal
<input type="checkbox"/> fractional	<input type="checkbox"/> 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 00-46E. 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 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).

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 2700-0172 and it expires on 7/31/2022. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: P.O. Box 189 Moffett Field, CA 94035-0189. Send only comments relating to our time estimate to this address.

If you want to mail this form, please fold pages, enclose in a sealed, stamped envelope, and mail to:



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

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
- Contributing factors
- How it was discovered
- Corrective actions

**HUMAN PERFORMANCE CONSIDERATIONS**

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