

CHIRP

GENERAL AVIATION REPORT FORM

CHIRP is totally independent of the Civil Aviation Authority

Name:		1. Mandatory Fields: Your personal details are required only to enable us to contact you for further details about any part of your report. NO RECORD OF YOUR NAME AND ADDRESS WILL BE KEPT 2. On closing, this Report Form will be returned to you.
Address:		
Tel:	Post Code:	
e-mail:		

It is **CHIRP** policy to acknowledge a report on receipt and then to provide a comprehensive closing response, if required. If you do not require a closing response please tick the box

No I do not require a response from **CHIRP**

PLEASE COMPLETE RELEVANT INFORMATION ABOUT THE EVENT/SITUATION

YOURSELF - CREW POSITION			THE FLIGHT/EVENT					
CAPTAIN	<input type="checkbox"/>	FIRST OFFICER	<input type="checkbox"/>	DATE OF OCCURRENCE		TIME	(LOCAL/GMT)	
PILOT FLYING	<input type="checkbox"/>	PILOT NOT FLYING	<input type="checkbox"/>	LOCATION		HEIGHT/ALT/FL		
OTHER CREW MEMBER	<input type="checkbox"/>			AIRCRAFT TYPE		DAY	<input type="checkbox"/> NIGHT <input type="checkbox"/>	
EXPERIENCE			TYPE OF FLIGHT		NATURE OF FLIGHT			
TOTAL FLYING HOURS		HRS	IFR	<input type="checkbox"/> VFR	<input type="checkbox"/>	PLEASURE	<input type="checkbox"/> BUSINESS <input type="checkbox"/>	
HOURS ON TYPE		HRS	OTHER:	<input type="checkbox"/>		TRAINING	<input type="checkbox"/> OTHER: <input type="checkbox"/>	
LICENCE/RATING			WEATHER		FLIGHT PHASE			
STUDENT	<input type="checkbox"/>	PRIVATE	<input type="checkbox"/>	VMC	<input type="checkbox"/> IMC	<input type="checkbox"/>	TAXI	<input type="checkbox"/> TAKE-OFF <input type="checkbox"/>
CPL	<input type="checkbox"/>	ATPL	<input type="checkbox"/>	RAIN	<input type="checkbox"/> FOG	<input type="checkbox"/>	CLIMB	<input type="checkbox"/> CRUISE <input type="checkbox"/>
INSTRUCTOR	<input type="checkbox"/>	MULTI-ENG	<input type="checkbox"/>	ICE	<input type="checkbox"/> SNOW	<input type="checkbox"/>	DESCENT	<input type="checkbox"/> APPROACH <input type="checkbox"/>
INST. RATING	<input type="checkbox"/>	OTHER:		OTHER:			LANDING	<input type="checkbox"/> Go AROUND <input type="checkbox"/>
COMPANY/ORGANISATION (if applicable)			MY MAIN POINTS ARE:					
NAME OF ORGANISATION:			A:					
REPORT TOPIC			B:					
MY REPORT RELATES TO:			C:					

DESCRIPTION OF EVENT

Your narrative will be reviewed by a member of the **CHIRP** staff who will remove all identifying information such as dates/locations/names that may identify you. Bear in mind the following topics when preparing your narrative:

Chain of events • Communication • Decision Making • Equipment • Situational Awareness • Weather

The UK Confidential Human Factors Incident Reporting Programme

 PLEASE PLACE THE COMPLETED REPORT FORM, WITH ADDITIONAL PAGES IF REQUIRED, IN A SEALED ENVELOPE (no stamp required) AND SEND TO:

CHIRP • FREEPOST (G13439) • Building Y20E • Room G15 • Cody Technology Park • Ively Road • Farnborough • GU14 0BR • UK
Confidential Tel (24 hrs): +44 (0) 1252 395013 or **Freefone** (UK only) 0800 214645 and Confidential Fax: +44 (0) 1252 394290

Report forms are also available on the **CHIRP** website: www.chirp.co.uk

LESSONS LEARNED

Describe the lessons learned as a result of the incident. Do you have any suggestions to prevent a similar event?

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