



## AIRCRAFT AIR QUALITY REPORTING FORM

This form is used for reporting problems related to air quality and pesticide exposure on aircraft.  
Please submit your report on-line ([www.local556.twuatd.org](http://www.local556.twuatd.org)) via the **"Safety Reporting"** link



### QUESTION 1.) Please provide the following information. Please print clearly.

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

### QUESTION 2.) Flight Attendants, Pilots, and Mechanics, continue. Passengers skip to Question 3.

Base	Union (if not TWU)	Employee number ( <i>SWA Employees only</i> )
Years of work experience:		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		

### QUESTION 3.) About the aircraft.

To your knowledge, did this incident affect (other) passengers?		Yes ... No ... Don't know
To your knowledge, did this incident affect (other) member(s) of the crew?		Yes ... No ... Don't know
Type of aircraft	Flight Number	Aircraft tail number (if known)
Origin	Destination	Did flight continue? Yes ... No
Passenger load: ( <i>circle one</i> ) 0-25% ... 25-50% ... 50-75% ... 75-100%		
Flight duration: (hours)		Number of Flight Attendants on duty? Number of Flight Attendants required?
Location in aircraft: ( <i>select any combination</i> ) Rear ... Middle ... Forward ... ALL Cabin ... Galley ... Lavatory ... Cockpit ... OTHER: _____		
Flight phase: ( <i>circle selection</i> ) Boarding ... Engine start up ... Taxi out ... Climb ... Cruise ... Descent ... Landing ... Taxi in ... Deplaning ... ALL ... OTHER: _____		
Did you see a smoke or mist? Yes ... No		Did you notice an odor? Yes ... No
If you answered, "yes" to an odor and/or smoke/mist, how long did it last? Also please describe the "where" and "when" below.		
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		
Did you notice a problem with the temperature of the cabin?		Too Hot ... Too Cold ... No problem noticed
Do you feel like there was enough fresh air?		Yes ... No ... Don't know

### QUESTION 4.) For PESTICIDE-related problems, please answer these questions. Otherwise, skip to question 5.

Was this a problem with ( <i>circle one</i> ) Residual spray (pre-flight) ... Don't know	
When was the aircraft last treated? ( <i>inquire with ops</i> )	
Were the walls/surfaces/seats wet to the touch? Yes ... No ... Don't know	

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND FAX IT TO YOUR UNION SAFETY  
TEAM AT: 214-357-9870 QUESTIONS? CALL 800- 969-SWFA (7932)

**You may submit a report on-line via <http://www.ashdi.com>**

*TWU & ITF will treat any personal identifying information as confidential*

**QUESTION 5.) Describe what happened in your own words. Use an extra sheet of paper if you need to.**

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

__ NO SYMPTOMS NOTICED	__ Headache	__ Muscle tremors/twitching
__ Allergic reaction	__ Heartbeat rapid/chest pain	__ Nausea
__ Breathing difficulty	__ Impaired vision	__ Nose bleed
__ Coughing	__ Inability/reduced ability to perform duties	__ Sinus problems
__ Dizziness/fainting	__ Infectious agent	__ Skin irritation/rash
__ Ear inflammation/blockage/damage	__ Loss of balance/disorientation	__ Throat irritation
__ Eye irritation	__ Memory loss	__ Vomiting
__ Fatigue	__ Metallic aftertaste	__ OTHER: _____

Did you have related medical problems BEFORE your shift/flight? *(circle one)*      Yes ... No ... Not applicable  
 If yes, specify: \_\_\_\_\_

Did you notice these symptoms DURING your shift/flight? *(circle one)*      Yes ... No ... If yes, describe when: \_\_\_\_\_

Did you receive medical attention (including oxygen) DURING your shift/flight? *(circle one)* Yes ... No

Did you notice these symptoms AFTER your shift/flight? *(circle one)*      Yes ... No ... If yes, for how long (hrs)? \_\_\_\_\_

Did you or do you plan to seek medical attention AFTER your shift/flight? *(circle one)*      Yes ... No

**QUESTION 7.) For certain types of air quality incidents, the following technical information might be relevant.**

**If possible, please obtain this information from Cockpit Crew.**

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

END OF REPORTING FORM.