# GENERAL SAFETY, HEALTH & SECURITY INCIDENT REPORTING FORM

If you are reporting an air quality/pesticide incident, use our AIR QUALITY form.

**Please submit your report on-line (www.local556.twuatd.org) via the "Safety Reporting" link**

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

| | |
|---|---|
| You are *(circle one):* 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? *(If so, describe under question 5.)* 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** *(SWA Employees only)* |
| 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.) If incident happened OFF the aircraft, circle ONE word/phrase that BEST describes WHERE, then skip Question 4 and go to Question 5. If the incident happened ON the aircraft, go to Question 4.**

| | | |
|---|---|---|
| a) Customs | d) Jetway | g) Runway |
| b) Employee bus/parking lot | e) Layover | h) Terminal |
| c) Hotel | f) Security | i) OTHER: _____ |

**QUESTION 4.) If incident happened ON the aircraft, answer these and then continue with Question 5.**

| | | |
|---|---|---|
| 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: *(circle one)* | 0-25% … 25-50% … 50-75% … 75-100% | |
| Flight duration: *(hours)* | | Number of Flight Attendants on duty?<br>Number of Flight Attendants required? |
| Location in aircraft:<br>*(select any combination)* | Rear … Middle … Forward … ALL<br>Cabin … Galley … Lavatory … Cockpit … OTHER: _____ | |
| Flight phase:<br>*(circle selection)* | Boarding … Engine start up … Taxi out … Climb … Cruise … Descent … Landing …<br>Taxi in … Deplaning … ALL … OTHER: _____ | |

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

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 6.) Circle ONE letter and ONE number (where available) that BEST describe what happened.**

**(A) Aviation safety/security**
1. Auto pilot failure
2. Decompression
3. Door opened/slide dropped and/or deployed
4. Electrical failure
5. Emergency evacuation
6. Engine Loss
7. Explosion/fire
8. Hazardous materials
9. Hijacking/sabotage/security threat
10. Near miss
11. Smoke in the cabin
12. Structural problem
13. OTHER:_____

**(B) Carry-on baggage OR Service carts OR Galley equipment**
1. Brakes on cart inadequate/poorly maintained
2. Broken equipment
3. Problem with latches on overhead bins
4. Problem with latches on carts or galley doors
5. Pushing/pulling heavy load
6. Straining while lifting/stowing heavy objects
7. Struck by heavy object
8. OTHER:_____

**(C) Doors (evac/flightdeck/lav) OR Misc. equip. OR Jumpseat**
1. Improper location
2. Poorly designed
3. Poorly maintained/broken
4. OTHER:_____

**(D) Exposure to body fluids**
1. Contact with blood
2. Contact with fecal matter
3. Contact with saliva
4. Contact with urine
5. Contact with vomit
6. Needle stick injury
7. OTHER:_____

**(E) Flight time/duty time**

**(F) Noise**

**(G) Pressurization**

**(H) Problem passenger(s)**
1. Aircraft damage
2. Non-compliance with crew
3. Physical assault
4. Smoking / Tampering with smoke detector
5. Threatening crew member
6. Threatening other passengers
7. OTHER: _____

Alcohol involved? Yes … No … Don't Know

**(I) Sanitation**
1. CABIN-Not cleaned properly pre-board
2. CABIN-OTHER: _____
3. GALLEY-Insects/rodents
4. GALLEY-Inadequate cleaning supplies
5. GALLEY-Inadequate trash space/liners
6. GALLEY-Not cleaned properly pre-board
7. GALLEY-OTHER: _____
8. LAVATORY-Insects/rodents
9. LAVATORY-Lack of toilet paper/towels/soap
10. LAVATORY-No running water
11. LAVATORY-Overflowing/leaking toilet
12. LAVATORY-Overflowing trash
13. LAVATORY-OTHER: _____

**(J) Slippery or uneven walkway**

**(K) Turbulence**

**(L) OTHER: _____**

**QUESTION 7.) If you experienced any SYMPTOM (S), please indicate which one(s).**

__**No symptoms noticed**
__Bruise
__Burn/scald
__Communicable disease *(Hepatitis, etc.)*
__Convulsion
__Cut/abrasion
__Dislocation
__Ear inflammation/blockage/damage
__Electrical shock
__Exposure to blood
__Exposure to body fluid *(not blood)*
__Fatigue
__Food poisoning
__Fracture/break
__Frostbite
__Headache
__Hemorrhaging
__Hernia
__Nose bleed
__Pain
__Pregnancy complications
__Respiratory problems
__Shock
__Skin irritation/rash
__Sprain/strain *(see also "Tendonitis/pain")*
__Stress
__Tendonitis/pain in wrists/hands/arms
__Vomiting
__OTHER: _____

Did you have RELATED medical problems BEFORE your shift/flight? Yes … No … N/A … If yes, specify:_____
Did you notice these symptoms DURING your shift/flight? Yes … No … If yes, describe when: _____
Did you receive medical attention (including oxygen) DURING your shift/flight? Yes … No
Did you notice these symptoms AFTER your shift/flight? Yes … No … If yes, for how long (hrs.)? _____
Did you or do you plan to seek medical attention AFTER your shift/flight? Yes … No

**QUESTION 8.) If appropriate, indicate affected body part(s). If "OTHER" please specify here: _____**

__**NONE**
__Ankle/foot
__Arm/elbow
__Buttocks/pelvis/groin
__Chest/trunk
__Ear
__Eye
__Face/head/neck
__Foot/toe
__Hand/wrist (incl. fingers/thumbs)
__Internal organs
__Knee/leg/hip
__Low back
__Shoulder/upper back
__Stomach/ribs

END OF REPORTING FORM.