



Cabin Safety Report (CSR)

____/____/____
Ref # / YY / Fleet
(For Internal Use Only)

(1) Report Filed By	(2) Employee #	(3) Base
(4) Date of Event (MM/DD/YYYY)	(5) Approximate Local Time of Event	(6) Flight Number
(7) Flight Segment (From-To)	(8) Location of Event (if applicable)	(9) Gate # (if applicable)
(10) Aircraft Type	(11) Aircraft Number	(12) Weather Conditions (if applicable)
(13) Cabin Lighting	(14) Number of Passengers	
(15) Flight Phase		
<input type="checkbox"/> Parked <input type="checkbox"/> Push-Back <input type="checkbox"/> Taxi-Out	<input type="checkbox"/> Takeoff <input type="checkbox"/> Initial Climb <input type="checkbox"/> Climb	<input type="checkbox"/> Cruise <input type="checkbox"/> Holding <input type="checkbox"/> Descent <input type="checkbox"/> Approach <input type="checkbox"/> Landing <input type="checkbox"/> Taxi-in

(16) Event Title (Check All That Apply) <input type="checkbox"/> Broken Equipment <input type="checkbox"/> Communication System Failure <input type="checkbox"/> Decompression <input type="checkbox"/> Disruptive Passenger <input type="checkbox"/> Emergency Cabin Prep <input type="checkbox"/> Emergency Landing <input type="checkbox"/> Emergency Equipment not present or operational <input type="checkbox"/> Evacuation <input type="checkbox"/> Fire / Smoke / Fumes <input type="checkbox"/> Hazardous Material Exposure <input type="checkbox"/> Health <input type="checkbox"/> Intoxicated Passenger	<input type="checkbox"/> Jumpseat Broken <input type="checkbox"/> Lavatory Water Overflow <input type="checkbox"/> Potential Injury which may cause injury to Customer or F/A <input type="checkbox"/> Problem Enforcing FARs <input type="checkbox"/> Safety Related Interruption during Sterile Cockpit <input type="checkbox"/> Safety Standards Reduced <input type="checkbox"/> Significant Turbulence <input type="checkbox"/> Smoke Detectors Activated or Vandalized <input type="checkbox"/> Useful Information for the Enhancement of Safety	<input type="checkbox"/> Other _____ _____ _____
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(17) Signature	(18) Date
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