

Galley Discrepancy Form



Name: _____
 Employee ID: _____
 Date: _____
 Aircraft Type: CRJ200
 Aircraft No.: _____

Description of Problem:

(Circle the effected area of concern in the galley using the diagram to the right.)

Cart Brakes _____ Red Tie Downs _____ Latches _____
 Ease of Use _____ Cleanliness _____ Mold _____
 Atlas Carrier _____ Runners _____ Springs _____
 Other/Describe Problem _____

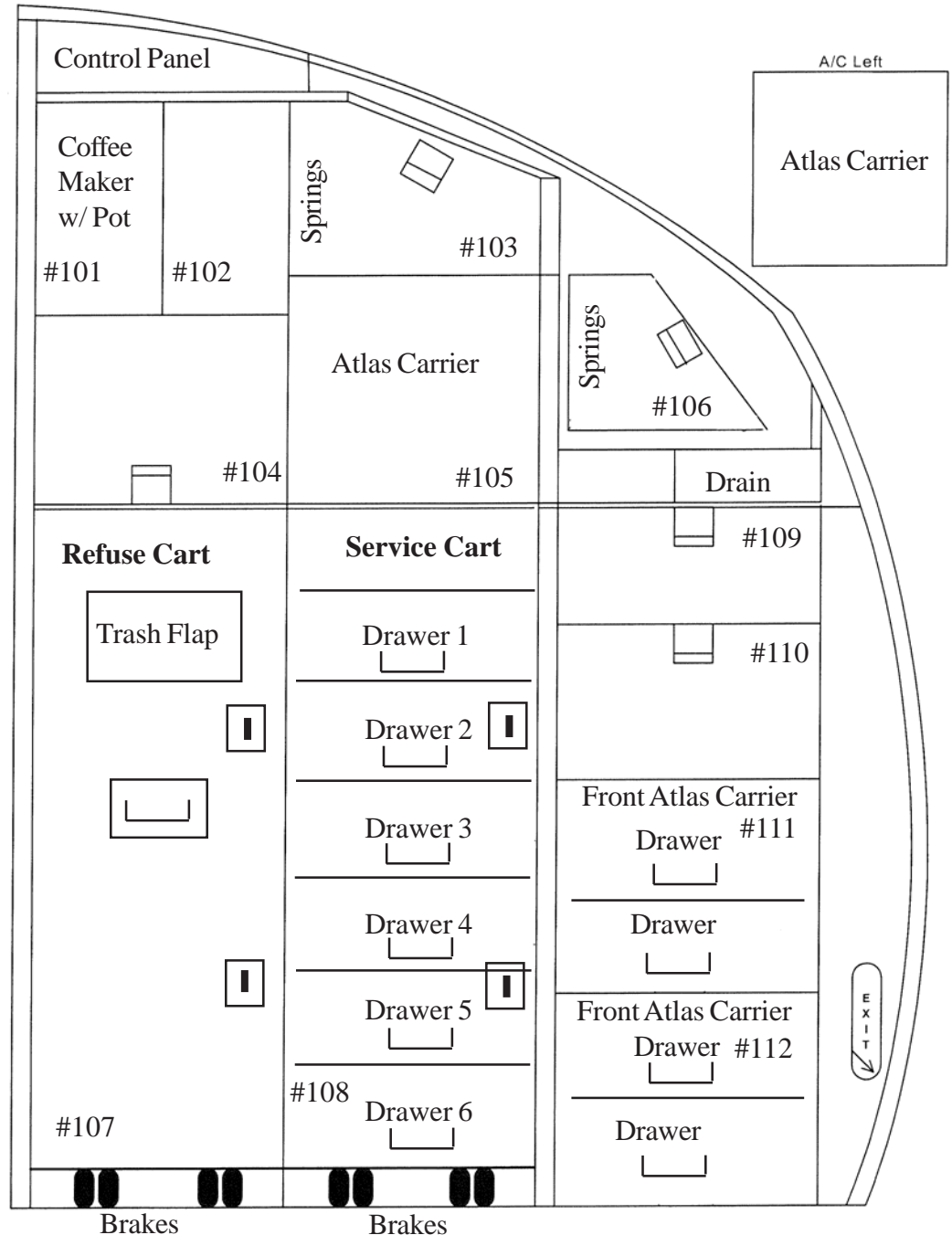
Action Taken: _____

Were you injured? YES NO
 Describe Injury: _____

Did you notify your manager of your injury? YES NO

Return Completed form to:

Adam Novish, PHL
 MEC Chair, Air Safety, Health & Security
 FAX: (302) 328-7953



Internal Use Only
 Sent to Loss Preventions/Inflight: ____/____/____ Report ID: ____-____-____