

**Station Performance Information Exchange Form**

**ALL INFORMATION MUST BE COMPLETED AND RETURNED TO YOUR  
INFLIGHT SUPERVISOR OR A LOCAL OFFICER.**

|                                |                              |
|--------------------------------|------------------------------|
| Departure Station _____        | Arrival Station _____        |
| Gate: _____                    | Gate: _____                  |
| Scheduled Departure Time _____ | Scheduled Arrival Time _____ |
| Actual Departure Time _____    | Actual Arrival Time _____    |
| Date of Incident _____         |                              |
| Flight # _____                 | Aircraft Number _____        |
| Flight Attendant _____         |                              |

**Station Problems** (Check all that apply, and provide pertinent details)

|   |
|---|
| Gate not available upon arrival <input type="checkbox"/>  |
| Jetway Positioning Problems <input type="checkbox"/><br>Please describe _____   |
| No agent upon arrival <input type="checkbox"/><br>What time did the agent arrive? _____                                 |
| Shortage of agents to assist <input type="checkbox"/><br>Comments _____   |
| Unaccompanied minor <input type="checkbox"/><br>Comments _____  |
| Wheelchair not available <input type="checkbox"/><br>How long did you wait for one? _____<br>Comments _____             |
| Catering not available (no-show) <input type="checkbox"/><br>Unable to obtain lavatory service <input type="checkbox"/> |
| Flight Attendant utilized for ground responsibilities <input type="checkbox"/><br>Details _____                         |
| Flight Attendant not allowed to deplane for break/food <input type="checkbox"/><br>Comments _____                       |

Comments: