



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.afanet.org) via the Report an Incident to AFA 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 AFA)	Employee number <i>(AFA members 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 ... Crew rest ... 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 spraying (pre-boarding) ... In-flight spraying (pre-deplaning) ... Don't know	
When was the aircraft last treated?	
Were the walls/surfaces/seats wet to the touch? Yes ... No ... Don't know	
Was the bunkroom area wet/damp to the touch? Yes ... No ... Don't know	

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN IT TO
AFA-CWA MEC SAFETY & HEALTH CHAIRPERSON ADAM NOVISH' V-FILE, OR VIA COMAT.
QUESTIONS? CONTACT ADAM NOVISH AT AWACSAFETY@COMCAST.NET OR (302) 249-7423.
AFA WILL TREAT YOUR INFORMATION AS CONFIDENTIAL**

Was the bunkroom area dry but problematic anyway?

Yes ... No ... Don't know

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).

<input type="checkbox"/> NO SYMPTOMS NOTICED	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle tremors/twitching
<input type="checkbox"/> Allergic reaction	<input type="checkbox"/> Heartbeat rapid/chest pain	<input type="checkbox"/> Nausea
<input type="checkbox"/> Breathing difficulty	<input type="checkbox"/> Impaired vision	<input type="checkbox"/> Nose bleed
<input type="checkbox"/> Coughing	<input type="checkbox"/> Inability/reduced ability to perform duties	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Dizziness/fainting	<input type="checkbox"/> Infectious agent	<input type="checkbox"/> Skin irritation/rash
<input type="checkbox"/> Ear inflammation/blockage/damage	<input type="checkbox"/> Loss of balance/disorientation	<input type="checkbox"/> Throat irritation
<input type="checkbox"/> Eye irritation	<input type="checkbox"/> Memory loss	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Metallic aftertaste	<input type="checkbox"/> OTHER: _____
Did you have related medical problems BEFORE your shift/flight? (<i>circle one</i>) Yes ... No ... Not applicable		
If yes, specify: _____		
Did you notice these symptoms DURING your shift/flight? (<i>circle one</i>) Yes ... No ... If yes, describe when: _____		
Did you receive medical attention (including oxygen) DURING your shift/flight? (<i>circle one</i>) Yes ... No		
Did you notice these symptoms AFTER your shift/flight? (<i>circle one</i>) Yes ... No ... If yes, for how long (hrs)? _____		
Did you or do you plan to seek medical attention AFTER your shift/flight? (<i>circle one</i>) Yes ... No		

QUESTION 7.) For certain types of air quality incidents, the following technical information might be relevant. If possible, please obtain this information.

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:
CONDITIONS DURING THE INCIDENT:		
Number of air packs in use?		Source of supply air APU ... Engine ... Don't know
Number of air packs available?		Recirculation 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:_____		