



**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.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.) 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 <i>(if known)</i>
Origin	Destination	Did flight continue? Yes ... No
Passenger load: ( <i>circle one</i> ) 0-25% ... 25-50% ... 50-75% ... 75-100%		
Flight duration: ( <i>hours</i> )	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: _____	

**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 RETURN IT TO  
AFA-CWA MEC SAFETY & HEALTH CHAIRPERSON ADAM NOVISH' (PHL) V-FILE, OR VIA COMAT.  
QUESTIONS? CONTACT ADAM NOVISH AT [AWACSAFETY@COMCAST.NET](mailto:AWACSAFETY@COMCAST.NET) OR (302) 249-7423.  
AFA WILL TREAT YOUR 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. Needlestick 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