


Appendix to Chapter 4

STANDARDIZED SMOKE AND FUMES REPORTING FORM

SECTION 1: FLIGHT AND REPORTER DETAILS			
<i>Note: For each question, check all that apply. If one answer is dominant for a given question, write a ☆ next to that item.</i>			
AC number: _____	Flight date (DD/MM/YYYY): _____	Form completed by:	
AC type: _____	Reporter name: _____	<input type="checkbox"/> Flight crew <input type="checkbox"/> Cabin crew <input type="checkbox"/> Maintenance <input type="checkbox"/> Other	
Tech log # (if known): _____	Employee no.: _____	PIC signature: _____	
Departure stn.: _____	Email: _____	(operator discretion)	
Arrival stn.: _____	Phone: _____		
Phase(s) of flight:	<input type="checkbox"/> Climb <input type="checkbox"/> Cruise <input type="checkbox"/> Descent <input type="checkbox"/> Approach <input type="checkbox"/> Landing <input type="checkbox"/> Taxi-in <input type="checkbox"/> Parked (post-flight)	Estimated duration of incident:	Recent aircraft service history:
<input type="checkbox"/> Parked (pre-flight) <input type="checkbox"/> Pushback <input type="checkbox"/> Engine start <input type="checkbox"/> Taxi-out <input type="checkbox"/> Take-off		_____ (hrs.) _____ (min.) Engine power level changes: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> De-icing or anti-icing <input type="checkbox"/> Engine/APU oil serviced <input type="checkbox"/> Hydraulic fluid serviced <input type="checkbox"/> Pesticide application <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown
		Known history of similar conditions on same aircraft?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
SECTION 2: SMOKE OR FIRE INFORMATION			
<i>Note: For each question, check all that apply. If one answer is dominant for a given question, write a ☆ next to that item.</i>			
Evidence of smoke or fire?	Location of smoke or fire:		
<input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Neither smoke nor fire	<input type="checkbox"/> Cabin; if cabin <input type="checkbox"/> Flight deck <input type="checkbox"/> Flight crew rest area <input type="checkbox"/> Cabin crew rest area <input type="checkbox"/> Lavatory _____ <input type="checkbox"/> Galley _____ <input type="checkbox"/> Cargo	<input type="checkbox"/> Forward cabin <input type="checkbox"/> Mid cabin <input type="checkbox"/> Aft cabin <input type="checkbox"/> Upper deck cabin	
Type of smoke or fire?		Skip to SECTION 4.	
<input type="checkbox"/> Localized smoke <input type="checkbox"/> Generalized smoke <input type="checkbox"/> Open flame			

SECTION 3: FUME INFORMATION					
<i>Note: For each question, check all that apply. If one answer is dominant for a given question, write a ☆ next to that item.</i>					
If fumes, describe type:	If fumes in cabin:	If fumes in flight deck:	If fumes in cargo:		
<input type="checkbox"/> Acrid <input type="checkbox"/> Chemical <input type="checkbox"/> De-icing <input type="checkbox"/> Dirty socks <input type="checkbox"/> Exhaust <input type="checkbox"/> Electrical <input type="checkbox"/> Fuel <input type="checkbox"/> Musty or mouldy <input type="checkbox"/> Oily/burning oil <input type="checkbox"/> Vomit <input type="checkbox"/> Other: _____ Intensity of fumes <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> Nauseating	<input type="checkbox"/> Forward cabin <input type="checkbox"/> Mid cabin <input type="checkbox"/> Aft cabin <input type="checkbox"/> Upper deck <input type="checkbox"/> Cabin crew rest area <input type="checkbox"/> Galley <input type="checkbox"/> Lavatory Apparent location of fumes in cabin/flight deck: <input type="checkbox"/> Air supply system vents <input type="checkbox"/> Cabin item <input type="checkbox"/> Flight deck equipment <input type="checkbox"/> Galley equipment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> General flight deck area <input type="checkbox"/> Flight crew rest area Potential source of fumes coming from outside the aircraft: <input type="checkbox"/> De-icing or anti-icing underway <input type="checkbox"/> Fueling underway <input type="checkbox"/> Proximity to ground service vehicle exhaust <input type="checkbox"/> Proximity to other aircraft (exhaust) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Known source <input type="checkbox"/> Unknown source If known, identify: _____ _____		
SECTION 4: OTHER OBSERVATIONS — ALL EVENTS					
<i>Note: For each question, check all that apply.</i>					
<input type="checkbox"/> Blocked drain <input type="checkbox"/> Cabin item: _____ <input type="checkbox"/> Galley equipment malfunction	<input type="checkbox"/> In-flight entertainment system malfunction <input type="checkbox"/> Irregular equipment noise	<input type="checkbox"/> Leak or spill <input type="checkbox"/> Lights flickering or malfunction <input type="checkbox"/> Other: _____	Air supply source: <input type="checkbox"/> APU <input type="checkbox"/> Engines <input type="checkbox"/> Ground conditioned air unit <input type="checkbox"/> Ground air starter <input type="checkbox"/> Other: _____		
SECTION 5: SYMPTOMS AND REACTIONS — ALL EVENTS					
<i>Note: For each question, check all that apply.</i>					
Symptoms reported?	Symptoms/reported by	Flight crew	Cabin crew	Maintenance	Passenger(s)
<input type="checkbox"/> Yes (if yes)  <input type="checkbox"/> No <input type="checkbox"/> Unknown	Abnormal taste				
	Dizziness				
	Fatigue or weakness				
	Headache				
If yes, symptoms reported by:	Irritated eyes, nose, throat				
<input type="checkbox"/> Flight crew <input type="checkbox"/> Cabin crew <input type="checkbox"/> Maintenance <input type="checkbox"/> Passenger(s): Seat # ___ ___	Slowed thinking				
	Tingling				
	Trouble breathing				
	Other				
Comments:					

	Equipment/used by	Flight crew	Cabin crew	Maintenance	Passenger(s)
Emergency equipment used? <input type="checkbox"/> Yes; if yes, complete table <input type="checkbox"/> No	Oxygen mask				
	Smoke goggles				
	Portable breathing equipment				
	Portable oxygen bottle				
	Fire extinguisher				
	Drop down masks				

Medical assistance required? <input type="checkbox"/> None <input type="checkbox"/> Flight crew <input type="checkbox"/> Cabin crew <input type="checkbox"/> Passenger: Seat(s) ___ ___ <input type="checkbox"/> Maintenance	Type of medical assistance (if applicable) <input type="checkbox"/> On-board only <input type="checkbox"/> Medical advisory service <input type="checkbox"/> Emergency medical services met aircraft <input type="checkbox"/> Emergency room or clinic <input type="checkbox"/> Other: _____	Additional details: _____ _____ _____ _____
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SECTION 6: MAINTENANCE FOLLOW-UP AND INFORMATION — ALL EVENTS

Note: For each question, check all that apply.

Maintenance fault or source identified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Impact on operation <input type="checkbox"/> None <input type="checkbox"/> Diversion <input type="checkbox"/> Return to base <input type="checkbox"/> Aircraft change <input type="checkbox"/> Flight cancelled <input type="checkbox"/> Gate delay <input type="checkbox"/> Other: _____	Maintenance action(s), if known: _____ _____ _____ _____ _____
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IF NEEDED, PROVIDE ADDITIONAL COMMENTS ON SEPARATE PAPER