



**Republic of the Philippines  
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES**

**CABIN CREW REPORT FORM**

Please check the box if <b>CONFIDENTIAL</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	CAAP Occurrence No.
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IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip.  
 ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.  
 This portion will be returned to you.

Name:	Type of Event/Situation:	Date of Occurrence: (dd/mm/yyyy)
Office Address:	E-mail Address:	Time of Occurrence: (Local/UTC)
Permanent Address:	Contact numbers where we may reach you for further details:	Date Reported: (dd/mm/yyyy)

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH MAY APPLY TO THIS EVENT OR SITUATION

REPORTER	EXPERIENCE
<input type="checkbox"/> Flight Attendant <input type="checkbox"/> Trainee <input type="checkbox"/> FA in charge <input type="checkbox"/> Off-Duty FA <input type="checkbox"/> Extra FA <input type="checkbox"/> Passenger <input type="checkbox"/> Other	Total years as Flight Attendant: _____ Total years as FA with your current airline: _____ Number of aircraft types currently qualified to work on: _____ Percent of duty time in past year on aircraft type involved: _____

**FLIGHT INFORMATION**

Type of Aircraft

Make/Model/Series: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Number of exits: \_\_\_\_\_ Floor level: \_\_\_\_\_

Number of pax on board: \_\_\_\_\_ Window: \_\_\_\_\_

Number in cabin crew: \_\_\_\_\_ Tailcone: \_\_\_\_\_

Flight Segment

Flight origin: \_\_\_\_\_ Time since takeoff: \_\_\_\_\_ hrs/mins

Destination: \_\_\_\_\_ Nearest city/state (if known): \_\_\_\_\_

Departure Time: \_\_\_\_\_

Cabin Activity (Check all that apply)

Boarding     Beverage service     Cart service     Movie  
 Deplaning     Meal service     Tray service     Other \_\_\_\_\_  
 Safety related duties, specify \_\_\_\_\_

OPERATOR	FLIGHT PHASE	WEATHER	LIGHTING
<input type="checkbox"/> air carrier <input type="checkbox"/> commuter <input type="checkbox"/> corporate <input type="checkbox"/> charter <input type="checkbox"/> other _____	<input type="checkbox"/> pre-departure <input type="checkbox"/> descent <input type="checkbox"/> taxiing <input type="checkbox"/> approach <input type="checkbox"/> takeoff <input type="checkbox"/> landing <input type="checkbox"/> climb <input type="checkbox"/> gate arrival <input type="checkbox"/> cruise <input type="checkbox"/> other _____	<input type="checkbox"/> clear <input type="checkbox"/> cloudy <input type="checkbox"/> rain <input type="checkbox"/> fog <input type="checkbox"/> turbulence <input type="checkbox"/> snow <input type="checkbox"/> thunderstorms <input type="checkbox"/> ice <input type="checkbox"/> unknown	CABIN            OUTSIDE <input type="checkbox"/> bright <input type="checkbox"/> daylight <input type="checkbox"/> medium <input type="checkbox"/> night <input type="checkbox"/> dark

**EVENT CHARACTERISTICS**

Reporter's location in aircraft at time of event: \_\_\_\_\_

Reporter's activity at time of event: \_\_\_\_\_

Was a passenger directly involved in the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was fire/smoke involved in the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did this event result in an injury to passenger?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was there an evacuation during or as a result of this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
to crew?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Description of the Event/Situation: \_\_\_\_\_

Corrective Action/s: \_\_\_\_\_

Recommendation/s: \_\_\_\_\_

**FOR AVIATION SAFETY ANALYSIS DIVISION USE ONLY:**

RECEIVED BY:	DATE:
ADMIN TRACKING NUMBER:	TIME:

## GUIDELINES ON THE COMPLETION OF THE CAAP CABIN CREW REPORT FORM

1. General
  - 1.1 Reporters must provide the information required by the PCAR Part 13 Subpart G: 13.160. This means that, wherever possible, they should complete all sections of the Form where the information is relevant to a specific occurrence.
  - 1.2 The individual 'box' headings for all items of the data are mostly self-explanatory. The form comprises a combination of blank boxes for entry of data and boxes listing a number of alternatives. The reporter should annotate the appropriate item.
  - 1.3 Where reports are channeled to CAAP via an organization, any relevant information which is not readily available to the person preparing the initial report should, wherever possible, be added by the person submitting the report on behalf of the organization. Alternatively, where this is not possible within the required timescale, the outstanding information should be submitted as a supplementary report.
  - 1.4 Evaluation and processing of reports is greatly facilitated if the reports are typewritten but it is appreciated that this may not always be possible in this case the report should be completed in black ink.
  - 1.5 REPORTING TIME. Reports must be dispatched within 72 hours of the event unless exceptional circumstances prevent this.
  - 1.6 Please send report to:
    - The Director General
    - Office of the Director General
    - Civil Aviation Authority of the Philippines
    - Old MIA Road, Pasay City, 1300 Philippines
    - Telephone Number: (02) 7944-2001
    - Email Address: [asad.rsdfs@gmail.com](mailto:asad.rsdfs@gmail.com)  
[asad@caap.gov.ph](mailto:asad@caap.gov.ph)
  - 1.7 ACKNOWLEDGEMENT OF REPORTS OR ANY INQUIRIES. Please contact the Aviation Safety Analysis Division (ASAD), Regulatory Standards Department, Flight Standards Inspectorate Service, Civil Aviation Authority of the Philippines, Old MIA Road, Pasay City direct on telephone number: (02) 7944-2151 or e-mail to [asad.rsdfs@gmail.com](mailto:asad.rsdfs@gmail.com) / [asad@caap.gov.ph](mailto:asad@caap.gov.ph).
  - 1.8 CONFIDENTIAL REPORTS. A report may be submitted confidentially. If the report is 'CONFIDENTIAL' please tick the box 'Yes' on top of the form to annotate confidentiality of the report, and if it is sent to CAAP's address, mark the envelope "Personal for the Director General". CAAP will respect the confidentiality and a representative will contact you personally.
2. The following are brief notes against each block:
  - 2.1 Type of aircraft, Series and Operator. To be completed for all occurrences involving an aircraft. Provide basic identification data.
  - 2.2 Flight Segment. The operation of a flight with a single flight designator between the point where passengers first board an aircraft and the passengers' final destination.
  - 2.3 Cabin Activity. Relates to the role of a cabin crew member which is to provide excellent customer service to passengers while ensuring their comfort and safety throughout the flight.
  - 2.4 Flight Phase descriptions:

Predeparture	Preparation time for flight.
Taxiing	From commencement of moving (including pushback) to start of takeoff run. From completion of landing run to terminal gate or point of Stopping engines, whichever occurs later.
Takeoff	Start of takeoff run to lift-off.
Climb	End of initial climb to top of climb.
Cruise	Top of climb to top of descent including en-route climb or descent.
Descent	Top of descent to a height of 1500 ft.
Approach	A height of 1500 ft. to threshold.
Landing	Threshold to end of landing run.
Gate arrival	Gate where passengers disembark.
  - 2.5 Weather. The characteristics and behavior of the Earth's atmosphere.
  - 2.6 Lighting. Lighting condition used in and on the aircraft.
3. Event Characteristics. Relates to all occurrences.
  - 3.1 Description of the Event/Situation. This should be a clear and concise description of the occurrence, preferably starting with a brief title indicating the type of occurrence. The description should contain details of what happened or what was found.
  - 3.2 Corrective Actions. What immediate action was taken to contain the situation and any additional information.
  - 3.3 Recommendation. Comments which is considered might assist subsequent assessment of the report and/or investigation.