Appendix to Chapter 4

STANDARDIZED SMOKE AND FUMES REPORTING FORM

SECTION 1: FLIGHT AND REPORTER DETAILS

Note: For each question, check all that apply. If one answer is dominant for a given question, write a ☆ next to that item.

AC number: _____ AC type: _____ Tech log # (if known): _____ Departure stn.: _____ Arrival stn.: _____	Flight date (DD/MM/YYYY): _____ Reporter name:_____ Employee no.: _____ Email: _____ Phone: _____	Form completed by: □ Flight crew □ Cabin crew □ Maintenance □ Other PIC signature: _____ (operator discretion)

Phase(s) of flight: □ Parked (pre-flight) □ Pushback □ Engine start □ Taxi-out □ Take-off	□ Climb □ Cruise □ Descent □ Approach □ Landing □ Taxi-in □ Parked (post-flight)	**Estimated duration of incident:** _____ (hrs.) _____ (min.) **Engine power level changes:** □ Yes □ No □ Unknown **Known history of similar conditions on same aircraft?** □ Yes □ No □ Unknown	**Recent aircraft service history:** □ None □ De-icing or anti-icing □ Engine/APU oil serviced □ Hydraulic fluid serviced □ Pesticide application □ Other: _____ □ Unknown

SECTION 2: SMOKE OR FIRE INFORMATION

Note: For each question, check all that apply. If one answer is dominant for a given question, write a ☆ next to that item.

Evidence of smoke or fire? □ Smoke □ Fire □ Neither smoke nor fire **Type of smoke or fire?** □ Localized smoke □ Generalized smoke □ Open flame	**Location of smoke or fire:** □ Cabin; if cabin □ Flight deck □ Flight crew rest area □ Cabin crew rest area □ Lavatory _____ □ Galley _____ □ Cargo	□ Forward cabin □ Mid cabin □ Aft cabin □ Upper deck cabin **Skip to SECTION 4.**

SECTION 3: FUME INFORMATION

Note: For each question, check all that apply. If one answer is dominant for a given question, write a ✯ next to that item.

If fumes, describe type:	**If fumes in cabin:**	**If fumes in flight deck:**	**If fumes in cargo:**
□ Acrid □ Chemical □ De-icing □ Dirty socks □ Exhaust □ Electrical □ Fuel □ Musty or mouldy □ Oily/burning oil □ Vomit □ Other: _____ **Intensity of fumes** □ Mild □ Moderate □ Strong □ Nauseating	□ Forward cabin □ Mid cabin □ Aft cabin □ Upper deck □ Cabin crew rest area □ Galley □ Lavatory	□ General flight deck area □ Flight crew rest area	□ Known source □ Unknown source If known, identify: _____
	Apparent location of fumes in cabin/flight deck: □ Air supply system vents □ Cabin item □ Flight deck equipment □ Galley equipment □ Other: _____ □ Unknown	**Potential source of fumes coming from outside the aircraft:** □ De-icing or anti-icing underway □ Fueling underway □ Proximity to ground service vehicle exhaust □ Proximity to other aircraft (exhaust) □ Other: _____	

SECTION 4: OTHER OBSERVATIONS — ALL EVENTS

Note: For each question, check all that apply.

□ Blocked drain □ Cabin item: _____ □ Galley equipment malfunction	□ In-flight entertainment system malfunction □ Irregular equipment noise	□ Leak or spill □ Lights flickering or malfunction □ Other: _____	**Air supply source:** □ APU □ Engines □ Ground conditioned air unit □ Ground air starter □ Other: _____

SECTION 5: SYMPTOMS AND REACTIONS — ALL EVENTS

Note: For each question, check all that apply.

Symptoms reported?
□ Yes (if yes)
□ No
□ Unknown

If yes, symptoms reported by:
□ Flight crew
□ Cabin crew
□ Maintenance
□ Passenger(s): Seat # ___ ___

Symptoms/reported by	Flight crew	Cabin crew	Maintenance	Passenger(s)
Abnormal taste				
Dizziness				
Fatigue or weakness				
Headache				
Irritated eyes, nose, throat				
Slowed thinking				
Tingling				
Trouble breathing				
Other				

Comments:

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

Medical assistance required?	Type of medical assistance (if applicable)	Additional details: _____
□ None □ Flight crew □ Cabin crew □ Passenger: Seat(s) ___ ___ □ Maintenance	□ On-board only □ Medical advisory service □ Emergency medical services met aircraft □ Emergency room or clinic □ Other: _____	_____ _____ _____

SECTION 6: MAINTENANCE FOLLOW-UP AND INFORMATION — ALL EVENTS

Note: For each question, check all that apply.

Maintenance fault or source identified?	Impact on operation	Maintenance action(s), if known: _____
□ Yes □ No	□ None □ Diversion □ Return to base □ Aircraft change □ Flight cancelled □ Gate delay □ Other: _____	_____ _____ _____ _____

IF NEEDED, PROVIDE ADDITIONAL COMMENTS ON SEPARATE PAPER