



Voluntary Aviation Safety Reporting System

DO NOT REPORT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.
ACCIDENTS AND CRIMINAL ACTIVITIES SHALL BE REPORTED I.A.W. THE REQUIREMENTS OF THE CARS!
ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip. (SPACE BELOW RESERVED FOR CASAS DATE/ TIME STAMP)

NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.

TELEPHONE NUMBERS where we may reach you for further details of this occurrence:

HOME No. _____ Hours _____

WORK No. _____ Hours _____

NAME _____ TYPE OF EVENT/SITUATION _____

ADDRESS/PO BOX _____ DATE OF OCCURRENCE _____

CITY _____ COUNTRY _____ LOCAL TIME (24 hr. clock) _____

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

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

FLIGHT INFORMATION	
Type of Aircraft	(Make/Model) _____ number of seats _____ number of pax on board _____ number in cabin crew _____ number of exits: floor level _____ window _____ tailcone _____
Flight Segment	flight origin _____ destination _____ departure time _____ time since takeoff _____ hrs/mins nearest city/state (if known) _____
Cabin Activity (check all that apply)	<input type="checkbox"/> boarding <input type="checkbox"/> beverage service <input type="checkbox"/> cart service <input type="checkbox"/> movie <input type="checkbox"/> deplaning <input type="checkbox"/> meal service <input type="checkbox"/> tray service <input type="checkbox"/> other _____ <input type="checkbox"/> 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"/> predeparture <input type="checkbox"/> descent <input type="checkbox"/> taxi <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	<u>CABIN</u> <u>OUTSIDE</u> <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 to crew? <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

VOLUNTARY AVIATION SAFETY REPORTING SYSTEM

I.a.w. the requirements of Civil Aviation Regulations of Suriname (CARS) Part 14 the CASAS has established a Voluntary Aviation Safety Reporting System in order to identify issues in the aviation system of our country that need to be addressed. Your assistance in informing us about such issues is essential to the success of this system. Please fill out the form as completely as possible and send it to the attention of the CASAS - VASRS at the CASAS office located at Zorg & Hoop Airfield, Paramaribo, Suriname or e-mail it to VASRS@casas.sr .

The information provided on the identity strip will be used only if it is determined that it is necessary to contact you in order to obtain additional and useful information that may be required to further analyze the issue reported by you. The report will not be utilized to initiate enforcement action for violations of the Civil Aviation Regulations of Suriname.

THANK YOU FOR YOUR CONTRIBUTION TO AVIATION SAFETY

**CASAS - VOLUNTARY AVIATION SAFETY REPORTING SYSTEM
ZORG & HOOP AIRFIELD, PARAMARIBO
SURINAME**

DESCRIBE EVENT/SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation. (USE ADDITIONAL PAPER IF NEEDED)

CHAIN OF EVENTS

- How the problem arose - How it was discovered
- Contributing factors - Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions - Actions or inactions
- Factors affecting the quality of human performance

DESCRIBE EVENT/SITUATION, continued...

Extra page

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