

2.5 Air Safety Report (ASR) Forms

ASR forms are used as a data collection tool for tracking and trending within the Safety database. ASRs serve a Group effort to collect data resulting from any discovery, delay, event, or mishap in order to share and analyze information. Figure 2.8 below is an example of an Air Safety Report form.

Air Safety Reports must be completed to report any occurrence which has a bearing upon the safety of company flight operations. ASRs must be submitted to both the Operations Department and the Safety Department.

AIR SAFETY REPORT

This form shall be used by ANY member of staff to report an occurrence, potential or real, which has a bearing upon the safety of Company flight operations.

A/C TYPE		REG. No.		DATE		
BASE		JOB No.		CUSTOMER		
CAPTAIN		FLIGHT DELAY		Hrs	Tent hs	
CO-PILOT		A/C REPLACED BY				
TECHNICIAN		A/C DIVERTED		Yes	No	
PASSENGERS (No.)		SAFECOM (submitted for MMS A/C)		Yes	No	
ROUTE FROM	ROUTE TO	LOCATION	A/C TOTAL TIME	LOCAL TIME		
NATURE OF FLIGHT	CARGO	TEST	FIRST FLIGHT OF DAY	YES	NO	
PASSENGER	FERRY	TRAINING	HOURS PRIOR TO OCCURRENCE			
PHASE OF FLIGHT	PARKED STATIC		STARTING	PARKED ROTORS TURNING		
TAXIING	HOVER	TAKEOFF	CLIMBING	CRUISE		
MANEUVERING	DESCENT	APPROACH	LANDING	SHUTDOWN		
ENVIRONMENTAL DETAILS	WIND DIRECTION/SPEED		CEILING	RAIN	SNOW	
	Mag. Hdg.	Kts	Ft MSL	LIGHT	MODERATE	
VISIBILITY	ICING		TURBULENCE		OAT (°C)	
S.M.	LIGHT	MOD	SEVERE	LIGHT	MOD	
				SEVERE	NIGHT	
AIRCRAFT DETAILS AT THE TIME OF THE INCIDENT		FUEL STATE		A/C WEIGHT		
		Lbs/Kg	Lbs/Kg		ALTIMETER	
MALFUNCTION DEFECT REPORT (MDR) AND/OR SERVICE DIFFICULTY REPORT (SDR) TO BE FILED					YES	NO
DESCRIPTION OF THE OCCURRENCE						
NAME	EMPLOYEE No.		DATE			
ADDITIONAL COMMENTS AND RECOMMENDATIONS TO PREVENT A RECURRENCE						
NAME	EMPLOYEE No.		DATE			

Figure 2.8– Air Safety Report (page 1)

(AL form SMS 2.3) Nov 2005

TECHNICIAN'S REPORT ON CORRECTIVE ACTION TAKEN AND ANY RECOMMENDATIONS TO PREVENT A RECURRENCE OF THE EVENT											
NAME			EMPLOYEE No.			DATE					
APPROPRIATE ATA CODES FOR THIS OCCURRENCE											
A/FRAME SERIAL No.		A/C TOTAL TIME		LAST CHECK		HOURS AND DATE CARRIED OUT					
PRIMARY FAILED PART		PART No.		SERIAL No.		TSN	TSO		REMARKS		
CVR RECORD RETAINED			YES	NO	CV/FDR RECORD RETAINED			YES	NO		
INCOMPLETE REPORT (more information to follow)						FOLLOW-UP REPORT TO ORIGINAL					
BASE/MAINTENANCE MANAGER/LEAD TECHNICIAN						DATE					
THIS REPORT WAS RECEIVED BY OPERATIONS DEPARTMENT IN NEW IBERIA											
PERSON RECEIVING REPORT						DATE RECEIVED					
*** FOLLOWING DETAILS TO BE COMPLETED BY THE QUALITY & SAFETY DEPARTMENT, NEW IBERIA*** *											
BRIEF TITLE								SAFETY CASE REVIEW			
								YES	NO		
FAA ADVISED		YES	NO	MANUFACTURER ADVISED				YES	NO		
NAME OF MANUFACTURER				PERSON ADVISED				CONTACT No.			
COMPANY INVESTIGATION				REPORTER'S NAME		POSITION		DATE			
NONE	OPEN	CLOSED									
ADDITIONAL INFORMATION											
NAME			EMPLOYEE No.			DATE					

Figure 2.8b – Air Safety Report (page 2)

(AL form SMS 2.3) – Revised Nov 2005