



Section/division
Telephone number:
Physical address
Postal address:

AIID
011-545-1363/1242

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

Website: www.caa.co.za

Form Number: CA 12-29

Fax Number: 011 545-1453

Email Address: csr@caa.co.za

CABIN CREW CENTRAL SAFETY REPORT FORM

Note:										No Record of Your Name and Address will Be Kept on File			
1. Mandatory Fields: Your personal details are required only to enable us to contact you for further details about any part of your report. 2. On closing, this Report Form will be returned to you.													
Name													
Address										Post code			
Tel						E-mail Address							
It is CSR policy to acknowledge a report or receipt and then to provide a comprehensive closing response. If you do not require a closing response please tick the box:													
YES		NO		I do not require a response from CSR									
Please complete relevant information about the event/situation													
Confidential		Voluntary		Mandatory		Hazard		Other safety report					
YOURSELF-CREW POSITION			THE FLIGHT/EVENT				CABIN ACTIVITY						
Cabin crew in-charge		Senior cabin crew		Date of Incident		Boarding		In-flight service					
Cabin crew		supernumerary		Time		Local/G MT	Disembarking		other				
Other		Aircraft Location				FLIGHT PHASE							
EXPERIENCE/QUALIFICATION			THE AIRCRAFT				Pre-Departure		Taxi				
Total years	Years with current airline		Type/series				Take-Off/ Climb		Descent/ Landing				
Current Aircraft types qualified on:			Number of cabin crew				Stand/Gate arrival		Other				
1.			Number of Pax on board				TYPE OF OPERATION						
2.													
3.													
Passenger(s)/Injury(ies)			Number of exits				Scheduled		Charter				
Passenger(s)Involved		Y	N	WEATHER (if relevant)				Corporate		Other			
Injury to passenger	Injury to crew		Turbulence		Thunders torm								
Other		Other		Wind shear									
SAFETY SYSTEM													
Does the organization have a safety management program?		Yes	No	Does the organization have a quality assurance program?		Yes	No	Has the organization recently been subject to an outside audit?			Yes	No	

Is there a safety department? If so, to whom does it report?	Yes	No	Report to? (CEO/Executive/etc.)	Has there been a formal hazard analysis of the operation?	Yes	No

COMPANY/ORGANISATION (if applicable)		MY MAIN POINTS ARE:	
Name of Organisation		A.	
Report Topic		B.	
My report relates to:		C.	

DESCRIPTION OF EVENT

Your narrative will be reviewed by a member of the CSR staff who will remove all information such as dates/locations/names that might identify you. Bear in mind the following topics when preparing your narrative:

Chain of events • Communication • Decision Making • Equipment • Situational Awareness • Weather • Task Allocation • Teamwork • Training

LESSONS LEARNED

Describe the lessons learned as a result of the incident. Do you have any suggestions to prevent a similar event?