

NASA ASRS

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Communication Challenges

April 2019, Issue 471

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Select a Form To Submit a Report



- ▶ [General](#) - Pilots, Dispatchers, Others
- ▶ [Air Traffic Control](#) - Air Traffic Controllers
- ▶ [Maintenance](#) - Mechanics
- ▶ [Cabin](#) - Cabin Crew

How to Report Online

Review proper browser settings, security tips, and provisions.

- ▶ [FAQ for Electronic Report Submission](#)
- ▶ [Online Security Tips](#)
- ▶ [Immunity Policy](#)

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To report electronically, select an ASRS Report Form:

▶ General Report Form	e.g. Pilot, Dispatcher, & Other
▶ ATC Report Form	e.g. Air Traffic Controller
▶ Maintenance Report Form	e.g. Repairman, Mechanic, Inspector
▶ Cabin Report Form	e.g. Cabin Crew

ERS Resources

- ▶ [Frequently Asked Questions \(FAQ\)](#)
- ▶ [Online Security Tips](#)
- ▶ [Contact ERS](#)

4 Steps to Report Electronically

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2. Click on the button above for the appropriate electronic ASRS form – read the ASRS policy and then click on "Continue to Report."
3. Fill out the form on the computer. To print a copy for your records, you must print it BEFORE clicking Submit. Keep the copy in a secure location. **The NASA ASRS team suggests that you do not save your completed report to a shared (e.g., company) computer.**
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Thank you for your contribution to aviation safety!



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GENERAL FORM

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

HOME HOURS
OTHER HOURS

NAME (required)
ADDRESS/PO BOX (required)
ADDRESS LINE 2
CITY (required) STATE ZIP (required)

TYPE OF EVENT/SITUATION

DATE OF OCCURRENCE (MM/DD/YYYY)

LOCAL TIME (24 HR. CLOCK) [HH:MM]

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

REPORTER

FLYING TIME (IN HOURS)

Captain
 First Officer
 Pilot Flying
 Pilot Not Flying
 Relief Pilot
 Check Airman

Single Pilot
 Instructor
 Dispatcher: yrs
 Other:

Total Time: hrs
Last 90 Days: hrs
Time in Type: hrs

CERTIFICATES & RATINGS

ATC EXPERIENCE

(Select Certificate)
 Flight Instructor
 Multiengine
 Other:

Instrument
 Flight Engineer

FPL
 Developmental

Radar yrs
Supervisory yrs
Non-Radar yrs
Military yrs

AIRSPACE

CONDITIONS / WEATHER ELEMENTS

LIGHT / VISIBILITY

ATC / ADVISORY SVC.

Class A
 Class B
 Class C
 Class D
 Class E
 Class G
 Special Use
 TFR

(Select Condition)
 Fog
 Hail
 Haze/Smoke
 Icing
 Rain
 Other:

Snow
 Thunderstorm
 Turbulence
 Windshear

(Select Light)
Ceiling: feet
Visibility: miles
RVR: feet

(Select ATC)
ATC Facility Name:

AIRCRAFT 1

NASA Aviation Safety Reporting System

Enter Aircraft Type

(Make / Model, e.g. B737, NOT N #, Fit #, etc)

Operator FAR Part

Other:

Operator

Other:

Mission

Other:

Flight Plan

Flight Phase

Other:

Route in Use

Direct

Visual Approach

Airway (ID):

Oceanic

None

STAR (ID):

Vectors

Other:

SID (ID):

IF MORE THAN ONE AIRCRAFT WAS INVOLVED, PLEASE ADD AN ADDITIONAL AIRCRAFT.

Add Aircraft

LOCATION

Reset

CONFLICTS

Reset

Altitude: (single value)

MSL AGL

Distance: and/or Radial: (bearing) from:

Airport

ATC Fac

Intersection

NAVAID

Estimated miss distance in feet:

Horizontal

Vertical

Was evasive action taken?

Yes No

Was TCAS a factor?

TA RA No

Did terrain warning system activate?

Yes No

DESCRIBE EVENT/SITUATION

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[Reset Form](#)[View Printable Format](#)[Submit Report](#)**From the NASA Aviation Safety Reporting System:**

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

HOME HOURS

OTHER HOURS

NAME (required)

ADDRESS/PO BOX (required)

ADDRESS LINE 2

CITY (required) STATE ZIP (required)

TYPE OF EVENT/SITUATION

DATE OF OCCURRENCE (MM/DD/YYYY)

MM/DD/YYYY

LOCAL TIME (24 HR. CLOCK) [HH:MM]

HH:MM

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

REPORTER

In what type of facility do you work?

Tower Center Facility ID:
 TRACON FSS

Describe your ATC qualifications.

Fully Certified Developmental
Time Certified on position / sector: yrs months

What is your ATC experience in years?

Radar: yrs Military: yrs
Non-radar: yrs Supervisor: yrs

What was your control position or activity during the occurrence?

(Check all that apply)

Approach Handoff / Assist
 Coordinator Trainee
 Departure Local
 Enroute Oceanic
 Flight data / clrc delivery Supervisor / CIC
 Flight service Traffic Management
 Ground Other:

Was instruction a factor?

No Yes I was instructing I was receiving training

Do you have pilot experience?

No Yes hours Instrument Rated

AIRSPACE

CONDITIONS / WEATHER ELEMENTS

LIGHT / VISIBILITY

- Class A
- Class B
- Class C
- Class D
- Class E
- Class G
- Special Use
- TFR

(Select Condition)

- Fog Snow
- Hail Thunderstorm
- Haze/Smoke Turbulence
- Icing Windshear
- Rain
- Other:

(Select Light)

Ceiling: feet
Visibility: miles
RVR: feet

AIRCRAFT 1

Primary Aircraft Type

 (Make / Model, e.g. B737, NOT N #, Fit #, etc)

Operator FAR Part

 (Select FAR Part) Other:

Operator

 (Select Operator) Other:

Mission

 (Select Mission) Other:

Flight Plan

 (Select Flight Plan)

Flight Phase

 (Select Flight Phase) Other:

Route in Use

<input type="checkbox"/> Direct	<input type="checkbox"/> Visual Approach	<input type="checkbox"/> Airway (ID): <input type="text"/>
<input type="checkbox"/> Oceanic	<input type="checkbox"/> None	<input type="checkbox"/> STAR (ID): <input type="text"/>
<input type="checkbox"/> Vectors	<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> SID (ID): <input type="text"/>

IF MORE THAN ONE AIRCRAFT WAS INVOLVED, PLEASE ADD AN ADDITIONAL AIRCRAFT.

Add Aircraft

LOCATION

CONFLICTS

Altitude: (single value) MSL AGL

Distance: and/or **Radial:** (bearing) from:

<input type="radio"/> Airport	<input type="radio"/> ATC Fac
<input type="text"/>	<input type="text"/>
<input type="radio"/> Intersection	<input type="radio"/> NAVAID
<input type="text"/>	<input type="text"/>

Estimated miss distance in feet:

Horizontal Vertical

Was evasive action taken? Yes No

Was TCAS a factor? TA RA No

Did terrain warning system activate? Yes No

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.

CHAIN OF EVENTS

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

HUMAN PERFORMANCE CONSIDERATIONS

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

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NOTE: The identification strip at the top of your report will be printed, date stamped and returned to you by U.S. Mail as proof of submission. Forms submitted electronically will be date stamped on the first business day following report transmission. You can expect the return of your identification strip to take a minimum of 14 days after your submission.

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HOME HOURS

OTHER HOURS

NAME (required)

ADDRESS/PO BOX (required)

ADDRESS LINE 2

CITY (required) STATE ZIP (required)

TYPE OF EVENT/SITUATION

DATE OF OCCURRENCE (MM/DD/YYYY)

MM/DD/YYYY

LOCAL TIME (24 HR. CLOCK) [HH:MM]

HH:MM

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

EXPERIENCE

Describe your qualifications

A NDT Inspection Authority Other:
 P Repairman Avionics

What is your technician / maintenance experience in years?

Lead Technician Technician Avionics
Inspector Repairman Other

FACTORS

Location

Was training a factor?

No Yes I was instructing I was receiving training

What other factors may have contributed?

Lighting Work cards Briefing
 Weather Manuals Other:

Check items which were involved in the event

Inspection Yes No Installation Yes No
Testing Yes No Scheduled maintenance Yes No
Repair Yes No MEL Yes No
Logbook entry Yes No Other
Fault isolation Yes No

Component / System / Sub-system involved:

Was maintenance deferred?

Yes No

When was problem detected?

Routine inspection While aircraft was in service at gate
 In-flight Pre-flight
 Taxi Other:

AIRCRAFT / AIRWORTHINESS STATUS	MISSION	REPORTER ORGANIZATION
<input type="checkbox"/> Aircraft released for service <input type="checkbox"/> Aircraft records completed <input type="checkbox"/> Aircraft required documents aboard <input type="checkbox"/> Not released for service <input type="checkbox"/> Unknown	<input type="checkbox"/> Passenger <input type="checkbox"/> Personal <input type="checkbox"/> Cargo / Freight <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Training <input type="checkbox"/> Ferry (Select Organization) <input type="button" value="v"/> Other: <input type="text"/>
TYPE OF AIRCRAFT (MAKE / MODEL) AND ENGINE TYPE		
Type of Aircraft <input type="text"/>	Series <input type="text"/>	ATA Code <input type="text"/>
Aircraft zone <input type="text"/>	Engine model <input type="text"/>	Other <input type="text"/>
DESCRIBE EVENT/SITUATION		
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<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		
CHAIN OF EVENTS - How the problem arose - Contributing factors - How it was discovered - Corrective actions	HUMAN PERFORMANCE CONSIDERATIONS - Perceptions, judgements, decisions - Factors affecting the quality of human performance - Actions or inactions	
MAINTENANCE FORM		<small>v1.3.2</small>
NASA ARC 277D (May 2009)		
<input type="button" value="Reset Form"/> <input type="button" value="View Printable Format"/> <input type="button" value="Submit Report"/>		

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Thank you for your contribution to aviation safety!



Back

Continue to Report

CABIN FORM

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

HOME HOURS

OTHER HOURS

NAME

ADDRESS/PO BOX

ADDRESS LINE 2

CITY STATE ZIP

TYPE OF EVENT/SITUATION

DATE OF OCCURRENCE (MM/DD/YYYY)

LOCAL TIME (24 HR. CLOCK) [HH:MM]

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

REPORTER

EXPERIENCE

- Flight Attendant (FA)
- FA in charge
- Off-Duty FA
- 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: (e.g. B737) NOT "N#". Flt #, etc.

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 HH:MM (Local Time)

Cabin Activity

(Check all that apply)

- Boarding
- Beverage service
- Cart service
- Other:
- Deplaning
- Meal service
- Tray service
- Safety related duties, specify

OPERATOR

FLIGHT PHASE

WEATHER

LIGHTING

(Select Operator)

(Select Phase)

- Clear
- Cloudy
- Rain
- Fog
- Turbulence
- Snow
- Thunderstorm
- Ice
- Unknown

- CABIN
- OUTSIDE
- High Daylight
- Medium Night
- Low
- Off

Other:

Other:

EVENT CHARACTERISTICS

Reset

Reporter's location in aircraft at time of event Reporter's activity at time of event Was a passenger directly involved in the event? Yes NoDid this event result in an injury? Yes Noto passenger? Yes Noto crew? Yes NoWas fire / smoke involved in the event? Yes NoWas there an evacuation during or as a result of this event? Yes No

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.

CHAIN OF EVENTS

- How the problem arose
- Contributing factors

- How it was discovered
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgements, decisions
- Factors affecting the quality of human performance

- Actions or inactions

NASA ARC 277C (May 2009)

CABIN FORM

v1.3.2

Reset Form

View Printable Format

Submit Report

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Thank you for your contribution to aviation safety.

▶ General Report Form	e.g. Pilot, Dispatcher, & Other
▶ ATC Report Form	e.g. Air Traffic Controller
▶ Maintenance Report Form	e.g. Repairman, Mechanic, Inspector
▶ Cabin Report Form	e.g. Cabin Crew
▶ UAV Form	e.g. UAV Operators

ERS Resources

- ▶ [Frequently Asked Questions \(FAQ\)](#)
- ▶ [Online Security Tips](#)
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3. Fill out the form on the computer. To print a copy for your records, you must print it BEFORE clicking Submit. Keep the copy in a secure location. **The NASA ASRS team suggests that you do not save your completed report to a shared (e.g., company) computer.**
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Continue to Report

UAS FORM

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

HOME HOURS

OTHER HOURS

NAME (required)

ADDRESS LINE 1 (required)

ADDRESS LINE 2

CITY (required) STATE ZIP (required)

TYPE OF EVENT/SITUATION

DATE OF OCCURRENCE (MM/DD/YYYY)

MM/DD/YYYY

LOCAL TIME (24 HR. CLOCK) [HH:MM]

HH:MM

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

REPORTER

FLYING TIME (IN HOURS)

- Remote Operator
- Visual Observer
- Member of Crew
- Authorization Holder
- Waiver Holder
- Drone Customer

- Unrelated to operations
- Instructor yrs
- Other:

Total Time: hrs

Last 90 Days: hrs

Time in Type: hrs

CERTIFICATES & RATINGS

ATC EXPERIENCE

(Select UAS Category)

- Flight Instructor Instrument
- Multiengine Private/Commercial Pilot
- Other:

- FPL
- Developmental

Radar yrs Supervisory yrs

Non-Radar yrs Military yrs

AIRSPACE

CONDITIONS / WEATHER ELEMENTS

LIGHT / VISIBILITY

ATC / ADVISORY SVC.

- Class A
- Class B
- Class C
- Class D
- Class E
- Class G
- Special Use
- TFR

(Select Condition)

- Fog Snow
- Hail Thunderstorm
- Haze/Smoke Turbulence
- Icing Windshear
- Rain
- Other:

(Select Light)

Ceiling: feet

Visibility: miles

(Select ATC)

ATC Facility Name:

AIRCRAFT 1

Your Aircraft Type

(Make / Model, e.g. DJI Phantom 4, Parrot Disco, Yuneec Typhoon, etc)

Type of Event (Select Event Type)

IF MORE THAN ONE AIRCRAFT WAS INVOLVED, PLEASE ADD AN ADDITIONAL AIRCRAFT. **Add Aircraft**

LOCATION **Reset** | **CONFLICTS** **Reset**

Altitude: (single value) MSL AGL

Distance: and/or **Radial:** (bearing) from:

Airport **ATC Fac**

Intersection **NAVAID**

Estimated miss distance in feet:

Horizontal Vertical

Was evasive action taken? Yes No

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.

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- Actions or inactions

NASA-ARG 277# **UAS FORM** OMB No. 2700-XXXX Eip: mm/dd/yyyy

Reset Form **View Printable Format** **Submit Report**

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▶ Rotary-Wing Form	e.g. UAV Operators

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RotaryWing Form

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

HOME HOURS
OTHER HOURS

NAME (required)
ADDRESS/PO BOX (required)
ADDRESS LINE 2
CITY (required) STATE ZIP (required)

TYPE OF EVENT/SITUATION
DATE OF OCCURRENCE (MM/DD/YYYY)
LOCAL TIME (24 HR. CLOCK) [HH:MM]

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

REPORTER <input type="button" value="Reset"/>		FLYING TIME (IN HOURS)	
<input type="radio"/> Captain	<input type="radio"/> Single Pilot	Total Time: <input type="text"/> hrs	
<input type="radio"/> First Officer	<input type="radio"/> Instructor	Last 90 Days: <input type="text"/> hrs	
<input type="radio"/> Pilot Flying	<input type="radio"/> Dispatcher: <input type="text"/> yrs	Time in Type: <input type="text"/> hrs	
<input type="radio"/> Pilot Not Flying	<input type="radio"/> Other: <input type="text"/>		
<input type="radio"/> Relief Pilot			
<input type="radio"/> Check Airman			
CERTIFICATES & RATINGS		ATC EXPERIENCE <input type="button" value="Reset"/>	
<input type="text" value="(Select Certificate)"/> <input type="button" value="v"/>	<input type="radio"/> FPL	<input type="radio"/> Developmental	
<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Radar <input type="text"/> yrs	<input type="checkbox"/> Supervisory <input type="text"/> yrs	
<input type="checkbox"/> Instrument	<input type="checkbox"/> Non-Radar <input type="text"/> yrs	<input type="checkbox"/> Military <input type="text"/> yrs	
<input type="checkbox"/> Multiengine			
<input type="checkbox"/> Flight Engineer			
<input type="checkbox"/> Other: <input type="text"/>			
AIRSPACE	CONDITIONS / WEATHER ELEMENTS	LIGHT / VISIBILITY	ATC / ADVISORY SVC.
<input type="checkbox"/> Class A	<input type="text" value="(Select Condition)"/> <input type="button" value="v"/>	<input type="text" value="(Select Light)"/> <input type="button" value="v"/>	<input type="text" value="(Select ATC)"/> <input type="button" value="v"/>
<input type="checkbox"/> Class B	<input type="checkbox"/> Fog	<input type="checkbox"/> Snow	ATC Facility Name:
<input type="checkbox"/> Class C	<input type="checkbox"/> Hail	<input type="checkbox"/> Thunderstorm	<input type="text"/>
<input type="checkbox"/> Class D	<input type="checkbox"/> Haze/Smoke	<input type="checkbox"/> Turbulence	
<input type="checkbox"/> Class E	<input type="checkbox"/> Icing	<input type="checkbox"/> Windshear	
<input type="checkbox"/> Class G	<input type="checkbox"/> Rain		
<input type="checkbox"/> Special Use	<input type="checkbox"/> Other: <input type="text"/>	Ceiling: <input type="text"/> feet	
<input type="checkbox"/> TFR		Visibility: <input type="text"/> miles	
		RVR: <input type="text"/> feet	

AIRCRAFT 1

NASA Aviation Safety Reporting System

Enter Aircraft Type

(Make / Model, e.g. B737, NOT N #, Fit #, etc)

Operator FAR Part

Other:

Operator

Other:

Mission

Other:

Flight Plan

Flight Phase

Other:

Route in Use

Direct

Visual Approach

Airway (ID):

Oceanic

None

STAR (ID):

Vectors

Other:

SID (ID):

IF MORE THAN ONE AIRCRAFT WAS INVOLVED, PLEASE ADD AN ADDITIONAL AIRCRAFT.

Add Aircraft

LOCATION

Reset

CONFLICTS

Reset

Altitude: (single value)

MSL AGL

Distance: and/or Radial: (bearing) from:

Airport

ATC Fac

Intersection

NAVAID

Estimated miss distance in feet:

Horizontal

Vertical

Was evasive action taken?

Yes No

Was TCAS a factor?

TA RA No

Did terrain warning system activate?

Yes No

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.

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