



# AFA-CWA FUME EVENT REPORTING FORM

Event date:	Flight number:	A/C type:	Airline:	
Aircraft tail no. (if known):	Scheduled departure - arrival (airport codes):		Position onboard:	
Name:	Initials of person completing form (or "SELF"):	Base:	Phone:	Email:

## Section 1 - Description of cabin conditions (check all those that apply)

Description Fumes/Odor	Intensity Fumes/Odor	Source Fumes/Odor	Location In Cabin Fumes/Odor	Phase of Flight Fumes/Odor
<input type="checkbox"/> Acrid <input type="checkbox"/> Chemical <input type="checkbox"/> Deicing <input type="checkbox"/> Dirty socks <input type="checkbox"/> Exhaust <input type="checkbox"/> Electrical <input type="checkbox"/> Fuel <input type="checkbox"/> Musty/moldy <input type="checkbox"/> Oily/burnt oil <input type="checkbox"/> Vomit <input type="checkbox"/> Other:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> Nauseating	<input type="checkbox"/> Cabin air supply vents <input type="checkbox"/> Cabin item <input type="checkbox"/> Galley equipment <input type="checkbox"/> Lav <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	<input type="checkbox"/> Fwd. cabin <input type="checkbox"/> Mid cabin <input type="checkbox"/> Aft cabin <input type="checkbox"/> Fwd. galley <input type="checkbox"/> Fwd. jumpseat (if not in galley) <input type="checkbox"/> Fwd. lav <input type="checkbox"/> Aft galley <input type="checkbox"/> Aft jumpseat (if not in galley) <input type="checkbox"/> Aft lav <input type="checkbox"/> Flight deck	<input type="checkbox"/> Gate (pre-flight) <input type="checkbox"/> Engine start/pushback <input type="checkbox"/> Taxi-out <input type="checkbox"/> Take-off/climb <input type="checkbox"/> Cruise <input type="checkbox"/> Descent <input type="checkbox"/> Landing/taxi-in <input type="checkbox"/> Gate (post-flight)
	<b>Visible Smoke or Haze?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>If fumes are coming from air supply vents, explanation outside the cabin (e.g., deicing operation, engine exhaust)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes; check any that apply: <input type="checkbox"/> deicing <input type="checkbox"/> exhaust <input type="checkbox"/> other:		<b>Change in Flight Plan?</b> <input type="checkbox"/> No <input type="checkbox"/> Diversion, incl. RTB <input type="checkbox"/> Return to gate <input type="checkbox"/> Flight delay <input type="checkbox"/> Flight canceled/aircraft swap

## Section 2 – Reported symptoms/medical assistance (check all those that apply)

Reported Symptoms	1+ FA	1+ Pilot	1+ Pax	Medical Assistance Onboard	
Abnormal taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Medical assistance requested by...</b> <b>1+ flight attendant?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>1+ pilot?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know <b>1+ passenger?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	<b>Type of medical assistance:</b> <input type="checkbox"/> Airport firefighters <input type="checkbox"/> Clinic <input type="checkbox"/> ER <input type="checkbox"/> Medlink/Global <input type="checkbox"/> Onboard <input type="checkbox"/> Paramedics <input type="checkbox"/> Other: <b>Oxygen used?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes; 1+ flight attendants <input type="checkbox"/> Yes; 1+ pilots <input type="checkbox"/> Yes; 1+ passengers
Abnormal vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Breathing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cough/wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fatigue/weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Irritated eyes/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Nausea/upset stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Slowed thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tingling/numbness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other:					If symptoms, get medical attention; Bring Safety Data Sheet for oil/hydraulic + information for doctors to all appointments; see: <a href="https://bit.ly/AFafumes">https://bit.ly/AFafumes</a>



# AFA-CWA FUME EVENT REPORTING FORM

## Section 3 – Reporting/additional Information

Did you report to the company?	Disciplined for reporting fumes?	Smoke/cause of fumes? (can select more than one)	
<input type="checkbox"/> No (If no, reporting instructions here: <a href="https://www.afacwa.org/fume_events">https://www.afacwa.org/fume_events</a> ) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, whistleblower reporting info.: <a href="https://ashsd.afacwa.org/docs/WBrep.pdf">https://ashsd.afacwa.org/docs/WBrep.pdf</a> )	<input type="checkbox"/> Don't know <input type="checkbox"/> Hydraulic fluid <input type="checkbox"/> Oil <input type="checkbox"/> No fault found	<input type="checkbox"/> Faulty/failed seal <input type="checkbox"/> Over-servicing <input type="checkbox"/> Pack burn <input type="checkbox"/> <b>Other:</b> (write in Sec. 4)
Filed for workers' compensation?	Did pilots report fumes in logbook?	Other documentation available?	
<input type="checkbox"/> Not applicable <input type="checkbox"/> No (If no, instructions to file here: <a href="https://www.afacwa.org/fume_events">https://www.afacwa.org/fume_events</a> ) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	<input type="checkbox"/> Airline report <input type="checkbox"/> Media report	<input type="checkbox"/> SDR report <input type="checkbox"/> <b>Other:</b>

## Section 4 – Notes/Additional Information