



FLIGHT IRREGULARITY REPORT SP002

This form is used by CREW OR OPERATIONS to report flight operations irregularities to the Director of Operations, DOM (when applicable) and the Safety Manager Use First Report of Injury for passenger or crew injury, in addition to this report.

Table with 5 columns: DATE, AIRCRAFT N #, FLIGHT #, TIME (local), LOCATION. Includes rows for REJECTED TAKEOFF, BIRD / LIGHTNING STRIKE/CFIT, USE OF PIC EMERGENCY AUTHORITY, DEVIATION FROM ATC CLEARANCE, HARD LANDING, MAINTENANCE OTHER: ELECTRICAL HYDRAULIC, TRANSMISSION, ETC, ENGINE FAILURE INFLIGHT, IMPROPER AIRCRAFT LOADING/ WEIGHT AND BALANCE, OTHER ENGINE ISSUES, AIR TRAFFIC CONTROL DIFFICULTIES COMMUNICATIONS FAILURES, WEATHER RELATED ISSUES, DE-ICING PROBLEMS, TAXI INCIDENT / ACCIDENT, SICK OR INJURED PASSENGER OR CREWMEMBER, NEAR MIDAIR COLLISION, OTHER IRREGULARITY, ENGINE CHIP ISSUES, TRANSMISSION CHIP ISSUES.

PASSENGER: ILLNESS INJURY OTHER

PASSENGER CONDUCT PROBLEM

7

10

PAXNAME: _____

NAME: _____

8

CPR ADMINISTERED _____

SEAT: _____

(Name of person performing CPR)

DOCTOR OR HEALTH PROFESSIONAL ASSISTING

REASON: _____

9

NAME: _____

SECURITY CALLED: _____

(DIRECTOR OF OPERATIONS NOTIFICATION REQUIRED IF EMTs WERE REQUESTED TO MEET THE FLIGHT)

Table with 3 columns: CREW, NAME, EMPLOYEE NO. Row 1: Name 11.

See body of report on page 2 of this form

12

13

Signature of Pilot/Crew/Operations preparing this report



FLIGHT IRREGULARITY REPORT (continued)

Narrative of Occurrence and Additional Information:

Empty box for narrative of occurrence and additional information.

FLIGHT IRREGULARITY REPORT (FIR) INSTRUCTIONS

Pilots or Operations shall use this form for required written reports. Station Managers and Gate Agents may also use this FIR to report irregularities on the ground. Online submission, FAX or submit in person to the DOO or Quality & Safety Manager. "Intent to fly" should be the requirement to use this form in lieu of the Ground Occurrence Report.

Entries: (Refer to numbering on page 1 of this form as shown in the MH Forms Catalog)

1. Enter date irregularity occurred
2. Enter FULL aircraft number.
3. Enter flight number assigned. If no flight number assigned enter TYPE of flight (training, maintenance, ferry).
4. Enter time irregularity occurred (local time at location of occurrence).
5. Location of irregularity; will generally be the departure or destination airport (if in-flight, reference nearest airport).
6. Check appropriate boxes. Boxes which contain the statement (**Dir. Ops. Notification required**) or (**Dir. Ops. & Maintenance Notification required**) require that the person completing the report make immediate verbal contact with the Director of Operations (DO) AND the DOM (or their delegates) as soon as possible.
7. Enter passenger name and check appropriate block in cases of passenger illness or injury.
8. If CPR was administered, enter the name of person who performed it (Dr., RN, paramedic, qualified passenger, etc.).
9. List name of doctor or health professional assisting (If applicable).
10. Enter passenger name and seat assignment in all cases of unruly or intoxicated passenger problems (including smoking Incidents, failure to follow crew instructions, etc.). Check appropriate block(s) and state reason if passenger was deplaned.
11. Enter the names & employee numbers of flight crew and dispatcher (and Aircrew, if present).
12. For each item checked give complete details. Be specific. Outline times, places, and reasons for actions taken. Use page 2 for body of report to describe the irregularity or incident in detail.
13. Signature in Ink (required) of Pilot or Dispatcher preparing report.

Report due within 24 hours.



Aircraft
Number:

FLIGHT IRREGULARITY REPORT SP002

Page 3 of 3

Technician's Report of Corrective Action Taken:

<u>Airframe Serial Number</u>	<u>Airframe Total Hours</u>	<u>Last Maintenance Check Completed</u>	<u>Date of Last Check</u>	<u>Hours Carried Out</u>
<u>Primary Affected / Failed Component (1)</u>	<u>Part Number (1)</u>	<u>Part Serial Number (1)</u>	<u>TSN (1)</u>	<u>TSO (1)</u>
<u>Primary Affected / Failed Component (2)</u>	<u>Part Number (2)</u>	<u>Part Serial Number (2)</u>	<u>TSN (2)</u>	<u>TSO (2)</u>
_____ Technician (Printed Name)		_____ Date	_____ Time	
_____ Maintenance Manager / Lead Technician Review (Printed Name)			_____ Date	

Director of Operations / Chief Pilot Review

Manager Comments:

Customer Delay: YES NO _____ Hrs. _____ Tenths

Incomplete Report: YES

_____ Director of Operations / Chief Pilot (Printed Name)	_____ Date
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Mandatory Report: YES NO

Date MOR Filed:

FAA/CAA Advised: YES NO

Company Investigation: None Open Closed

Manufacturer Advised: YES NO

Additional Information:

_____ Name and Title of Person Reviewing this report	_____ Date
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