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.

DATE	AIRCRAFT N #	FLIGHT #	TIME (local)	LOCATION
1	2	3	4	5

REJECTED TAKEOFF		BIRD / LIGHTNING STRIKE/CFIT	
USE OF PIC EMERGENCY AUTHORITY		DEVIATION FROM ATC CLEARANCE	
INFLIGHT FIRE / SMOKE		FLIGHT CONTROL FAILURES	
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

PAX NAME: _____ 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)

CREW	NAME	EMPLOYEE NO.
	11	

See body of report on page 2 of this form
12

13

_____
Signature of Pilot/Crew/Operations preparing this report

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FLIGHT IRREGULARITY REPORT (continued)

Additional information and narrative of occurrence:

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. FAX or submit in person to the DOO or Safety Manager

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 ACM, 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.

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ASR Reference Number

Aircraft Number:

Technician's Report of Corrective Action Taken:

Airframe Serial Number	Airframe Total Hours	Last Maintenance Check Completed	Date of Last Check	Hours Carried Out

Primary Affected / Failed Component (1)	Part Number (1)	Part Serial Number (1)	TSN (1)	TSO (1)
Primary Affected / Failed Component (2)	**Part Number (2)**	**Part Serial Number (2)**	**TSN (2)**	**TSO (2)**

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

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