

# NASA ASRS

<https://asrs.arc.nasa.gov/report/electronic.html>



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ASRS captures confidential reports, analyzes the resulting aviation safety data, and disseminates vital information to the aviation community.

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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](#)

### WAKE VORTEX

### ENCOUNTER STUDY

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To report electronically, select an ASRS Report Form:

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

#### ERS Resources

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

## 4 Steps to Report Electronically

1. **Review the ERS Frequently Asked Questions (FAQ).** Browser settings and mobile device compatibility details are in the [ERS FAQ](#) and are important to the success of your report submission. Be sure your computer is secure and clear of vulnerabilities (see [Online Security Tips](#)).
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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IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip.  
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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

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

Single Pilot  
 Instructor  
 Dispatcher:  yrs  
 Other:

## FLYING TIME (IN HOURS)

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

## CERTIFICATES & RATINGS

( Select Certificate )   
 Flight Instructor  
 Multiengine  
 Other:

Instrument  
 Flight Engineer

## ATC EXPERIENCE

FPL  
 Developmental

Radar  yrs  
Supervisory  yrs  
Non-Radar  yrs  
Military  yrs

## AIRSPACE

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

## CONDITIONS / WEATHER ELEMENTS

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

Snow  
 Thunderstorm  
 Turbulence  
 Windshear

## LIGHT / VISIBILITY

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

## ATC / ADVISORY SVC.

( Select ATC )   
ATC Facility Name:

### AIRCRAFT 1

NASA Aviation Safety Reporting System

**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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NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.



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 / clnc 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**

**Reset**

**CONFLICTS**

**Reset**

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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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.

## 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>		
<b>CHAIN OF EVENTS</b> - How the problem arose - Contributing factors - How it was discovered - Corrective actions	<b>HUMAN PERFORMANCE CONSIDERATIONS</b> - Perceptions, judgements, decisions - Factors affecting the quality of human performance - Actions or inactions	
<b>MAINTENANCE FORM</b>		<small>v1.3.2</small>
<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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IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip.  
NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.



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 <input type="button" value="Reset"/>	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 <input type="button" value="Reset"/>
----------	--------------	---------	---

( Select Operator )

Other:

( Select Phase )

Other:

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

- |                              |                                |
|------------------------------|--------------------------------|
| CABIN                        | OUTSIDE                        |
| <input type="radio"/> High   | <input type="radio"/> Daylight |
| <input type="radio"/> Medium | <input type="radio"/> Night    |
| <input type="radio"/> Low    |                                |
| <input type="radio"/> Off    |                                |

## 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

## From the NASA Aviation Safety Reporting System:

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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](#)
- ▶ [Contact ERS](#)

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Back

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: Horizontal  Vertical

Airport  ATC Fac

Intersection  NAVAID

Estimated miss distance in feet:

Was evasive action taken?  Yes  No

**DESCRIBE EVENT/SITUATION**

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

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

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▶ <b>General Report Form</b>	e.g. Pilot, Dispatcher, & Other
▶ <b>ATC Report Form</b>	e.g. Air Traffic Controller
▶ <b>Maintenance Report Form</b>	e.g. Repairman, Mechanic, Inspector
▶ <b>Cabin Report Form</b>	e.g. Cabin Crew
▶ <b>Rotary-Wing Form</b>	e.g. UAV Operators

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Back

Continue to Report

# 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

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

**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.

[Reset Form](#)

[View Printable Format](#)

[Submit Report](#)

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