# **CHIRP FEEDBACK**

Issue No: 108

# **EDITORIAL**

I am indebted to my predecessor, Peter Tait, for his comprehensive handover to me as the incoming Chief Executive at CHIRP. As the enormity of attempting to follow his hugely successful 18 years in charge sank in, I confess to having swallowed hard at the "you have control" moment. On behalf of all of us in aviation, I would like to thank him for his outstanding work in promoting safety and wish him the long and happy retirement he so richly deserves.

Despite his efforts, some of the issues Peter worked hard to resolve remain open. One of these is the use of sickness absence data in redundancy criteria. We have received four more reports on the subject, which I have not included in this issue of FEEDBACK as it was covered comprehensively in the previous edition. It seems clear that the perception that sickness absence data might be used for this purpose is incompatible with safety insofar as it discourages flight and cabin crew members from reporting sick when unfit to fly.

### FLIGHT CREW REPORTS

#### **DISPATCHER TRAINING**

**Report Text:** I operated into AAA earlier this year, and had issues with the lack of understanding and severe lack of cooperation from the dispatcher assigned to my flight. The dispatcher seemed disorganized, and failed to listen to instructions from either myself or my cabin crew, upsetting them in the process. He advised me well before departure time that there would be a Last Minute Change (LMC) to the loadsheet, which was in excess of that permitted by the company.

Company procedures required a completely new loadsheet to be completed by the dispatcher if the LMC limits were exceeded. I instructed the dispatcher of this, who responded in an indifferent and rude way, appearing not to understand, so I told him a second time what would be needed. The dispatcher then disappeared, coming back to the cockpit about 10 minutes before push-back time, with the original loadsheet filled in with the LMC he previously mentioned: well in excess of what is allowed. I again explained the correct procedure, and was told bluntly to "sign, sign" (sign the loadsheet). I then explained politely for a fourth time what the LMC limits were, and that he would have to complete a new form, in accordance with company procedures. He again refused, telling me to "sign".

At this point both my First Officer and I were bemused by this strange and ignorant behaviour, and were getting concerned we would be delayed. I then had to explain a fifth time, very firmly, that he would need to do another load sheet or the flight would not be departing that day. He then claimed there were no airbus loadsheets in the airport! I explained that this meant a cancellation. At this point, he disappeared, coming back ten minutes later with a newly completed loadsheet. We departed about 10-15 minutes late, having debriefed the dispatcher about the requirements for accurate load information, and the fact it was his responsibility to furnish the flight with a form properly completed in accordance with the ground handling manual.

I operated into AAA again yesterday and was met by a different dispatcher. Again there was an LMC made to the loadsheet, which was incorrect (a baggage LMC of almost two tonnes). This, not surprisingly, is well over what is allowed by the company without a new loadsheet, and equated to the entire baggage load! Mistakes do happen, so I explained to the dispatcher that this was outside what was allowed. His response? "Sign, sign". I explained to him what an LMC was, and the limits and he asked me to just sign the form. It was apparent he did not actually know 1) what an LMC was, and 2) how an LMC was noted on the form, let alone what the limits were.

Having raised this very issue with my company through their ASR scheme, and been contradicted by the investigator, I was faced with exactly the same issue again.

Clearly the company does not wish to address the issue of ground staff training/knowledge at this airport. Why? Ultimately, safety is the issue here, and it is just possible a crew that is late or rushing might not spot the gross errors that appear to be the norm at AAA. I have some sympathy with the dispatchers whom may be poorly paid and not properly trained. I, for one, think safety is the number one priority, however, and I won't compromise on this - even if the company turn a blind eye.

Lessons Learned: Check the loadsheet very carefully, and don't be rushed by the dispatcher. If they don't cooperate, explain slowly and clearly the consequences e.g. this aircraft is not moving until you do this properly. Feedback safety information to the operator, but don't expect them to act on it.

CHIRP Comment: In some States dispatchers are licensed, whereas in other States the situation is similar to the UK. In either case, the operator is obligated to ensure that ground staff are adequately trained. A complication is that many contracted agencies work for several airlines with different procedures; this makes it difficult for the ground service staff to maintain familiarity with each operator's procedures. Nevertheless, operators are not permitted to delegate responsibility for the competence of contracted ground staff and thus should audit this as part of their Safety Management System. Investigations are on-going.

#### **STANDARD OPERATING PROCEDURES**

A Flight Crew report has been received about the difficulty of ensuring common practices and SOPs across different operating bases.

**Report Text:** Each base has a Captain in charge of standards with oversight of the operation at local level. They appear to be requesting feedback from local crews, collecting the information, then deciding what the "local SOP" should be on the issue without disseminating that information network wide. [The reporter cites a specific example of advice about options for Limited Visibility Operations being promulgated by e-mail.] Surely if a situation is not currently covered by an SOP and a change or new SOP is required then this should be discussed with the post holder and a notice to crew be issued before the next manual revision.

CHIRP Comment: CHIRP has been in touch with the operator, who has confirmed that this particular piece of information was guidance material only and not an SOP change: this guidance material also resides in the relevant aerodrome briefing document. The operator also stated that the Captain responsible for managing 'operational standards' in base is empowered to publish guidance material where this is deemed appropriate, as it was in this case. The operator also stated that any SOP change will only be implemented after a thorough review and safety assessment by the specific Flight Ops group responsible for management of SOPs, and that any change to an SOP will only be introduced by an amendment to the Operations Manual or by a Crew Notice.

#### **OPERATIONAL PLANNING - TURNROUND TIMES**

**Report text:** I recently had a duty involving a delay that raised issues and I contacted management over them. I had what I regard as a poor answer.

On the day in question, BBB was affected by adverse weather and after a long delay it was decided to send us to CCC instead. We do not normally operate there and other operators had also chosen to go there earlier in the day. So we were faced with a destination that had freezing conditions and severely stretched ground handling services. We were planned for a 30 mins turnaround; it actually took 1hr 30mins including the inevitable de-icing.

On this issue of realistic planning times, the company responded that plans are based on a 6-month average on block times and extended turnround times for rebriefing, crew meals etc. On this occasion standard planning turnaround was used based on the information provided by CCC. It was not clear how much time would have been required for de-icing in the event that it was required. On this basis the Captain and First Officer were 10 minutes within FTL and discretion was not foreseen.

It appears to me that the company concedes that it is systemically planning unrealistically with the result that we inevitably go into discretion over a disrupted two-sector duty. This is especially true over winter. The average would largely remove the winter disruption effects.

I note that 30 mins is the minimum time allowed for turnaround anywhere and that was applied to the night in question. (Despite some more difficult destinations routinely allocated a longer turnround on normal operations) Is this likely to be a genuine average? The minimum? I believe there was a certain 'whitewashing' in the company's reply as they admitted to me the handlers would be stretched and the WX forecast was freezing conditions. Yet the company insisted that they had to use 30 mins, as that was 'the system'. The plan was impractical from outset. It played exactly as I expected and had told the ops controller.

Strange the company states they could not plan around how long we needed for de-icing. So the plan was for none at all! (Is it just me who sees this as ridiculous?)

So the question: Is this an acceptable practice under the CAA?

Even taking the whole at face value, I am especially dubious about the idea of using an average figure for planning then applying it to the actual case. It is designed to be too low on all occasions when difficulties are encountered even if difficulties are known or predictable before the flight(s). FTLs are actual, on the day limits, not averages. Does this not mean that the company are planning crew into discretion?

CHIRP Comment: The reporter's comments were referred to the CAA. The CAA FTL specialist endorsed the basis on which the operator's schedule had been planned but emphasised that operators should delegate authority to Operations Departments to enable them to assess and re-plan in liaison with the aircraft commander as the local conditions demanded.

The CAA reviews discretion reports; if systematic use of discretion was identified on a particular route the schedule should be adjusted accordingly. One-off occasions such as that described were harder to track but Operations Departments should take into account the circumstances on the day.

#### FLIGHT TIME LIMITATIONS (FTLs)

Report Text: Recently my airline has acquired a new type of aircraft that is designed to be operated with two pilots and has no crew rest facilities. The company now uses 'augmented crew' rules to push the FDP out by another 45 mins. Under these rules a third pilot is supposed to sit on the flight deck simply to be present. He or she is not there to provide relief as there is no crew rest facility. This practice has been widely used in the charter world and results in continuous abuse. Most crews will swap around and allow the operating crew a break and in most cases this break is taken on the flight deck floor with all manner of ingenious ideas being introduced (blow up Lilos, duvet mattresses etc). If the public were aware of what goes on I am sure they would be appalled but not withstanding this I have two issues that the authorities should be aware of. First, are they aware that crews rostered to operate under 'augmented crew' rules are using the augmented pilot as relief, without the required crew rest facilities? Second, and perhaps more to the point, how do the authorities calculate that somehow two pilots will be less fatigued if there is a third pilot present? This area of FTLs is being widely abused and poorly controlled; most operators are abusing its intended use for their own gain.

Lessons Learned: FTLs in respect of 'augmented crew' require review.

CHIRP Comment: Reports on this topic have increased in the recent past due to the replacement of aircraft that had flight crew rest facilities with a different aircraft type without such facilities. Although the Flight Duty Periods associated with both types do not require an augmented crew and can be undertaken in accordance with the CAP371 'three pilot' alleviation, the on-board rest facilities had been used previously. CHIRP is advised that this long-standing provision in CAP371 is unlikely to be changed prior to the implementation of the new European rules on Flight Time Limitations. Under these rules there will be either 'two pilot' limits or augmented flight crews must be provided with suitable on-board rest facilities.

#### Loss of Communications

Report Text: On a routine flight from the UK to Germany, an experienced crew were approaching the end of a long, direct leg from the UK/Amsterdam boundary to Germinghausen (GMH). Reception on the primary, radio in-use had fallen silent. Attempts to contact Maastricht on the assigned frequency failed. The initial attempt at contact on 121.5 on the third radio, which was being used to monitor Guard, was met with silence until it was realised that the volume needed to be increased to obtain audible reception. On being assigned a Rhein frequency, the crew were horrified to discover that, whilst all had seemed normal to them, interceptor aircraft had or were about to be launched!

How had this come about? London gave a 'direct to GMH' and later the Maastricht frequency, 135.960, which was read back. However, Maastricht did not hear the crew check in on the assigned frequency before ATC agencies and other aircraft attempted to make radio contact without success. On the aircraft. the missed check-in had somehow passed unnoticed and attempts by both ATC and other aircraft to make contact were not heard. In a sequence of events around the time of the handover to Maastricht: the volume on 121.5 had to be reduced because of prolonged voice activity on the Guard frequency interfering with normal radio communications, the Amsterdam weather was briefed to the Pilot Handling, there was a call and conversation with the cabin crew. Somehow, these events combined for long enough to interfere with a routine radio checkin. This situation, it seems, was exacerbated by a problem with the radio. From the point at which the frequency was changed, there was voice reception that sounded normal enough to the crew so as not to alert them to a radio problem but which was either intermittent or was from a frequency other than that Later, the radio appeared to fail assigned. completely.

Lessons Learned: Following the incident the crew assessed the incident in order to highlight potential contributory factors and the lessons that can be drawn from the experience.

1. Both pilots are highly experienced on type and with the route and company operation. Possible effect: We have a flight deck with a low command gradient, which may have led to a reduced level of vigilance and cross-monitoring due to mutual assumptions about performance levels.

2. Other aircraft appeared to be using 121.5 as a casual "Chat" frequency. If crews are forced to cease their monitoring of 121.5 because of inappropriate use acting as an unacceptable distraction, then it is unavailable for ATC to use as alternative frequency.

3. The incident aircraft is unusual in that it is fitted with three VHF Transceivers rather than the more usual two - this had widely been perceived as a safety benefit because we could always have the no. 3 box tuned to 121.5 and monitoring Guard. Possible effect: The use of a unique transceiver for monitoring Guard creates a latent failure condition since there is nothing to remind the crew to restore the volume to audible levels or to indicate a failure of the receiver.

4. The flight deck access procedures mandated following 9/11 invariably require one pilot to discontinue their monitoring of radio communications to contact the cabin crew in order to follow correct access protocols. If this occurs at

the same time as other operational actions, there is potential for work sequences to be broken and actions to be missed. The company and crew need to consider the level of priority given to answering routine non-emergency cabin crew communications when faced with other operational demands.

5. Following the incident flight, the Captain reported a possible radio problem with VHF COM 1. The control heads of VHF COM 1 and VHF COM 2 were interchanged by the engineer for troubleshooting. The following day reception on VHF COM 2 (the control head of which had been on VHF COM 1 when the loss of contact incident occurred) was intermittent. Given the intermittent nature of the failure, the crew may have been hearing enough communications on the assigned frequency to give them the impression that they had a functioning radio, but crucially may unwittingly have been missing specific calls to them.

6. Unusually, the aircraft was given a direct track to GMH VOR by London ATC. As this routing crosses two FIR boundaries from London airspace, it is normally only given by Maastricht ATC. Possible effect: The mental model created by the crew that they were in normal contact with Maastricht might have been subconsciously reinforced by the direct routing to GMH, the logic being "We are routing direct to GMH, therefore we must be under positive control by Maastricht".

CHIRP Comment: The crew should be commended for their diligence in analysing the factors relevant to the incident. Their report brings out the old lesson that when it all goes quiet, it is wise to suspect equipment integrity, check volume controls and don't say anything you wouldn't want broadcast to the world in case you have a stuck transmit switch! Of note, although this crew was unfamiliar with London ATC giving direct routing across multiple FIR boundaries, it is a common procedure when conditions allow. The improper use of 121.5 is a longstanding issue. However, much of the evidence is anecdotal. Unless and until crews report formally instances in which 121.5 has caused a significant distraction there will be insufficient hard data to raise the profile of the problem sufficiently to have it addressed.

#### **ROSTER MANAGEMENT**

**Report Text:** Not for the first time this summer, we were running so late that I, my FO, and three of my cabin crew would all run over midnight into rostered days off. The FO and I had worked 5 days and the crew 6. Clumsy rostering often means that crew get rostered for a late duty on their last day, leaving little margin for delay before the first day off is infringed. This has been raised with XXX by the respective unions many times - but, ultimately 'legal' if not potentially fatiguing, regardless of expecting people to work into day 7 - in the case of the crew. Being appreciative of the risk of potential fatigue this

causes, I never ask the crew if they will work into day seven - it has to be voluntary, and more importantly SAFE. Often crew say they can't/don't want to do this, but are reticent to inform crewing as they say they are afraid of retribution from their line managers. Crew state that refusing to work over midnight into day seven regularly results in 'tea, no biscuits meetings' in the office with the base crew managers, when they have to explain their actions!

Naturally, if we are concerned fatigue is the issue, the crew will not be asked to do this, but the real difficulty of the situation is that they are far more afraid of their manager than they are of working when they should not. Specifically this type of behaviour means they are unwittingly putting their disciplinary record ahead of safety. I can't say for sure what goes on in these closed-door management de-briefings with XXX cabin crew, but the effect on the crew is very clear, and an example of the worst type of fear culture that has no place in an airline with a healthy safety culture. Ultimately, the pilots are powerless to stop the crew being treated like this, and the likely outcome one day will be a serious error by a fatigued crewmember that causes an accident. Or worse.

Lessons Learned: Unfortunately nothing will help the issue except a complete change in the culture amongst company managers. Bullying of this nature is endemic.

CHIRP Comment: The CAA FTL specialist reports having worked with this operator on improving the training of some of their cabin crew managers who have gone against the required policy. The FRMS team have been robust in making sure that individuals apply the requirements as they should. The CAA will continue to provide assistance to the operator.

#### **ATIS INFORMATION BROADCASTS**

Report Text: This report relates not to one specific event but to many constantly recurring events. My flying is all regional short haul around the UK and Europe. Whilst the issue I raise may be of less importance to a long haul crew who may welcome the prospect of listening to ATIS, to a short haul crew on multi-sector duties, often at lower levels, it presents a real problem and flight safety risk. ATIS broadcasts used to be (indeed must be) concise reports of aerodrome actual weather, comprising only an identifier, a reporting time and the recent weather etc. However, over recent years the ATIS broadcast has become a vehicle for advising pilots of much secondary and often tertiary information about the airfield operation. Every second that PM (pilot monitoring) is "away" obtaining destination and alternate weather, precludes him/her from carrying out their principle role of pilot monitoring. This leaves every crew open to the safety risk of incorrect headings/levels/routings, being unable to monitor 121.5, possible configuration deviation (over speed etc) and level busts to name but a few. For example, a recent EEE ATIS broadcast had less than 40% of its duration devoted to weather information, the remaining 60% being devoted to items that had been NOTAMed, or would be mitigated by ATC. FFF ATIS still reports a taxiway as closed; this is not only NOTAMed but it has been closed for several years. Many airports report the wind as, for example, 010/01 - varying between 340 and 060. In the latter example, one has to ask if this is at all relevant? And bless the French for reporting "scattered clouds at 22000 feet". Recently many airports have taken it upon themselves to ensure that ATIS weather reports include a tag line along the lines of "pilots requesting departure clearance should contact 123.45. All pilots are to request start on 123.46. Pilots are not to request clearance until 10 minutes before departure". Another typical example of the somewhat verbose ATIS information that we must all now listen to is the permanent "pilots are advised of increased bird activity within the airfield boundary". This list of examples given is far from exhaustive but serves to illustrate adequately the issue at hand. In the writer's opinion it is about time that a European or worldwide standard is devised as to exactly what must be, and only be, reported in ATIS broadcasts.

CHIRP Comment: This long-standing problem seems to be getting worse. Although adding content to the ATIS message might be preferable to an RTF message issued to every arriving/departing aircraft, more careful consideration is required to be given to the ATIS content. Currently the content of an ATIS broadcast is specified in CAP670 but is wide-ranging in the items that can be included. The introduction of the Single European Rules of the Air might introduce changes to the content. CAA Air Traffic Standards have acknowledged the need to remind airport operators that ATIS broadcasts should be as short as possible and undertaken to raise the issue at the next ICAO European Regional Forum to seek improved standardisation in the content of ATIS broadcasts.

#### **GROUND-AIR COMMUNICATIONS**

**Report text:** As a pilot I am concerned about the apparent lack of ATC training/monitoring provided to controllers concerning individual's speech. In my humblest of opinions the issue I am about to mention appears to be confined to the skies of the UK.

On many occasions, pilots are faced with the prospect of being unable to contact an ATC frequency due to their workload. This has been discussed before and we doff our caps to the excellent job being done in keeping us safe. However, it is quite frustrating to sit waiting to check in on a frequency and be unable to do so due to no perceivable gaps in the controller's transmissions. We accept this when the controller's workload demands it, but to experience such, only to then listen to an extremely long silence (yes I have) makes one wonder if communications are being effectively managed.

Another problem pilots face is the sheer speed of the controllers' speech. I would defer to a human factors/speech expert but it strikes me that speaking excessively fast only increases the stress levels of both the speaker and the listener. Not only this but it increases the possibility of read-back error and, in conjunction with the first example, an error could go unnoticed for some time.

Excessively fast speech presents a flight safety risk that is easily avoided. Speak fast but clear in an emergency by all means, but not routinely. It begs the question; do controllers ever receive feedback on their standard/speed of speech during normal operations and is their rate of speech ever assessed?

CHIRP Comment: It is good practice for Air Traffic Service Units to monitor Controller RTF standards on a regular basis; such monitoring includes the clarity and speed of delivery in addition to the phraseology NATS, for example, has a number of used. procedures in place; these include random RT and telephone sampling as part of annual checks and assessment of RTF standards during recurrent training. When there are breaks in transmissions from controllers, they are routinely occupied with operational tasks such as coordination. Since poor standards of RT by pilots and controllers are regularly cited as causal factors in incident investigations, it behoves all those who use RT to use correct phraseology, pronunciation and delivery to minimise the risks of misheard messages.

### **GENERAL AVIATION REPORTS**

#### INSTRUMENT APPROACHES IN CLASS G Airspace

Report Text: I wish to respond to the 'Instrument Approaches in Class 'G' Airspace' report in the latest CHIRP. Class 'G' airspace is free to all users at the moment and I would suggest the approaches in it have to be flown at the pilot's own risk while maintaining separation from other traffic by lookout or radar service. For example, the GNSS approach for Shoreham Airport commences at 2200 feet, from the west just north of Parham gliding site and from the east just north of Ringmer gliding site and is not shown on charts likely to be used by non-instrument rated pilots. The base of the London TMA in this area is 2500 feet, it is also an extremely busy corridor for light aircraft transiting east-west around Gatwick the zone, gliders and hang gliders/paragliders from the various South Downs Launch sites, and yes they do get into the instrument approach area on thermic days. Is it reasonable to expect all other traffic to avoid the airspace south of the Gatwick zone in case someone wants to make an instrument approach to Shoreham? Many light aircraft are probably only there to avoid the Farnborough bottleneck.

CHIRP Comment: The report raises an important issue relating to the awareness of GA pilots to the existence of a GNSS approach procedure, particularly in cases where these were established at airfields with either a FIS or an Air/Ground Service. Although GNSS final approach paths should be adequately annotated on aeronautical charts by a fan/cone symbol, there is currently no provision for the let-down pattern to be depicted. GNSS approaches are promulgated in the UK AIP in the same manner as other instrument approaches. However, there is no requirement for pilots operating in Class G airspace to know where instrument patterns are located. Furthermore, pilots flying instrument patterns in Class G airspace have no priority over other traffic; all pilots operating in Class G airspace have an equal and shared responsibility to see and avoid other aircraft in accordance with the rules of the air. Prudent commercial operators ensure their crews are in receipt of a Cat B Aerodrome Brief before they fly in Class G airspace.

#### CABIN CREW REPORTS

#### **BROKEN PASSENGER SEAT**

Report Text: Boarding a full load of passengers, it was discovered that a broken passenger seat would not lock in the taxi/take off position and kept reclining when passenger was sitting in it; the passenger had highlighted this to crew. Engineers were called by the Senior Cabin Crew Member (SCCM); the engineers looked at the seat, reported to the SCCM that it was fixed and left the aircraft. By now boarding had reached a late stage and the passenger informed the crew that the seat was still not fixed. The SCCM informed Captain of the situation, which could now impact on punctuality; offload of the passenger may occur if seat unusable and no empty seats to utilise. The engineers returned but could not fix with time available and in front of passengers stated that the seat was not usable. The SCCM advised flight deck that situation was unresolved; the response was that we needed to get going. The engineers then said seat was ok for take off and we could go, even though no action to the seat had taken place! The ground staff left aircraft and the door was closed, leaving the SCCM to deal with an unhappy passenger sitting in a seat that was not locked in the correct position, unsafe in a crash and powerless to do anything about it. The passenger eventually accepted we were leaving and they had to put up with it. The passenger spoke with the SCCM in flight and voiced concerns that their safety came second to other factors to which the SCCM agreed with them.

Lessons Learned: A SCCM is responsible for overall cabin safety on behalf of Captain. One minute the seat is unusable and then the next it is good to use! Punctuality seems to over ride everything these days.

CHIRP Comment: A defective seat is unsafe for its occupant and potentially for the passengers in front and behind. The crew should record the defect in the aircraft log. Once the defect has been raised in this way, the aircraft cannot be dispatched until the engineers have cleared the entry in the log. This would be done either by repairing the seat or by making it safe for flight without an occupant.

#### **Civil Aviation Authority**

#### SAFETY NOTICES

The following Safety Notices have been issued since July 2013 and can be accessed via the Publications Section of the CAA Website <u>www.caa.co.uk</u>:

1 July 2013 - SN-2013/011 – Policy Change to CAA Requirements for Check Flights

16 July 2013 – SN-2013/012 – Small Unmanned Aircraft – Security of Antenna Mounts

22 July 2013 - SN-2013/013 - Loading Vehicles onto Aeroplanes

**12 August 2013 – SN-2013/014 –** Accessibility of Life Jackets or Other Approved Flotation Devices for Infants

22 August 2013 – SN-2013/016 – Establishment of a Temporary Transponder Mandatory Zone – Exeter International Airport

23 August 2013 – SN-2013/017 – Notification of CAA Policy Regarding Downlink and Display of Airborne Collision Avoidance System Resolution Advisory System

6 September 2013 – SN-2013/018 – Wake Turbulence Encounters between Heavy Category Aircraft on Departure

#### Civil Aviation Authority

INFORMATION NOTICES

Details of recently issued Information Notices are available on the CAA website.

If you wish to contact the CAA Flight Operations Inspectorate or to report any safety matter which is outside the scope of the MOR Scheme please e-mail the CAA at:

flightoperationssafety@caa.co.uk

# Calling all pilots....NATS needs you!

# Training in Unusual Circumstances and Emergencies

TRUCE is an annual mandatory requirement for ATCOs to maintain their ratings within their licenses.

We run about 100 combined facilitated classroom and simulator sessions each year to enhance our controllers' understanding and knowledge in dealing with abnormal circumstances. These take place at our training facility in Hampshire and are greatly enhanced by having the involvement of commercial pilots.

If you would be interested in joining us on any of our TRUCE sessions, you would get the opportunity to visit Swanwick Centre then share your knowledge and experience during the classroom and practical simulator exercises.

As an added benefit, you will gain a greater understanding of the UK ATC environment and procedures, and have an opportunity to discuss the handling of abnormal situations with operational controllers.

NATS will contribute towards fuel costs and refreshments.

If you are interested in attending or for more information please contact: training.supportteam@nats.co.uk

# **Address Changes**

If you receive FEEDBACK as a licensed pilot/ATCO/maintenance engineer please notify Personnel Licensing at the CAA of your change of address and not *CHIRP*. Please complete a change of address form which is available to download from the CAA website and fax/post to:

Civil Aviation Authority Licensing and Training Standards Licensing Operations Aviation House Gatwick Airport South West Sussex RH6 0YR Fax: 01293 573996

The Change of address form is available from: <a href="http://www.caa.co.uk/docs/175/srg\_fcl\_changeofaddress.pd">www.caa.co.uk/docs/175/srg\_fcl\_changeofaddress.pd</a> <a href="http://docs.pd">f</a>

Please be advised that it can take a few weeks to register your change of address.

Alternatively, you can e-mail your change of address to the following relevant department (please remember to include your licence number):

Flight Crew	fclweb@caa.co.uk
ATCO/FISO	ats.licensing@caa.co.uk
Maintenance Engineer	eldweb@caa.co.uk

## **Contact Us**

lan Dugmore	Director Flight Crew/ATC Reports					
Mick Skinner	Deputy Director (Engineering) Maintenance/Engineer Reports					
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	000					
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Freefone (UK only) Telephone: Fax: E-mail:	: 0800 214645 or +44 (0) 1252 378947 +44 (0) 1252 378940 (secure) <u>confidential@chirp.co.uk</u>					
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# CHIRP

### PILOT/FLIGHT CREW REPORT FORM

CHIRP is totally independent of the Civil Aviation Authority and any Company/Airline

Name: Address:		<ol> <li>Your personal details are required only to enable us to contact you for further details about any part of your report. Please do not submit anonymous reports.</li> </ol>
<b>1</b>		2. On closing, this Report Form will be returned to you.
_		NO RECORD OF YOUR NAME AND ADDRESS WILL BE KEPT
Post Code	Tel:	3. CHIRP is a reporting programme for safety-related
e-mail:	Indicates Mandatory Fields	relate to industrial relations issues.

It is *CHIRP* policy to acknowledge a report on receipt and then to provide a comprehensive closing response. If you do not require a closing response please tick the box: response please tick the box response please ti

No. I do not require a response from *CHIRP* 

#### PLEASE COMPLETE RELEVANT INFORMATION ABOUT THE EVENT/SITUATION

Yourself - Crew Position			THE FLIGHT/EVENT								
CAPTAIN		FIRST OFFICER		DATE O	F OCCURRENCE			Тіме			(LOCAL/GMT)
PILOT FLYING		PILOT NOT FLYING		LOCATI	ON			Height/Alt/FL			
FLIGHT ENGINEER		OTHER CREW MEMBE	۲ ۵	TYPE O	FATC SERVICE			Day		NIGHT	
THE AIRCRAFT			TYPE OF FLIGHT		TYPE OF OPERATION						
TYPE/SERIES				IFR		VFR		PASSENGER		TRAINING	
NUMBER OF CREW				OTHER				FREIGHT		OTHER:	
EXPERIENCE/QUALIFICATION				WEATHER		FLIGHT PHASE					
TOTAL HOURS			Hrs	VMC		IMC		ΤΑΧΙ		TAKE-OFF	
HOURS ON TYPE			Hrs	RAIN		Fog		CLIMB		CRUISE	
TRG CAPT	_ TR	E 🗆 IRE		ICE		SNOW		DESCENT		APPROACH	
OTHER QUALIFICATI	ONS:			OTHER				Landing		Go Around	
THE COMPANY				My Main Points Are:							
NAME OF COMPANY:			A:								
REPORT TOPIC			в:								
MY REPORT RELATES TO: C:			C:								

#### DESCRIPTION OF EVENT - PHOTOGRAPHS, DIAGRAMS ON A CD ARE WELCOME:

Your narrative will be reviewed by a member of the CHIRP staff who will remove all information such as dates/locations/names that might identify you. Bear in mind the following topics when preparing your narrative:

Chain of events • Communication • Decision Making • Equipment • Situational Awareness • Weather • Task Allocation • Teamwork • Training • Sleep Patterns

#### continue on a separate piece of paper, if necessary

PLEASE PLACE THE COMPLETED REPORT FORM, WITH ADDITIONAL PAGES IF REQUIRED, IN A SEALED ENVELOPE TO:

FREEPOST RSKS-KSCA-SSAT • The CHIRP Charitable Trust • 26 Hercules Way • Farnborough • GU14 6UU • UK (no stamp required if posted in the UK) Confidential Tel: +44 (0) 1252 378947 or Freefone (UK only) 0800 214645 and Confidential Fax: +44 (0) 1252 378940 Report forms are also available on the CHIRP website: www.chirp.co.uk