



AFA-CWA FLIGHT ATTENDANT CABIN AIR SAFETY EVENT CHECKLIST

COMPLETE FORM ONBOARD AND REPORT TO PILOTS

Date:	Flight number:	A/C type:	Your position:
Aircraft tail no. (if known):		City pair:	

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/burning 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"/> Visible Smoke or Haze? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Cabin air supply vents <input type="checkbox"/> Cabin item <input type="checkbox"/> Galley equipment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown If fumes are coming from the cabin air supply vents, can you see anything outside the cabin (e.g., deicing operation, exhaust from ground vehicle) that may be getting entrained into the cabin air supply system? <input type="checkbox"/> No <input type="checkbox"/> Yes; circle any that apply: deicing, exhaust, other: _____	<input type="checkbox"/> Fwd lav <input type="checkbox"/> Fwd jumpseat (if not in galley) <input type="checkbox"/> Fwd galley <input type="checkbox"/> Fwd cabin <input type="checkbox"/> Mid cabin <input type="checkbox"/> Aft cabin <input type="checkbox"/> Aft lav <input type="checkbox"/> Aft galley <input type="checkbox"/> Flight deck Duration of Fumes _____	<input type="checkbox"/> Parked (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"/> Parked (post-flight) Other information: _____ _____ _____

Section 2 - Reported symptoms/medical assistance onboard (check all those that apply)

Reported Symptoms	Flight Attendants	Passengers	Medical Assistance Onboard	
Abnormal taste			Medical assistance requested by any flight attendant? <input type="checkbox"/> No <input type="checkbox"/> Yes	Type of medical assistance: <input type="checkbox"/> On-Board <input type="checkbox"/> Med-Link/Global <input type="checkbox"/> Paramedics <input type="checkbox"/> ER/Clinic Other: _____
Dizziness				
Fatigue/weakness			Medical assistance requested by any passenger? <input type="checkbox"/> No <input type="checkbox"/> Yes	Emergency equipment used? <input type="checkbox"/> No <input type="checkbox"/> Yes; describe: _____ _____
Headache				
Irritated eyes/nose/throat				
Slowed thinking				
Tingling/numbness				
Trouble breathing				
Other:				

Section 3 - Notes/Additional Information (continue on back of page if needed)