CONFIDENTIAL REPORT FORM

REPORTER		ROUTE		SIGNIFICANT WEATHER	
AIRCREW		FROM _____ TO _____		VMC	
CAPTAIN		**EVENT**		IMC	
FIRST OFFICER				DAY	
OBSERVER		MANAGEMENT		NIGHT	
PF/PNF		TRAINING FLIGHT		TWILIGHT	
LEFT/RIGHT SEAT		CRM		DRY	
CABIN CREW		RACIAL/SEXUAL DISCRIMINATION		HOT	
GROUND CREW		TEAM SKILLS		RAIN	
MANAGER		OPERATING COMPETENCE		COLD	
SUPERVISOR		VIOLATION OF SOPs		ICE	
ENGINEERING		PASSENGERS		TURBULENCE	
MAINTENANCE		TECHNICAL FAILURE		WINDSHEAR	
SECURITY		FAILURE TO RESPOND TO EVENT		LOW VISIBILITY	
TUG DRIVER		SECURITY		CONTAMINATED R/W	
CARGO WORKER		INCORRECT PROCEDURES		STORMS	
RAMP WORKER		FATIGUE		**OTHER (SPECIFY)** ⬇	
CLEANING STAFF		DANGEROUS PRACTICES			
CHECK-IN STAFF		UNSAFE EQUIPMENT			
DISPATCHER		PERSONAL SAFETY			
CREW CONTROL		CRIMINAL ACTION			
TRAINING STAFF		**OTHER (SPECIFY)** ⬇			
OTHER (SPECIFY) ⬇					

Please write your report here and continue overleaf as necessary. Please only report facts as this is the only way we can accurately assess your reports.

NARRATIVE

MAY WE PUBLISH YOUR DE-IDENTIFIED REPORT IN-HOUSE FOR THE BENEFIT OF YOUR COLLEAGUES?

YES ☐ **NO** ☐

NAME:		**CONTACT NUMBER:**	
POSITION:		**EMAIL:**	

MAY WE LEAVE A MESSAGE ON YOUR VOICE MAIL? **YES** ☐ **NO** ☐

WHEN COMPLETED, PLEASE SEND TO: **STATE CIVIL AVIATION AGENCY OF THE REPUBLIC OF AZERBAIJAN**

Fax:
Tel:

CONFIDENTIAL REPORT FORM

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NARRATIVE