

e-AVIATION INCIDENT REPORTING AND ACCIDENT TRACKING SYSTEM

(e-AVIATRIS)

USCG AVIATION MISHAP REPORT WORKSHEET

Use this form to collect mishap information.
Please provide as much of the information as possible.
This information will be entered in the USCG e-AVIATRIS database.
Fields marked with an * are required

GENERAL INFORMATION

* AIR STATION OR UNIT: _____ * DATE: _____

* AIRCRAFT TYPE and TAIL NUMBER : _____ * LOCAL TIME: _____

MISHAP DESCRIPTION: (One or two sentences briefly summarizing the mishap).

*OPMODE: (Choose one) FLIGHT FLT-REL GROUND

PERIOD OF DAY: (Choose one) DAY DAWN NIGHT DUSK N/A UNK

LOCATION OF MISHAP: Provide brief description of where mishap occurred and LAT/LONG if appropriate.

LAT/LONG: _____ - _____ N/ _____ - _____ W. DESTINATION: _____

WEATHER AT TIME/PLACE OF MISHAP: Provide a description of the weather conditions at the time of the mishap (For example enter sky/cloud conditions, visibility, wind, sea state, temperature, etc.).

AIRSPEED: _____ (in kts) ALTITUDE: _____ (AGL/MSL/FL).

FLT TIME: Enter the number of hours the crew had been flying before the mishap. _____

FLT PLAN/CLEARANCE: (Choose one). IFR VFR SVFR N/A

METEOROLOGICAL CONDITIONS: (Choose one) IMC VMC N/A

OBSTRUCTIONS TO VISIBILITY: (Choose one if appropriate or a factor.

BLOWING SAND	<input type="checkbox"/>	FOG	<input type="checkbox"/>	FOG/HAZE	<input type="checkbox"/>	SEA SPRAY	<input type="checkbox"/>	FOG/RAIN	<input type="checkbox"/>
BLOWING SNOW	<input type="checkbox"/>	HAZE	<input type="checkbox"/>	SMOG	<input type="checkbox"/>	BROWNOUT	<input type="checkbox"/>	MIST	<input type="checkbox"/>
SMOKE	<input type="checkbox"/>	CLOUDS	<input type="checkbox"/>	NO MOON	<input type="checkbox"/>	SNOW	<input type="checkbox"/>	DUST	<input type="checkbox"/>
NONE	<input type="checkbox"/>	SUN	<input type="checkbox"/>	FOG	<input type="checkbox"/>	WHITEOUT	<input type="checkbox"/>	RAIN	<input type="checkbox"/>
VOLCANIC ASH	<input type="checkbox"/>								

MISSION: (Choose one).

AI	<input type="checkbox"/>	FERRY	<input type="checkbox"/>	MDP	<input type="checkbox"/>	PAO	<input type="checkbox"/>	ALPAT	<input type="checkbox"/>	FISH	<input type="checkbox"/>	MEP	<input type="checkbox"/>	PAX	<input type="checkbox"/>
AMIO	<input type="checkbox"/>	HLS	<input type="checkbox"/>	MER	<input type="checkbox"/>	PHOTO	<input type="checkbox"/>	ATON	<input type="checkbox"/>	ICE	<input type="checkbox"/>	MSO	<input type="checkbox"/>	SAR	<input type="checkbox"/>
CARGO	<input type="checkbox"/>	LE	<input type="checkbox"/>	NVG	<input type="checkbox"/>	TEST/FCF	<input type="checkbox"/>	COOP	<input type="checkbox"/>	LOG	<input type="checkbox"/>	OPL	<input type="checkbox"/>	TRNG	<input type="checkbox"/>
DEMO	<input type="checkbox"/>	M-OPS	<input type="checkbox"/>	OPS	<input type="checkbox"/>	VIP	<input type="checkbox"/>	ELT	<input type="checkbox"/>	MAINT	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		<input type="checkbox"/>

NAME, RANK, PHONE NUMBER OF PERSON TO CONTACT REGARDING MISHAP

ENGINE DATA: If mishap involved the engine, choose the item that best describes this incident.

FLAMEOUT	<input type="checkbox"/>	INFLT SHUTDOWN	<input type="checkbox"/>	INFLT SHUTDOWN (w/o restart)	<input type="checkbox"/>
INSPECTION	<input type="checkbox"/>	REMOVE/REPLACE	<input type="checkbox"/>	INFLT SHUTDOWN (w/restart)	<input type="checkbox"/>
OVERHAUL	<input type="checkbox"/>	INFLT FAILURE	<input type="checkbox"/>	PARTIAL POWER LOSS/FAILURE	<input type="checkbox"/>
SEL/3EL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

PHASE OR EVOLUTION AT TIME OF MISHAP: (Choose the term that best describes the situation at the time.)

APPROACH	<input type="checkbox"/>	HOT REFUELING	<input type="checkbox"/>	PREFLT	<input type="checkbox"/>	STATIC DISPLAY	<input type="checkbox"/>
AUTOROTATION	<input type="checkbox"/>	HOVERING	<input type="checkbox"/>	TAKEOFF	<input type="checkbox"/>	ROTOR ENGAGEMENT	<input type="checkbox"/>
CARGO	<input type="checkbox"/>	INFLIGHT	<input type="checkbox"/>	RS	<input type="checkbox"/>	DEPLOYMENT	<input type="checkbox"/>
CLIMBING	<input type="checkbox"/>	INTERCEPTING	<input type="checkbox"/>	RUNUP	<input type="checkbox"/>	DEBARKING/EMBARKING	<input type="checkbox"/>
TOWING	<input type="checkbox"/>	ITO	<input type="checkbox"/>	FUELING	<input type="checkbox"/>	FORMATION FLIGHT	<input type="checkbox"/>
DESCENDING	<input type="checkbox"/>	JACKING	<input type="checkbox"/>	SHUTDOWN	<input type="checkbox"/>	TEST/FCF	<input type="checkbox"/>
DROPS	<input type="checkbox"/>	LANDING	<input type="checkbox"/>	TOUCH/GO	<input type="checkbox"/>	TIED DOWN/PARKED	<input type="checkbox"/>
DUMPING FUEL	<input type="checkbox"/>	LEVEL FLIGHT	<input type="checkbox"/>	STARTUP	<input type="checkbox"/>	SIMULATED EMERG	<input type="checkbox"/>
FINAL	<input type="checkbox"/>	LOADING/UNLOADING	<input type="checkbox"/>	HOISTING	<input type="checkbox"/>	SEARCH/PATROL	<input type="checkbox"/>
OVER/WATER	<input type="checkbox"/>	LOW LEVEL	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	VERTICAL INSERTION	<input type="checkbox"/>
PATTERN	<input type="checkbox"/>	MAINTENANCE	<input type="checkbox"/>	HFIR	<input type="checkbox"/>	GROUND HANDLING	<input type="checkbox"/>
POSTFLT	<input type="checkbox"/>	ORBITING	<input type="checkbox"/>	GO AROUND	<input type="checkbox"/>	FORCED LANDING	<input type="checkbox"/>
TAXIING	<input type="checkbox"/>	OVERFLT/FLYBY	<input type="checkbox"/>	WASH	<input type="checkbox"/>	N/A	<input type="checkbox"/>

CAUSE FACTORS: (Choose all that apply)

EXPERIENCE	<input type="checkbox"/>	POLICIES/PROCEDURES	<input type="checkbox"/>	MATERIAL/EQUIP FAILURE	<input type="checkbox"/>
JUDGMENT	<input type="checkbox"/>	FLIGHT PLANNING	<input type="checkbox"/>	DESIGN	<input type="checkbox"/>
FATIGUE	<input type="checkbox"/>	MGMT/SUPERVISION	<input type="checkbox"/>	MAINTENANCE.	<input type="checkbox"/>
FATIGUE	<input type="checkbox"/>	CREW ASSIGNMENT	<input type="checkbox"/>	PHYSIOLOGICAL	<input type="checkbox"/>
HABIT	<input type="checkbox"/>	PERCEPTIONS	<input type="checkbox"/>	PARTS/TOOLS	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	COMMUNICATIONS	<input type="checkbox"/>	MIDAIR	<input type="checkbox"/>
MRM	<input type="checkbox"/>	TRAINING/SKILLS	<input type="checkbox"/>	NEAR MIDAIR	<input type="checkbox"/>
ORM	<input type="checkbox"/>	AWARENESS	<input type="checkbox"/>	CONTRACTOR/CIVILIAN	<input type="checkbox"/>
CRM	<input type="checkbox"/>	QA/REVIEW	<input type="checkbox"/>	PROFESSIONAL/AIRMANSHIP	<input type="checkbox"/>
RESOURCES	<input type="checkbox"/>	WEATHER	<input type="checkbox"/>	POLICY/PROCEDURES	<input type="checkbox"/>
MISSION	<input type="checkbox"/>	QUALIFICATIONS	<input type="checkbox"/>	NOISE	<input type="checkbox"/>
FOD	<input type="checkbox"/>	VISIBILITY/LIGHTNING	<input type="checkbox"/>	TEMPERATURE	<input type="checkbox"/>
WORKLOAD	<input type="checkbox"/>				

NARRATIVE: (Brevity is desired, but provide a clear and complete picture of what happened. Include description of mishap causes, injuries and damages. Describe the sequence of events and circumstances leading to the mishap, what happened immediately after the mishap and any other details or information pertinent to the mishap and not described elsewhere in the message. (Attach additional pages as needed)._____

CORRECTIVE ACTIONS AND ADDITIONAL INFORMATION: Use this field to elaborate on what happened and investigate actions taken, etc. Describe cause factors here along with listing any corrective actions taken or planned at the unit level (like CG-22 submissions, repairs, mishap discussed at pilot mtg, etc). Include in this field suggestions or recommendations to be done at the unit level, items that do not require intervention or support beyond the unit level and do not generate a RATS items. Include relevant information not included elsewhere in the message. Describe any item involved in the mishap that is not found elsewhere or in the narrative. Describe problems or complications caused by equipment (ALSE, Avionics, Rescue, NVG, etc) not operating as advertised (positive as well as negative items. _____

RECOMMENDATIONS: Describe here recommendations or corrective action needed to prevent future mishaps. This field is for recording recommendations requiring action or funding beyond the unit level. This is tasking for HQ, ATC or ARSC. These recommendations usually have fleet-wide impact or require major funding. Information in this field is captured in RATS (the Recommended Action Tracking System).

COMMANDING OFFICER'S ENDORSEMENT/COMMENTS: The CO shall review the mishap report to evaluate the circumstances surrounding the mishap and indicate actions or recommends needed to correct the deficiencies and prevent similar mishaps. The CO should comment on cause factors and other aspects of the mishap. Comments should address human factor issues involved in the mishap.

CREW INFORMATION

PILOT AT CONTROLS: PIC NPIC LEFT SEAT RIGHT SEAT

DESIGNATION: AC FP CP IP PUI SP (student) CIV UNK

TOTAL FLIGHT TIME: _____ FLIGHT TIME IN TYPE: _____

FLIGHT TIME LAST 30 DAYS: _____ MONTHS AT UNIT: _____

WAS FLIGHT SINGLE PILOT? YES NO

PILOT NOT AT CONTROLS: PIC NPIC LEFT SEAT RIGHT SEAT

DESIGNATION: AC FP CP IP PUI SP (student) CIV UNK

TOTAL FLIGHT TIME: _____ FLIGHT TIME IN TYPE: _____

FLIGHT TIME LAST 30 DAYS: _____ MONTHS AT UNIT: _____

NOTE: Pilot at the controls is the pilot at the controls at the time of the mishap or during the incident being reported. If flight was single pilot, enter N/A for PILOT NOT AT CONTROLS.

AIRCREW. Provide the following information for each aircrewman involved in the mishap. Attach additional sheets if necessary. Refer to Chapter 8 of the Air Operations Manual (COMDTINST M3710.1) for information on aircrew designations.

AIRCREW POSITION #1: AMT AVT AST

AG <input type="checkbox"/>	AI <input type="checkbox"/>	AV <input type="checkbox"/>	<input type="checkbox"/> BA	<input type="checkbox"/> CIV	<input type="checkbox"/> DM	<input type="checkbox"/> PAX	<input type="checkbox"/>
FE <input type="checkbox"/>	FM <input type="checkbox"/>	FS (flight surgeon) <input type="checkbox"/>	HQBA <input type="checkbox"/>	SSO <input type="checkbox"/>	RS <input type="checkbox"/>	UNK <input type="checkbox"/>	<input type="checkbox"/>
N <input type="checkbox"/>	LM <input type="checkbox"/>	HS (corpsman) <input type="checkbox"/>	R <input type="checkbox"/>	N/A <input type="checkbox"/>	OBSERVER <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>

TOTAL FLIGHT TIME: _____ FLIGHT TIME IN TYPE: _____

FLIGHT TIME LAST 30 DAYS: _____; MONTHS AT UNIT: _____

AMT AVT AST

AIRCREW POSITION #2:

AG <input type="checkbox"/>	AI <input type="checkbox"/>	AV <input type="checkbox"/>	<input type="checkbox"/> BA	<input type="checkbox"/> CIV	<input type="checkbox"/> DM	<input type="checkbox"/> PAX	<input type="checkbox"/>
FE <input type="checkbox"/>	FM <input type="checkbox"/>	FS (flight surgeon) <input type="checkbox"/>	HQBA <input type="checkbox"/>	SSO <input type="checkbox"/>	RS <input type="checkbox"/>	UNK <input type="checkbox"/>	<input type="checkbox"/>
N <input type="checkbox"/>	LM <input type="checkbox"/>	HS (corpsman) <input type="checkbox"/>	R <input type="checkbox"/>	N/A <input type="checkbox"/>	OBSERVER <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>

TOTAL FLIGHT TIME: _____ FLIGHT TIME IN TYPE: _____

FLIGHT TIME LAST 30 DAYS: _____; MONTHS AT UNIT: _____

NOTE: For GROUND mishaps, list information for the aircrew involved in the incident. Do not list pilot data unless the pilots were in the aircraft at the time of the mishap.

PROPERTY DAMAGE INFORMATION

List airframe damage, individual parts or components damaged. If a more detailed description is necessary or desired, use the NARRATIVE or ADDITIONAL FINDINGS. Round cost to the nearest dollar. Specify new vs. overhaul cost as appropriate.

* Indicate the type of property damaged on involved in the mishap

AIRCRAFT	<input type="checkbox"/>	ATON	<input type="checkbox"/>	BOATS	<input type="checkbox"/>	BUILDINGS	<input type="checkbox"/>	CUTTER	<input type="checkbox"/>
EQUIPMENT	<input type="checkbox"/>	PIERS	<input type="checkbox"/>	VEHICLES	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		<input type="checkbox"/>

COAST GUARD AVIATION PROPERTY DAMAGE:
DESCRIPTION:

COST OF CG OWNED PARTS/MATERIALS:	\$	
NUMBER OF CG MAN HOURS TO REPAIR DAMAGE:		

COAST GUARD NON AVIATION PROPERTY DAMAGE
DESCRIPTION:

COST OWNED PARTS/MATERIALS:	\$	
NUMBER OF MAN HOURS TO REPAIR DAMAGE:		

CONTRACTOR PROPERTY DAMAGE
DESCRIPTION:

COST OF CONTRACTOR PARTS/MATERIALS:	\$	
NUMBER OF MAN HOURS TO REPAIR DAMAGE:		

NON-COAST GUARD PROPERTY DAMAGE::
DESCRIPTION:

COST OF REPAIRS:	\$	
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COAST GUARD AUXILIARY FACILITY/EQUIPMENT DAMAGE:
DESCRIPTION:

COST OF REPAIRS:	\$	
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MEDICAL INFORMATION

* NAME: _____ * AGE: _____

* GENDER: M / F * GRADE: _____ * RATE: _____

STATUS:

ON DUTY COAST GUARD (ACTIVE DUTY)	<input type="checkbox"/>	USCG AUXILIARY	<input type="checkbox"/>	CONTRACTOR	<input type="checkbox"/>
OFF DUTY COAST GUARD (ACTIVE DUTY)	<input type="checkbox"/>	ON DUTY CIVILIAN	<input type="checkbox"/>	NAFA	<input type="checkbox"/>
ON DUTY CG RESERVE	<input type="checkbox"/>	OFF DUTY DOD	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
ON DUTY DOD	<input type="checkbox"/>				

NATURE OF INJURY:

ABRASION	<input type="checkbox"/>	CONCUSSION	<input type="checkbox"/>	GUNSHOT WOUND	<input type="checkbox"/>
ABSORPTION	<input type="checkbox"/>	LOSS OF CONSCIOUSNESS	<input type="checkbox"/>	INGESTION	<input type="checkbox"/>
AMPUTATION	<input type="checkbox"/>	DISLOCATION	<input type="checkbox"/>	INHALATION	<input type="checkbox"/>
BRUISE	<input type="checkbox"/>	ELECTRICAL SHOCK	<input type="checkbox"/>	FRACTURE	<input type="checkbox"/>
PARALYSIS	<input type="checkbox"/>	PUNCTURE	<input type="checkbox"/>	SPRAIN	<input type="checkbox"/>
BURN	<input type="checkbox"/>	OCCUPATIONAL ILLNESS	<input type="checkbox"/>	CUT	<input type="checkbox"/>

BODY PART INVOLVED

ABDOMEN	<input type="checkbox"/>	CHEST	<input type="checkbox"/>	FINGER	<input type="checkbox"/>	HIP/PELVIS	<input type="checkbox"/>	LUNGS	<input type="checkbox"/>
ANKLE	<input type="checkbox"/>	EAR	<input type="checkbox"/>	FOOT	<input type="checkbox"/>	INTERNAL	<input type="checkbox"/>	NECK	<input type="checkbox"/>
ARM	<input type="checkbox"/>	ELBOW	<input type="checkbox"/>	HAND	<input type="checkbox"/>	KNEE	<input type="checkbox"/>	SHOULDER	<input type="checkbox"/>
BACK	<input type="checkbox"/>	EYES	<input type="checkbox"/>	HEAD	<input type="checkbox"/>	LEG	<input type="checkbox"/>	WRIST	<input type="checkbox"/>

Days Hospitalized: _____ Lost Work Days (NFFD/SIQ): _____

Days Restricted (FFLD) _____ Civilians Only Worker Comp Filed? YES NO

PPE INFORMATION

* When this mishap occurred, was all required PPE worn properly by those involved?

No Yes None required

*PPE DESCRIPTION: Short narrative describing PPE worn by members involved, any PPE not properly worn and why—specifically addressing funding, training, and any complacency issues.

TYPE OF PPE (Personal Protective Equipment Required/Used)

	<u>REQ</u>	<u>USED</u>		<u>REQ</u>	<u>USED</u>
HEAD	<input type="checkbox"/>	<input type="checkbox"/>	PFD	<input type="checkbox"/>	<input type="checkbox"/>
EAR	<input type="checkbox"/>	<input type="checkbox"/>	FALL PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>
EYE	<input type="checkbox"/>	<input type="checkbox"/>	RESPIRATOR	<input type="checkbox"/>	<input type="checkbox"/>
FOOT	<input type="checkbox"/>	<input type="checkbox"/>	SHOULDER HARNESS/SEAT	<input type="checkbox"/>	<input type="checkbox"/>
HAND	<input type="checkbox"/>	<input type="checkbox"/>	OTHER (Describe)		