



Completely fill out this form and fax within 5 days to ASAP Office @ 1(866) 394-7206.

ASAP HOTLINE 1 (866) 394-7205

ASAP EVENT REPORT

please print	PERSONAL INFORMATION		please print
Name (first/last):		Employee #	
Address:			
City:	State:	Zip:	Hm phone:
Work phone:	Cell phone:		Email:
WORK INFORMATION			
Station: please check one	<input type="checkbox"/> SMF	<input type="checkbox"/> MDW	
<input type="checkbox"/> DAL	<input type="checkbox"/> LAX	<input type="checkbox"/> TPA	
<input type="checkbox"/> HOU	<input type="checkbox"/> OAK	<input type="checkbox"/> MCO	
<input type="checkbox"/> PHX	<input type="checkbox"/> STL	<input type="checkbox"/> BWI	
<input type="checkbox"/> LAS	<input type="checkbox"/> BNA	<input type="checkbox"/> MCI	
<input type="checkbox"/> PHL	<input type="checkbox"/> SLC	<input type="checkbox"/> Other _____	
CLASSIFICATION: NON-CONTRACT MEMBERS: CHECK ONE			
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Manager	<input type="checkbox"/> Director	<input type="checkbox"/> Engineering
<input type="checkbox"/> MX Controller	<input type="checkbox"/> Quality Assurance		<input type="checkbox"/> Records Clerk
CLASSIFICATION: CONTRACT (UNION) MEMBERS: (CHECK BOX FOR CLASSIFICATION WORKING AT THE TIME OF THE EVENT)			
<input type="checkbox"/> GSE Mechanic	<input type="checkbox"/> Inspector	<input type="checkbox"/> Appearance Technician	
<input type="checkbox"/> A&P Mechanic	<input type="checkbox"/> Lead Inspector	<input type="checkbox"/> Stock Clerk	
<input type="checkbox"/> Lead Mechanic	<input type="checkbox"/> A&P Mechanic Apprentice	<input type="checkbox"/> Contract Maintenance	
WORK LOCATION			
Maintenance - Aircraft:	<input type="checkbox"/> Line RON	<input type="checkbox"/> Outstation	
<input type="checkbox"/> Line Service	<input type="checkbox"/> GSE	<input type="checkbox"/> Hangar RON	
<input type="checkbox"/> Shops	<input type="checkbox"/> Other	<input type="checkbox"/> Inspection	
<input type="checkbox"/> Stores	<input type="checkbox"/> Plant Maintenance	<input type="checkbox"/> Structures	
	<input type="checkbox"/> B/C Check		
Maintenance - Operations:			
<input type="checkbox"/> Maintenance Control	<input type="checkbox"/> Maintenance Planning	<input type="checkbox"/> Field Service	<input type="checkbox"/> Other
Engineering:			
<input type="checkbox"/> Avionics	<input type="checkbox"/> PowerPlant	<input type="checkbox"/> Structures	<input type="checkbox"/> Systems
		<input type="checkbox"/> Reliability	<input type="checkbox"/> Other
MX - Appearance Tech: Years in work location _____			
<input type="checkbox"/> Wash Rack	<input type="checkbox"/> Shops	<input type="checkbox"/> Hangar	<input type="checkbox"/> Line
WORK HISTORY			
Normal Work Shift: Days _____ Evenings _____ Graveyard _____			
Normal Days Off _____		Rotating _____	
Months/Years in work location _____			
Time with SWA: Months/Years: _____			
737 Aircraft Model: Aircraft # _____			
<input type="checkbox"/> 300	<input type="checkbox"/> 500	<input type="checkbox"/> 700	
Aircraft Released for Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Was Maintenance Deferred? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

EVENT INFORMATION

Date of event: _____ Time of event: _____ Did event occur on overtime? Yes ___ No ___

Hours on Duty at Time of Event: _____ Shift event occurred: _____

DESCRIBE EVENT/SITUATION

Describe the event in detail (how it happened, how it was discovered, contributing factors, and any human factors (i.e. actions, inactions, decisions, etc.), in your own words.

Component/System/Subsystem Involved: _____

ERROR EVENT

Please check the most appropriate type(s) of maintenance error:

Improper Installation _____	Improper/Incomplete Repair _____	Missed Recertification/Downgrade HGS ____
Improper Trouble Shooting ___	Improper Part ____	Incorrect/Missed Eng. Repair/Alteration ____
Missed Insp. Requirement ____	Improper Servicing ____	Improper/Incomplete Paperwork ____
Incorrect/Missed Log Book Entry ____	Actions Causing FOD Damage ____	Missed/Improper Maintenance Specs ____
Incorrect MEL ____	Improper Software ____	Maintenance Error Unknown Source ____
Actions Causing A/C Damage ____	Information Report ____	Conflicting Maintenance Document ____
Improper/Missed A/C Release ____	Expired Authorization (Taxi, AWR, HUD)	Missed/Improper Inspection ____
		Equipment not installed or missing ____

APPLICABLE ATA CODE

<input type="checkbox"/> ATA 05 - Time Limits <input type="checkbox"/> ATA 08 - Aircraft Damage/Dents <input type="checkbox"/> ATA 11 - Placards/Markings <input type="checkbox"/> ATA 12 - Servicing <input type="checkbox"/> ATA 20 - Standard Products <input type="checkbox"/> ATA 21 - Air Conditioning <input type="checkbox"/> ATA 22 - Auto Flight <input type="checkbox"/> ATA 23 - Communications <input type="checkbox"/> ATA 24 - Electric Power <input type="checkbox"/> ATA 25 - Equipment & Furnishings <input type="checkbox"/> ATA 26 - Fire Protection <input type="checkbox"/> ATA 27 - Flight Control <input type="checkbox"/> ATA 28 - Fuel <input type="checkbox"/> ATA 29 - Hydraulic Power	<input type="checkbox"/> ATA 30 - Ice & Rain Protection <input type="checkbox"/> ATA 31 - Instruments <input type="checkbox"/> ATA 32 - Landing Gear <input type="checkbox"/> ATA 33 - Lights <input type="checkbox"/> ATA 34 - Navigation <input type="checkbox"/> ATA 35 - Oxygen <input type="checkbox"/> ATA 36 - Pneumatic System <input type="checkbox"/> ATA 38 - Water/Waste <input type="checkbox"/> ATA 46 - Software <input type="checkbox"/> ATA 49 - APU <input type="checkbox"/> ATA 51 - Structures <input type="checkbox"/> ATA 52 - Doors <input type="checkbox"/> ATA 53 - Fuselage <input type="checkbox"/> ATA 54 - Nacelles/Pylons	<input type="checkbox"/> ATA 55 - Stabilizers <input type="checkbox"/> ATA 56 - Windows <input type="checkbox"/> ATA 57 - Wings <input type="checkbox"/> ATA 71 - Powerplant <input type="checkbox"/> ATA 72 - Engine <input type="checkbox"/> ATA 73 - Engine Fuel & Control <input type="checkbox"/> ATA 74 - Engine Ignition <input type="checkbox"/> ATA 75 - Engine Air <input type="checkbox"/> ATA 76 - Engine Controls <input type="checkbox"/> ATA 77 - Engine Indicating <input type="checkbox"/> ATA 78 - Engine Exhaust <input type="checkbox"/> ATA 79 - Engine Oil <input type="checkbox"/> ATA 80 - Engine Starting
---	--	--

REPORT INFORMATION

Consequence of Event:

Please describe specifically how the event error contributed to the checked consequence:

<input type="checkbox"/> Flight Delay	<input type="checkbox"/> Flight Cancellation	<input type="checkbox"/> Gate Return	<input type="checkbox"/> Inflight Shut down
<input type="checkbox"/> Air Turn Back	<input type="checkbox"/> Aircraft Damage	<input type="checkbox"/> Improper Service	<input type="checkbox"/> None

When was the problem detected:

<input type="checkbox"/> Inflight	<input type="checkbox"/> Preflight	<input type="checkbox"/> Taxi	<input type="checkbox"/> Routine Inspection
<input type="checkbox"/> Paperwork Audit	<input type="checkbox"/> Routine Maintenance		

Where was the problem detected:

<input type="checkbox"/> Gate	<input type="checkbox"/> Hangar	<input type="checkbox"/> Shop	<input type="checkbox"/> Line
<input type="checkbox"/> Outstation	<input type="checkbox"/> Inflight		

How was the problem detected:

<input type="checkbox"/> Preflight	<input type="checkbox"/> Routine Inspection	<input type="checkbox"/> Routine Maintenance	<input type="checkbox"/> Paperwork Audit
------------------------------------	---	--	--

Was the problem corrected:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
------------------------------	-----------------------------	----------------------------------

Contributing Factors:

Please describe specifically how the check items contributed to the event error:

<input type="checkbox"/> Lack of Communication	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Lack of Awareness	<input type="checkbox"/> None
<input type="checkbox"/> Lack of Teamwork	<input type="checkbox"/> Stress	<input type="checkbox"/> Distractions	<input type="checkbox"/> Lack of Assertiveness
<input type="checkbox"/> Lack of Knowledge	<input type="checkbox"/> Pressure	<input type="checkbox"/> Complacency	<input type="checkbox"/> Lack of Resources
<input type="checkbox"/> Norms			

Signature: _____

Date: _____

Reminder:

- Is your address correct?
- Did you fill in contact, shift, days off information?
- Is the address correct and on file with the FAA ?
- Did you sign this event report?