



Aviation Safety & Health Partnership Program
Injury and Illness Reporting System



IN FLIGHT - INJURY

1. First Name <input style="width:95%;" type="text"/>	2. Last Name <input style="width:95%;" type="text"/>
3. Gender (F, M) <input style="width:40px; height:25px;" type="text"/>	4. Age <input style="width:80%;" type="text"/>
5. Job Title <input style="width:95%;" type="text"/>	6. Company Name <input style="width:95%;" type="text"/>
7. Date of Injury <input style="width:95%;" type="text"/>	8. Phase of Flight (climb, enroute, descent, landing) <input style="width:95%;" type="text"/>
9. Where on the aircraft did this occur? (cabin, cockpit, galley, lavatory) <input style="width:95%;" type="text"/>	10. Aircraft (make, model, series) (e.g., B-727-200) <input style="width:95%;" type="text"/>
11. Description of injury (ies) : (e.g., cut hand, bruised leg, etc.) <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>	
How did this injury happen?: (e.g., slipped on wet floor, fell during turbulence, etc.) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	
Person(s) or thing(s) involved: (e.g., carry on baggage, service cart, oven, etc.) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	
12. Briefly describe what happened. Include any additional information and/or contributing factors: <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	
13. Medical Treatment <input type="radio"/> None <input type="radio"/> First Aid Only <input type="radio"/> Beyond First Aid	Medical Treatment Received? (e.g., stitches, cast, pain medicine, etc.) <input style="width:95%;" type="text"/>
14. Number of days off work? <input style="width:40px;" type="text"/>	



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IN FLIGHT - ILLNESS

1. First Name <input style="width: 90%;" type="text"/>	2. Last Name <input style="width: 90%;" type="text"/>
3. Gender (F, M) <input style="width: 40px; height: 20px;" type="checkbox"/>	4. Age <input style="width: 90%;" type="text"/>
5. Job Title <input style="width: 90%;" type="text"/>	6. Company Name <input style="width: 90%;" type="text"/>
7. Date of Illness <input style="width: 90%;" type="text"/>	8. Phase of Flight (climb, enroute, descent, landing, all) <input style="width: 90%;" type="text"/>
9. Where on the aircraft did this occur? (cabin, cockpit, galley, lavatory) <input style="width: 90%;" type="text"/>	10. Aircraft (make, model, series) (e.g., B-727-200) <input style="width: 90%;" type="text"/>
11. Symptom(s) experienced : (e.g., dizziness, headache, nausea, etc.) <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	
12. Briefly describe what happened. Include any additional information and/or contributing factors: <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	
13. Medical Treatment <input type="radio"/> None <input type="radio"/> First Aid Only <input type="radio"/> Beyond First Aid	Medical Treatment Received? (e.g., stitches, cast, pain medicine, etc.) <input style="width: 80%;" type="text"/>
14. Number of days off work? <input style="width: 40px;" type="text"/>	