

CONTRACT CARRIER SAFETY/PROCEDURAL INCIDENT WORKSHEET

This worksheet is used to document safety and procedural incidents involving contract commercial carriers working under the Theater Express program. All statements contained herein are not protected under the promise of confidentiality. Fill out all areas of the worksheet that apply to the incident. Completed form will be submitted by the Assistant Contracting Officer Representative (A COR) to the Air Mobility Division (AMD), DSN: 318-436-4062 for further action. Contact the USTC Contracting Officer, DSN: 312-779-2462 if you have any questions.

SECTION II. FOR REPORTING AND DOCUMENTATION USE

1. DATE	2. TIME (ZULU)	3. LOCATION	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
4. REPORTING BASE	5. MISSION NUMBER	6. TYPE AIRCRAFT	7. CARRIER NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. PHONE NO.	9. ALTITUDE (MSL)	10. WEATHER (VFR, IFR, THUNDERSTORMS, HAIL, LIGHTNING, TURBULENCE, RAIN, ICING, ETC)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

11. PHASE OF FLIGHT

TAXI ☐ TAKEOFF ☐ CLIMB ☐ CRUISE ☐ DESCENT ☐ LOW LEVEL ☐ FINAL APPROACH ☐
MISSED APPROACH ☐ TRAFFIC PATTERN ☐ TOUCH&GO ☐ LANDING ☐ GROUND SAFETY ☐
PPR ☐ OTHER ☐

12. TAKEOFF TIME (ZULU)	13. TAKEOFF TIME (LOCAL)	14. AIRCRAFT SYSTEM(S) INVOLVED
<input type="text"/>	<input type="text"/>	<input type="text"/>

15. STATEMENT: (A CONCISE, CHRONOLOGICAL DESCRIPTION OF THE FACTS AND CIRCUMSTANCES LEADING TO THE OCCURRENCE, ACTIONS TAKEN AND RESULTS. ATTACH EXTRA SHEETS IF ADDITIONAL SPACE IS REQUIRED.)

16. PERSONNEL INVOLVED (INCLUDE NAME, ASSIGNED DUTY, PHONE NUMBER, AND A DESCRIPTION OF ANY INJURY OR ILLNESS.

SECTION II.

FOR AMD/APCT USE

17. MISHAP COST/IF APPLICABLE

18. AMD/APCT NOTES AND RECOMMENDATIONS (ATTACH EMAILS, SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NECESSARY)

19. AMD/APCT CONTACT INFORMATION (PHONE, ADDRESS, EMAIL)