Cabin Safety Report (CSR)

ThisForm MUST dropped in the Corporate Safety mail box at JED, RUH or DMM Flight oerations as soon as possible

____/ ____/ ____

Ref # / YY / CS

(For Internal Use Only)

FLIGHT INFORMATION

(1)Name: **Pos.** **PRN.**		
(2) If you need feedback provide a method of contact ☐ M-Box ☐ Fax ☐ E-mail :		
(3) date of Event (DD/MM/YY	**(4) Time of Event UTC** DAWN / DAY / DUSK / NIGHT / _____	**(5) Flight Numbers:SVA**
(6) Flight Route: FROM: TO: DIVERT CITY (if applicable):	**(7) Location of Event (if applicable)**	**(8) Gate # (if applicable)**
	(9) Aircraft Registration:	**(10) Aircraft Type:**

FLIGHT PHASES

(11) Flight Phase (Tick one or all that apply)

☐ Parked ☐ Push-Back ☐ Taxi-out ☐ Takeoff ☐ Climb ☐ Cruise ☐ Descent ☐ Holding ☐ Approach ☐ Landing ☐ Taxi-in ☐ Parked in ☐ Others_____

(12) Weather Conditions	**(13) lighting Conditions**
☐ Turbulence ☐ Haze ☐ Clear ☐ Rain	☐ High ☐ Medium ☐ Low

EVENTS

(14) Event Title	☐ Evacuation	☐ Slide Deployment
☐ Bomb Threat	☐ Dangerous Goods Exposure	☐ Smoke Detectors Activated or - Vandalized
☐ Hijacking	☐ Intoxicated Passenger	
☐ Violation in Security Procedure	☐ Jumpseat Defect	☐ Violation in Smoking Regulations
☐ Communication System Failure	☐ Galley / Lavatory Water Overflow	☐ Cabin Smoke
☐ Death Onboard	☐ Potential Hazard which may cause Injury to Passenger or Crew	☐ Violation in Demonstration Proce--dures
☐ Decompression		
* Disruptive Passenger	☐ Problem Enforcing Regulations	☐ Others _____
☐ Emergency Equipment not Present or Operational	☐ Violation During Sterile Cockpit	_____
	☐ Violation in PED's Regulations	
☐ Emergency Landing	☐ Violation of Weapons Regulations	**(*) Fill Concerned Report**

CABIN SMOKE DESCRIPTION

Smoke Type	☐ Odor	☐ Smell	☐ Fumes	☐ Overheating	☐ Visible
Color	☐ White	☐ Black	☐ Orange	☐ Yellow	☐ Colorless
Material	☐ Galley Content	☐ PAX effect	☐ cargo Fumes	☐ Food	☐ Waste
Electrical	☐ Lighting	☐ Window Heat	☐ Heaters	☐ Wiring	☐ Galley
	☐ Elct. Power	☐ Cabin	☐ Lavatory	☐ Others	

(15) Factual description of event with any relative factors (weather, airfield facilities, cabin equipment, etc.) (Additional Space provided on reverse side)

(16) Factual Description CONTINUED

(17A) Witness (es) (If Possible)

Name_____ ☐ M ☐ F

Address_____

_____

Phone_____ ☐ H ☐ O

Name_____ ☐ M ☐ F

Address_____

_____

Phone_____ ☐ H ☐ O

(17B) Witness (es) (If Possible)

Name_____ ☐ M ☐ F

Address_____

_____

Phone_____ ☐ H ☐ O

Name_____ ☐ M ☐ F

Address_____

Phone_____ ☐ H ☐ O

(18) Suggestions/ Comments

(19) Do you have any Questions?

Date of Submission:_____

Signature:_____

Saudi Arabian Airlines P.O.Box 167 Jeddah 21231 CC.147 Loc.130 E-mail : fltsafety@saudiairlines.com.sa

Phone: 686-1031 /1246/1530/1056/1263/1265/0879/0882 **Fax: 686-0877 / 686-1027**