



ATTACHMENT 2 - CABIN AIR CONTAMINATION REPORTING SHEET

Contamination is defined here as odours or fumes/smoke present in the cockpit or cabin that are not related to the normal behaviour of the aircraft or disturb the crew and/or passengers. There may or may not be physical discomfort associated with the contamination. Please complete this form with Maintenance, Engineering and Cabin/Flight Crew input as necessary (note that the first section, plus items marked with a (*) are necessary. Attach additional information/comments if applicable or not covered by this form. Data received will be used for trouble shooting assistance and entered into the Cabin Air Contamination Events database to allow analysis.

A/C Reg		A/C Type		From	To	Date		OAT (°C)	
Eng Start Method				Time to Start		Eng Start Attempts			
Departure Time		Arrival Time		Evt Time		Flt Lvl		IFTB <input type="checkbox"/>	Delay mn
Gnd - Ph 1	Gnd - Pax Boarded	Taxi Out	T/O	Climb	Cruise	Descent	Approach	Taxi In	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Top ? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Mark posn. of Odour/Visual Contamination(C) +Toilets&Galleys (G, T): Mark posn. of surrounding vehicles/ a/c:

BLD #1 ON <input type="checkbox"/>	Pack1 flow:	CKPT Temp (°C):	Wind Direction from...?	Fwd <input type="checkbox"/>	Port <input type="checkbox"/>
BLD #2 ON <input type="checkbox"/>	Pack2 flow:	FWD CAB Temp(°C):		Aft <input type="checkbox"/>	Starboard <input type="checkbox"/>
BLD #3 ON <input type="checkbox"/>	COT1(°C):	MID CAB Temp(°C):	Attach PFR/Report 19/ACMS prints as appropriate	Attach cargo manifest	
BLD #4 ON <input type="checkbox"/>	COT2(°C):	AFT CAB Temp(°C):			
APU BLD ON <input type="checkbox"/>	CAB FANS ON <input type="checkbox"/>	Dry Ice on Board <input type="checkbox"/>			
Bleed Config at Takeoff		Any ECAM Msgs ?			

LAV smoke wrng <input type="checkbox"/>	CRG smoke wrng <input type="checkbox"/>	Avnics smoke wrng <input type="checkbox"/>	*Maintenance carried out before flight:	
Eng Pwr setting		T/Reversers Used <input type="checkbox"/>	1. Scheduled Heavy Maintenance <input type="checkbox"/> 2. Line Maintenance <input type="checkbox"/> 3. Unscheduled Maintenance <input type="checkbox"/> 4. APU Service <input type="checkbox"/> 5. De-Icing <input type="checkbox"/> 6. Rain Repellent Service <input type="checkbox"/> 7. Other <input type="checkbox"/>	
*Odour/Visible Contamination Description + Additional Information:			Details:	
Physiological Symptoms	Passenger	Cabin Crew	Flight Crew	If (6), please describe (incl. Seat No or crew station):
1. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Dizziness/Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Eye/Nose Irritation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Other (see opposite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*What do YOU consider to be the most likely cause?

Ground Eqpmt	APU	Engine	De-Icing	Galley Eqpmt.	Cargo	Electrical	ECS Packs	Other
<input type="checkbox"/>	<input type="checkbox"/>	Which ? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Return to SEEE4 by Fax: +335 61 934438, e-mail: nigel.dadswell@airbus.com or your local Airbus RCSM

AIRBUS WISE ARTICLE EngOps-16325