AIR CANADA

FLIGHT ATTENDANT INJURY/ACCIDENT REPORT

(ALL INJURIES/ACCIDENTS MUST BE REPORTED)

648601

A

Employee Name | Employee No. | ☐ Male ☐ Female

Occupation | Years Exp. | Base

TELEPHONE NUMBER | Date occurred | Time (24 hour clock)

FLIGHT # ____________ AIRCRAFT # ____________ | Employee's Full Address (Home) | Postal Code

B INJURY/ACCIDENT TYPE

01 ☐ Minor
02 ☐ Disabling
03 ☐ Public road
04 ☐ Equipment
05 ☐ Vehicle
06 ☐ Two or more employees injured
07 ☐ Death
08 ☐ Recurrent
09 ☐ Emergency Procedure
10 ☐ Loss of consciousness
11 ☐ Explosive
12 ☐ Fire
13 ☐ Other ____________

C OTHER FLIGHT INFORMATION

01 ☐ Block # ____________
02 ☐ Pairing # ____________
03 ☐ Flight Legs Completed ____________ (on day of injury)
04 ☐ Number of consecutive days on reserve ____________
05A ☐ Length of duty day ____________
05B ☐ Hours completed ____________

D DETAILED DESCRIPTION OF ACCIDENT:

____

COMPLETE BY CHECKING THE MOST APPROPRIATE BLOCK IN EACH CATEGORY BELOW

1 PART OF BODY (R=RIGHT L=LEFT)

L R

01 ☐☐ Abdomen
02 ☐☐ Ankle
03 ☐☐ Arm
04 ☐☐ Back
05 ☐☐ Buttocks
06 ☐☐ Chest
07 ☐☐ Ear
08 ☐☐ Elbow
09 ☐☐ Eye
10 ☐☐ Face/Nose
11 ☐☐ Finger
12 ☐☐ Foot
13 ☐☐ Groin
14 ☐☐ Hand
15 ☐☐ Head
16 ☐☐ Hip
17 ☐☐ Internal
18 ☐☐ Knee
19 ☐☐ Leg
20 ☐☐ Mouth/Teeth
21 ☐☐ Neck/Throat
22 ☐☐ Ribs
23 ☐☐ Shoulder
24 ☐☐ Thigh
25 ☐☐ Toes
26 ☐☐ Torso
27 ☐☐ Wrist
28 ☐ Other: ____________

2 TYPE OF INJURY

01 ☐ Aerotitis
02 ☐ Amputation
03 ☐ Bruise
04 ☐ Burn
05 ☐ Concussion
06 ☐ Crush/Squash
07 ☐ Cut/Puncture
08 ☐ Electric Shock
09 ☐ Foreign Body (eye)
10 ☐ Fracture/Dislocation
11 ☐ Infection
12 ☐ Poisoning
13 ☐ Scrape/Scratch
14 ☐ Sprain
15 ☐ Strain
16 ☐ Other: ____________

3 EQUIPMENT/MATERIAL INVOLVED

01 ☐ Aircraft
02 ☐ Aircraft Part
03 ☐ Baggage
04 ☐ Cargo
05 ☐ Cart
06 ☐ Chemical
07 ☐ Door
08 ☐ Foreign Matter
09 ☐ Electrical Galley Part
10 ☐ Fixed Galley Part Below Counter
11 ☐ Fixed Galley Part Above Counter
12 ☐ Onboard Wheelchair
13 ☐ Object moving
14 ☐ Object stationary
15 ☐ Pallet
16 ☐ Surface
17 ☐ Surface - fluid
18 ☐ Surface - moving
19 ☐ Stand
20 ☐ Temperature extreme
21 ☐ Vehicle
22 ☐ Cart - Bar/Boutique (PS ______)
23 ☐ Cart - Meal (PS ______)
24 ☐ Cart - Garbage (PS ______)
25 ☐ Trolley - Collapsible (PS ______)
26 ☐ Carrier (PS ______)
27 ☐ OBJECT SIZE & WEIGHT ____________
28 ☐ Equipment - U/S Yes ☐ No ☐
29 ☐ Other ____________

4 ACTIVITY WHEN INJURY OCCURRED

01 ☐ Bending
02 ☐ Bumped into
03 ☐ Caught between
04 ☐ Caught in
05 ☐ Contact with
06 ☐ Exposed to
07 ☐ Holding/Carrying
08 ☐ Ingested
09 ☐ Inhaled
10 ☐ Kneeling
11 ☐ Lifting/Lowering
12 ☐ Opening/Closing
13 ☐ Pulling
14 ☐ Pushing
15 ☐ Reaching
16 ☐ Serving
17 ☐ Sitting
18 ☐ Slip/No Fall
19 ☐ Other ____________

Slip/Fall Same Level:
20 ☐ Standing
21 ☐ Stepping on/off/over
22 ☐ Walking

Slip/Fall Different Level:
23 ☐ Standing
24 ☐ Stepping on/off/over
25 ☐ Walking

Struck by object:
26 ☐ Falling/Flying
27 ☐ Moving
28 ☐ Used by another
29 ☐ While using

5 INJURY SITE

01 ☐ A/C Exterior
02 ☐ A/C Interior
03 ☐ Apron
04 ☐ Bridge
05 ☐ Building
06 ☐ Carousel
07 ☐ Container
08 ☐ Escalator
09 ☐ Exterior
10 ☐ Floor
11 ☐ Aisle
12 ☐ Galley
13 ☐ Interior
14 ☐ Dead heading
15 ☐ Layover
16 ☐ Other Carrier
17 ☐ Other Country
18 ☐ Ramp
19 ☐ Stairs
20 ☐ Stand
21 ☐ Vehicle
22 ☐ Other: ____________

6 AIRCRAFT TYPE

01 ☐ 767
02 ☐ 777
03 ☐ 787
04 ☐ A321
05 ☐ A320
06 ☐ A319
07 ☐ E190
08 ☐ Other: ____________

7 AIRCRAFT POSITION

01 ☐ Take Off
02 ☐ Landing
03 ☐ Cruise
04 ☐ Climb
05 ☐ Taxiing
06 ☐ Parking
07 ☐ Parked at gate
08 ☐ Under tow
09 ☐ Setting
10 ☐ Descent
11 ☐ N/A
12 ☐ Other: ____________

8 WEATHER CONDITIONS

01 ☐ Clear
02 ☐ Overcast
03 ☐ Rain
04 ☐ Fog
05 ☐ Frost
06 ☐ Snow
07 ☐ Ice
08 ☐ Other
09 ☐ N/A
10 ☐ Temp. ______°C
11 ☐ Wind ____________ km/h

FLIGHT CREW ONLY (sec. 9-11)

9 FLT. DURATION

01 ☐ 0 - 90 min
02 ☐ 91 Min - 4 Hrs.
03 ☐ Over 4 Hrs.

10 LOAD FACTOR

01 ☐ 0 - 50 %
02 ☐ 51 - 80 %
03 ☐ Over 80 %

11 FLIGHT CONDITIONS

01 ☐ Smooth
02 ☐ Lt. Turbulence
03 ☐ Mod. Turb.
04 ☐ Other ____________
05 ☐ Altitude

LOST TIME (EXCLUDE BALANCE OF SHIFT)

12

01 ☐ Nil 02 ☐ Unknown 03 ☐ Yes First Day Absent ____________ (Excl. bal. of shift)

MEDICAL TREATMENT

01 ☐ Nil
02 ☐ First Aid
03 ☐ Physician (name) ____________
04 ☐ Hospital (name) ____________

13 WITNESS(ES)

Employee Number ____________ | Employee Number ____________

Name ____________ | Name ____________

Telephone ____________ | Telephone ____________

14 CAPTAIN/IN CHARGE | EMPL. No. | DATE

15 EMPLOYEE'S SIGNATURE | DATE

ACF32-8 (2016-01)
PRINTED IN CANADA

AIR CANADA

FACT FINDING

SECTION A: TO BE COMPLETED BY FLIGHT ATTENDANT

Person(s) involved :

Phase of flight/Location

Surrounding Environment :

Was item logged? YES ☐ NO ☐ Was it tagged? YES ☐ NO ☐

IF NOT, why? ______

Log Entry No. ______

Equipment :

Was it U/S? NO ☐ YES ☐ ➜ Was it logged? NO ☐ YES ☐ Was it tagged? NO ☐ YES ☐

IF NOT, why? ______

Log Entry No. ______

Consequences :

EVENTS LEADING TO INJURY

The event . (List each of the steps that led to the accident):

The preceding step :

How could the injury have been prevented? :

DATE : ______

FLIGHT # : ______

SIGNED BY : ______

EMPLOYEE No.: ______

SECTION B: SUPERVISOR REVIEW OF ACCIDENT

Review nature of injury. How did it occur?

Injury report completed with detailed account of event?

A/C doctor seen

Length of absence

Alternate duty

Date of injury/Follow-up date

How to avoid similar accident

Injury past year/recurring injury?

Date employee interviewed

Name of supervisor	Date	Group Supervisor

SECTION C: HEALTH & SAFETY REVIEW

NAME	TITLE	DATE