

Question 4.) For pesticide-related problems, please answer these questions. Otherwise, skip to question 5.

When was the aircraft last treated?	
Was this a problem with (<i>circle one</i>)	Residual spraying ... In-flight spraying
Were the walls/seats/surfaces wet to the touch?	Yes ... No ... Don't know
Was the crew rest area wet or damp?	Yes ... No ... Don't know
Was the crew rest area dry but problematic?	Yes ... No ... Don't know

QUESTION 5.) Please describe what happened and describe how incident might have been prevented or might be prevented in the future (if applicable). Use an extra sheet of paper if you need to.

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QUESTION 6.) If you experienced any symptom(s), please indicate which one(s).

<input type="checkbox"/> NO SYMPTOMS NOTICED	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle tremors/twitching
<input type="checkbox"/> Allergic reaction	<input type="checkbox"/> Heartbeat rapid/chest pain	<input type="checkbox"/> Nausea
<input type="checkbox"/> Breathing difficulty	<input type="checkbox"/> Impaired vision	<input type="checkbox"/> Nose bleed
<input type="checkbox"/> Coughing	<input type="checkbox"/> Inability/reduced ability to perform duties	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Dizziness/fainting	<input type="checkbox"/> Infectious agent:	<input type="checkbox"/> Skin irritation/rash
<input type="checkbox"/> Ear inflammation/blockage/damage	<input type="checkbox"/> Loss of balance/disorientation	<input type="checkbox"/> Throat irritation
<input type="checkbox"/> Eye irritation	<input type="checkbox"/> Memory loss	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Metallic aftertaste	<input type="checkbox"/> OTHER:
Did you notice related medical problems BEFORE your shift/flight? (<i>circle one</i>) Yes ... No ... If yes, specify:		
Did you notice these symptoms DURING your shift/flight? (<i>circle one</i>) Yes ... No ... No symptoms		
Were you using oxygen DURING your shift/flight? (<i>circle one</i>) Yes ... No ... No symptoms		
Did you notice these symptoms AFTER your shift/flight? (<i>circle one</i>) Yes ... No ... No symptoms		
Did you seek medical attention AFTER your shift/flight? (<i>circle one</i>) Yes ... No ... No symptoms		

QUESTION 7.) For certain types of air quality incidents, the following technical information might be relevant. If possible, please obtain this information. If not, just skip to the end and submit your report.

Aircraft governmental registration number:		Had the plane been deiced? Yes ... No ... Don't know	
Captain:	Base:	Symptoms experienced?	Yes ... No ... Don't know
First Officer:	Base:	Symptoms experienced?	Yes ... No ... Don't know
If either reported symptoms, please describe:		Flight report submitted?	Yes ... No ... Don't know
Maintenance log entry completed? If yes, maintenance log entry number:		Yes ... No ... Don't know	
Hydraulic fluid gauge reading:		Oil gauge reading:	
CONDITIONS DURING THE INCIDENT:			
Number of air packs in use?		Source of supply air	APU ... Engine ... Don't know
Number of air packs available?		Recirc fans	On ... Off ... Don't know
Any air packs inoperative? Yes ... No ... Don't know		Cabin altitude (feet)	Actual altitude (feet)
Supply duct temperatures: deg. F/deg. C		Left side:	Right side: