

**Maintenance Incident/Accident Supplemental Report Form**

**General Description of Work Task Performed/Omitted ( \* indicates 'required' items)**

Type of maintenance:  Line  Heavy  Component  Other (specify) \_\_\_\_\_

Date work task was performed/omitted (MM/DD/YYYY):\* \_\_\_\_\_

Location (city/state/country) of home base:\* \_\_\_\_\_

Location (city/state/country) of work task:\*  Same  Other (specify) \_\_\_\_\_

Time work task was performed/omitted?\* \_\_\_\_\_ Local Military Time

**Description of work task: (Mark any that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Physically demanding | <input type="checkbox"/> Mentally demanding    |
| <input type="checkbox"/> Complicated          | <input type="checkbox"/> Monotonous            |
| <input type="checkbox"/> Quick turnaround     | <input type="checkbox"/> Other (specify) _____ |

**Description of work environment: (Mark any that apply.)**

- |                                     |  |  |                               |                                |                              |                                       |                                       |                                     |
|-------------------------------------|--|--|-------------------------------|--------------------------------|------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Hangar     | <input type="checkbox"/> Flight line   | <input type="checkbox"/> Rain                  | <input type="checkbox"/> Snow | <input type="checkbox"/> Sleet | <input type="checkbox"/> Ice | <input type="checkbox"/> Extreme heat | <input type="checkbox"/> Extreme cold | <input type="checkbox"/> High winds |
| <input type="checkbox"/> Loud/noisy | <input type="checkbox"/> Poor lighting | <input type="checkbox"/> Other (specify) _____ |                               |                                |                              |                                       |                                       |                                     |

**Brief Description of Event/Situation ( \* indicates 'required')**

*Provide a brief description of the event or situation, how it was discovered, contributing factors, and any human factors (i.e., actions, inactions, decisions, etc.) that may have caused the event. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation.*

**General Description of Work and Sleep History ( \* indicates 'required' items)**

*Describe your work / sleep history prior to the work task, even if the problem was not related to work hours / sleep history.*

Length of commute to work:\*

Work schedule (Local Military Time):*	day of task	Start	End
<i>Additional information regarding schedule.</i>		<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)
	1 day prior	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)
	2 days prior	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)
	3 days prior	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)
	4 days prior	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)

*Enter 'NA' if you did not work.*

Typical sleep period (Local Military Time):*	Go to sleep	Wake up
Sleep period in the 24 hrs prior to work task (Local Military Time):*	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)
1st nap in the 24 hrs prior to work task (Local Military Time):*	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)
2nd nap in 24 hrs prior to work task (Local Military Time):*	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table> (mm/dd 00:00)

*Enter 'NA' if not applicable.*