

FLIGHT ATTENDANT ONBOARD AIR QUALITY CHECKLIST



IMPORTANT NOTE

This form is not an Alaska Airlines document or form and there should be no expectation that any other work group is trained or briefed on this document. It is not a substitute for ongoing communication or crew resource management (CRM) and is strictly a tool provided by AFA for Flight Attendants to accurately document and subsequently communicate information.

Guidance for Use of the Checklist

Prior To Your Flight

- Print the Flight Attendant Onboard Air Quality Checklist located at afaalaska.org under Air Quality (or pick up a copy from your Local ASHSC). Carry the checklist with you so you have it available as a tool to use if necessary.

During a Cabin Air Quality Event

- Gather information about the situation using the form.
- Call the pilots and provide them with the information on the form (pilots may not be familiar with the form; just explain that the form is to provide them with the information to help them respond to and report the cabin air quality event). We suggest each F/A take a snapshot of the form with their IMD and give the actual form to the pilots to allow them to have the most information possible and request that if they would like to keep the information, to take a snapshot on their iPad and return the form to you so that you can add additional information throughout the flight as needed (while maintaining constant communication with the pilots).
- Use the information on the form to provide details to MedLink if needed.

On the Ground After the Event

- You can share the information that you gathered on the form with maintenance, the inflight supervisor and/or medical personnel meeting the flight.
- Use the information you gather to complete a Flight Attendant Incident Report. The snapshot of the form can also be attached to an incident report (all crew members must fill out a Flight Attendant Incident Report).
- Only one paper form is needed for the entire crew. Make sure everyone's information is on the form and all crewmembers have a snapshot of the form and keep a copy of the form (or snapshot) for your own records.

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COMPLETE AND REPORT TO FLIGHT DECK

Date	Flight Number
Aircraft Tail Number (if known)	City Pair

Description of Fumes/Odor	Intensity Odor/Fumes	Apparent Cabin Source	Location in Cabin of Fumes/Odor	Phase of Flight
<input type="checkbox"/> Acrid <input type="checkbox"/> Chemical <input type="checkbox"/> Deicing <input type="checkbox"/> Dirty socks <input type="checkbox"/> Exhaust <input type="checkbox"/> Electrical <input type="checkbox"/> Fuel <input type="checkbox"/> Musty/mouldy <input type="checkbox"/> Oily/burning oil <input type="checkbox"/> Vomit <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> Nauseating Visible smoke or haze? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Air supply system vents <input type="checkbox"/> Cabin item <input type="checkbox"/> Galley equipment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown If cabin source was air supply or system vents, was there an obvious source outside the cabin? <input type="checkbox"/> No <input type="checkbox"/> Yes – circle any that apply: Deicing / exhaust / pesticides Other: _____	<input type="checkbox"/> Fwd Lav <input type="checkbox"/> Fwd JS <input type="checkbox"/> Fwd Galley <input type="checkbox"/> Fwd Cabin <input type="checkbox"/> Mid cabin <input type="checkbox"/> Aft cabin <input type="checkbox"/> Aft Lav _____ <input type="checkbox"/> Aft Galley <input type="checkbox"/> Flight Deck	<input type="checkbox"/> Parked (pre-flight) <input type="checkbox"/> Engine start/pushback <input type="checkbox"/> Taxi-out <input type="checkbox"/> Take-off/climb <input type="checkbox"/> Cruise <input type="checkbox"/> Descent <input type="checkbox"/> Approach <input type="checkbox"/> Landing/taxi-in <input type="checkbox"/> Parked (post-flight)

Symptoms/Reactions		<i>Note: For each question, check all that apply</i>			
Medical Assistance	Symptoms	A F/A (Describe)	B F/A (Describe)	C F/A (Describe)	D F/A (Describe)
Medical assistance requested? <input type="checkbox"/> YES <input type="checkbox"/> NO Type of medical assistance: <input type="checkbox"/> On-Board <input type="checkbox"/> Med-Link/Global <input type="checkbox"/> Paramedics <input type="checkbox"/> ER/Clinic <input type="checkbox"/> Other: _____	Abnormal taste				
	Dizziness				
	Fatigue/weakness				
	Headache				
	Irritated eyes, nose, throat				
	Slowed thinking				
	Tingling				
	Trouble breathing				
	Other				

Notes/Additional Information	<i>Continue on another page if needed</i>
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