



# **CIVIL AVIATION PUBLICATION**

## **CAP 17**

# **VOLUNTARY REPORTING PROGRAMME**

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## CIVIL AVIATION PUBLICATIONS

### CAP 17

## VOLUNTARY REPORTING PROGRAMME

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### 1. INTRODUCTION

#### 1.1 General

In accordance with ANTR Part VI, the Civil Aviation Affairs have established a voluntary incident reporting system. The system is called the Confidential Human Factors Incident Reporting Programme (CHIRP). Although accident/incident rates in commercial air transport operations have reduced to an extremely low level, the number of accidents with Human Factors causes has not declined at the same rate and thus are now the dominant cause in major accidents.

Incident reporting programmes have proved to be valuable tools in the identification of safety related issues and the definition of corrective actions. In those specific incidents involving human error, the availability of an independent, voluntary and confidential reporting medium has provided valuable additional information to that available through the formal or mandatory reporting systems.

The Bahrain CAA Confidential Human Factors Incident Reporting Programme is an independent confidential reporting programme for those employed in the Bahraini civil aviation industry to report safety related incidents and events.

#### 1.2 Confidential Human Factors Incident Reporting Programme (CHIRP)

CHIRP contributes to the enhancement of flight safety in the Kingdom of Bahrain, by providing a confidential reporting system for all individuals employed in aviation. It complements the Civil Aviation Authority's Mandatory Occurrence Reporting system.

CHIRP is a voluntary confidential reporting scheme for aviation. CHIRP allows any person who has an aviation safety concern to report it to the Air Safety Rules and Regulation (ASRR) Section confidentially. Protection of the reporter's identity is a primary element of the scheme.

Noteworthy features of CHIRP include:

- (a) Independence from the regulatory authority;
- (b) Broad availability (including flight crew members, air traffic control officers, licensed aircraft maintenance engineers, cabin crew and the general aviation community);
- (c) Confidentiality of reporters' identities;
- (d) Analysis by experienced safety officers;
- (e) Newsletters with broad distribution to improve safety standards by sharing safety information; and
- (f) Participation by CHIRP representatives on several aviation safety bodies to assist in resolving systemic safety issues.



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### **2. PROGRAMME OVERVIEW**

#### **2.1 What may be reported with CHIRP?**

Any matter may be reported if it endangers, or could endanger the safety of an aircraft. These matters are reportable safety concerns.

Examples include:

- unsafe scheduling or rostering of crew; or
- crew or aircraft operator bypassing safety procedures because of pressures; or
- non compliance with rules or procedures.

#### **2.2 Who may make a CHIRP report?**

Generally, a CHIRP report may be made by anyone who observes or becomes aware of a reportable safety concern. Specifically, Pilots, air traffic controllers, licensed engineers and approved maintenance organisations, cabin crew members, dispatchers can report events that they feel have a bearing on safety.

#### **2.3 How are CHIRP reports processed?**

The Air Safety Rules and Regulation (ASRR) Section staff will assess reports for clarity, completeness and significance for aviation safety. To do this, the staff may need to contact the reporter. Once satisfied that the report is as complete as possible, the staff enter the de-identified content of the report into the CHIRP database, which allocates it a unique identification number. CHIRP may use the de-identified version of the report to issue an information-brief or alert bulletin to a person or responsible organisation in a position to take action in response to the safety concern.

#### **2.4 What are the possible outcomes from a CHIRP report?**

The desired outcomes are any actions taken to improve aviation safety in response to the identified concern. This can include variations to standards, orders, practices, procedures or an education campaign.

#### **2.5 Is an anonymous report via CHIRP acceptable?**

As a general rule CHIRP does not accept anonymous reports. ASRR staff cannot contact an anonymous reporter to verify the report or to seek additional information. Further, ASRR staff must be satisfied that the reporter's motivation for reporting is aviation safety promotion, and that the reporter is not attempting to damage a rival or pursue an industrial agenda.



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### 2.6 Why Confidential Reporting Works

When organizations want to learn more about the occurrence of events, the best approach is simply to ask those involved. People are generally willing to share their knowledge if they are assured.

Their identities will remain protected.

There is no disciplinary or legal consequences.

A properly constructed *confidential, voluntary, non-punitive* reporting system can be used by any person to safely share information.

Under CAA policy, the Chief of Aviation Safety, Rules and Regulations has direct access to the Undersecretary on all matters under ANTR Part VI. Only de-identified comments can be discussed within the CAA.

### 2.7 Mandatory Occurrence Report or CHIRP?

CHIRP is a separate scheme to the Mandatory Occurrence Reporting Scheme.

*Note: Refer to CAP 05 – Occurrences*

## 3. REPORTING

### 3.1 What Do I Report?

Safety-related incidents or events involving:

- Yourself,
- Other people
- Your organisation or organisations you deal with.

Incidents/events can include:

- Errors
- Individual performance
- Health & Safety matters affecting Operating Procedures
- Regulatory aspects
- Unsafe practices

### 3.2 What Do I Not Report?

To avoid doubt, the following matters are not reportable safety issues:

- acts of unlawful interference with an aircraft;



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- industrial relations issues and/or terms and conditions of employment problems; or
- conduct that constitutes an offence under Ministry of Interior Civil Law.
- Incidents or events with no safety content.
- Issues involving conflicts of personalities.

### 3.3 When Do I Report?

- you wish others to benefit from an important "Lesson Learned"
- When other reporting procedures are not appropriate or are not available
- When you are concerned to protect your identity
- When you have exhausted company/regulatory reporting procedures without the issue having been addressed

*Note: The CAA publishes reports anonymously, but does not accept anonymous reports.*

### 3.4 How to Report/Comment

The completed attached report form at Appendix 1, with additional pages if required, should be sent to;

#### 3.4.1 Post

Chief of Aviation Safety Rules and Regulations  
Civil Aviation Affairs  
P.O. Box 586  
Bahrain International Airport, Kingdom of Bahrain

#### 3.4.2 Fax:

+97317321196

*Note: Data security requirements do not permit electronic reporting (i.e. online submission). To ensure confidentiality no provision is made for electronic reporting.*

## 4. SUMMARY

Confidential reporting aims to improve our understanding about human factors issues that affect the safety of air transport operations. It is a confidential reporting system that aims to encourage reporting, yet without identifying the reporter. It does this, so that incidents and events that would not ordinarily come to light are examined for the lessons they can provide on improving flight safety. There is no doubt that a truly confidential system provides a worthwhile adjunct to the mandatory reporting systems and has manifestly been successful in its objectives.





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## APPENDIX 1

### CONFIDENTIAL HUMAN FACTORS INCIDENT REPORT

NAME: _____	1. YOUR PERSONAL DETAILS ARE REQUIRED ONLY TO ENABLE US TO CONTACT YOU FOR FURTHER DETAILS ABOUT ANY PART OF YOUR REPORT. 2. YOU WILL RECEIVE AN ACKNOWLEDGEMENT AS SOON AS POSSIBLE. 3. THIS <b>WHOLE</b> REPORT FORM WILL BE DE-IDENTIFIED .
ADDRESS: _____	
EMAIL: _____ TEL: _____	
<b>NO RECORD OF YOUR NAME AND ADDRESS WILL BE KEPT</b>	

#### FLIGHT CREW

YOURSELF - CREW POSITION				THE FLIGHT/EVENT			
CAPTAIN	<input type="checkbox"/>	FIRST OFFICER	<input type="checkbox"/>	DATE OF OCCURRENCE		TIME	(LOCAL/UTC)
PILOT FLYING	<input type="checkbox"/>	PILOT NOT FLYING	<input type="checkbox"/>	LOCATION		HEIGHT/ALT/FL	
FLIGHT ENGINEER	<input type="checkbox"/>	OTHER CREW MEMBER	<input type="checkbox"/>	TYPE OF ATC SERVICE		DAY	<input type="checkbox"/> NIGHT <input type="checkbox"/>
THE AIRCRAFT		TYPE OF FLIGHT		TYPE OF OPERATION			
TYPE/SERIES		IFR	<input type="checkbox"/>	VFR	<input type="checkbox"/>	PASSENGER	<input type="checkbox"/> TRAINING <input type="checkbox"/>
NUMBER OF CREW		OTHER:	<input type="checkbox"/>			FREIGHT	<input type="checkbox"/> OTHER: <input type="checkbox"/>
EXPERIENCE/QUALIFICATION		WEATHER		FLIGHT PHASE			
TOTAL HOURS		VMC	<input type="checkbox"/>	IMC	<input type="checkbox"/>	TAXI	<input type="checkbox"/> TAKE-OFF <input type="checkbox"/>
HOURS ON TYPE		RAIN	<input type="checkbox"/>	FOG	<input type="checkbox"/>	CLIMB	<input type="checkbox"/> CRUISE <input type="checkbox"/>
TRG CAPT	<input type="checkbox"/>	ICE	<input type="checkbox"/>	SNOW	<input type="checkbox"/>	DESCENT	<input type="checkbox"/> APPROACH <input type="checkbox"/>
OTHER QUALIFICATIONS:		OTHER:				LANDING	<input type="checkbox"/> GO AROUND <input type="checkbox"/>
THE COMPANY							
NAME OF COMPANY:							

#### CABIN CREW

YOURSELF - CREW POSITION				THE FLIGHT/EVENT			
CABIN CREW IN-CHARGE	<input type="checkbox"/>	SENIOR CABIN CREW	<input type="checkbox"/>	DATE OF INCIDENT		CABIN LIGHTING:	
CABIN CREW	<input type="checkbox"/>	SUPERNUMERARY	<input type="checkbox"/>	TIME		BRIGHT	<input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK <input type="checkbox"/>
OTHER:				AIRCRAFT LOCATION		DAY	<input type="checkbox"/> NIGHT <input type="checkbox"/>
EXPERIENCE/QUALIFICATION		THE AIRCRAFT		CABIN ACTIVITY			
TOTAL YEARS		TYPE/SERIES		BOARDING	<input type="checkbox"/>	BEVERAGE SERVICE	<input type="checkbox"/>
YEARS WITH CURRENT AIRLINE		NUMBER OF CABIN CREW		TROLLEY SERVICE	<input type="checkbox"/>	MEAL SERVICE	<input type="checkbox"/>
AIRCRAFT TYPES QUALIFIED ON:		NUMBER OF PAX ON BOARD		TRAY SERVICE	<input type="checkbox"/>	DISSEMBARKING	<input type="checkbox"/>
1.	2.	NUMBER OF EXITS		FILM	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>
4.	5.						
3.	6.						
TYPE OF OPERATION		WEATHER (IF RELEVANT)		FLIGHT PHASE			
SCHEDULED	<input type="checkbox"/>	CHARTER	<input type="checkbox"/>	CLEAR	<input type="checkbox"/>	CLOUDY	<input type="checkbox"/>
CORPORATE	<input type="checkbox"/>	OTHER:		RAIN	<input type="checkbox"/>	FOG	<input type="checkbox"/>
PASSENGER(S)/INJURY(IES)		ICE	<input type="checkbox"/>	SNOW	<input type="checkbox"/>	CRUISE	<input type="checkbox"/> DESCENT <input type="checkbox"/>
PASSENGER(S) INVOLVED?	YES <input type="checkbox"/>	NO	<input type="checkbox"/>	TURBULENCE	<input type="checkbox"/>	THUNDERSTORM	<input type="checkbox"/>
INJURY TO PASSENGER	<input type="checkbox"/>	INJURY TO CREW	<input type="checkbox"/>	OTHER:		APPROACH	<input type="checkbox"/> LANDING <input type="checkbox"/>
						STAND/GATE ARRIVAL	<input type="checkbox"/> OTHER: <input type="checkbox"/>
THE COMPANY		MY MAIN POINTS ARE:					
NAME OF COMPANY:		A: _____					
REPORT TOPIC		B: _____					
MY REPORT RELATES TO:		C: _____					



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### AIR TRAFFIC CONTROLLER

YOURSELF		THE EVENT/SITUATION			
TOTAL EXPERIENCE	YRS	DATE		WEATHER:	
EXPERIENCE PRESENT UNIT	YRS	LOCAL TIME		VMC	<input type="checkbox"/> IMC <input type="checkbox"/>
VALIDATED PRESENT POSITION	YRS	LOCATION OF AIRCRAFT		RAIN	<input type="checkbox"/> FOG <input type="checkbox"/>
ACTING AS INSTRUCTOR	<input type="checkbox"/>	NEAREST REPORTING POINT		ICE	<input type="checkbox"/> SNOW <input type="checkbox"/>
UNDER TRAINING	<input type="checkbox"/>	DAY	<input type="checkbox"/> NIGHT <input type="checkbox"/>	DUST/SAND	<input type="checkbox"/> OTHER <input type="checkbox"/>
AIR TRAFFIC SERVICE		FLIGHT PHASE		1ST AIRCRAFT	2ND AIRCRAFT
ATC SERVICE(S) BEING PROVIDED		TAXI	<input type="checkbox"/> TAKE-OFF <input type="checkbox"/>	TYPE/SERIES	TYPE/SERIES
TYPE(S) OF AIRSPACE		CLIMB	<input type="checkbox"/> CRUISE <input type="checkbox"/>	OPERATOR	OPERATOR
TYPE OF RADAR		DESCENT	<input type="checkbox"/> APPROACH <input type="checkbox"/>	PAX <input type="checkbox"/> FREIGHT <input type="checkbox"/>	PAX <input type="checkbox"/> FREIGHT <input type="checkbox"/>
SHIFT WORKED		LANDING	<input type="checkbox"/> GO AROUND <input type="checkbox"/>	OTHER:	OTHER:
HOURS ON DUTY	HRS	OTHER:		IFR <input type="checkbox"/> VFR <input type="checkbox"/>	IFR <input type="checkbox"/> VFR <input type="checkbox"/>
		OTHER:		OTHER:	OTHER:
LOCATION					
NAME OF UNIT/AIRFIELD:					

### AIRCRAFT MAINTENANCE ENGINEER

YOURSELF		THE EVENT		FACTORS	
CERTIFYING ENGINEER	<input type="checkbox"/> TECHNICAL SUPPORT <input type="checkbox"/>	DATE OF OCCURRENCE		MANPOWER LEVELS	<input type="checkbox"/> SKILLS <input type="checkbox"/>
QUALITY	<input type="checkbox"/> MECHANIC <input type="checkbox"/>	TIME OF OCCURRENCE	AM/PM	TRAINING	<input type="checkbox"/> MEDICAL STATE <input type="checkbox"/>
EXPERTISE		LOCATION		DOCUMENTARY	
ENGINE/AIRFRAME	<input type="checkbox"/> AVIONICS <input type="checkbox"/>	ON LINE	<input type="checkbox"/> HANGAR <input type="checkbox"/>	PROCEDURES	<input type="checkbox"/> MANUALS <input type="checkbox"/>
OTHER:		WORKSHOP	<input type="checkbox"/> OTHER:	DOCUMENTATION	<input type="checkbox"/>
EXPERIENCE		THE AIRCRAFT		HARDWARE	
YEARS IN MAINTENANCE IND	YRS	AIRCRAFT/ENGINE TYPE		MATERIALS	<input type="checkbox"/> SPARES <input type="checkbox"/>
YEARS AT PRESENT COMPANY	YRS	SYSTEM/COMPONENT		TOOLS	<input type="checkbox"/>
WORK AREA/DUTY		REPORTED TO		EXTERNAL	
LINE	<input type="checkbox"/> BASE <input type="checkbox"/>	LINE MANAGER	<input type="checkbox"/> QUALITY <input type="checkbox"/>	COMMUNICATIONS	<input type="checkbox"/> WEATHER <input type="checkbox"/>
WORKSHOP	<input type="checkbox"/> OFFICE <input type="checkbox"/>	TECH SUPPORT	<input type="checkbox"/> CAA <input type="checkbox"/>	TIME PRESSURE	<input type="checkbox"/>
SHIFT WORKED		OTHER:		OTHER:	
HOURS ON DUTY PRIOR TO INCIDENT	HRS				
THE COMPANY					
NAME OF COMPANY:					

### OTHER

YOURSELF		THE EVENT		FACTORS	
POSITION		DATE OF OCCURRENCE		MANPOWER LEVELS	<input type="checkbox"/> SKILLS <input type="checkbox"/>
		TIME OF OCCURRENCE	AM/PM	TRAINING	<input type="checkbox"/> MEDICAL STATE <input type="checkbox"/>
EXPERTISE		LOCATION		DOCUMENTARY	
		ON LINE	<input type="checkbox"/> HANGAR <input type="checkbox"/>	PROCEDURES	<input type="checkbox"/> MANUALS <input type="checkbox"/>
		WORKSHOP	<input type="checkbox"/> OTHER:	DOCUMENTATION	<input type="checkbox"/>



