

Report#

Scan Date:



Reserve Scheduling and Crew Scheduler Incident Reporting Form

Important Note: Return this form to your **Local Executive Council**
(For Local Council Contact #'s call 1-800-DEAR AFA or for email addresses visit www.unitedafa.org)

NOTE: SHADED AREAS ARE REQUIRED INFORMATION

Date of Incident:		Name of OPBSK Coordinator (a.k.a Scheduler):		Time of Call:	
ID#:	ID Position (FS/M, etc)	ID Date			

Contact Information:

Name:		File#:	Domicile:
Cell # (or primary Contact):		Email:	

Nature of the Incident:

- | | |
|---|---|
| <input type="checkbox"/> 1900 CLLR Assignment Issue
<input type="checkbox"/> Mid-duty Period Reassignment
<input type="checkbox"/> OPBSK Coordinator (a.k.a Scheduler) Behavioral/Attitude Concerns
<input type="checkbox"/> Legality Violation (1:7, 30:7, 8:24, 24:7)
<input type="checkbox"/> Short Call-out Issues (< 4 hours notification)
<input type="checkbox"/> ONSB Issues
<input type="checkbox"/> Duty Time Violations
<input type="checkbox"/> Violation of Correct Contact Attempt Procedures (i.e. – only one # called within :45 minutes)
<input type="checkbox"/> Other (Please Specify): _____ | <input type="checkbox"/> Mixed Domestic / Intl. ID
<input type="checkbox"/> Move-up Line Award Issues
<input type="checkbox"/> Excessive Block-Out Time (on-hold with OPBSK)
<input type="checkbox"/> 8 Hours Free from Contact Violation
<input type="checkbox"/> Minimum Day Off (MDO) Violation
<input type="checkbox"/> RSV Trade/Self Trade Issues
<input type="checkbox"/> Assignment done out of TMAC Order
<input type="checkbox"/> Language ID incorrectly assigned
<input type="checkbox"/> Missing Hotel Information |
|---|---|

Documentation Attached:

(all docs listed should be attached if relevant)

- | | |
|---|---|
| <input type="checkbox"/> Line Of Flying
<input type="checkbox"/> DSPID
<input type="checkbox"/> DSPDSL
<input type="checkbox"/> FLTLOF | <input type="checkbox"/> DSLLOF
<input type="checkbox"/> OPNTRP
<input type="checkbox"/> RSVFLY
<input type="checkbox"/> DFAP (If Pay Related) |
|---|---|

Location at time of Incident:

-
- Domicile Point (i.e. SFO, ORD, IAD, etc.)
-
- Where: _____
-
-
- Non-Domicile Point (i.e. PDX, ABQ, PIT, etc.)
-
-
- Not Applicable

Please fill out a report of the incident on the back of this form. Please do the following:

- | | |
|--------------------------|----------------------------------|
| - Be Concise and factual | - Be as brief as possible |
| - Be non-emotional | - Include only pertinent details |

