

BIRD/ANIMAL STRIKE HAZARD REPORT

INSTRUCTIONS

1. Please print clearly.
2. There is only one correct answer per block.
3. Block 2, year, month, day
4. Block 3, military time - the hour only (01 23 15 11)
5. Blocks 4 and 5 are a four or five digit number and check the block for compass direction.
6. Block 7, give the four or five letter/number airport identifier and print the name of the airport/station.
7. Blocks 8 and 9 are self explanatory.
8. Block 10, write runway number and check the appropriate box.
9. Blocks 11, 12, and 13 are self explanatory.
10. Blocks 14, 15, and 17 are self explanatory.
11. Block 16, list the specific route, i.e., IR, VR, SR, or the specific MOA.
12. The rest of the form is self explanatory.
13. Put additional comments or narrative on the reverse side.

1. LIGHT COND. <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> UNKNOWN	2. DATE OF STRIKE <input type="checkbox"/> UNKNOWN	3. LOCAL TIME <input type="checkbox"/> UNKNOWN	4. LATITUDE <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> UNKNOWN	5. LONGITUDE <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> UNKNOWN	6. CLOUD CONDITIONS <input type="checkbox"/> ABOVE CLOUD <input type="checkbox"/> BELOW CLOUD <input type="checkbox"/> IN CLOUDS <input type="checkbox"/> BETWEEN CLOUDS <input type="checkbox"/> CLEAR OF CLOUDS <input type="checkbox"/> CAVU <input type="checkbox"/> UNKNOWN	
7. AIRPORT IDENT. <input type="checkbox"/> NAVAL VESSEL <input type="checkbox"/> OUTSIDE BASE CONTROL <input type="checkbox"/> UNKNOWN	8. ALTITUDE (AGL) <input type="checkbox"/> UNKNOWN	9. SPEED (KIAS) <input type="checkbox"/> UNKNOWN	10. RUNWAY <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> CENTER <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> UNKNOWN	11. AIRCRAFT MODEL	12. AIRCRAFT BUREAU NUMBER	13. PROVIDE IF LOCATION IS KNOWN NEAREST NAVAID ID: _____ BEARING: _____ DME: _____
14. PHASE OF FLIGHT <input type="checkbox"/> TAKE-OFF <input type="checkbox"/> LANDING <input type="checkbox"/> TOUCH & GO/MISSED APPROACH <input type="checkbox"/> TRAFFIC PATTERN <input type="checkbox"/> FINAL APPROACH	<input type="checkbox"/> CLIMB <input type="checkbox"/> DESCENT <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> RANGE <input type="checkbox"/> CRUISE <input type="checkbox"/> UNKNOWN	15. LANDING LIGHTS <input type="checkbox"/> ON <input type="checkbox"/> OFF <input type="checkbox"/> UNKNOWN	16. STROBE LIGHTS <input type="checkbox"/> ON <input type="checkbox"/> OFF <input type="checkbox"/> UNKNOWN	17. AIRWAY ROUTE <input type="checkbox"/> OR OPAREA <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> UNKNOWN	18. FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	19. BIRD ADVISORY ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO
20. SPECIES IDENTIFICATION <input type="checkbox"/> MISCELLANEOUS BIRD <input type="checkbox"/> SMALL BIRD <input type="checkbox"/> MEDIUM BIRD <input type="checkbox"/> LARGE BIRD <input type="checkbox"/> SEAGULL <input type="checkbox"/> GOOSE <input type="checkbox"/> DUCK <input type="checkbox"/> PIGEON <input type="checkbox"/> BLACKBIRD (NOT BLACK BIRD) <input type="checkbox"/> OTHER BIRD: LIST SPECIES <input type="checkbox"/> DEER <input type="checkbox"/> SMALL MISC MAMMAL <input type="checkbox"/> OTHER MAMMAL: LIST SPECIES		<input type="checkbox"/> STARLING <input type="checkbox"/> HERON/EGRET <input type="checkbox"/> SHOREBIRD <input type="checkbox"/> ALBATROSS <input type="checkbox"/> HAWK/RAPTOR <input type="checkbox"/> VULTURE <input type="checkbox"/> DOVE <input type="checkbox"/> HORNED LARK <input type="checkbox"/> MEADOW LARK <input type="checkbox"/> BAT		21. IMPACT POINT <input type="checkbox"/> RADOME/NOSE <input type="checkbox"/> WINDSHIELD/CANOPY <input type="checkbox"/> FUSELAGE <input type="checkbox"/> ECM POD/PYLONS <input type="checkbox"/> TAIL/STABILIZERS <input type="checkbox"/> EXTERIOR FUEL TANK <input type="checkbox"/> WEAPONS POD <input type="checkbox"/> ENGINE/INGESTION <input type="checkbox"/> ENGINE/EXTERIOR <input type="checkbox"/> PROPELLER <input type="checkbox"/> ROTOR <input type="checkbox"/> LANDING GEAR <input type="checkbox"/> WING/WING FLAPS <input type="checkbox"/> LIGHTS <input type="checkbox"/> OTHER: SPECIFY		22. NUMBER ENCOUNTERED <input type="checkbox"/> SINGLE BIRD/ANIMAL <input type="checkbox"/> MULTIPLE BIRDS/ANIMALS <input type="checkbox"/> UNKNOWN
23. DAMAGE AMOUNT: GIVE APPROXIMATE AMOUNT FOR REPAIR/PARTS FOR THIS HAZARD. <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> NOT KNOWN AT THIS TIME <input type="checkbox"/> DAMAGE AMOUNT KNOWN: SPECIFY: \$ _____						

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____

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PRINT OR TYPE

- 1. NARRATIVE:
(If additional information will clarify side 1, place it here..

- 2. DAMAGE DESCRIPTION: (If the aircraft sustained damage)

- 3. CORRECTIVE ACTION:

- 4. CO'S COMMENTS:

- 5. POINT OF CONTACT:

- 6. TELEPHONE NO.:

- 7. AIRCRAFT CUSTODIAN:

- 8. ADDRESS:

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____