



## SAFETY MANAGEMENT MANUAL

### 5 APPENDICES

#### B Operational Safety Report (OSR)

#### B.II OSR – CABIN CREW

	<h1>OSR</h1> <h2><u>Operational Safety</u></h2> <h2><u>Report</u></h2>		Safety Department ref. nr:
			<h1>CABIN CREW</h1> <h1>REPORT</h1>
GENERAL INFORMATION			
1. FULL NAME AND CONTACT INFORMATION - (tel, extension, fax, e-mail) : sf,admin@admin.com,dfg,sdf,sdf			
2. CAPTAIN :sdf <input type="checkbox"/> PF <input checked="" type="checkbox"/> PNF		3. CO-PILOT : sdf <input type="checkbox"/> PF <input checked="" type="checkbox"/> PNF	
5. PURSER :		4. OTHER :	
6. DATE : May 22, 2016		7. TIME : <input type="checkbox"/> UTC <input type="checkbox"/> Local	
8. AIRCRAFT TYPE :		9. REGISTRATION : fdg	
10. FLIGHT NR. :		11. FROM : sdf	
12. TO : sdf		13. FLT DIVERTED TO :	
14. ASSIGNED DOOR :		15. POS. DURING EVENT :	
16. NR OF PAX :		17. NR OF CREW :	
18. PREVIOUS FLIGHTS :			
19. NR OF LANDINGS OF THE DAY :			

**20. FLIGHT PHASE: push\_back**

☐ PARKED    ☒ PUSH BACK    ☐ TAXI OUT    ☐ TAKE OFF    ☐ INITIAL CLIMB    ☐ CLIMB  
☐ CRUISE    ☐ HOLDING    ☐ DESCENT    ☐ APPROACH    ☐ LANDING    ☐ TAXI IN

**21. DESCRIPTION OF OCCURRENCE ( add forms if necessary):dfg**

**Please sent this information to the Safety Department at your earliest convenience but no later than 24 hours after the occurrence, via fax +597 430230 or via e-mail : [safety@slm.firm.sr](mailto:safety@slm.firm.sr)**

**This form can also be submitted via the company website: [www.flyslm.com](http://www.flyslm.com) You may report anonymously**