ICPA Correction

1. Fatigue Report form
   1. Local Report Date (Now manual entry – Need Date Calendar)
   2. Local Report Time (Now Manual Entry – Need Time Select Option
   3. Hours from Report Time – Need (Hours from Report Time to When Fatigue Occurred)
   4. Missing – Disrupt (Yes /No) – Please use elect option
   5. Describe how you felt – Need (Describe how you felt (or what you observed))
   6. Missing – Please Mark the line below with ‘X’ at the point that indicates how you felt ( alert\_\_\_\_\_\_\_\_\_\_\_\_\_\_drowsy)

What did it happen?

1. Missing – Personal ( Yes/No)
2. How long had you been awake HH:MM – Need (How long had you been awake when the event happened HH:MM)
3. How much sleep you had in 24 hrs HH: MM – Need (How much sleep you had in 24 hrs. before event? HH:MM)
4. How much sleep did you have in 72 hrs HH:MM – Need (How much sleep you had in 72 hrs. before the event? HH:MM)
5. Missing – Flight Deck Nap? (Yes / No) If yes, when ( Start end)
6. Missing – Other Comments
7. Missing – What did you do?
8. Missing – What could be done?

Reduce font size for what did it happen option b,c,d

All (Yes/No) option heading make bold