

Rayner Brian

From: Christopher Andreychik- - -
Sent: Thursday, October 29, 2009 9:54 PM
To: Charles Emering; Rayner Brian
Subject: Quest ASRs part 3
Attachments: Quest ASR Sept 6 2005 pg10007.JPG; Quest ASR Sept 6 2005 pg20008.JPG

Gentlemen -

This ASR was related to the numerous times the company would call and wake me while I attempted to get crew rest.

The duty times we were working were bad enough, but to add insult to injury the company would call without any consideration to the sleep cycle of the pilot group and wake us as we were in the middle of attempting to get some sleep in the late morning or early afternoon.

Rayner Brian

From: Christopher Andreychik- - -
Sent: Thursday, October 29, 2009 10:03 PM
To: Charles Emering; Rayner Brian
Subject: Quest ASRs part 4
Attachments: Quest ASR Sept 8 2005 pg10009.JPG; Quest ASR Sept 8 2005 pg20010.JPG

Gentlemen -

As we discussed, I was considered a 'bad boy' and summarily put on the Quest flight department 'shit list' for continually bringing up safety issues, regulatory compliance issues, and mistreatment of the pilot group. As a result, I was given the longest duty time runs, and as such, was often required to fly with a copilot.

When does a copilot become more of a hindrance than a help?

How about when he or she works a full-time job during the day, goes home to sleep for an hour or two, then comes back to sit in the airplane with you for another 10, 11, 12 or more hours? Perhaps there is a bit of a safety of flight issue there?

I routinely had copilots who worked full time jobs, then came in to fly with me, fall asleep, make sleep-deprived mistakes, etc. This was the first ASR I wrote regarding this issue; my next and final ASR goes into greater depth and detail.

From: Christopher Andreychik - -- --
Sent: Thursday, October 29, 2-
To: - Rayner Brian
Subject: More Quest information

Gentlemen -

I hope your hunting trip over the past few days has been highly successful.

Rumor has it that you very well may have hit paydirt.

Besides this email, there will be four more just like it to follow. It was the only way that I could think of to keep the ASRs as original as possible and not confuse the pages that I'm sending you. As you probably remember, the ASRs are actually one page, front and back.

This particular one I wrote on 9/13/2005 in reference to consistently overweight bags and the dangers poised by histotoxic hypoxia from the excessive amounts of dry ice. If I remember correctly, the weights had begun to go up considerably on the specimen bags around this time frame, and the frequency and intensity of headaches I would get towards the end of the night increased considerably.

Happy reading, with more to come -

Chris Andreychik

Rayner Brian

From: Christopher Andreychik - - -
Sent: Thursday, October 29, 2009 9:49 PM
To: Charles Emering; Rayner Brian
Subject: Quest ASRs part 2
Attachments: Quest ASR June 30 2005 pg10005.JPG; Quest ASR June 30 2005 pg20006.JPG

Gentlemen -

This ASR was written on June 30, 2005, and clearly shows that even then, the average bag weight of 12 pounds was more like 15 (or more). Of particular note are the large amount of heavier bags weighing in at 17, 18, 19, and 21 pounds. I brought along a scale to weigh the bags myself because I was becoming more concerned with some of the outsized bulging bags we were transporting.

Quest Diagnostics Flight Department	Air Safety Report (ASR) <small>(NOTE: Each reporting pilot must file an individual ASR report)</small>	ASR REPORT # _____
		_____/_____/_____ YYYY / MM / Ref # <small>(For Office Use Only)</small>
ASR Events Should Be Submitted To The Quest Safety Department Within 24 Hours of the Event. ASR Events Can Be Initially Reported To The Quest Safety Department At _____		

Phone: _____ Fax: _____ Company Mail: Quest Flight Ops Safety Dept Reading Airport U.S. Mail: Quest Diagnostics Safety Department 159 Museum Rd. Reading, PA 19605

(1) TYPE OF REPORT			
<input type="checkbox"/> ASR Report		<input type="checkbox"/> Irregularity <input type="checkbox"/> Safety Concern <input type="checkbox"/> FAA Ramp/Enroute Check	
		<input type="checkbox"/> Incident Report <input checked="" type="checkbox"/> Safety Suggestion <input type="checkbox"/> NTSB Reportable Event	
ANDREYCHIK, CHRISTOPHER M. - CAPTAIN - _____			
(2) Reporting Employee: NAME		CREW POSITION	EMPLOYEE # TELEPHONE #
Signature: _____			
(3) Other Employee EMPLOYEE #	(4) Date of Event (MM/DD/YYYY)	(5) Approximate Local Time of Event	
MURPHY, B.	06/30/05	DAWN / DAY / DUSK / NIGHT TIME (24-hour clock) 1830-0300	
(6) Flight Segment	(7) Location of Event	(8) Pilot Flying	(9) Flight Number
FROM: ALL TO:	HTS-LUX-CAH	<input checked="" type="checkbox"/> Captain <input type="checkbox"/> First Officer	LBQ 921
DIVERT CITY (if applicable):	(10) Aircraft Registration Number	(11) Blank	
	N401BC		
(12) Flight Phase (Circle one or all that apply)			
Parked - Taxi-out - Takeoff - Initial Climb - Climb Cruise - Holding - Descent - Approach - Landing - Taxi-in - Towing - Parked			
(13) Runway # (if applicable)	(14) Runway Condition (if applicable)	(15) Inflight / Airfield Weather	
N/A	DRY / WET / ICE / SNOW / OTHER N/A	IMC / VMC / OTHER N/A	
(16) RTO Speed (if applicable)	(17) Aircraft Altitude (specify AGL/MSL)	(18) IFR Flight Plan	(19)
N/A	N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	This block reserved for future use.
(20) Takeoff Weight	(21) Fuel on Board	(22) Number of Passengers	
5300 lbs CAH	N/A	N/A	
(23) Event Title (check one)			
<input type="checkbox"/> Aircraft Damage	<input type="checkbox"/> Emergency	<input type="checkbox"/> Handling Difficulties	<input type="checkbox"/> Return To Field (RTF)
<input type="checkbox"/> Altitude Deviation	<input type="checkbox"/> EMK / AED Usage	<input type="checkbox"/> Loss of Braking	<input type="checkbox"/> Runway Incursion
<input type="checkbox"/> ATC Incident	<input type="checkbox"/> Engine Shutdown	<input type="checkbox"/> Mechanical Malfunction	<input type="checkbox"/> Safety Equipment
<input type="checkbox"/> Bird Strike	<input type="checkbox"/> Evacuation	<input type="checkbox"/> MOCC or Dispatch Coordination	<input type="checkbox"/> Taxiway Incursion
<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Exceedance	<input type="checkbox"/> Navigation Error	<input type="checkbox"/> Security Incident
<input type="checkbox"/> Communication/Radio Failure	<input type="checkbox"/> Fire or Smoke Warning	<input type="checkbox"/> Near Mid-Air Collision (NMAC)	<input type="checkbox"/> Stall Warning
<input type="checkbox"/> Dangerous Goods	<input type="checkbox"/> FOD	<input type="checkbox"/> Operating Procedures -	<input type="checkbox"/> Takeoff Warning Horn
<input type="checkbox"/> Diversion	<input type="checkbox"/> Go-Around		<input type="checkbox"/> TCAS RA
	<input type="checkbox"/> GPWS Warning	<input type="checkbox"/> Overweight Landing	<input type="checkbox"/> Wake Turbulence
	<input type="checkbox"/> Ground Support	<input type="checkbox"/> Passenger Illness	<input type="checkbox"/> Weight and Balance
		<input type="checkbox"/> Rejected Take-off (RTO)	<input checked="" type="checkbox"/> Other - A/C LOADING

(24) Factual description of event with all relative factors (weather, ATC, airfield facilities, etc.) If more space is needed attach to this form.

PART-TIME SICs ARE BEING UTILIZED AFTER PUTTING IN AN 8-HOUR
WORK DAY AT THEIR REGULAR JOB. IN MANY CASES, THEY ARE
FLYING AFTER A FULL DAY OF REGULAR WORK, GETTING APPROXIMATELY
4 HOURS OF REST, GOING BACK TO THEIR REGULAR JOB FOR 8 HOURS,
THEN COMING IN TO FLY AGAIN.

(25) Near Miss / ATC Incident / TCAS RA
 Mark passage of other aircraft relative to you, in plane on the left and in elevation on the right, assuming YOU are at the center of each diagram.

<p>View from above (horizontal plane: _____ ft or _____ nm)</p>		<p>View from behind (vertical plane: _____ ft)</p>	
Severity of Risk	LOW / MEDIUM / HIGH	Minimum Vertical Separation	ft or _____ nm
Avoiding Action Taken	YES / NO	Minimum Horizontal Separation	ft or _____ nm
Reported to ATC	FACILITY	TCAS Alert	RA / TA / NONE
ATC instructions issued		RA Commands	NO / YES - Vertical Deviation _____ ft
Your Call Sign		Was TCAS Alert -- NECESSARY / USEFUL / NUISANCE	
Frequency in Use	DFG	Other Aircraft Description: Type, Markings, Color, Lighting, Callsign?	
Heading			
Cleared Altitude	FL _____ or _____ ft AGL / MSL		

**Quest Diagnostics
Flight Department**

Air Safety Report (ASR)

(NOTE: Each reporting pilot must file an individual ASR report)

ASR REPORT #

_____/_____/_____
YYYY / MM / Ref #
(For Office Use Only)

ASR Events Should Be Submitted To the Quest Safety Department Within 24 Hours of the Event.
ASR Events Can Be Initially Reported To The Quest Safety Department At [REDACTED]

Phone: [REDACTED] Fax: [REDACTED] Company Mail: Quest Flight Ops Safety Dept Reading Airport U.S. Mail: Quest Diagnostics Safety Department 159 Museum Rd. Reading, PA 19605

(1) TYPE OF REPORT			
<input checked="" type="checkbox"/> ASR Report	<input type="checkbox"/> Irregularity	<input checked="" type="checkbox"/> Safety Concern	<input type="checkbox"/> FAA Ramp/Enroute Check
	<input type="checkbox"/> Incident Report	<input type="checkbox"/> Safety Suggestion	<input type="checkbox"/> NTSB Reportable Event
(2) Reporting Employee: NAME ANDREJCHIK, CHRISTOPHER		CREW POSITION CAPTAIN	EMPLOYEE # [REDACTED]
TELEPHONE # [REDACTED]		Signature: [REDACTED]	
(3) Other Employee EMPLOYEE # KRISTEA BROWN	(4) Date of Event (MM/DD/YYYY) 09/13/2005		(5) Approximate Local Time of Event DAWN / DAY / DUSK / NIGHT TIME (24-hour clock) 2205
(6) Flight Segment FROM: KLUK TO: [REDACTED]	(7) Location of Event KLUK	(8) Pilot Flying <input type="checkbox"/> Captain N/A <input type="checkbox"/> First Officer	(9) Flight Number LBQ 922
DIVERT CITY (if applicable):	(10) Aircraft Registration Number N401BC		(11) Blank
(12) Flight Phase (Circle one or all that apply) <input checked="" type="checkbox"/> Parked - <input type="checkbox"/> Taxi-out - <input type="checkbox"/> Takeoff - <input type="checkbox"/> Initial Climb - <input type="checkbox"/> Climb <input type="checkbox"/> Cruise - <input type="checkbox"/> Holding - <input type="checkbox"/> Descent - <input type="checkbox"/> Approach - <input type="checkbox"/> Landing - <input type="checkbox"/> Taxi-in - <input type="checkbox"/> Towing - <input type="checkbox"/> Parked			
(13) Runway # (if applicable) N/A	(14) Runway Condition (if applicable) DRY / WET / ICE / SNOW / OTHER N/A	(15) Inflight / Airfield Weather IMC / VMC / OTHER N/A	
(16) RTO Speed (if applicable) N/A	(17) Aircraft Altitude (specify AGL/MSL) ON GROUND	(18) IFR Flight Plan <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(19) This block reserved for future use.
(20) Takeoff Weight 4800 #	(21) Fuel on Board 120 GAL / 3430 LBS	(22) Number of Passengers N/A	
(23) Event Title (check one)			
<input type="checkbox"/> Aircraft Damage	<input type="checkbox"/> Emergency	<input type="checkbox"/> Handling Difficulties	<input type="checkbox"/> Return To Field (RTF)
<input type="checkbox"/> Altitude Deviation	<input type="checkbox"/> EMK / AED Usage	<input type="checkbox"/> Loss of Braking	<input type="checkbox"/> Runway Incursion
<input type="checkbox"/> ATC Incident	<input type="checkbox"/> Engine Shutdown	<input type="checkbox"/> Mechanical Malfunction	<input type="checkbox"/> Safety Equipment
<input type="checkbox"/> Bird Strike	<input type="checkbox"/> Evacuation	<input type="checkbox"/> MOCC or Dispatch Coordination	<input type="checkbox"/> Taxiway Incursion
<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Exceedance	<input type="checkbox"/> Navigation Error	<input type="checkbox"/> Security Incident
<input type="checkbox"/> Communication/Radio Failure	<input type="checkbox"/> Fire or Smoke Warning	<input type="checkbox"/> Near Mid-Air Collision (NMAC)	<input type="checkbox"/> Stall Warning
<input type="checkbox"/> Dangerous Goods	<input type="checkbox"/> FOD	<input type="checkbox"/> Operating Procedures -	<input type="checkbox"/> Takeoff Warning Horn
<input type="checkbox"/> Diversion	<input type="checkbox"/> Go-Around	<input type="checkbox"/> Overweight Landing	<input type="checkbox"/> TCAS RA
	<input type="checkbox"/> GPWS Warning	<input type="checkbox"/> Passenger Illness	<input type="checkbox"/> Wake Turbulence
	<input type="checkbox"/> Ground Support	<input type="checkbox"/> Rejected Take-off (RTO)	<input type="checkbox"/> Weight and Balance
			<input checked="" type="checkbox"/> Other - OVERWEIGHT (AGG)

(24) Factual description of event with all relative factors (weather, ATC, airfield facilities, etc.) If more space is needed attach to this fo

WHILE FLYING AS PILOT IN COMMAND, I HAVE FLOWN WITH SEVERAL CONTRACT PILOTS IN THE PAST FEW MONTHS WHO ARE FATIGUED BEYOND THE POINT OF BEING A SAFE, PRODUCTIVE MEMBER OF THE COCKPIT CREW. SOME CREWMEMBERS HAVE BEEN WORKING 8 HOURS, COMING IN TO FLY AN 8+ HOUR DUTY DAY, GOING HOME TO GET AT MOST 4 HOURS OF SLEEP AND REPEATING THE SAME TWO JOBS THE FOLLOWING DAY. THIS ^{SAME JOB ROTATION} HAS BEEN REPEATED THREE DAYS IN A ROW TO MY KNOWLEDGE. THE CREWMEMBERS ARE MAKING FATIGUE-RELATED MISTAKES THAT ARE OF GREAT CONCERN TO THE PIC, ESPECIALLY REGARDING SAFETY OF FLIGHT, QUEST DIAGNOSTICS LIABILITY BOTH WHILE WORKING AT QUEST, AND AT THEIR OTHER WORKPLACE, AS WELL AS PERSONAL SAFETY OUTSIDE THE WORKPLACE. RECOMMEND HOLDING CONTRACT PILOTS TO THE DUTY TIME RESTRICTIONS LISTED IN THE FOM. IF THE CONTRACT PILOT WORKS AT ANOTHER JOB DURING THE DAY, RECOMMEND FLYING ON SHORTER RUNS SUCH AS THE 910, 901, OR WORKING FIRST SHIFT DISPATCH → AS LONG AS ANY AND ALL DUTIES FALL WITHIN FOM LIMITS FROM THE TIME THEY STARTED AT THEIR FIRST JOB THAT DAY. SUGGEST UTILIZING CONTRACT PILOTS WHO WORK M-F JOBS ON THE SATURDAY 968 RUN TO AVOID POSSIBLE FATIGUE ISSUES. ALLOW PICS TO REFUSE TO FLY WITH CONTRACT PILOTS WHO APPEAR OVERLY FATIGUED. GIVE CONTRACT PILOTS WHO FEEL FATIGUED THE OPTION OF WORKING DISPATCH, AND SENDING A NON-FATIGUED CAPTAIN OR FULL-T. SIG ON THEIR RUN INSTEAD.

(25) Near Miss / ATC Incident / TCAS RA SIG ON THEIR RUN INSTEAD.
 Mark passage of other aircraft relative to you, in plane on the left and in elevation on the right, assuming YOU are at the center of each diagram.

View from above (horizontal plane: _____ ft or _____ nm)		View from behind (vertical plane: _____ ft)	
Severity of Risk _____ LOW / MED / HIGH		Minimum Vertical Separation _____ ft or _____	
Avoiding Action Taken _____ YES / NO		Minimum Horizontal Separation _____ ft or _____	
Reported to ATC _____ FACILITY		TCAS Alert _____ RA / TA	
ATC instructions issued _____		RA Commands _____	
Your Call Sign _____		RA Followed? _____ NO / YES - Vertical Deviation	
Frequency in Use _____ DEF		Was TCAS Alert -- NECESSARY / USEFUL / NUISANCE	
Heading _____		Other Aircraft Description: Type, Markings, Color, Lighting, Callsign	
Cleared Altitude _____ FL _____ or _____ ft AGL / MSL			

**Quest Diagnostics
Flight Department**

Air Safety Report (ASR)

(NOTE: Each reporting pilot must file an individual ASR report)

ASR REPORT #

____/____/____
YYYY / MM / Ref #
(For Office Use Only)

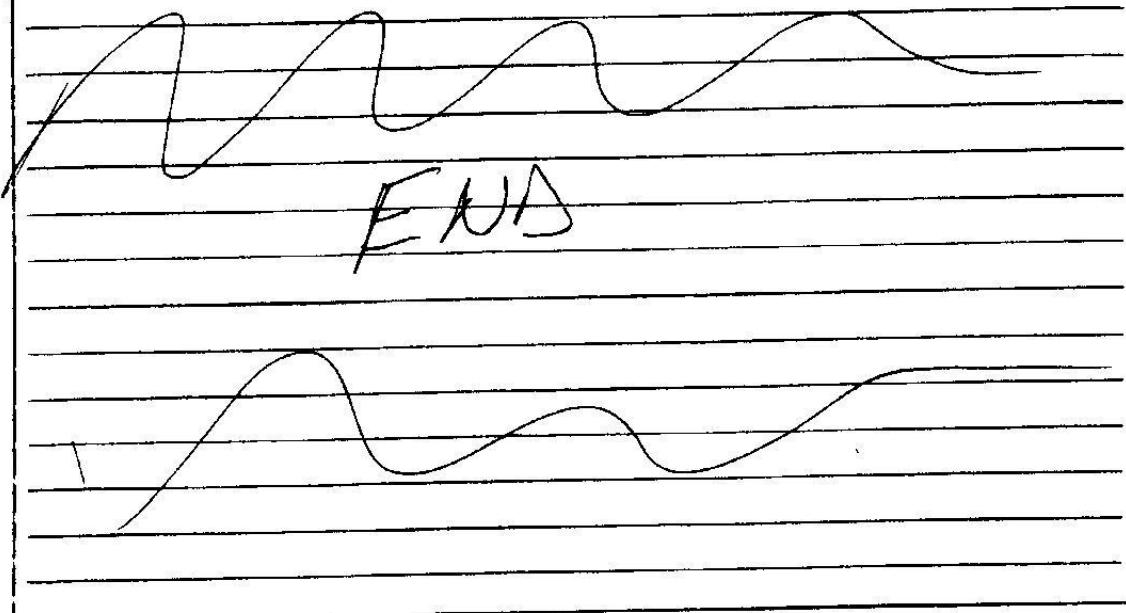
ASR Events Should Be Submitted To the Quest Safety Department Within 24 Hours of the Event.
ASR Events Can Be Initially Reported To The Quest Safety Department At _____

Phone: _____ Fax: _____ Company Mail: Quest Flight Ops Safety Dept Reading Airport U.S. Mail: Quest Diagnostics Safety Department 159 Museum Rd. Reading, PA 19605

(1) TYPE OF REPORT			
<input type="checkbox"/> ASR Report		<input type="checkbox"/> Irregularity	<input checked="" type="checkbox"/> Safety Concern
		<input type="checkbox"/> Incident Report	<input type="checkbox"/> FAA Ramp/Enroute Check
		<input type="checkbox"/> Safety Suggestion	<input type="checkbox"/> NTSB Reportable Event
(2) Reporting Employee: NAME CREW POSITION EMPLOYEE # TELEPHONE #			
ANDREYCHIK, CHRISTOPHER M. CAPTAIN _____			
Signature: _____			
(3) Other Employee EMPLOYEE #	(4) Date of Event (MM/DD/YYYY)	(5) Approximate Local Time of Event	
VARIOUS	VARIOUS, TO INCLUDE 9/8/05 - 9/10/05	DAWN / DAY / DUSK / <u>NIGHT</u> / TIME (24-hour clock) 1800 - 0330	
(6) Flight Segment	(7) Location of Event	(8) Pilot Flying	(9) Flight Number
ALL FROM: TO:	N/A	<input checked="" type="checkbox"/> Captain <input type="checkbox"/> First Officer	LBR 921
DIVERT CITY (if applicable):	(10) Aircraft Registration Number	(11) Blank	
	N/A		
(12) Flight Phase (Circle one or all that apply)			
Parked - Taxi-out - Takeoff - Initial Climb - Climb Cruise - Holding - Descent - Approach - Landing - Taxi-in - Towing - Parked			
(13) Runway # (if applicable)	(14) Runway Condition (if applicable)	(15) Inflight / Airfield Weather	
N/A	DRY / WET / ICE / SNOW / OTHER N/A	IMC / VMC / OTHER N/A	
(16) RTO Speed (if applicable)	(17) Aircraft Altitude (specify AGL/MSL)	(18) IFR Flight Plan	(19)
N/A	N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	This block reserved for future use.
(20) Takeoff Weight	(21) Fuel on Board	(22) Number of Passengers	
N/A	N/A	N/A	
(23) Event Title (check one)			
<input type="checkbox"/> Aircraft Damage	<input type="checkbox"/> Emergency	<input type="checkbox"/> Handling Difficulties	<input type="checkbox"/> Return To Field (RTF)
<input type="checkbox"/> Altitude Deviation	<input type="checkbox"/> EMK / AED Usage	<input type="checkbox"/> Loss of Braking	<input type="checkbox"/> Runway Incursion
<input type="checkbox"/> ATC Incident	<input type="checkbox"/> Engine Shutdown	<input type="checkbox"/> Mechanical Malfunction	<input type="checkbox"/> Safety Equipment
<input type="checkbox"/> Bird Strike	<input type="checkbox"/> Evacuation	<input type="checkbox"/> MOCC or Dispatch Coordination	<input type="checkbox"/> Taxiway Incursion
<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Exceedance	<input type="checkbox"/> Navigation Error	<input type="checkbox"/> Security Incident
<input type="checkbox"/> Communication/Radio Failure	<input type="checkbox"/> Fire or Smoke Warning	<input type="checkbox"/> Near Mid-Air Collision (NMAC)	<input type="checkbox"/> Stall Warning
<input type="checkbox"/> Dangerous Goods	<input type="checkbox"/> FOD	<input type="checkbox"/> Operating Procedures -	<input type="checkbox"/> Takeoff Warning Horn
<input type="checkbox"/> Diversion	<input type="checkbox"/> Go-Around	<input type="checkbox"/> Overweight Landing	<input type="checkbox"/> TCAS RA
	<input type="checkbox"/> GPWS Warning	<input type="checkbox"/> Passenger Illness	<input type="checkbox"/> Wake Turbulence
	<input type="checkbox"/> Ground Support	<input type="checkbox"/> Rejected Take-off (RTO)	<input type="checkbox"/> Weight and Balance
			<input type="checkbox"/> Other - _____

(24) Factual description of event with all relative factors (weather, ATC, airfield facilities, etc.) If more space is needed attach to this form.

SAMPLED BAG WEIGHTS ON LBR 921 RUN AT HTS, LUK, AND CMH. AVERAGE WEIGHT OF HTS BAGS GOING TO IAD WERE WAS 8.25 POUNDS. BAG WEIGHTS AT LUK WERE (IN POUNDS): 7 (FOR IAD), 17, 18, 8, 17, 21, 11, 18, 18, 17, 14, 13, 19, 18 (ALL FOR AGC). BAG WEIGHTS AT CMH WERE 12, 9, 15, 15, 13, 8, 7, 12, 12, 14, 15, 12 (ALL FOR AGC).
RECOMMEND SPOT CHECKING BAG WEIGHTS ON WEIGHT-CRITICAL RUNS TO ENSURE COMPLIANCE WITH COMPANY STANDARD BAG WEIGHTS.



(25) Near Miss / ATC Incident / TCAS RA
Mark passage of other aircraft relative to you, in plane on the left and in elevation on the right, assuming YOU are at the center of each diagram

View from above (horizontal plane: _____ ft or _____ nm)		View from behind (vertical plane: _____ ft)	
Severity of Risk	LOW / MEDIUM / HIGH	Minimum Vertical Separation	ft or _____ ft
Avoiding Action Taken	YES / NO	Minimum Horizontal Separation	ft or _____ ft
Reported to ATC	FACILITY	TCAS Alert	RA / TA / NONE
ATC Instructions Issued		RA Commands	
Your Call Sign		RA Followed?	NO / YES - Vertical Deviation _____ ft
Frequency in Use		Was TCAS Alert - NECESSARY / USEFUL / NUISANCE	
Heading	DEG	Other Aircraft Description: Type, Markings, Color, Lighting, Call sign?	
Cleared Altitude	FL _____ or _____ ft AGL / MSL		

Quest Diagnostics Flight Department	Air Safety Report (ASR) (NOTE: Each reporting pilot must file an individual ASR report)	ASR REPORT # _____
		YYY / MM / Ref # (For Office Use Only)
ASR Events Should Be Submitted To the Quest Safety Department Within 24 Hours of the Event. ASR Events Can Be Initially Reported To The Quest Safety Department At _____		

Phone: _____ Fax: _____ Company Mail: Quest Flight Ops Safety Dept Reading Airport
 U.S. Mail: Quest Diagnostics Safety Department 159 Museum Rd. Reading, PA 19605

(1) TYPE OF REPORT <input type="checkbox"/> ASR Report <input type="checkbox"/> Irregularity <input checked="" type="checkbox"/> Safety Concern <input type="checkbox"/> FAA Ramp/Enroute Check <input type="checkbox"/> Incident Report <input checked="" type="checkbox"/> Safety Suggestion <input type="checkbox"/> NTSB Reportable Event			
(2) Reporting Employee: NAME ANDREYCHUK, CHRISTOPHER M.		CREW POSITION CAPTAIN	
EMPLOYEE # _____		TELEPHONE # _____	
Signature _____			
(3) Other Employee EMPLOYEE # N/A	(4) Date of Event (MM/DD/YYYY) 09/06/2006	(5) Approximate Local Time of Event DAWN / DAY / DUSK / NIGHT / N/A TIME (24-hour clock)	
(6) Flight Segment FROM: N/A TO: N/A	(7) Location of Event N/A	(8) Pilot Flying <input type="checkbox"/> Captain N/A <input type="checkbox"/> First Officer	(9) Flight Number N/A
DIVERT CITY (if applicable):	(10) Aircraft Registration Number N/A	(11) Blank	
(12) Flight Phase (Circle one or all that apply) N/A Parked - Taxi-out - Takeoff - Initial Climb - Climb Cruise - Holding - Descent - Approach - Landing - Taxi-in - Towing - Parked			
(13) Runway # (if applicable) N/A	(14) Runway Condition (if applicable) DRY / WET / ICE / SNOW / OTHER N/A	(15) Inflight / Airfield Weather IMC / VMC / OTHER N/A	
(16) RTO Speed (if applicable) N/A	(17) Aircraft Altitude (specify AGL/MSL) N/A	(18) IFR Flight Plan N/A YES / NO	(19) This block reserved for future use.
(20) Takeoff Weight N/A	(21) Fuel on Board N/A	(22) Number of Passengers N/A	
(23) Event Title (check one)			
<input type="checkbox"/> Aircraft Damage <input type="checkbox"/> Altitude Deviation <input type="checkbox"/> ATC Incident <input type="checkbox"/> Bird Strike <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Communication/Radio Failure <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> Diversion	<input type="checkbox"/> Emergency <input type="checkbox"/> EMK / AED Usage <input type="checkbox"/> Engine Shutdown <input type="checkbox"/> Evacuation <input type="checkbox"/> Exceedance <input type="checkbox"/> Fire or Smoke Warning <input type="checkbox"/> FOD <input type="checkbox"/> Go-Around <input type="checkbox"/> GPWS Warning <input type="checkbox"/> Ground Support	<input type="checkbox"/> Handling Difficulties <input type="checkbox"/> Loss of Braking <input type="checkbox"/> Mechanical Malfunction <input type="checkbox"/> MOCC or Dispatch Coordination <input type="checkbox"/> Navigation Error <input type="checkbox"/> Near Mid-Air Collision (NMAC) <input type="checkbox"/> Operating Procedures - <input type="checkbox"/> Overweight Landing <input type="checkbox"/> Passenger Illness <input type="checkbox"/> Rejected Take-off (RTO)	<input type="checkbox"/> Return to Field (RTF) <input type="checkbox"/> Runway Incursion <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Taxiway Incursion <input type="checkbox"/> Security Incident <input type="checkbox"/> Stall Warning <input type="checkbox"/> Takeoff Warning Horn <input type="checkbox"/> TCAS RA <input type="checkbox"/> Wake Turbulence <input type="checkbox"/> Weight and Balance <input checked="" type="checkbox"/> Other - REPORTING FOR NON-FLYING DUTIES

(24) Factual description of event with all relative factors (weather, ATC, airfield facilities, etc.) If more space is needed attach to this form.

RECOMMEND FLIGHT OPERATIONS AVOID CONTACTING CREWMEMBERS TO REPORT
FOR MEETINGS, TO INFORM OF SCHEDULE CHANGES THAT DO NOT IMPACT CREWMEMBER'S
SHOWTIMES, OR FOR ANY OTHER NON-CRITICAL REASON TO ALLOW FOR AS MUCH
UNINTERRUPTED CREW REST AS POSSIBLE. AS SOON AS A CREWMEMBER IS
CONTACTED BY PHONE AND/OR REPORTS TO A WORK LOCATION FOR BUSINESS,
HIS/HER DUTY DAY SHOULD BE CONSIDERED STARTED. FOR EXAMPLE, I WAS
CONTACTED AT 1130 HOURS ON 9/6/05 FOR A MEETING WITH MANAGEMENT. MY
INTENT HAD BEEN TO SLEEP UNTIL 1400 HOURS IN PREPARATION FOR THAT EVENING'S
LDR 921/922 SPECIMEN FLIGHT, WITH A SHOWTIME OF 1830 HOURS AND NORMAL
COMPLETION OF 0300 THE FOLLOWING MORNING. USING THE 1130 CONTACT TIME
AS A BASIS FOR CREWMEMBER DUTY TIME START AS MANY PART 91/135/121 AND
MILITARY OPERATIONS DO PUTS ME AT 13.5 HOURS DUTY, VERY CLOSE TO THE NORMAL
14 HOUR DUTY DAY WITHIN 24 HOURS AS SPECIFIED IN THE QUEST FLIGHT
OPERATIONS MANUAL. IF WEATHER OR MAINTENANCE ISSUES HAD OCCURED, IT WOULD
HAVE PUT ME INTO AN EXTENDED DUTY DAY, AT WHICH TIME I WOULD HAVE
BEEN LIMITED TO PERFORMING ONE MORE LANDING AND THE ASSOCIATED LIMITATIONS
THAT APPLY TO THE 16 HOUR EXTENDED DUTY DAY. THIS SITUATION WOULD MOST
DEFINATELY CAUSE SCHEDULING PROBLEMS THE FOLLOWING DAY, AS WELL AS
POTENTIALLY HAVING AN AIRCRAFT AND CREW STUCK AT AN OUTSTATION.
IF CREWMEMBERS COULD MEET WITH MANAGEMENT OR BE CONTACTED AS LATE AS
POSSIBLE PRIOR TO STARTING THEIR NORMAL DUTY DAY IT WOULD HELP ALLEVIATE THESE
POTENTIAL PROBLEMS AND ALLOW FOR A WELL-RESTED PILOT.

(25) Near Miss / ATC Incident / TCAS RA

Mark passage of other aircraft relative to you, in plane on the left and in elevation on the right, assuming YOU are at the center of each diagram.

<p>View from above (horizontal plane: _____ ft or _____ nm)</p>		<p>View from behind (vertical plane: _____ ft)</p>	
Severity of Risk	LOW / MEDIUM / HIGH	Minimum Vertical Separation	ft or _____ ft
Avoiding Action Taken	YES / NO	Minimum Horizontal Separation	ft or _____ ft
Reported to ATC	FACILITY	TCAS Alert	RA / TA / NON
ATC instructions issued		RA Commands	
Your Call Sign		RA Followed?	NO / YES - Vertical Deviation ft
Frequency in Use	DEG	Was TCAS Alert - NECESSARY / USEFUL / NUISANCE	
Heading		Other Aircraft Description: Type, Markings, Color, Lighting, Collision?	
Cleared Altitude	FL or ft AGL / MSL		