#### Attachment A AS2R-ROPM-019

# NTSB Human Fatigue Investigation Methodology (HFIM) Study

## GENERAL INSTRUCTIONS AND DATA FORMS

- All accidents involving Part 135 or Part 91k operations should be included in the study.
- Please fill out the attached questionnaire and the sleep activity log for each flight crew member.
- Please make an effort to obtain toxicological tests and FAA medical records in all accidents, not just fatals.
   If you need assistance, please contact Mitch Garber or Jana Price.
- Interview pilots/witnesses/family members as soon as possible to promote accurate reporting.
- Use local time expressed in military time for all questions pertaining to time
- If it is available, request ATC transcripts and recorder readouts for possible evidence of pilot error or unresponsiveness
- Any questions? Contact Jana Price<sup>1</sup> by phone 202-314-6512 or email <u>pricej@ntsb.gov</u>.
- When finished, please send completed forms using one of the following methods:
  - Scan forms and email to Jana Price at pricej@ntsb.gov
  - o Fax forms to Jana Price at 202-314-6599
  - o Mail forms to Jana Price at NTSB, RE-10, 490 L'Enfant Plaza East, SW, Washington DC 20594

Use the following **source codes** on all forms:

- 1 Pilot self report
- 2 Interview with family member
- 3 Interview with coworker
- 4 Interview with witness
- 5 Flight and duty logs
- 6 Work schedules
- 7 Recorder data
- 8 Medical records
- 9 Time stamped evidence (e.g., receipts, phone records, hotel receipts)
- 10 Wreckage
- # Other (add explanation)

# **BASIC ACCIDENT INFORMATION**

Investigator Name:	McKenny	NTSB Number:	R10FA371	
Accident Location: _	Tucson, AZ	Accident Date:7.28.2010	Accident Time:	1342
INITIAL SCREEN	IING QUESTIONS (Source	e Codes:	)	

Did the accident occur between 0300 and 0600? □Yes □No □Unk,

Had any pilots been awake for 16 hours or longer at the time of the accident? □Yes □No □Unk

Does the evidence suggest inaction or inattention on the part of the pilot(s) (e.g., a delayed response to an alarm or an oncoming obstacle)? □Yes □No □Unk

<sup>&</sup>lt;sup>1</sup> Note that Jana will be on Maternity leave between May-Aug 2009. In her absence, please contact Aaron Dietz at <u>aaron.dietz@ntsb.gov</u> or 202-314-6519.

# NTSB Human Fatigue Investigation Methodology (HFIM) Study

# Detailed Methodology - C omplete separate form for each flight crewmember

Pilot Name: Kelley, Alexander	Pilot Role: □Captain □First Officer					
Class Males History (Course Codes)	\					
Sleep/Wake History: (Source Codes: 2,5	)					
(If possible, complete attached sleep/activity log first, and use it to answer these questions)  How long was the most recent sleep period?9hoursminutes, □Unk  Total amount of sleep in the 24 hours prior to the accident?9_hoursminutes, □Unk  Total amount of sleep in the 72 hours prior to the accident?27_hoursminutes, □Unk						
Total amount of sleep in the 24 hours prior to the accident?	hours minutes IIIInk					
Total amount of sleep in the 72 hours prior to the accident?	7 hours minutes DUnk					
How long had the pilot been awake at the time of the accident?	hours minutes. □Unk					
How long had the pilot been awake at the time of the accident? _ How long had the pilot been on-duty at the time of the accident?	6 hours 30 minutes. DUnk					
How long had the pilot been flying at the time of the accident?	0 hours 10 minutes, □Unk					
Did the pilot have a regular work schedule? \( \Delta \text{Yes}  \text{No}  \text{Unk} \)	<del></del>					
If yes, what was the pilot's typical work schedule: □Days	s □Afternoon/Evenings □Nights 図Rotating □Unk					
Had the pilot's work schedule changed substantially during the 72	2 hours prior to the accident (e.g., from a day to a					
night shift)? □Yes ᡌNo □Unk						
On off duty days, What is the pilot's normal bedtime?2130 How much sleep does the pilot usually get per night, on average?	Unk					
How much sleep does the pilot usually get per night, on average?	<sup>y o−9</sup> _hoursminutes □Unk					
What is the pilot's normal wake time? 0600						
Is there any evidence that the pilot was affected by jet-lag? \( \sqrt{Y} \)						
If yes, please describe the evidence (e.g., number of time	e-zone crossings)					
Did the pilot work more than one job? □Yes ☒No □Unk	<del></del>					
How many hours per week did the pilot average on duty across a	lliobs? 84 hours Ollok 7 days on .7days off					
How many hours per week on average was the pilot on-call?	$\frac{11}{34}$ hours $\square \text{Unk}$					
— — — — — — — — — — — — — — — — — — —						
Sleep Quality: (Source Codes: 2						
Were there factors in the pilot's environment that interfered with t	he pilot's sleep in the 72 hours preceding the					
accident? XiYes □No □Unk	are process and a management of the same processing and					
If yes, check all that apply:						
☐ Light ☐ Phone Calls						
☐ Noise ☐ Household Responsibilities						
☐ Other						
Health/Medical Factors – (Contact Mitch Garber if you need a						
results or medical records): (Source Codes:	)					
Height $\underline{}$ ft $\underline{}$ in $\square$ Unk Weight $\underline{212}$ Ibs $\square$ Unk						
Neck circumference (collar size)in \(\Delta\)Unk (wore a	XI. shirt)					
Did the pilot report the use of any drugs/medications regularly?						
If yes, name of medicine <u>ED medicatio</u> Dosage	How often? occationally					
Had the pilot taken any drugs/medications within 24 hours of the						
If yes, name of medicine Dosage						
Did the toxicology results reveal any ethanol in the pilot's system	? □Yes ⊠No □Unk					
If yes, what was the amount (mg/dl)? blood	urinevitreous (do not					
report if no fluids were tested or if the vitreous ethanol was not fro	om ingestion)					
Did the toxicology results reveal the presence of any drugs in the	pilot's system? □Yes ⊠No □Unk					
If yes, what was the drug(s), and the amount detected?						
Drug Amount Drug Amount	Source □Blood □Urine □Tissue					
Drug Amount	Source □Blood □Urine □Tissue					
Did the pilot have a history of sleep problems, or health problems						
Did the pilot have a history of snoring while sleeping?						
Did the pilot have a history of sleepiness or nodding-off during the						
Is there evidence that the pilot ever talked to a physician about sl						
Had the pilot been diagnosed with a sleep disorder? □Yes \( \bar{\text{\subset}}\)No If yes, what sleep disorder?						
•						
The pilots wife said she was familiar						
and the pilot always slept soundly, wi	th out interruptions.					

Pilot Performance/Behaviors: (Source Codes: <u>None</u> )
During the accident flight  Did the pilot overlook or skip tasks or parts of tasks (e.g., checklists, or routine procedures)? □Yes □No ☑Unk  Did pilot focus on a few factors to the exclusion of more important information (e.g., fixating on weather or navigation while ignoring other tasks)? □Yes □No ☑Unk
Was there evidence of delayed responses or unresponsiveness from the pilot (e.g., delayed responses to ATC?)  □Yes ☑No □Unk
Was there evidence of impaired decision-making from the pilot? (e.g., decision to fly into unsafe conditions) □Yes ᡌNo □Unk
Is there evidence that the pilot was sleepy at the time of the accident (e.g., said he was tired, was observed by others yawning or nodding off)? □YesⅪNo □Unk
Additional Questions: (Source Codes:) Is there evidence that the pilot had fallen asleep during vehicle operation in the past? □Yes 図No □Unk Had the pilot received fatigue management training from his current employer? 函Yes □No □Unk Had there been prior employee or labor union complaints about the operator in terms of fatigue-related issues? □Yes ☑No □Unk Were there any unusual operational factors that might affect pilot alertness, such as flight delays or extended duty periods? □Yes ☑No □Unk
If yes, what were they?
ANALYSIS: It is important to establish two factors before concluding that flight crew fatigue contributed to an accident. First, determine whether the flight crew was susceptible to the effects of fatigue based on sleep lengths, sleep disturbances, circadian factors, time awake, and/or medical issues.
<ul> <li>In general, if any of the following were true, there is an increased likelihood that the pilot was impaired by fatigue:</li> <li>The event occurred between 0300 and 0600</li> <li>The pilot had one or more days with acute sleep loss (e.g., four hours less sleep than normal per night)</li> <li>The pilot had multiple days with chronic sleep loss (e.g., 1-2 hours less sleep than normal per night)</li> <li>The pilot recently encountered a major shift in circadian cycle, such as moving from day to night shifts, or flying across multiple time zones.</li> <li>The pilot had been awake for more than 16 consecutive hours at the time of the accident.</li> </ul>
Second, if it is determined that a flight crew member was likely experiencing excessive fatigue, evaluate information concerning performance and behaviors that may have contributed to the accident to determine whether they were consistent with the effects of fatigue.
If you determine that the pilot was probably impaired by fatigue, but you do not find that 1) the pilot's actions contributed to the accident, or 2) that the pilot's actions did contribute to the accident, but that those accidents were probably not influenced by fatigue, then fatigue should be listed as a finding rather than as a probable cause or contributing factor.
Fatigue as a Factor: Based on your analysis, do you believe that crew fatigue was a factor in this accident? □Yes ≅No □Unk
Please write any additional comments below or on the back of this page

### Sleep/Activity Log

Use the key at the bottom of the page to depict the time of the crash and the sleep/wake/duty times for the pilot in the days leading to the crash. Start with the day/date of the crash fill in the 3 preceding days along the left. Then, interview the pilot about the time he/she began and ended each duty period and sleep period for each day before the crash. Include naps as well as main sleeps. Enter any comments in the space below the timeline.

