

Promech Air  
Ketchikan, AK  
June 25, 2015  
ANC15MA041

**NATIONAL TRANSPORTATION SAFETY BOARD  
WASHINGTON, D.C.**

ATTACHMENT 15

Promech Safety Reporting Forms

2 Pages

**INCIDENT/ACCIDENT REPORT FORM**

**PROMECH AIR**  
**INCIDENT/ACCIDENT REPORT**

REPORTED BY: \_\_\_\_\_ DATE & TIME OF INCIDENT: \_\_\_\_\_

CUSTOMER or FLIGHT #: \_\_\_\_\_ LOCATION: \_\_\_\_\_

MECHANICAL MALFUNCTION: YES  NO  TYPE OF AIRCRAFT OR EQUIP: \_\_\_\_\_ ID or N # \_\_\_\_\_

PAX: YES  NO  # \_\_\_\_\_ INJURIES: YES  NO  HAZMAT INVOLVED: YES  NO  UN# \_\_\_\_\_  
(Attach Manifest if necessary) (Attach list of names of injured)

WITNESSES or ADDITIONAL PILOTS: \_\_\_\_\_

SKY CONDITION	<input type="checkbox"/> NO CLOUD	<input type="checkbox"/> SOME CLOUD	<input type="checkbox"/> OVERCAST	<input type="checkbox"/> DAYLIGHT	<input type="checkbox"/> DARK
WIND	<input type="checkbox"/> CALM	<input type="checkbox"/> LIGHT	<input type="checkbox"/> MODERATE	<input type="checkbox"/> STRONG	<input type="checkbox"/> GUSTY
PRECIPITATION	<input type="checkbox"/> NONE	<input type="checkbox"/> FOG	<input type="checkbox"/> DRIZZLE	<input type="checkbox"/> RAIN	<input type="checkbox"/> SNOW
SURFACE CONDITIONS	<input type="checkbox"/> DRY	<input type="checkbox"/> DUSTY	<input type="checkbox"/> WET	<input type="checkbox"/> SLICK	<input type="checkbox"/> WATER

Summary of Incident or Mechanical Malfunction (use reverse for Drawing or Additional Remarks)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name & Contact Phone #

Maintenance and Supervisor Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name & Contact Phone #

Management Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

Any Additional Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

**SAFETY REPORT FORM**

**PROMECH AIR**  
**SAFETY REPORT**

FROM: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Summary of Hazard or Safety Concern: (use reverse side for Drawings or additional remarks)

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Suggested Corrective Action:

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**FOR OFFICE USE ONLY**

Supervisors Investigation:

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Corrective Action Taken:

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Signature & Date:

Copy sent to Originator      Yes [ ] No [ ]  
Response sent to Originator    Yes [ ] No [ ]