

FIGURE - E

ESCAPE - EGRESS QUESTIONNAIRE	
Name:	Date of Mishap:
Rate/Rank:	Mishap Category:
Duty/Position:	Mishap Number:

1. Location of Individual in craft/vessel: *(Check appropriate box)*

a. General:

Cockpit
 Nav/Eng Compartment
 Cabin/Pax Compartment
 Outside on Ground
 On Deck
 On Bridge
 Outside in Flight (Hoisting)
 Below Decks
 Other

b. Longitudinal Location:
 Forward
 Center
 Aft
 Unknown

c. Lateral Location:
 Center
 Left/Port
 Right/Starboard
 Unknown

d. Direction Facing:
 Forward
 Aft
 Sideward
 Unknown

e. Use of Seat:
 In seat
 Not in seat
 In Bunk/Litter
 Unkown

2. Escape Data: *(Check appropriate box)*

a. Egress Attempted:
 Yes
 No
 Unknown

b. Aircraft/Vessel Abandoned:
 NA - No Actual/Successful Egress
 After Impact/Landing
 Unkown

c. Escape Method: *(Check only one method and specify from chosen selection)*

<input type="checkbox"/> Accomplished (free of aircraft/vessel) <input type="checkbox"/> Definitely Not Attempted <input type="checkbox"/> Other Escape <input type="checkbox"/> Underwater Egress <input type="checkbox"/> Escape Unassisted (not emergency egress) <input type="checkbox"/> Blown/Thrown Out <input type="checkbox"/> Standard Emergency Abandon Ship <input type="checkbox"/> Vessel to Vessel Raft Transfer	<input type="checkbox"/> Suspected Escape <input type="checkbox"/> Unknown if Attempt was Made/Accomplished <input type="checkbox"/> Standard Emergency Ground Egress <input type="checkbox"/> Other Unsuccessful Escape Attempt <input type="checkbox"/> Carried/Assisted Out <input type="checkbox"/> Jumped/Fell from A/C (airborne)/Vessel (underway) <input type="checkbox"/> Escape Method Unknown
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d. Sequence of Actions: *(Describe)*

e. Intent for Escape: *(Check appropriate box)*

Intentional
 Unintentional/Self-induced
 Intent Unknown
 Unintentional/Mechanically Induced
 Unintentional/Other Induced

f. Order of Escape: _____ of _____ members.

g. Number of Previous: _____ escapes _____ other.

h. Exits Used:
 Normal Exit
 Emergency Exit
 Other
 Unknown

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<p>3. Cockpit/Bridge/Cabin Condition Relative to Individual's Location: <i>(check appropriate)</i></p> <p> <input type="checkbox"/> No Damage <input type="checkbox"/> Damaged-Definitely Habitable <input type="checkbox"/> Damage Unknown <input type="checkbox"/> Damaged-Probably Habitable <input type="checkbox"/> Damaged-Probably Not Habitable <input type="checkbox"/> Destroyed-Definitely Not Habitable </p>	
<p>4. Emergency Egress Lighting Systems: <i>(check appropriate)</i></p> <p> <input type="checkbox"/> Installed <input type="checkbox"/> Not Installed <input type="checkbox"/> Unknown <input type="checkbox"/> Aided in Location of Exit <input type="checkbox"/> Not Seen <input type="checkbox"/> Did Not Aid in Location of Exit <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown Effect in Locating Exit </p>	
<p>5. Aircraft/Vessel Parameters at Time of Escape: <i>(if unknown, so indicate)</i></p> <p>Aircraft: Altitude(FT): _____ (MSL)/ _____ (AGL) _____</p> <p>Velocity: Airspeed (KTS): _____ Groundspeed(KTS): _____</p> <p>Sink Rate (FT/MIN): _____ Climb Rate (FT/MIN): _____</p> <p>Pitch (DEG): _____ <input type="checkbox"/> Up <input type="checkbox"/> Down <i>(Check one)</i></p> <p>Pitch Rate (DEG/SEC): _____ <input type="checkbox"/> Up <input type="checkbox"/> Down <i>(Check one, unless Rate=0)</i></p> <p>Bank Angle (DEG): _____ Direction: <input type="checkbox"/> Right <input type="checkbox"/> Left <i>(Check one, unless Rate=0)</i></p> <p>Roll Rate (DEG/SEC): _____ <input type="checkbox"/> Right <input type="checkbox"/> Left <i>(Check one, unless Rate=0)</i></p> <p>Yaw (DEG) _____ Direction: <input type="checkbox"/> Right <input type="checkbox"/> Left <i>(Check one)</i></p> <p>Yaw Rate (DEG/SEC): _____ <input type="checkbox"/> Right <input type="checkbox"/> Left <i>(Check one, unless Rate=0)</i></p> <p>Forces: Normal (G's) _____ <input type="checkbox"/> Up <input type="checkbox"/> Down <i>(Check one)</i></p> <p>Lateral (G's) _____ <input type="checkbox"/> Right <input type="checkbox"/> Left <i>(Check one)</i></p> <p>Other: <i>(Check all that apply)</i> <input type="checkbox"/> Nose Down Spin <input type="checkbox"/> Flat Spin <input type="checkbox"/> Oscillating Spin</p> <p> <input type="checkbox"/> Upright on Ground <input type="checkbox"/> Inverted <input type="checkbox"/> Tumbling <input type="checkbox"/> Mushing <input type="checkbox"/> Upright on Water <input type="checkbox"/> Disintegrating <input type="checkbox"/> Rolling <input type="checkbox"/> Under Water/Sinking <input type="checkbox"/> Other: <i>(Describe)</i> </p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Vessel: Velocity (KTS) _____</p> <p>Water Conditions: _____ ft seas. <input type="checkbox"/> Rough <input type="checkbox"/> Calm <input type="checkbox"/> Unknown</p> <p>Attitude: <input type="checkbox"/> Normal <input type="checkbox"/> Underwater/Sinking <input type="checkbox"/> Listing <input type="checkbox"/> Rolling <input type="checkbox"/> Capsized</p> <p>Direction/Position: <input type="checkbox"/> to Port <input type="checkbox"/> to Sea <input type="checkbox"/> In Harbor <input type="checkbox"/> at Pier</p> <p style="padding-left: 40px;"><input type="checkbox"/> Anchored</p>	

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<p>6. Egress Problems: <i>(See Instructions)</i></p> <p>PHASE: B = before D = during A = after (egress)</p> <p>TYPE: W = water G = ground</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">PROBLEM</th> <th style="width: 20%;">PHASE</th> <th style="width: 20%;">TYPE</th> </tr> </thead> <tbody> <tr><td>Locating hatch/window exit release mechanism</td><td></td><td></td></tr> <tr><td>Mechan. releasing hatch/window exit</td><td></td><td></td></tr> <tr><td>Reaching hatch/window exit</td><td></td><td></td></tr> <tr><td>Confusion/Panic/Disorientation</td><td></td><td></td></tr> <tr><td>Darkness/Loss Visual Reference</td><td></td><td></td></tr> <tr><td>Fire/Smoke/Fuel</td><td></td><td></td></tr> <tr><td>Anthropometric Problem</td><td></td><td></td></tr> <tr><td>Obstruction</td><td></td><td></td></tr> <tr><td>Obstruction clothing/equipment/injuries</td><td></td><td></td></tr> <tr><td>Injuries: specify body area affected</td><td></td><td></td></tr> <tr><td>Hypothermia</td><td></td><td></td></tr> <tr><td>Inrush of Water</td><td></td><td></td></tr> <tr><td>Loss of Consciousness</td><td></td><td></td></tr> <tr><td>Environment wind/water/light(darkness)</td><td></td><td></td></tr> <tr><td>Entanglement</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td></tr> </tbody> </table>		PROBLEM	PHASE	TYPE	Locating hatch/window exit release mechanism			Mechan. releasing hatch/window exit			Reaching hatch/window exit			Confusion/Panic/Disorientation			Darkness/Loss Visual Reference			Fire/Smoke/Fuel			Anthropometric Problem			Obstruction			Obstruction clothing/equipment/injuries			Injuries: specify body area affected			Hypothermia			Inrush of Water			Loss of Consciousness			Environment wind/water/light(darkness)			Entanglement			Other		
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<p>8. Reasons for escape: <i>(indicate all that apply)</i></p> <p> <input type="checkbox"/> Fire/Explosion/Smoke <input type="checkbox"/> Out of Fuel <input type="checkbox"/> Loss Control <input type="checkbox"/> Water Impact <input type="checkbox"/> Engine Failure <input type="checkbox"/> Ground/Structure Impact <input type="checkbox"/> Structural failure <input type="checkbox"/> SHIPOPS Failure <input type="checkbox"/> Collision <input type="checkbox"/> Other <input type="checkbox"/> Capsizing/sinking <input type="checkbox"/> Unknown </p>																																																				
<p>9. Communications: <i>(Before egress)</i></p> <p> <input type="checkbox"/> Distress signal Transmitted <input type="checkbox"/> Position Fix Transmitted <input type="checkbox"/> Emergency IFF <input type="checkbox"/> Unknown <input type="checkbox"/> None </p>																																																				

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10. Remarks: <ul style="list-style-type: none">a. Complete this questionnaire for each person who successfully egressed as part of the mishap event and also for each person who unsuccessfully tried to egress.b. Location, part 1: indicate where this person was located at the time of the mishap by checking one selection from part A. Amplify with one selection each from parts B through E, as indicated.c. Escape Method, part 2 (A-C): indicate the type of escape and amplify from the adjacent selections. Use only the selections associated with the particular method.d. Sequence of Actions, part 2 D: list sequence of preparatory actions accomplished by this individual before actual egress. Examples: visor down, lap belt/shoulder harness straps adjusted, seat moved/adjusted, tightened mask, crew alert, etc.e. Cabin/Cockpit/Bridge Conditions after Impact, part 3: check the one selection that best describes the condition of the cockpit/cabin/bridge.f. Emergency Egress Lighting, part 4: indicate the presence or absence of emergency lighting and effect, contribution to the egress/escape procedure.g. Vessel Parameters at time of Escape, part 5: indicate all pertinent parameters/conditions and specify/expand on any possible impact, both positive and negative contributions these conditions would have had on egress procedures.h. Egress Problems, part 6: indicate the problem encountered and explain in the remarks section the nature, effect and result each problem had on the egress procedures. Specify the phase of the egress action the problem was encountered and the type of egress with the problem. Indicate difficulties in finding, reaching or releasing the emergency release mechanisms and whether this was caused by injuries obstructions caused by equipment, clothing, attitude of craft, external or internal forces, entanglement, etc. Be specific and detailed, part 7. Use additional sheets if necessary.i. Reasons for Escape, part 8: indicate all the reasons, which apply.j. Communications, part 9: indicate whether emergency procedures were followed in relating position, transmitting distress signal before initiating egress.	
"THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE MAY ONLY BE RELEASED IN ACCORDANCE WITH THE FREEDOM OF INFORMATION AND PRIVACY ACT"	