

ANNEX D: SUMMARY OF REPORTING REQUIREMENTS

Reporting Systems:

All Navy and Marine Corps units are required to report mishaps and hazards using the Web-Enabled Safety System (WESS), which is a data collection system. Aviation has its own module within WESS called WESS Aviation Mishap and Hazard Reporting System (WAMHRS). All mishap and hazard reports must be submitted within 30 days of mishap occurrence, unless more restrictive measures require reduced timelines.

MISHAPS:

Mishap reports are generally classified based on criteria tied to costs or injury. In general, a mishap is an on- or off-duty injury or fatality, or loss/damage of an aircraft, to include ground hazards.

Class of Mishap	Total Property Damage	Fatality/Injury
A	\$2,000,000 or more and/or aircraft destroyed	Fatality or permanent total disability
B	\$500,000 or more but less than \$2,000,000	Permanent partial disability or three or more persons hospitalized as inpatients
C	\$50,000 or more but less than \$500,000	Nonfatal injury resulting in loss of time from work beyond day/shift when injury occurred
D	\$20,000 or more but less than \$50,000	Recordable injury or illness* not otherwise classified as Class A, B, or C

Hazard Report (HAZREP):

A HAZREP is the medium to communicate hazards to the Fleet before they contribute to a naval aviation mishap. A HAZREP should be submitted where the potential for damage or injury exists. In the case of a mishap where damage or injury occurred, a HAZREP may also be submitted for informational purposes to advise the Fleet.

Physiologic Episodes (PEs):

On 3 April 2017, NAVSAFECEN promulgated guidance for reporting PEs in a Naval message titled "Amended Aviation Physiologic Episode Reporting Requirements" (DTG 031446Z APR 17); the message applies to all Naval aircraft and units. The guidance requires that initial notification of PEs be entered into WESS within 24 hours of PE diagnosis including a brief description of the event along with medical treatment provided. The revised PE reporting guidance also addresses the various categories of mishaps. For example, as described in the 03 Apr 17 Message, if the post-flight treatment consisted of 100 percent oxygen, IV fluids, emergency room admission or hyperbaric chamber therapy (treatment greater than first-aid), then the event, at a minimum, would be considered a Class D mishap. .

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Additionally, squadrons must continue to submit NAVAIR Part A, B, and C forms by electronic mail or facsimile to NAVAIRISSC and PMA-202 representatives listed on Parts A and B, with Part C being forwarded to the Physiological Episode Team (PET).

Part A: Aircrew completes; due immediately upon diagnosis, but not later than 24 hours.

Part B: Maintenance completes; due within 10 working days of event diagnosis.

Part C: Flight Surgeon (FS) completes; due within 48 hours of post-medical treatment.

UNCLASSIFIED

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ZNR UUUUU

FM COMNAVSAFECEN NORFOLK VA
TO COMNAVAIRFOR SAN DIEGO CA
COMNAVAIRSYS COM PATUXENT RIVER MD
COMNAVAIRLANT NORFOLK VA
COMNAVAIRFORES SAN DIEGO CA
COMMARFORPAC
COMMARFORCOM
BUMED FALLS CHURCH VA
CG FOURTH MAW
CNATRA CORPUS CHRISTI TX
AIG 6940
AIG 6941
BT
UNCLAS //N03750//
SECINFO/U/-//
MSGID/GENADMIN/COMNAVSAFECEN/10/APR//

/FOR ALL NAVAL AIRCRAFT//
REF/A/MSGID:GENADMIN/COMNAVAIRFOR/290617ZMAY2012//
REF/B/DESC:DOC/OPNAVINST 3750.6S/13MAY2014//
REF/C/MSGID:GENADMIN/COMNAVSAFECEN/131726ZJUN2016//
REF/D/MSGID:GENADMIN/COMNAVSAFECEN/162013ZDEC2016//
REF/E/MSGID:GENADMIN/COMNAVAIRFOR/310417ZJAN2017//
REF/F/MSGID:GENADMIN/COMNAVAIRFOR/030217ZJUN2015//
NARR/REF A IS CNAF MSG PROVIDING INTERIM GUIDANCE
DIRECTING REPORTING PHYSIOLOGICAL EPISODES FOR FA-18 SERIES
AIRCRAFT VIA SPECIALIZED PE PART A, B & C DATA COLLECTION FORMS.
REF B IS THE NAVAL AVIATION SAFETY MANAGEMENT SYSTEM.
REF C IS NSC MSG PROVIDING REVISED AVIATION PHYSIOLOGIC EPISODE
REPORTING GUIDANCE.
REF D IS THE PREVIOUS NSC MSG PROVIDING AMENDED PHYSIOLOGIC
EPISODE REPORTING REQUIREMENTS FOR ALL NAVAL AIRCRAFT.
REF E IS CNAF F/A-18A-F AND EA-18G AIRCRAFT ECS AND AOS
DISCREPANCY TRACKING AND REPORTING POLICY.
REF F IS TYCOM PHYSIOLOGIC EPISODE REPORTING GUIDANCE FOR OBOGS
EQUIPPED AIRCRAFT.//
POC (b) (6) /CIV/UNIT:NAVSAFECEN 10A/NAME:NORFOLK
/TEL:DSN (b) (6) /TEL:(b) (6)
/EMAIL:(b) (6) /
POC (b) (6) /CAPT, MSC/UNIT:NAVSAFECEN 14/NAME:NORFOLK
/TEL:DSN (b) (6) /TEL:(b) (6)
/EMAIL:(b) (6) /
POC (b) (6) LCDR/UNIT:NAVSAFECEN 111J/NAME:NORFOLK
/TEL:DSN (b) (6) /TEL:(b) (6)
/EMAIL:(b) (6) //

GENTEXT/REMARKS/1. THIS IS A JOINTLY COORDINATED MESSAGE FROM
COMMANDER NAVAL AIR FORCES AND COMMANDER NAVAL SAFETY CENTER.
THIS MESSAGE PROVIDES REQUIREMENTS FOR REPORTING AND
DOCUMENTING PHYSIOLOGIC EPISODES (PHYSEPS) INVOLVING USN
AND USMC AIRCREW AND NAVAL AIRCRAFT AND REPLACES REF D.
RECOMMEND INCLUDING A COPY OF THIS MSG WITH REFERENCE B.
2. BACKGROUND.

FOUO/PRIVACY SENSITIVE

A. HISTORICALLY, PHYSIOLOGIC INCIDENTS WERE F/A-18 FOCUSED. HOWEVER, REPORTED EVENTS ILLUSTRATE THE SCOPE OF THE PROBLEM APPLIES TO ALL NAVAL AIRCRAFT. THE REDUCTION, ELIMINATION, AND/OR MITIGATION OF PHYSEPS REMAINS THE #1 SAFETY PRIORITY OF COMMANDER NAVAL AIR FORCES. CNAF, CNAL, CNATRA, BUMED AND NAVAIR STAFFS ARE IN FULL ALIGNMENT WITH PHYSEP MITIGATION STRATEGIES.

B. AS THE NAVAL SAFETY REPORTING SYSTEM OF RECORD, WESS MUST CONTAIN ALL REPORTED HAZARD AND MISHAP EVENTS FOR DOCUMENTATION AS WELL AS FOR CURRENT AND FUTURE SAFETY ANALYSIS PURPOSES. SUBMISSION TO NAVAIR OF THE NAVAIR PART A, B & C FORMS ALONE, DOES NOT PROVIDE ENDURING DOCUMENTATION WITHIN THE OFFICIAL NAVAL SAFETY REPORTING SYSTEM, NOR DO THEY INFORM KEY NAE SAFETY LEADERSHIP IN A TIMELY MANNER WHEN PHYSEPS OCCUR.

3. REPORTING POLICY GUIDANCE. THE FOLLOWING CURRENT AND REVISED PHYSEP REPORTING GUIDANCE IS PROVIDED AND MUST BE FOLLOWED WHEN PHYSEP RELATED HAZARDS AND MISHAP INCIDENTS OCCUR:

A. (NEW REQUIREMENTS) PHYSEPS ARE REPORTABLE SAFETY INCIDENTS IN ACCORDANCE WITH REF B AND MUST BE REPORTED VIA WESS. SQUADRONS SHALL GENERATE A PHYSEP INITIAL NOTIFICATION IN WESS WITHIN 24 HOURS OF ANY PHYSEP DIAGNOSIS AND PROVIDE A BRIEF DESCRIPTION OF THE EVENT AND ANY MEDICAL TREATMENT PROVIDED TO AIRCREW. A COMPLETED HAZREP OR SIR IS DUE ON RAC TIMELINES ESTABLISHED IN REF B. PHYSEPS ARE DEFINED IN REF B SECTION 503H AND INCLUDE:

- (1) HYPOXIA, EITHER PROVEN OR SUSPECTED,
- (2) CARBON MONOXIDE POISONING OR OTHER TOXIC EXPOSURE,
- (3) DECOMPRESSION ILLNESS,
- (4) HYPERVENTILATION,
- (5) SPATIAL DISORIENTATION,
- (6) LOSS OF CONSCIOUSNESS FOR ANY REASON,
- (7) AND OTHER PSYCHOLOGICAL, PATHOLOGICAL, OR PHYSICAL PROBLEMS THAT MANIFEST DURING OR AFTER ACTUAL FLIGHT. THE REVISED GUIDANCE INCLUDES;
- (8) ALL AIRCRAFT PRESSURIZATION EVENTS (IN-FLIGHT OR GROUND-BASED) RESULTING IN AIRCREW OR MAINTAINER SYMPTOMS. ADDITIONALLY, WITH THE INCLUSION OF (8), UNINTENTIONAL RAPID DECOMPRESSION WITH CABIN ALTITUDE ABOVE FL250 WAS REMOVED AND, UNLESS SYMPTOMATIC, IS NO LONGER A REPORTABLE PHYSEP EVENT.

B. CLASSIFICATION OF SEVERITY. POSTFLIGHT TREATMENT PROTOCOLS CONSISTING OF 100 PERCENT OXYGEN, IV FLUIDS, EMERGENCY ROOM ADMISSION, OR HYPERBARIC CHAMBER THERAPY ARE GREATER THAN FIRST AID TREATMENT AND ARE THEREFORE CLASSIFIED, AT A MINIMUM, AS A CLASS D MISHAP WHEN TREATING PHYSIOLOGICAL EPISODES. ONE LOST WORKDAY CONSTITUTES A CLASS C MISHAP. PERMANENT PARTIAL DISABILITY OR THREE OR MORE PERSONNEL HOSPITALIZED CONSTITUTES A CLASS B MISHAP. FATALITY OR PERMANENT TOTAL DISABILITY IS A CLASS A MISHAP.

C. (NEW REQUIREMENTS) PHYSIOLOGIC EPISODE TEAM REPORTING GUIDANCE. SQUADRONS MUST CONTINUE TO COMPLETE AND SUBMIT NAVAIR PART A, B & C FORMS FOR PHYSEPS THAT RESULTED IN/FROM HYPOXIA, CARBON MONOXIDE OR OTHER TOXIC EXPOSURE, DECOMPRESSION ILLNESS, HYPERVENTILATION, AND ANY PRESSURIZATION EVENT RESULTING IN PHYSIOLOGICAL SYMPTOMS. TIMELINE FOR SUBMISSION OF THE PART A: IMMEDIATELY UPON EVENT DIAGNOSIS BUT NO LATER THAN 24 HOURS; PART B MUST BE SUBMITTED WITHIN 10 WORKING DAYS OF EVENT DIAGNOSIS; PART C MUST BE SUBMITTED WITHIN 48 HOURS POST-MEDICAL

TREATMENT. SUBMISSION WILL BE IN PARALLEL TO SAFETY INVESTIGATIONS REQUIRED PER REF B. OVER TIME, DATA REQUIREMENTS RESULT IN CHANGES TO THE PARTS A-C. THESE FORMS WILL CONTINUE TO BE UPDATED AND NOTIFICATION SENT VIA CNAF MESSAGE. ENSURE CORRECT FORMS ARE USED. CURRENT VERSIONS OF PARTS A AND B (FOR THOSE COMMUNITIES THAT HAVE CREATED THEM) AND PART C (FOR ALL AIRCRAFT) ARE ONLY FOUND AT: [HTTP://WWW.PUBLIC.NAVY.MIL/NAVSAFECEN/PAGES/AVIATION/AEROMEDICAL/AEROMEDICAL.ASPX](http://www.public.navy.mil/navsafecen/pages/aviation/aeromedical/aeromedical.aspx)

D. (NEW REQUIREMENTS) MU/SLAM STICK DATA. FOR ALL PHYSEP EVENTS, SQUADRONS MUST SUBMIT A COPY OF THE AIRCRAFT MU DATA FILE WITH THE PART A FORM. SQUADRONS FLYING WITH SLAM STICK PRESSURE RECORDING DEVICES MUST ALSO INCLUDE THE RECORDED SLAM STICK DATA FILE FROM THE PHYSEP EVENT WHEN SUBMITTING THE PART A FORM. MEDICAL PROFESSIONAL USE OF SLAM STICK DATA SUPPORTS PROPER DIAGNOSIS AND TREATMENT.

E. (NEW REQUIREMENTS) MEDICAL GUIDANCE. BLOOD SAMPLES ARE NOT REQUIRED IN SUPPORT OF PART C FORM PROTOCOL AND SHALL NOT BE SENT TO NAMRU DAYTON FOR TOXICOLOGICAL TESTING. AT THE DISCRETION OF THE ATTENDING FLIGHT SURGEON, FOCUSED LABORATORY TESTING MAY BE DEEMED APPROPRIATE WHEN CONSIDERED RELEVANT TO PHYSEP INVESTIGATION. FLIGHT SURGEONS ARE ENCOURAGED TO SUBMIT AMPLIFYING DATA IN WORD DOCUMENT FORM OR AS ATTACHMENTS (E.G. 72-HOUR MEDICAL HISTORY, AHLTA NOTES, ETC) WHEN SUBMITTING THE PART C FORM. ENSURE FLIGHT SURGEON NAME, PHONE NUMBER AND EMAIL ADDRESS ARE INCLUDED ON THE PART C FORM.

4. ENDORSEMENT. PHYSEP HAZREPS AND MISHAP REPORTS MUST BE ENDORSED PER REF B. TO ENSURE ALL PERTINENT FINDINGS ARE INCLUDED IN THE FINAL REPORT OF RECORD IN WESS, NAVSAFECEN WILL CONDUCT A CLOSE OUT OF ALL PHYSEP HAZREPS AND MISHAP REPORTS PENDING NAVAIR SUMMARY OF PET ANALYSIS AND FINDINGS, TO INCLUDE A FINAL CLOSING ENDORSEMENT STATEMENT.

5. PRE-MISHAP GUIDANCE. SQUADRONS MUST INCORPORATE DECOMPRESSION ILLNESS (DCI) DETAILS INTO THEIR MISHAP RESPONSE PLAN AND DUTY BINDERS. AT A MINIMUM, INCLUDE LOCATION OF THE TWO CLOSEST HYPERBARIC CHAMBERS WITH POC INFORMATION FOR 24/7 ASSISTANCE AND A TRANSPORTATION PLAN FOR GETTING AIRCREW TO A CHAMBER, WHETHER THE AIRCREW ARE ON OR OFF BASE, AT HOME, OR DEPLOYED. IN CASES OF SUSPECTED DECOMPRESSION ILLNESS, EXPERT CONSULTATION IS AVAILABLE 24/7 AT NAMI'S DCS HOTLINE: 850-449-4629. ADDITIONAL REFERENCES ARE AVAILABLE DIRECTLY ON THE PART C FORM.//

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