

EVAS™ Pilot Smoke Event Report

Please complete this report if an EVAS™ unit is deployed in an emergency situation. The form may be completed by the pilot or other personnel familiar with the incident. Mail to VisionSafe Corporation Quality Assurance, 46-217 Kahuhipa Street, Kaneohe, HI 96744; or fax it to 808-247-6313; or email it to gcontrol@visionsafe.com. We appreciate your assistance.

Aircraft Model	Registration	S/N	Date of Incident	From	To
----------------	--------------	-----	------------------	------	----

CONDITIONS - Circle all that apply:

Lighting	Flight Conditions	WX Conditions	Phase of Flight w/ Smoke, all that apply	
Dawn	VMC or IMC	Xwind	Parked / Start	Holding
Daylight	Above cloud	Turbulence	Taxi	Approach
Dusk	In cloud	Windshear	Takeoff	Missed Approach
Night	Below cloud	Restricted Vis.	Climb	Landing
	Between layers	Rain Hail Snow	Cruise	Taxi
	No cloud	Fog Haze Smoke	Descent	Shutdown / Parked
		Thunderstorm		
	Single Pilot	None		
	Two Pilot	Other?		

Description of the Smoke Incident:

What caused the smoke?, How soon was EVAS™ deployed?, Did both pilots deploy?, Was the IVU(s) inflated? When?, How long was the IVU(s) in use (inflated)? Was the aircraft landed using EVAS™?

.....

.....

.....

.....

If necessary, continue on back of sheet.

Training:

- 1) What EVAS™ training have the pilots received?
- 2) Frequency of EVAS™ training and last training dates?
- 3) Are you interested in further training?

Additional comments

.....

.....

Your name and title:	
Company name:	
E-mail address and telephone:	

Questions concerning this report can be addressed to VSC Quality Assurance, 808-235-0849 x 22, or via email to gcontrol@visionsafe.com. All information is *Confidential and Proprietary*.

Line below is for VSC use only			
EVAS s/n	EVAS s/n	ITR#	Servo #