

APFA Survey for First Class Turn Down Service

NAME _____
EMPLOYEE # _____

DATE *example - 01 SEP 11* | | FLIGHT NO. CITY PAIR -

DEPARTURE TIME SCHEDULED *example - 0930* ACTUAL *example - 1845*

NUMBER OF F/C PAX REVENUE NON-REV

HOW MANY REQUESTED T/D SVC? DURING PREFERENCES LATER IN FLIGHT

WHEN WAS **FIRST** T/D PERFORMED? HOW LONG INTO FLT hrs mins

WHEN WAS **LAST** T/D COMPLETED? HOW LONG INTO FLT hrs mins

WHICH FA(S) PERFORMED T/D SVC? # # # #

DID THE T/D SVC DELAY ANY PART(S) OF THE F/C SVC? Y N

IF 'YES' - EXPLAIN _____

DID IT DISRUPT THE FLOW OF THE F/C SVC? Y N

IF 'YES' - EXPLAIN _____

WERE THERE LINES FOR THE LAV WHEN PAX CHANGED INTO/OUT OF PAJAMAS? Y N

WERE THERE ANY SAFETY ISSUES WITH THE BEDDING BEFORE LANDING? Y N

IF 'YES' - EXPLAIN _____

DO YOU SEE ANY SAFETY ISSUES AT ALL WITH THE T/D SVC? Y N

IF 'YES' - EXPLAIN _____

ARE THERE ANY OTHER CONCERNS YOU HAVE WITH THE T/D SVC? (PLEASE USE BACK OF FORM)

*Please drop completed form(s) into an APFA Lock-box in any Base Ops - or mail to:
APFA - Attn: T/D Survey, 1004 W. Euless Blvd, Euless, TX 76040*