

3/6/2007

FOR YOUR INFORMATION

2007-30/11-3

719265

To: FAA (AFS-230)

Info: FAA (AFS-200, AFS-300, AFS-900, SEA-AEG), AASC, AMFA, ASAP, IAM, NTSB, PAMA, TWU

From: Linda J. Connell, Director
NASA Aviation Safety Reporting System

Re: PORTABLE OXYGEN BOTTLE SERVICING ISSUES

We recently received an ASRS report describing a safety concern which may involve your area of operational responsibility. We do not have sufficient details to assess either the factual accuracy or possible gravity of the report. It is our policy to relay the reported information to the appropriate authority for evaluation and any necessary follow-up. We feel you should be aware of the enclosed deidentified report.

To properly assess the usefulness of our FYI service, we would appreciate it if you would take the time to give us your feedback on the value of the information that we have provided. Please contact Harvey Hartmann or Don Purdy at (408) 541-2800 or email at hhartmann@mail.arc.nasa.gov, dpurdy@mail.arc.nasa.gov.



Aviation Safety Reporting System
385 Moffet Park Dr · Suite 200 · Sunnyvale · CA · 94089



ACN: 719265

Time

Date : 200611

Day : Tue

Local Time Of Day : 0601 To 1200

Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Person / 1

Function.Oversight : Coordinator

ASRS Report : 719265

Person / 2

Function.Oversight : Coordinator

Function.Oversight : Supervisor

Function.Other Personnel.Other : Director Maint Ctl

Person / 3

Function.Oversight : Supervisor

Function.Other Personnel.Other : Maint Manager

Person / 4

Function.Oversight : Supervisor

Function.Other Personnel.Other : Director Of Quality Ctl

Events

Anomaly.Aircraft Equipment Problem : Less Severe

Anomaly.Maintenance Problem : Improper Documentation

Anomaly.Maintenance Problem : Improper Maintenance

Anomaly.Non Adherence : FAR

Anomaly.Non Adherence : Published Procedure

Independent Detector.Other.Other : 1

Resolatory Action.None Taken : Detected After The Fact

Consequence.Other : Company Review

Narrative

FLIGHT DEPARTED ZZZ1 BOUND FOR ZZZ2. MIDWAY ENRTE, THE ACFT DID A MEDICAL DIVERSION INTO ZZZ3. A PAX PORTABLE OXYGEN BOTTLE WAS USED DURING THE MEDICAL EMER. STATION STOCK HAD A REPLACEMENT BOTTLE IN STOCK. MEL PROCS ALLOW FOR DEFERRAL. ZZZ3 MAINT CHOSE TO 'PERFORM MAINT' BY REFILLING THE EXISTING POB. THE BOTTLE WAS REFILLED AND RETURNED TO THE ACFT. ZZZ3 MAINT CALLED MAINT CTL FOR A MANUAL REFERENCE FOR LOGBOOK SIGN OFF. ONE COULD NOT BE FOUND. THE MAINT CTL SUPVR WAS SIMULTANEOUSLY NOTIFIED AND HE MADE AN ATTEMPT TO LOCATE A VALID SIGN OFF REFERENCE. NONE COULD BE READILY LOCATED AND ZZZ3 MAINT WAS CALLED TO SEE IF THE ACFT HAD DEPARTED. MAINT CTL WAS INFORMED THAT IT HAD ALREADY DEPARTED AND THE 'ITEM' SIGNED OFF. BASICALLY, A 'GENERIC' LOGBOOK ENTRY WAS MADE BY ZZZ3 MAINT. MAINT CTL SUPVR ALERTED THE DIRECTOR OF MAINT CTL AND THE ISSUE WAS LOOKED INTO. PRESENTLY, ONLY A TRAINING NOTICE IS SUPPOSEDLY BEING WRITTEN TO INFORM MAINT PERSONNEL OF THIS ISSUE. HOWEVER, A SIMILAR SITUATION OCCURRED A FEW DAYS LATER, DIFFERENT ACFT, IN A DIFFERENT LOCATION, AND WHEN A MAINT MANAGER WAS INFORMED TO HAVE THE POB ADDRESSED, HE SAID HE WOULD HAVE IT SERVICED USING THE ROUTINE MANNER. WHEN INFORMED THERE WAS NO VALID MAINT MANUAL REFERENCE AVAILABLE HE SAID HE WOULD USE THE TRAINING NOTICE WHICH WAS JUST PUBLISHED. I INFORMED HIM THAT A TRAINING NOTICE WAS NOT A VALID MAINT MANUAL REFERENCE EITHER, AND HAD NOT BEEN ISSUED AS YET. UPON RETURNING TO WORK, I NOTICED A MAINT NOTICE (NOT A TRAINING NOTICE) HAD BEEN APPROVED BY QUALITY CTL GUIDING THE UNKNOWING MAINT PERSONNEL TO A SPECIFIC PROCEDURE FOR SERVICING CREW OXYGEN CYLINDERS. THE REFERENCED PROCEDURE ONLY APPLIES TO A SPECIFIC SERIES OF CYLINDERS WHILE THE FLEET HAS TWO TYPES OF CREW OXYGEN CYLINDERS. THE MAINT NOTICE DOES NOT APPLY TO POB'S AT ALL. THIS MAINT NOTICE MISLEADS THE MAINT PERSONNEL TO USE THIS PROCEDURE FOR ALL OXYGEN SERVICING. THIS TYPE OF IRRESPONSIBLE DISSEMINATION OF MISLEADING DATA MUST CEASE. IT WAS ALSO NOTED THAT THE ITEM AS SIGNED OFF IN THE ACFT MAINT LOGBOOK WAS NOT ENTERED (OR WAS REMOVED THEREAFTER) FROM THE COMPANY'S, FAA APPROVED, COMPUTER DATABASE. IF PURPOSELY DONE, THIS IS A VIOLATION. THIS AIRLINE, BY NOT PROVIDING THE MAINT MECHANIC WITH THE NECESSARY METHODS, TECHNIQUES, AND PRACTICES, IS KNOWINGLY SETTING UP THE A&P MECHANIC WORKING THE ACFT FOR A LICENSE VIOLATION. THIS AIRLINE IS KNOWINGLY VIOLATING OSHA REQUIREMENTS FOR SERVICING OXYGEN CYLINDERS. THIS AIRLINE IS KNOWINGLY REFILLING POB'S AND CREW OXYGEN CYLINDERS (BOTTLES) WITHOUT VALID ACFT MAINT MANUAL REFERENCES, A PRACTICE AND UNWRITTEN POLICY WHICH IS CONTRARY TO FAR'S AND OSHA'S CFR'S. THIS AIRLINE IS KNOWINGLY PUTTING THEIR EMPLOYEES AND PAX IN EXTREME DANGER WHICH MAY RESULT IN IMMEDIATE OR LATENT CATASTROPHIC EVENTS. SEVERE INJURY, DEATH, OR EVEN SUBSEQUENT AIR DISASTER MAY RESULT DUE TO IMPROPER SERVICING OF ACFT INSTALLED OXYGEN CYLINDERS.

CALLBACK CONVERSATION WITH RPTR REVEALED THE FOLLOWING INFO: THE RPTR STATED THE FOLLOWING: TWO INCIDENTS HAVE OCCURRED WHERE EMER PORTABLE PAX OXYGEN BOTTLES HAVE BEEN USED AND WERE REFILLED AT LOCAL STATIONS. THE REFILLING OF THESE PORTABLE PAX AND CREW BOTTLES IS NOT APPROVED AS THE BOTTLES MUST BE RETURNED TO AN APPROVED PRESSURE VESSEL SHOP WITH AN APPROVED MAINT PROGRAM. THE REFILLING OF THE SECOND BOTTLE WAS ACCOMPLISHED AT A MAINT STATION THAT HAD NO SPARE BOTTLE IN STOCK AND USED THE MAINT NOTICE SENT OUT BY MANAGEMENT AND APPROVED BY QUALITY CTL AS REFERENCE FOR REFILLING THE BOTTLE. THIS MAINT NOTICE DID NOT ADDRESS THE PORTABLE OXYGEN BOTTLES AT ALL AND AMOUNTED TO MISLEADING INFO FOR ALL OXYGEN SERVICING. THE RPTR RESTATED THIS CARRIER HAS ENDANGERED PAX AND EMPLOYEES BY ALLOWING IMPROPER SERVICING OF INSTALLED OXYGEN CYLINDERS.

Synopsis

AN A319 PORTABLE PAX OXYGEN BOTTLE WAS USED DURING A MEDICAL EMER. BOTTLE WAS REFILLED AND RETURNED TO AIRPLANE.