

# Covered Event Review

## ZFW-C-2015/07/26-0001

|                        |   |   |                                  |   |   |   |         |   |   |   |                           |   |   |                      |                         |   |   |         |                     |  |
|------------------------|---|---|----------------------------------|---|---|---|---------|---|---|---|---------------------------|---|---|----------------------|-------------------------|---|---|---------|---------------------|--|
| <b>A1. FAC ID</b>      |   |   | <b>A2. Date UTC (mm/dd/yyyy)</b> |   |   |   |         |   |   |   | <b>A3. Start Time UTC</b> |   |   |                      | <b>A4. End Time UTC</b> |   |   |         | <b>A5. Position</b> |  |
| Z                      | F | W | 0                                | 7 | 2 | 6 | 2       | 0 | 1 | 5 | 1                         | 9 | 4 | 0                    | 2                       | 0 | 1 | 0       | SEA-L-R (37)        |  |
| <b>A6. Aircraft #1</b> |   |   |                                  |   |   |   |         |   |   |   | <b>A7. Aircraft #2</b>    |   |   |                      |                         |   |   |         |                     |  |
| Aircraft ID            |   |   | Aircraft Type/Suffix             |   |   |   | IFR/VFR |   |   |   | Aircraft ID               |   |   | Aircraft Type/Suffix |                         |   |   | IFR/VFR |                     |  |
| N252G                  |   |   | BE35                             |   |   |   | VFR     |   |   |   |                           |   |   |                      |                         |   |   |         |                     |  |

| Individual Performance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------|
| <b>B1. Employee #1:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                    |
| Employee Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Position<br>SEA-L-R (37) | ATSAP Filed<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <p>Explanation</p> <p>Training in progress at the time of the event. Sector SEA L-R 37 and DEC H-R 42 combined with a SEA L-D and DEC H-D working D-Side duties at 2000Z. No Altimeter was issued. Three different options of airports were given but the position of the third option, a private airfield was never clarified.</p> <p>7. 7110.65: para 5-5-5 b. Vertical application rule between VPBBW and N950U was not applied although separation was never lost.</p> <p>11. 7110.65: para 2-7-2 Altimeter not issued to N252G.</p> <p>21. 7110.65: para 2-1-18 Operational requests. The release of control by stating approved is not proper phraseology.</p> <p>No deficiencies were noted on training sheet.</p> |                          |                                                                                    |

| Training                                                                                                                                  |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>C1. Were any training issues identified?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    |                   |
| <b>C2. Was OJT in progress?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                    |                   |
| Type of trainee<br><input checked="" type="checkbox"/> Developmental<br><input type="checkbox"/> CPC-IT<br><input type="checkbox"/> Other | If other, explain |
| <b>C3. Was recertification training in progress?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No               |                   |
| <b>C4. Did the OJTI intervene?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |                   |
| If Yes, explain                                                                                                                           |                   |

| Training (continued) |                                                                                                                                            |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|                      | <b>C5. Were any pertinent training/briefing items not received?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                      | If Yes, explain                                                                                                                            |
|                      | <b>C6. Were any potential systemic training issues identified?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
|                      | If Yes, explain                                                                                                                            |

| Weather |                                                                                                                                                                |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | <b>D1. What were the prevailing weather conditions?</b><br><input type="checkbox"/> IFR <input checked="" type="checkbox"/> VFR <input type="checkbox"/> Other |
|         | If Other, explain                                                                                                                                              |
|         | <b>D2. Was any pertinent precipitation depicted on the radar?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |
|         | If Yes, explain                                                                                                                                                |
|         | <b>D3. Did LLWAS alert?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                |
|         | If Yes, explain                                                                                                                                                |
|         |                                                                                                                                                                |
|         |                                                                                                                                                                |
|         |                                                                                                                                                                |

| Weather (continued)                                                                                                                                                                                                                                                                                       |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>D4. Were weather phenomena a factor?</b>                                                                                                                                                                                                                                                               |                   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                       |                   |
| Select all that apply<br><input type="checkbox"/> Turbulence<br><input type="checkbox"/> Icing<br><input type="checkbox"/> Thunderstorms<br><input type="checkbox"/> Low Ceilings<br><input type="checkbox"/> Braking Conditions<br><input type="checkbox"/> Wind Shear<br><input type="checkbox"/> Other | If Other, explain |
| <b>D5. Were any SIGMETs or PIREPs in effect?</b>                                                                                                                                                                                                                                                          |                   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                       |                   |
| If Yes, explain                                                                                                                                                                                                                                                                                           |                   |

| Airspace/Airport                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>E1. Were any airspace/airport issues identified?</b>                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>E2. Were any sectors/positions combined?</b>                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                           |  |
| If Yes, explain                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <p>Sector 42 and sector 37 were combined. A plan was in place to split off the sectors at 2000z. A controller was at sector 37 going through checklist items. Prior to starting the briefing N252ZG declared an emergency on the frequency the receiving controller would have been accepting. The OJTI did not feel comfortable splitting the sector during the emergency. He felt like it would make the situation worse not better.</p> |  |
| <b>E3. Were any runway/taxiways unavailable or restricted?</b>                                                                                                                                                                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                           |  |
| If Yes, explain                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>E4. Were there any MIA/MVA issues?</b>                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                           |  |
| If Yes, explain                                                                                                                                                                                                                                                                                                                                                                                                                            |  |

|  |                                                                                                                                                   |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Airspace/Airport (continued)</b>                                                                                                               |
|  | <b>E5. Were any potential systemic airspace/airport issues identified?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | If Yes, explain                                                                                                                                   |

|  |                                                                                                                          |
|--|--------------------------------------------------------------------------------------------------------------------------|
|  | <b>Procedures</b>                                                                                                        |
|  | <b>F1. Were any procedural issues identified?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|  |                                                                                                                                                                                                                                                                                                                                                               |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Directives</b>                                                                                                                                                                                                                                                                                                                                             |
|  | <b>G1. Were any directive issues identified?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                       |
|  | <b>G2. Were there national requirements to develop local directives that were not fulfilled?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                       |
|  | If Yes, explain<br><b>N252G was not issued an Altimeter. Altimeters were issued to other aircraft.</b><br><br><b>7110.65 2-7-2 c. Issue the altimeter setting:</b><br><b>1. To en route aircraft at least one time while operating in your area of jurisdiction. Issue the setting for the nearest reporting station along the aircrafts route of flight:</b> |
|  | <b>G3. Was an optional local directive developed to augment a national directive?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                  |
|  | If Yes, explain                                                                                                                                                                                                                                                                                                                                               |
|  | <b>G4. Were any identified components of local directives in conflict with national directives?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                    |
|  | If Yes, explain                                                                                                                                                                                                                                                                                                                                               |

|  |                                                                                                                                                  |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Directives (continued)</b>                                                                                                                    |
|  | <b>G5. Were personnel unfamiliar with the application of a directive?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | If Yes, explain                                                                                                                                  |
|  |                                                                                                                                                  |
|  | <b>G6. Were any potential systemic directive issues identified?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |
|  | If Yes, explain                                                                                                                                  |
|  |                                                                                                                                                  |
|  |                                                                                                                                                  |

|  |                                                                                                                         |
|--|-------------------------------------------------------------------------------------------------------------------------|
|  | <b>Equipment</b>                                                                                                        |
|  | <b>H1. Were any equipment issues identified?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|  |                                                                                                                                                                                    |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Resource Management</b>                                                                                                                                                         |
|  | <b>I1. Were any resource management issues identified?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                  |
|  | <b>I2. Who was supervising the operation?</b><br><input type="checkbox"/> FLM <input checked="" type="checkbox"/> CIC <input type="checkbox"/> OM <input type="checkbox"/> Unknown |
|  | If Unknown, explain                                                                                                                                                                |
|  |                                                                                                                                                                                    |

**Resource Management (continued)**

**13. Was the operational area under review properly staffed?**

☐ Yes ☒ No

If No, explain

The FLM who had the watch came in early to obtain currency time.

The CIC recognized a lull in traffic and combined up DEC R and SEA R while transitioning from the day to the swing shift. He recognized that the sectors were going to be alerted in the future and made plans to split the sectors.

There is a mitigation in place where the FLM/CIC in the instance of a red sector is required to call the OMIC and advise what action was taken to mitigate the red sector. This did not take place. The OMIC advised he did not call the area to determine why.

The CIC directed an employee to split the sectors. The training team was looking to get off position and debrief. The potential SEA R employee had sat down at the SEA R sector and was going through the binder to start taking the sector at the same time N252G had declared an emergency. The OJTI did not feel comfortable transferring the emergency and the traffic due to the emergency in progress. Another employee returning from break sat down and started working the D-side on DEC and SEA combined. The FLM remained on the MKC H sector continuing getting currency time because he felt the CIC was on top of the situation and was in control of the environment and changing and getting himself off of position at that time would have been more of a distraction.

The CIC was involved with position assignments, contacting the OMIC desk and calling police and airport personnel alerting them to the situation.

When asked about the traffic demand and why the trainee was still talking the OJTI advised the trainee was parroting his commands freeing him up to look for other possible airports on the low altitude charts. He was advising the trainee to only give the emergency aircraft short specific pieces of information so as not to overload the pilot. He reminded the trainee to go back to the rest of the traffic and continuing descending them into the STARs for DFW and other destinations.

The OM did not recognize the staffing decisions until he reviewed them after the fact.

**14. Were any positions not properly staffed?**

☒ Yes ☐ No

If Yes, explain

SEA R and DEC R should have been split off earlier/before traffic started to build.

This was highlighted by N252Gs initial transmissions, alerting the controller of his condition, being blocked by aircraft reporting in and making requests on the high altitude frequency.

**15. Were positions/sectors combined/decombined in an appropriate/timely manner?**

☐ Yes ☒ No

If No, explain

Late splitting SEA R and DEC R.

**16. Were there any distractions in the operation?**

☐ Yes ☒ No

If Yes, explain

**17. Were any potential systemic resources management issues identified?**

☒ Yes ☐ No

If Yes, explain

No explanation or discussion between the OMIC and the CIC on mitigation to handle the red sector.

While this is well known among the FLMs and the OMIC the CICs may not be aware of this requirement.

| Additional Comments |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     | The OJTI was fully engaged and made his decision to let the trainee continue talking based on his real-time assessment of the trainees performance and ability to repeat his instructions to the traffic and the emergency aircraft. He felt it gave him a chance to offer more assistance to the emergency by allowing him to look at low altitude charts for another alternative to land while not losing any performance efficiencies. |

| QC Comments |                                                                                         |
|-------------|-----------------------------------------------------------------------------------------|
|             | Resource management is an ongoing issue that is being addressed by the management team. |

| Review Team |                                         |
|-------------|-----------------------------------------|
|             | Anthony Milligan, Pamela Shedden, , , , |