

CAA Occurrence Number



OCCURRENCE REPORT

Safety Data,
Civil Aviation Authority,
Safety Regulation Group,
Aviation House,
Gatwick Airport South,
West Sussex,
RH6 0YR
e-mail: sdd@caa.co.uk

Fax: 01293 573972 Tel: 01293 573220

If report is CONFIDENTIAL -
mark clearly at the top and
provide contact address/Tel no.
Your wish will be respected.

Reporter's Ref:

Please complete this form online, print, sign and send it to the above address.

AIRCRAFT TYPE & SERIES	REGISTRATION	DATE (dd/mm/yyyy)	TIME OF EVENT UTC	DAY <input type="checkbox"/>
OPERATOR	LOCATION/POSITION/RW			NIGHT <input type="checkbox"/>
				TWILIGHT <input type="checkbox"/>

FLIGHT NO.	ROUTE FROM	ROUTE TO	FL <input type="checkbox"/> ALT/HT (FT) <input type="checkbox"/>	IAS (KT)	IFR <input type="checkbox"/>	TCAS RA		ETOPS		
						VFR <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NATURE OF FLIGHT	FLIGHT PHASE
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ENVIRONMENTAL DETAILS										
WIND		CLOUD		PRECIPITATION	OTHER METEOROLOGICAL CONDITIONS				RUNWAY STATE	
DIRN.	SPEED (kt)	TYPE	HT (ft)		VISIBILITY	ICING	TURBULENCE	OAT (°C)		
					KM <input type="checkbox"/> M <input type="checkbox"/>					CATEGORY

BRIEF TITLE

DESCRIPTION OF OCCURRENCE

Any procedures, manuals, pubs. (AIC, AD, SB etc.) directly relevant to occurrence and (where appropriate) compliance state of aircraft, equipment or documentation.

GROUND STAFF REPORT						
A/C CONSTRUCTOR'S NO.	ENGINE TYPE/SERIES	ETOPS APPROVED		GROUND PHASE		MAINTENANCE ORGANISATION TEL.
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	MAINTENANCE <input type="checkbox"/>		
				GROUND HANDLING <input type="checkbox"/>		
				UNATTENDED <input type="checkbox"/>		
COMPONENT/PART		MANUFACTURER		PART NO.		SERIAL NO.
REFERENCES:- MANUAL/ATA/IPC				COMPONENT OH/REPAIR ORGANISATION		
ORGANISATION AND APPROVAL REFERENCE			NAME			POSITION
SIGNATURE					DATE (dd/mm/yyyy)	
If report is voluntary (i.e. not subject to mandatory requirements) can the information be published in the interests of safety?	YES <input type="checkbox"/>	Address and tel.no. (if reporter wishes to be contacted privately).			NOTE 1:If additional information, as below, is available, please provide. NOTE 2:If the occurrence is related to a design or manufacturing deficiency, the manufacturer should also be advised promptly. NOTE 3:Where applicable, a report of this incident should be forwarded directly to other agencies involved, e.g. Aerodrome Authority, ATC agency.	
	NO <input type="checkbox"/>					

REPORTING ORGANISATION - REPORT											
ORGANISATION COMMENTS - ASSESSMENT/ACTION TAKEN/SUGGESTIONS TO PREVENT											
UTILISATION - AIRCRAFT				UTILISATION - ENGINE/COMPONENT				MANUFACTURER ADVISED			
	TOTAL	SINCE OH/REPAIR	SINCE INSPECTION		TOTAL	SINCE OH/REPAIR	SINCE INSPECTION	YES	NO		
HOURS CYCLES LANDINGS				HOURS CYCLES LANDINGS				<input type="checkbox"/>	<input type="checkbox"/>		
REPORTING ORGANISATION			TEL. FAX	REPORTER'S REF		REPORT		REPORTER'S INVESTIGATION		FDR DATA RETAINED	
E-MAIL					NEW <input type="checkbox"/>	SUPPL <input type="checkbox"/>	NIL <input type="checkbox"/>	CLOSED <input type="checkbox"/>	OPEN <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NAME			POSITION						TEL.		
E-MAIL					SIGNATURE			DATE (dd/mm/yyyy)			