

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

Are you concerned about the confidentiality of this report and wish to be contacted before it is processed? If so, please ensure you provide us with your contact details.
 Confidential? Yes No

Please complete and submit this form online or print and send it to the above

AIRCRAFT TYPE & SERIES	REGISTRATION	DATE (dd/mm/yyyy)	TIME OF EVENT UTC (HH:MM) 00:00	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 Please Select	FLIGHT PHASE Please Select
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ENVIRONMENTAL DETAILS										
WIND		CLOUD		PRECIPITATION	OTHER METEOROLOGICAL CONDITIONS				RUNWAY STATE	
DIRN.	SPEED (kt)	TYPE	HT (ft)	Please Select	VISIBILITY	ICING	TURBULENCE	OAT (°C)	Please Select	
				Please Select	KM <input type="checkbox"/> NM <input type="checkbox"/>	None	None		CATEGORY Please Select	

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
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				HOURS				<input type="checkbox"/>	<input type="checkbox"/>
CYCLES				CYCLES					
LANDINGS				LANDINGS					
REPORTING ORGANISATION			TEL.	REPORTER'S REF	REPORT		REPORTER'S INVESTIGATION		FDR DATA RETAINED
E-MAIL			FAX		NEW <input type="checkbox"/>	SUPPL <input type="checkbox"/>	NIL <input type="checkbox"/>	CLOSED <input type="checkbox"/>	OPEN <input type="checkbox"/>
NAME				POSITION				TEL	
E-MAIL							DATE (dd/mm/yyyy)		