

Civil Aviation Authority of Fiji

FIJI CONFIDENTIAL AVIATION INCIDENT REPORT (FCAIR)

Form **OR 010**

The Civil Aviation Authority of Fiji collects information for the purpose of enhancing aviation safety.

The information is collected by the authority of Part 6 of the Civil Aviation (Occurrence Reporting and Investigation) Regulations 2009.

When you have completed the report forward it to the CAAF FCAIR officer by one of the methods detailed over the This report will be returned to you on completion of the investigation. Local Time Date Location (e.g. 27 NM east of Nadi Aircraft registration Aircraft make/model Your position (e.g. pilot, ATS, LAME, FA) Pilot your total hours Non-pilot experience year/ month Aircraft hirer (if any) Aircraft operator Aircraft owner Type of operation: Charter Air Transport – passenger Air transport – cargo Flying training - solo Flying training - dual Private Others Flight rules: VFR **IFR** Flight Condition: **VMC IMC** Person on board: Crew **Passengers** Time of departure Last departure point of flight First point of intended landing Please indicate the phase in which the occurrence happened: En-route Aircraft standing Taxiing Takeoff Maneuvering Approach Landing

Please fully describe the incident. All relevant documents may be forwarded to FCAIR using the methods detailed over this page. Please include suggestions as to how this type of occurrence could be prevented in the future.



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The Chief Executive
FCAIR (CAAF)
Private Mail Bag, NAP 0354
Nadi International Airport
FIJI

If using facsimile, do not forget to send both sides of this form.

Office contact details are:

Phone:(679) 892-3155 Facsimile:(679) 672-1500

Email: info@caaf.org.fj

The Chief Executive of the Civil Aviation Authority of Fiji guarantees to keep your identity confidential.

Your personal details will not be recorded and this entire report will be returned to you.

To enable us to contact you for clarification of details and to discuss what actions to take on the report, please fill in all spaces in this section.

NO ACTION IS TAKEN ON ANONYMOUS REPORTS

Do not include contact details (such as a work phone number) that you do not wish us to call you on and please indicate if we are not to leave a message on an answering machine. Include the best time for phone contact and your address so we can return this form to you.

Your name:	 		
Address:	 		
Telephone:	 Facsimile:	Email:	

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