



Civil Aviation Authority of Fiji
MANDATORY OCCURRENCE REPORT (MOR)

Form
OR 001

To be sent to: Quality Assurance Officer, **CAAF**, Nadi Airport
 Fax: (679) 6727429 or email to – standards@caaf.org.fj or tors@caaf.org.fj
Note: If report is Confidential - mark clearly at the top and provide contact or email address and phone number. Your wish will be respected.

Operator's Occurrence No.	CAAF ECCAIRS No.	CAAF AQD No.	CAAF Investigation No.
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CATEGORIES OF OCCURRENCE
 ACCIDENT INCIDENT AIRMISS AHAZ FAILURE PROCEDURAL BIRDSTRIKE GENERAL (CIRCLE ONE OR MORE AS APPROPRIATE)

AIRCRAFT TYPE & SERIES	REGISTRATION	OPERATOR	DATE	TIME LOCAL / UTC	DAY TWILIGHT NIGHT	LOCATION/POSITION/RWY
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FLIGHT/CABIN CREW REPORT

FLIGHT NO.	ROUTE FROM	ROUTE TO	IAS (kts)	FL/ALT/HT (ft)	IFR VFR	ETOPS/RVSM/RNP 4/10 YES NO
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NATURE OF FLIGHT	PAX FREIGHT POSITIONING FERRY TEST TRAINING BUSINESS AGRICULTURAL SURVEY PLEASURE CLUB/GROUP PRIVATE PARACHUTING TOWING
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FLIGHT PHASE	PARKED TAXYING TAKE-OFF INIT CLIMB CLIMB CRUISE DESCENT HOLDING APPROACH LANDING CIRCUIT AEROBATICS HOVER
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ENVIRONMENT						
WIND	CLOUD	PRECIPITATION	OTHER METEOROLOGICAL CONDITIONS			RUNWAY STATE
DRIN SPEED (kts)	TYPE	RAIN SNOW SLEET HAIL	VISIBILITY	ICING	TURBULENCE	DRY WET ICE SNOW SLUSH
	HT (ft)	LIGHT MOD HEAVY	km/m	LIGHT MOD SEVERE	LIGHT MOD SEVERE	CATEGORY I II III
OAT (°C)	8th					

NARRATIVE

BRIEF TITLE
<i>Please continue on next page if more space is required</i>

Any procedures, manuals, pubs (e.g. AIC, AD, SB etc.) directly relevant to occurrence and (when appropriate) compliance state of aircraft, equipment or documentation	
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GROUND STAFF REPORT

A/C CONSTRUCTORS No	ENGINE TYPE/SERIES	ETOPS APPROVED YES NO	GROUND PHASE GRD HANDLING	AIRCRAFT BELOW 5700kg ONLY MAINTENANCE ORGANISATION
COMPONENT/PART	PART No	SERIAL No	MAINTENANCE UNATTENDED	
MANUFACTURER		MANUAL REF		COMPONENT OH/REPAIR ORGANISATION

NARRATIVE CONTINUED

ORGANISATION	NAME	POSITION	SIGNATURE	DATE
If report is voluntary (i.e. not subjected to mandatory requirements), can the information be published in the interest of safety?		YES NO	Address & 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 manufacture should be advised promptly.

REPORTING ORGANISATION – REPORT

ORGANISATIONAL COMMENTS – ASSESSMENT/ ACTION TAKEN/ SUGGESTIONS TO PREVENT

UTILISATION - AIRCRAFT			UTILISATION – ENGINE/ COMPONENT		
TOTAL	SINCE OH/ REPAIR		TOTAL	SINCE OH/ REPAIR	
HOURS			HOURS		
CYCLES			CYCLES		
LANDINGS	SINCE INPECTION		LANDINGS	SINCE INPECTION	
MANUFACTURER ADVISED	YES	NO	MANUFACTURER ADVISED	YES	NO
ORGANISATION	REPORTER'S REF	REPORT NEW SUPPLEMENT	REPORTER'S INVESTIGATION NIL OPEN CLOSED	FDR RECORD RETAINED YES NO	
NAME	TEL/ FAX	POSITION	SIGNATURE	DATE	