



Civil Aviation Authority of Fiji
Monthly Aerodrome Movement Summary

Form
CA 106B

For effective analysis of data, the Authority requires monthly summary of movements at each aerodrome. This is in accordance with the requirements of Occurrence Reporting and Investigation Regulation 2009, Part 36.

Fill in the total movements for each aerodrome for the month and **by the end of first week of the flowing month** send to:

Quality Assurance Officer, **CAAF**, Nadi Airport

PH: 8923155 Ext: 3403 or 3391

Fax: (679) 6727429

Year: _____ **Month:** _____ **Date Submitted:** _____

Government Aerodrome with Scheduled Services	Aerodrome Name	Total monthly movements by category of operation									Total
		1	2	3	4	5	6	7	8	9	
Government Aerodrome with Scheduled Services	Bureta										
	Kadavu										
	Labasa										
	Matei										
	Nadi										
	Nausori										
	Savusavu										
Government Aerodrome (Other)	Cicia										
	Gau										
	Koro										
	Lakeba										
	Moala										
	Vanuabalavu										
Private Aerodrome with Scheduled Services	Malololailai										
	Mana										
Private Aerodrome (Other)	Kaibu										
	Laucala Island										
	Vatulele										
	Wakaya										
	Yasawa										

Submitted by: _____

Signature: _____