|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | Operator’s Occurrence No. | | |  |  |  | | --- | --- | --- | | CAAF ECCAIRS No. | CAAF AQD No. | CAAF Investigation No. | |

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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CATEGORIES OF OCCURRENCE  ACCIDENT INCIDENT AIRMISS APHAZ FAILURE PROCEDURAL BIRBSTRILE GENERAL **(Please tick where appropriate)** | | | | | | |
| AIRCRAFT TYPE & SERIES | REGISTRATION | OPERATOR | DATE |  | DAY | LOCATION/POSITION/RWY |
|  |  | fgbff | Click or tap to enter a date. | LOCAL / UTC | TWILIGHT  NIGHT |  |

# FLIGHT/CABIN CREW REPORT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FLIGHT NO. | ROUTE FROM | ROUTE TO | IAS (kts) | FL/ALT/HT (ft) | IFR | ETOPS/RVSM/RNP 4/10 |
|  |  |  |  |  | VFR | YES  NO |
|  |  | |  |  | | |
| NATURE OF FLIGHT | Choose an item. | | | | | |
|  |  | | | | | |
| FLIGHT PHASE | Choose an item. | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ENVIRONMENT |  | | | | | |
| WIND | CLOUD | PRECIPITATION | OTHER METEOROLOGICAL CONDITIONS | | | RUNWAY STATE |
| DRIN SPEED (kts) | TYPE    HT (ft)    8th | RAIN  SNOW  SLEET HAIL | VISIBILITY | ICING | TURBULENCE | DRY  WET  ICE  SNOW  SLUSH |
| LIGHT MOD HEAVY | km/m | LIGHT  MOD SEVERE | LIGHT  MOD  SEVERE | CATEGORY  I  II  III |
| OAT (OC) |  | | | | |

# NARRATIVE

|  |  |  |
| --- | --- | --- |
|  | BRIEF TITLE |  |
|  |  | *Please continue on next page if more space is required* |
|  | Any procedures, manuals, pubs (e.g. AIC, AD, SB etc.) directly relevant to occurrence and (when appropriate) compliance state of aircraft, equipment or documentation |  |

# GROUND STAFF REPORT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A/C CONSTRUCTORS No | ENGINE TYPE/SERIES | ETOPS APPROVED | GROUND PHASE | AIRCRAFT BELOW 5700kg ONLY |
|  |  | YES  NO | GRD HANDLING | MAINTENANCE ORGANISATION    TEL NO: |
| 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 | |  | YES | Address & Tel. No. (If reporter wishes to be contacted privately) | |  |
| mandatory requirements), can the  information be published in the interest of safety? | |  | NO |  | | |

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/ COMPONENTS | | |
| TOTAL | | SINCE OH/ REPAIR | | TOTAL | SINCE OH/ REPAIR | |
| HOURS    CYCLES    LANDINGS | | HOURS    CYCLES      LANDINGS |
| SINCE INPECTION | | SINCE INPECTION | |
| MANUFACTURER ADVISED  YES  NO | | | | MANUFACTURER ADVISED  YES  NO | | |
| ORGANISATION | *REPORTER’S REF* | | *REPORT* | *REPORTER’S INVESTIGATION* | | *FDR RECORD RETAINED* |
|  |  | | NEW    SUPPLEMENT | NIL  OPEN  CLOSED | | YES  NO |
| NAME | TEL/ FAX | | POSITION | SIGNATURE | | DATE |