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| --- |
| Operator’s Occurrence No.       |

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| CAAF ECCAIRS No.       | CAAF AQD No.       | CAAF Investigation No.       |

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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       |