To be sent to: Quality Assurance Officer**, CAAF,** Nadi Airport

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

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  Click or tap to enter a date. | LOCAL / UTC | DAY  TWILIGHT  NIGHT | LOCATION/POSITION/RWY |

# 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 | | |
|  | |  | | |  | | |  | | | | | | |
| NATURE OF FLIGHT | | Choose an item. | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| FLIGHT PHASE | | Choose an item. | | | | | | | | | | | | |
| ENVIRONMENT | | | | | | | | | | | | | | | |  |
| WIND | CLOUD | | PRECIPITATION | | | | OTHER METEOROLOGICAL CONDITIONS | | | | | | RUNWAY STATE | | |
| DRIN SPEED (kts)  OAT (OC) | 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 | |
|  |  | | | | | | | | | | | | |

# NARRATIVE

|  |  |
| --- | --- |
| **Brief Title** | |
| Please continue on next page if more space is required | |
| Any procedures, manual, 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    YES  NO | | | GROUND PHASE | | AIRCRAFT BELOW 5700kg ONLY | |
|  |  | | | | 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 : Click or tap to enter a date. | | |
| If report is voluntary (i.e. not subjected to mandatory requirements), can the  information be published in the interest of safety? | | | |  | | YES | Address & Tel. No. (If reporter wishes to be contacted privately) | | | |  |
|  | | 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    NEW  SUPPLEMENT | REPORTER’S INVESTIGATION | FDR RECORD REAINED  YES  NO |
|  |  | | NIL  OPEN  CLOSED |
| NAME | TEL/ FAX | | POSITION | SIGNATURE | Date  Click or tap to enter a date. |