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       |  DATEClick 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. |