To be sent to:

Aviation Security Facilitation Department (ASFD)

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

**CAAF**

Nadi Airport

Fax: (679) 672 7413

|  |  |  |  |  |  |  |  |  |  |  |
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| **CATEGORY OF OCCURRENCE** *(CIRCLE ONE OR MORE AS APPROPRIATE)*    UNLAWFUL INTERFERENCE  SABOTAGE  BREACH  INCIDENT  GENERAL | | | | | | | | | | |
| OPERATOR | | DATE OF OCCURRENCE  Click or tap to enter a date. | | | TIME OF OCCURRENCE | | | LOCATION | | |
| NAME | POSITION/DESIGNATION | | | COMPANY | | | DATE,REPORTED  Click or tap to enter a date. | TIME REPORTED | | CONTACT |
| **DESCRIPTION OF OCCURRENCE** | | | | | | | | | | |
| **REPORTING ORGANISATION – REPORT** | | | | | | | | | | |
| **CAAF ACTION**  INVESTIGATION REQUIRED: YES  NO  INVESTIGATION CARRIED OUT BY:  POSITION/ DESIGNATION: | | | | | | | | | | |
| **CAAF EXECUTOR NOTE**      Closed on receipt: Yes  No | | | | | | | | | | |
| NAME | | | POSITION/DESIGNATION | | | SIGNATURE | | | DATE  Click or tap to enter a date. | |