



FORM: AC-OPS031

July 2008

OCCURRENCE REPORT

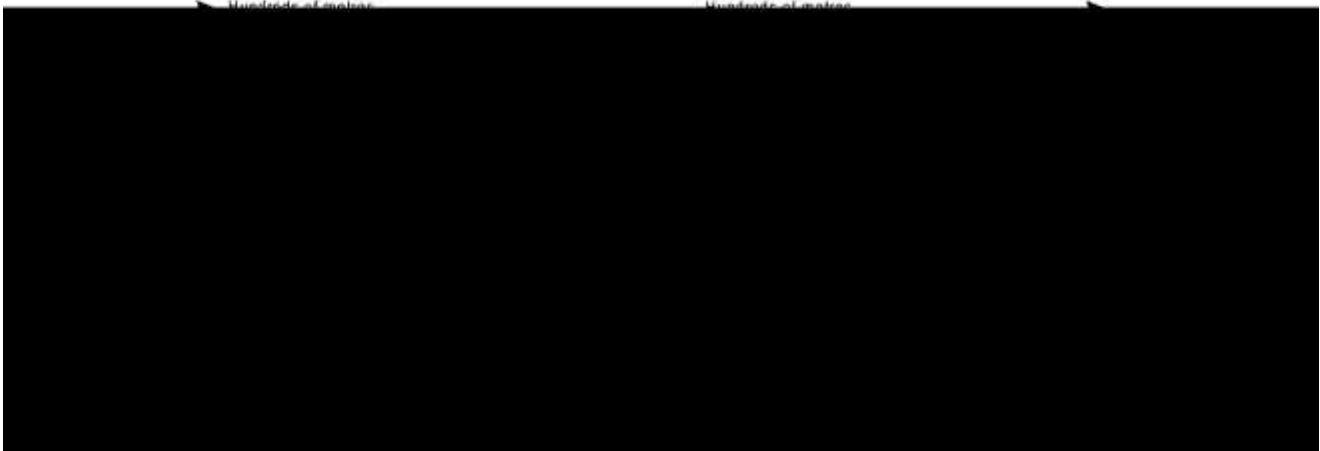
														ORGANISATION REF NO.		CAA OCCURRENCE NO.					
1. FLIGHT CREW REPORT																					
AIRCRAFT TYPE & SERIES			REGISTRATION			OPERATOR			DATE			LOCATION/POSITION/RW			CAPTAIN			CO-PILOT			
FLIGHT NR		ROUTE				TIME (UTC):				FLIGHT LEVEL/ALT (FT)			IAS			ETOPS					
		FROM:		TO:		DAY/NIGHT/TWILIGHT										YES		NO			
NATURE OF FLIGHT	PAX	FREIGHT	POSITIONING	FERRY	TEST	TRAINING	BUSINESS	AGRICULTURAL	SURVEY	PLEASURE	CLUBGROUP	PRIVATE	PARACHUTING	TOWING							
FLIGHT PHASE	PARKED	TAXYING	TAKEOFF	INITIAL CLIMB	CLIMB	CRUISE	DESCENT	HOLDING	APPROACH	LANDING	CIRCUIT	AEROBATICS	HOVER								
ENVIRONMENTAL DETAILS																					
WIND			CLOUD			PRECIPITATION				OTHER METEOROLOGICAL CONDITIONS						RUNWAY STATE					
DIRN	SPEED (kts)	TYPE	HT (ft)	Bth	RAIN	SNOW	SLEET	HAIL	VISIBILITY	ICING	TURBULENCE			DPT (C)			DRY	WET	ICE	SNOW	SLUSH
					LIGHT	MODERATE	HEAVY		KMM	LIGHT	MOD	SEVERE	LIGHT	MOD	SEVERE						
BRIEF TITLE																					
2. DESCRIPTION OF OCCURRENCE (To be used for all occurrences reported on this form)																					
<i>Use additional form if required, <input type="checkbox"/> Tick here if additional form used</i>																					
Results of subsequent investigation																					
<i>Tick here <input type="checkbox"/> If Part 4 includes action taken to avoid recurrence</i>																					
Any procedures, manuals, publications, (e.g. AIC, AD, SB, etc) directly relevant to occurrence and compliance state of aircraft, equipment or documentation																					
ORGANISATION			NAME			POSITION			SIGNATURE			DATE									
3. GROUND STAFF REPORT																					
A/C SERIAL NUMBER		ENGINE TYPE/SERIES			ETOPS APPROVED		GROUND MAINTENANCE			AIRCRAFT BELOW 5700KG ONLY – MAINTENANCE ORGANISATION ETOPS APPROVED											

				GROUND HANDLING UNATTENDED				TEL NO					
COMPONENT/PART		MANUFACTURER		PART NR		SERIAL NR		MANUAL REF		COMPONENT OH/REPAIR ORGANISATION			
UTILISATION - AIRCRAFT						UTILIZATION - ENGINE/COMPONENT						MANUFACTURER ADVISED	
	TOTAL	SINCE OH/REPAIR	SINCE INSPECTION		TOTAL	SINCE OH/REPAIR	SINCE INSPECTION					YES	NO
HOURS				HOURS									
CYCLES				CYCLES									
LANDINGS				LANDINGS									

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4. REPORTING ORGANISATION – REPORT												
ORGANISATION COMMENTS – ASSESSMENT/												
ACTION TAKEN/SUGGESTIONS TO PREVENT RECURRENCE												
ORGANISATION		TEL/FAX		REPORTERS REF		REPORT		REPORTERS INVESTIGATION			FDR DATA RETAINED	
						NEW SUPPL		NIL	CLOSED	OPEN	YES	NO
NAME		POSITION		SIGNATURE					DATE			

5. AIRMISS/ATC INCIDENT (DELETE AS APPLICABLE) and/or TCAS RA
 Mark passage of other aircraft relative to you, in plan on the left and in elevation on the right, assuming YOU are at the centre of each diagram indicate appropriate scale.



HDG/RTE		TAS		FL/ALT SETTING		ATC INSTRUCTIONS ISSUED		CALLSIGN		FREQUENCY IN USE		HEADING		CLEARED ALTITUDE		MINIMUM VERTICAL SEPARATION		MINIMUM HORIZONTAL SEPARATION					
ROUTE																							
FROM:		TO:				YES NO										FT		M/NM					
CLIMB/DESCENT: LEVEL <input type="checkbox"/>				CLIMBING <input type="checkbox"/>		DESCENDING <input type="checkbox"/>		BANK ANGLE: SLIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> STEEP <input type="checkbox"/>															
TCAS ALERT		TYPE OF RA		RA FOLLOWED		WAS TCAS ALERT USEFUL		AVOIDING ACTION TAKEN		DETAILS OF OTHER AIRCRAFT													
RA TA NONE				YES NO		YES NO		YES NO		TYPE		MARKINGS		COLOUR		LIGHTING		CALLSIGN		ATTITUDE		AVOIDING ACTION TAKEN	
RESTRICTIONS TO VISIBILITY:		NONE <input type="checkbox"/>		SUNGLARE <input type="checkbox"/>		DIRTY WINDSCREEN <input type="checkbox"/>		WINDSCREEN PILLAR <input type="checkbox"/>		OTHER COCKPIT STRUCTURE <input type="checkbox"/>													

6 WAKE TURBULENCE

HEADING		TURNING			G/S POSITION		EXT C/L POSITION			CHANGE IN ATTITUDE				CHANGE IN ALTITUDE		ANY BUFFET		STICK SHAKE	
°		LEFT	RIGHT	NO	HIGH	LOW	LEFT	RIGHT	NO	PITCH	ROLL	YAW	°	FT		YES	NO	YES	NO
WHAT MADE YOU SUSPECT WAKE TURBULENCE																			
DESCRIBE ANY VERTICAL ACCELERATION																			

NAME		POSITION		SIGNATURE					DATE			
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7. CAA REVIEW OF ACTION TAKEN BY ORGANISATION

SUMMARY OF FOLLOW-UP ACTION BY CAA:

												OPEN							
												CLOSED							
NAME OF INSPECTOR _____												SIGNATURE _____		DATE _____				RECORD ENTERED IN DB	

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