



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)	th	RAIN	SNOW	SLEET	HAIL	VISIBILITY	ICING	TURBULENCE			QAT (C)	DRY	WET	ICE	SNOW	SLUSH	
					LIGHT	MODERATE	HEAVY		K/M	LIGHT	MOD	SEVERE	LIGHT	MOD	SEVERE					
															CATEGORY			I	II	III
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							

TCAA FORM: AC-OPS031

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	
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.	
<p>VIEW FROM ABOVE</p>	<p>VIEW FROM ASTERN</p>

HDG/RTE	TAS	FL/ALT SETTING	ATC INSTRUCTIONS ISSUED		CALLSIGN	FREQUENCY IN USE	HEADING	CLEARED ALTITUDE	MINIMUM VERTICAL SEPARATION	MINIMUM HORIZONTAL SEPARATION		
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

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

TCAA FORM: AC-OPS031