



**TANZANIA CIVIL AVIATION  
AUTHORITY**

DIRECTORATE OF SAFETY  
REGULATIONS FLIGHT  
OPERATIONS

Revision: 1

**Form**

Document No. **FORM-  
TCAA-AC-OPS015A**

Title: **Occurrence report**

**Page 1 of 4**

Organisation Ref No.	Caa Occurrence No.
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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	Passenger	Freight	Positioning	Ferry	Test	Training	Business	Agricultural	Survey	Pleasure	Clubgroup	Private	Parachuting	Towing						
Flight Phase	Paraded	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)	8th	Rain	Snow	Sleet	Hail	Visibility	Icing		Turbulence			Oat (C)	Dry	Wet	Ice	Snow	Slush
					Light	Moderate	Heavy	Km/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)
Use Additional Form If Required, <input type="checkbox"/> Tick Here If Additional Form Used
Results Of Subsequent Investigation



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Tick Here  If Part 4 Includes Action Taken To Avoid Recurrence

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
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**3. Ground Staff Report**

A/C Serial Number	Engine Type/Series		Etops Approved		Ground		Aircraft Below 5700kg Only – Maintenance Organisation Etops Approved		
					Maintenance				
			Ground Handling						
			Unattended						
Yes		No				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		
Hours				Hours				Yes	No
Cycles				Cycles					
Landin gs				Landin gs					

Caa Form: Ac-Ops031



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4. Reporting Organisation – Report

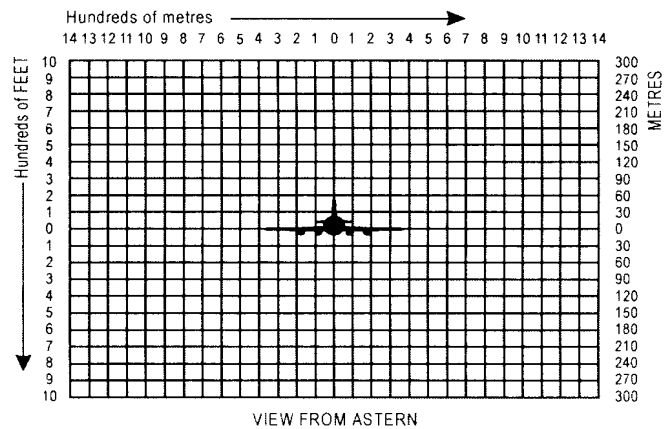
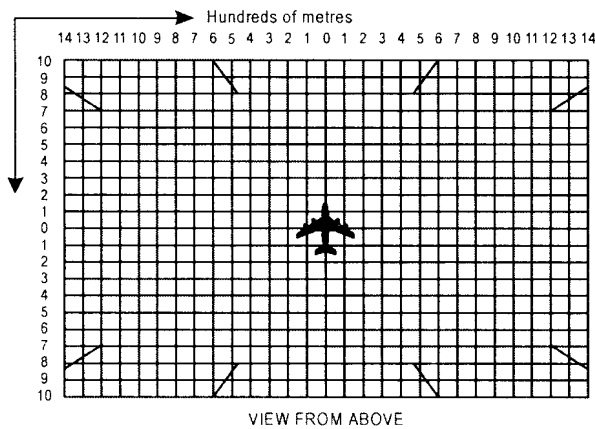
Organisation Comments – Assessment/

Action Taken/Suggestions To Prevent Recurrence

Organisation	Tel/Fax	Reporters Ref	Report		Reporters Investigation				Fdr Data Retained	
			New	Suppl	Nil	Close d	Op en	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/ Rtc	°	Tas	Fl/Alt Setting	Callsi gn	Frequenc y In Use	Headi ng	Cleared Altitude		
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Route				Atc Instructions Issued								Minimum Vertical Separation		Minimum Horizontal Separation		
From:	To:			Yes	No								Ft	M/Nm		
Climb/Descent: Level <input type="checkbox"/> Climbing <input type="checkbox"/>				Bank Angle: Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Steep <input type="checkbox"/>				Descending <input type="checkbox"/>								
Tcas Alert			Type Of Ra	Ra Followed	Was Tcas Alert Useful	Avoiding Action Taken		Details Of Other Aircraft								
						Type	Markings	Colour	Lighting	Callsign	Attitude	Avoiding Action Taken				
R	T	N		Y	N	Y	N	Y	N						Yes	No
a	a	e		s	o	s		s								
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		
		Le	Rig	No	Hig	Lo	Left	Right	No	Pitch	Roll	Yaw			Ft	Ye	No	Yes	No
		ft	ht		h	w										s			
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

Caa Form: Ac-Ops031