



Civil Aviation Authority

Solomon Islands

The completed form should be emailed to: halisanau_b@caasi.com.sb

Bird Incident Notification – CAAV 005B - Fill shaded areas

Operational details: Insert - X and fill block

Date of incident:	<input type="text"/>	Time of Incident:	<input type="text"/>	<input type="checkbox"/> UTC	<input type="checkbox"/> Local
A/C Reg:	<input type="text"/>	Operator:	<input type="text"/>	Flight No./Call sign:	<input type="text"/>
Location of incident:	<input type="text"/>	Nearest airport at time of incident:	<input type="text"/>		
Distance & bearing from NRP	<input type="text"/>	NM	<input type="text"/>	Altitude:	<input type="text"/> AGL <input type="checkbox"/>
Runway used:	<input type="text"/>	Flight Phase:	<input type="checkbox"/> T/O	<input type="checkbox"/> Climb	<input type="checkbox"/> Cruise
			<input type="checkbox"/> Landing	<input type="checkbox"/> Other (Specify)	<input type="text"/>

Bird Incident Details: insert – X in box/s and fill block

Bird Hazard:	<input type="checkbox"/> Strike	<input type="checkbox"/> Near Strike	Bird species:	<input type="text"/>	<input type="checkbox"/> small	<input type="checkbox"/> medium	<input type="checkbox"/> large
Number seen:	<input type="checkbox"/>	<input type="checkbox"/> -10	<input type="checkbox"/> -100	<input type="checkbox"/> 100+	Number Hit:	<input type="checkbox"/> 1	<input type="checkbox"/> 2-10
						<input type="checkbox"/> 11-100	<input type="checkbox"/> 100+
Aircraft parts(s) (for strikes only)	Struck/Damaged: (Insert - X)						
<input type="checkbox"/> Nil	<input type="checkbox"/> windscreen	<input type="checkbox"/> Engine	<input type="checkbox"/> Propeller	<input type="checkbox"/> wing	<input type="checkbox"/> rotor	<input type="checkbox"/> fuselage	<input type="checkbox"/> undercarriage
<input type="checkbox"/> Tail	<input type="checkbox"/> unknown	<input type="checkbox"/> other - specify:	<input type="text"/>				
Effect(s) on flight:	<input type="checkbox"/> nil	<input type="checkbox"/> avoiding action	<input type="checkbox"/> aborted T/O	<input type="checkbox"/> go-around/missed approach			
<input type="checkbox"/> Engine(s) shutdown	<input type="checkbox"/> abnormal landing	<input type="checkbox"/> other - specify:	<input type="text"/>				

Description of Incident:

Submitter's Details

Name :	<input type="text"/>	Organization :	<input type="text"/>
Date :	<input type="text"/>	Telephone :	<input type="text"/>
		Fax :	<input type="text"/>
		Email :	<input type="text"/>