

Occurrence Report – CAASI005 Email to: halisanau_b@caasi.com.sb

Complete shaded areas only where applicable. Post or fax to CAA as soon as possible. Fax to +677 36220
To report an accident or serious incident phone: +677 36567 or 36563;

Date of occurrence	Time	<input type="checkbox"/> SIT	<input type="checkbox"/> UTC	Location
Aircraft manufacturer and model			Aircraft registration H4 -	
Operator			Client ID	
POB	Number of injuries - Fatal		Serious	
	Crew	Pax	Crew	Pax
	Minor			
	Crew	Pax	Crew	Pax

Operational Details

Flight No./Call sign	Altitude	<input type="checkbox"/> AGL	<input type="checkbox"/> ASL	<input type="checkbox"/> FTL	Runway used
Departure point	Destination point	Nearest reporting point (NRP)			
Distance and bearing from NRP		NM	°	<input type="checkbox"/> VFR	<input type="checkbox"/> IFR
				<input type="checkbox"/> VMC	<input type="checkbox"/> IMC
<input type="checkbox"/> scheduled OR <input type="checkbox"/> non-scheduled <input type="checkbox"/> domestic OR <input type="checkbox"/> international <input type="checkbox"/> ETOPS					

Nature of flight	<input type="checkbox"/> Passenger A to A	<input type="checkbox"/> Passenger A to B	<input type="checkbox"/> Freight only
	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Other aerial work	<input type="checkbox"/> Business/executive
	<input type="checkbox"/> Training dual	<input type="checkbox"/> Training solo	<input type="checkbox"/> Test or ferry/position
	<input type="checkbox"/> Private other	<input type="checkbox"/> Parachuting	<input type="checkbox"/> Air ambulance
	<input type="checkbox"/> Other (specify)		
Flight phase	<input type="checkbox"/> parked	<input type="checkbox"/> taxiing	<input type="checkbox"/> takeoff
	<input type="checkbox"/> climb	<input type="checkbox"/> hover	<input type="checkbox"/> cruise
	<input type="checkbox"/> circuit	<input type="checkbox"/> aerobatics	<input type="checkbox"/> holding
	<input type="checkbox"/> descent	<input type="checkbox"/> approach	<input type="checkbox"/> landing
Effect on flight If weather is a significant factor include in description of occurrence	<input type="checkbox"/> Nil	<input type="checkbox"/> Flight delayed/cancelled	<input type="checkbox"/> Aborted takeoff
	<input type="checkbox"/> Failure to get airborne	<input type="checkbox"/> Emerg/precaution descent	<input type="checkbox"/> Emerg/precaution Idg
	<input type="checkbox"/> Go-around/missed app	<input type="checkbox"/> Abnormal approach	<input type="checkbox"/> Diversion
	<input type="checkbox"/> Turnback	<input type="checkbox"/> Engine(s) shutdown	<input type="checkbox"/> Sig loss of control/perfor
	<input type="checkbox"/> Avoiding action	<input type="checkbox"/> Overweight landing	<input type="checkbox"/> Abnormal landing
	<input type="checkbox"/> Runway excursion	<input type="checkbox"/> Other (specify)	

Description of Occurrence

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Pilot in command's name	Licence Number
Pilot flight hours in last 90 days	Flight hours on type
Total flight hours	
Last checked	By - name
<input type="checkbox"/> IFR <input type="checkbox"/> BFR <input type="checkbox"/> 6 month flight competency	
Date checked	Check pilot's ID

Type of Occurrence

Accident/incident	<input type="checkbox"/>	Collision/strike object	<input type="checkbox"/>	Component/system failure malfunction	<input type="checkbox"/>	Loss of control
	<input type="checkbox"/>	Engine power loss	<input type="checkbox"/>	Damage to aircraft	<input type="checkbox"/>	Airframe failure
	<input type="checkbox"/>	Fire/explosion/fumes	<input type="checkbox"/>	Fuel/fluids occurrence	<input type="checkbox"/>	Flight crew illness/incapacitation
	<input type="checkbox"/>	Injuries to persons	<input type="checkbox"/>	Failure of emergency equip/procedures	<input type="checkbox"/>	Evacuation
	<input type="checkbox"/>	Pax/cargo related occurrence	<input type="checkbox"/>	Valid warning/alert system	<input type="checkbox"/>	Invalid warning/alert system
	<input type="checkbox"/>	Emergency declaration	<input type="checkbox"/>	Other (specify)		

Airspace incident	Airspace ID – eg AA / TMA/C					
	<input type="checkbox"/>	Near collision	<input type="checkbox"/>	Loss of separation	<input type="checkbox"/>	Unauthorised altitude penetration
	<input type="checkbox"/>	Unauthorised airspace incursion	<input type="checkbox"/>	Breach of other clearance	<input type="checkbox"/>	Pilot flight planning deficiency
	<input type="checkbox"/>	Clearance/instruction deficiency	<input type="checkbox"/>	Flight information deficiency	<input type="checkbox"/>	Other (specify)
	<input type="checkbox"/>	TCAS alert	<input type="checkbox"/>	RA	<input type="checkbox"/>	TA
	Intruder relative alt in feet				Relative position	o'clock

Facility malfunction	Facility ID		Name		Facility Type	
	<input type="checkbox"/>	Failure/non availability	<input type="checkbox"/>	Coverage/intensity deficiency	<input type="checkbox"/>	Alignment/course deficiency
	<input type="checkbox"/>	Excessive bends/roughness	<input type="checkbox"/>	False overhead/distance indication	<input type="checkbox"/>	Identification deficiency
	<input type="checkbox"/>	Readability deficiency	<input type="checkbox"/>	Interference	<input type="checkbox"/>	Other (specify)

Aerodrome Occ.	<input type="checkbox"/>	Physical surface deficiency	<input type="checkbox"/>	Surface marking deficiency	<input type="checkbox"/>	Wildlife incursion
	<input type="checkbox"/>	Physical obstruction	<input type="checkbox"/>	Equipment/installation deficiency	<input type="checkbox"/>	Apron management deficiency
	<input type="checkbox"/>	Public protection deficiency	<input type="checkbox"/>	Other (specify)		

Dangerous goods	<input type="checkbox"/>	Spillage/leakage	<input type="checkbox"/>	Fumes/gas/smoke/fire	<input type="checkbox"/>	Mis/non-declaration
	<input type="checkbox"/>	Other (specify)				

Bird hazard	<input type="checkbox"/>	Strike	<input type="checkbox"/>	Near strike	<input type="checkbox"/>	Species	<input type="checkbox"/>	Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Large
	Number seen <input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-100 <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 Defect/ Engineering Details	Major component/system affected											
	ATA Code				Part defective							
	Manufacturer						Model					
	Part number						Serial number					
	TTIS	Hours	Cycles	TSO	Hours	Cycles	TSI	Hours	Cycles			

Detection phase	<input type="checkbox"/>	Unscheduled OR	<input type="checkbox"/>	Scheduled maintenance	Manufacturer advised	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Compliance with	<input type="checkbox"/>	AD	<input type="checkbox"/>	SB	Specify reference				

Maintenance organisation	Client ID	Telephone
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Aircraft damage level	<input type="checkbox"/>	Destroyed	<input type="checkbox"/>	Substantial	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Other (specify)	
Aircraft disposal	<input type="checkbox"/>	Write-off	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Other (specify)	

Engineering Description of Incident

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Submitter's Details

Name	Client ID	Telephone	Date						
Attachments	<input type="checkbox"/>	sketches	<input type="checkbox"/>	reports	<input type="checkbox"/>	photographs	<input type="checkbox"/>	Others (specify)	
Submitters investigation	<input type="checkbox"/>	Open	OR	<input type="checkbox"/>	Closed	Submitters reference number			

Investigation Report

Complete blue shaded areas only where applicable

This section of the form is intended to be completed by the reporter or reporter's organisation at the conclusion of their internal investigation. It may be submitted separately to the Occurrence Report. For further assistance with this section refer to CAR Part 12 Advisory Circular.

Date of occurrence Time ☐ SIT ☐ ☐ UTC Location

Aircraft manufacturer and model Aircraft registration H4-

Finding attributed to : name

Client ID

Aviation document

Rule ref

Manual reference

☐ Non-compliance ☐ Non-conformance ☐ Observation ☐ Safety related concern ☐ Critical ☐ Major ☐ Minor

Description

Cause

Person/organisation

Category

Item

Clients Closing Action

Completion date

☐ Estimated OR ☐ Actual cost of occurrence and corrective action

SBD\$

Reporters Details

Name

Position

Organisation

Client ID

Date

Telephone

Reporters ref number