



FORM: AC-OPS031

August 2011

SWAZILAND CIVIL AVIATION AUTHORITY

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)	8th	RAIN	SNOW	SLEET	HAIL	VISIBILITY	ICING		TURBULENCE			DAT (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			AIRCRAFT BELOW 5700KG ONLY – MAINTENANCE ORGANISATION ETOPS APPROVED			
			YES	NO	MAINTENANCE						
						GROUND HANDLING					
						UNATTENDED					
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							

CAA 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	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												°				FT		M/NM					
FROM:		TO:		YES		NO																	
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	

CAA FORM: AC-OPS031