

# AIR SAFETY REPORT (Occurrence Report)

Number <sup>1)</sup>:

) to be issued by Flight Safety Officer

AIRCRAFT INFORMATION						
Aircraft type	Aircraft registration	Owner/Operator		SQAWK	Date and time of occurrence (UTC) DD MM YYYY UTC:	
Place of occurrence		Departure point	Destination point	Landed at	Log sequence no.	
POB	Flight rules <input checked="" type="checkbox"/> VFR / <input type="checkbox"/> IFR	Type of airspace	Altitude / FL	Aircraft speed (IAS)	Aircraft T/O weight	

PURPOSE OF FLIGHT:			
Training <input type="checkbox"/>	Private <input type="checkbox"/>	Ferry <input type="checkbox"/>	Other: <input type="checkbox"/>

FLIGHT PHASE:										
Parked <input type="checkbox"/>	Taxi-out <input type="checkbox"/>	Take-off <input type="checkbox"/>	Climb <input type="checkbox"/>	Cruise <input type="checkbox"/>	Descent <input type="checkbox"/>	Holding <input type="checkbox"/>	Appr <input type="checkbox"/>	Landing <input type="checkbox"/>	Taxi-in <input type="checkbox"/>	Other: <input type="checkbox"/>

CONSEQUENCES			CONFIGURATION AT EVENT		
<input type="checkbox"/> No consequences	<input type="checkbox"/> Diversion	<input type="checkbox"/> Emergency landing	<input type="checkbox"/> Autopilot		
<input type="checkbox"/> Rejected take-off	<input type="checkbox"/> Turn back		Flaps ____		
<input type="checkbox"/> Engine(s) shutdown	<input type="checkbox"/> Precautionary landing		Gear n/a		

ENVIRONMENTAL DETAILS							
WIND Dir / Spd /	CLOUDS Type	PRECIPITATION Ht(ft)	OTHER METEOROLOGICAL CONDITIONS Visibility ____ Km/m	RUNWAY STATE			
		<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Thunderstorm	<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> VMC / <input type="checkbox"/> IMC	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Slush			
QNH hPa		WIND SHEAR	LIGHT COND.	OAT ____ °C			RUNWAY TYPE
		<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night				<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Grass <input type="checkbox"/> Gravel

BIRD STRIKE	OTHER INFORMATION e.g. DAMAGE CAUSED BY THE BIRDS:
Type of birds: _____ Nr seen <input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-100 <input type="checkbox"/> More Nr struck <input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-100 <input type="checkbox"/> More	

GROUND FOUND (FAILURES FOUND DURING PRE- AND POSTFLIGHT INSPECTION)				
<input type="checkbox"/> Significant Damage/Deterioration	<input type="checkbox"/> Significant System Failure	<input type="checkbox"/> Incorrect Parts Supplied	<input type="checkbox"/> U/S on Fit	
<input type="checkbox"/> A/C Docs out of Compliance	<input type="checkbox"/> Parts Missing in Flight	<input type="checkbox"/> Incorrect Parts / Fluids Used	<input type="checkbox"/> Other:	
<input type="checkbox"/> Spilling Causing Hazard to A/C	<input type="checkbox"/> Transit Damage	<input type="checkbox"/> Incorrect Assembly / Installation		
Component(s) description	Part No.	Serial No.	ATA	Tag No.

WAKE TURBULENCE	SHORT GENERAL DESCRIPTION OF OCCURRENCE
HEADING ____ deg      TURNING ____ Left / Right / Not	<b>NOTE: Please state only the facts known about the events in chronological order and relevant aspects that cannot be covered by other boxes on this form.</b>
POSITION ON GLIDE SLOPE: <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/> ON	
CHANGE IN ATTITUDE (DEG): PITCH ____ ROLL ____ YAW ____	
CHANGE IN ALTITUDE: ____ FT	
BUFFET: <input type="checkbox"/> YES <input type="checkbox"/> NO      STALL WARNING: <input type="checkbox"/> YES <input type="checkbox"/> NO	
(Continue on next page if required)	

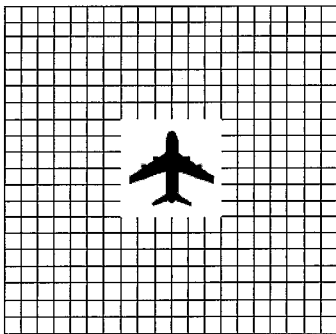
<sup>1)</sup> to be issued by Flight Safety Officer

SHORT GENERAL DESCRIPTION OF OCCURRENCE continued

[Empty space for description of occurrence]

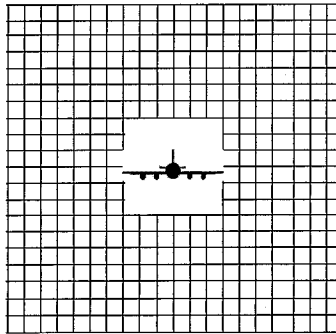
AIRPROX

View from above



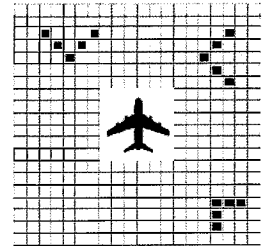
Estimated horizontal separation:  
 NM /  meters

View from astern



Estimated vertical separation:  
 Ft /  meters

Example



SEVERITY OF RISK TO A/C:  LOW /  MEDIUM /  HIGH  
 AVOIDING ACTION TAKEN:  YES /  NO  
 REPORTED TO ATC: \_\_\_\_\_ UNIT  
 ATC INSTRUCTIONS ISSUED: \_\_\_\_\_  
 FREQUENCY IN USE: \_\_\_\_\_  
 HEADING: \_\_\_\_\_ DEG  
 CLEARED ALITUD / FL: \_\_\_\_\_

MINIMUM VERTICAL SEPARATION: \_\_\_\_\_ FT  
 MINIMUM HORIZONTAL SEPARATION: \_\_\_\_\_  NM /  meters

SUBMITTER'S DETAILS

NAME	POSITION	TELEPHONE/EMAIL	DATE SUBMITTED
[Empty space for submitter details]			
SUBMITTER'S SIGNATURE _____			MANDATORY REPORTING REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO

**AFDRUKKEN**

**OPSLAAN**