


Occurrence Report Form - CAASL/AU/008

		Civil Aviation Authority of Sri Lanka Occurrence Report Form			CAA/AU/008	
<p>Completed Form should be submitted to Director General of Civil Aviation, Civil Aviation Authority, No. 152/1, Minuwangoda Road, Katunayake.</p> <p>Email: sldgca@caa.lk with a copy to mgrasm@caa.lk, amasm@caa.lk or Fax: +94 11 2257154</p> <p>Additional information which is required, not categorized under the given fields shall be included in the narrative or note.</p>						
Date:		Time: (Local/UTC)	Aircraft type & Series:		Registration:	
						<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight
Operator:		Location/position/Airport & Geog. Position:				
Flight No:		Route From:	Route To :	Diverted to:	Passengers/crew :	
Altitude: <input type="checkbox"/> FL/ <input type="checkbox"/> FT		IAS (KT):	Mach Number:	Heading/ altimeter setting		ETOPS <input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel Jettisoned (kg):		<input type="checkbox"/> IFR <input type="checkbox"/> VFR	TCAS RA <input type="checkbox"/> Yes <input type="checkbox"/> No	Tech Log Ref: Sector/Log Ref/Item Nbr		
Nature of Flight: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Ferry <input type="checkbox"/> Test <input type="checkbox"/> Training <input type="checkbox"/> Business <input type="checkbox"/> Other						
Flight Phase: <input type="checkbox"/> Parked <input type="checkbox"/> Pushback <input type="checkbox"/> Taxiing <input type="checkbox"/> Take off <input type="checkbox"/> Initial Climb <input type="checkbox"/> Climb <input type="checkbox"/> Cruise <input type="checkbox"/> Descent <input type="checkbox"/> Holding <input type="checkbox"/> Approach <input type="checkbox"/> Landing roll						
MET: <input type="checkbox"/> IMC <input type="checkbox"/> VMC km		Wind speed(kt) & Direction:	Cloud Type & height:	Precipitation:		Visibility: ___Km <input type="checkbox"/> ___m <input type="checkbox"/>
Significant weather: <input type="checkbox"/> Nil <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		Temp(C°):	Runway:	Configuration:		
<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Icing <input type="checkbox"/> Fog <input type="checkbox"/> Hail <input type="checkbox"/> Turbulence <input type="checkbox"/> Hail <input type="checkbox"/> Standing water <input type="checkbox"/> Windshear		QNH:	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Slush	<input type="checkbox"/> A/PILOT <input type="checkbox"/> A/THRUST <input type="checkbox"/> GEAR <input type="checkbox"/> FLAT <input type="checkbox"/> SLAT <input type="checkbox"/> SPOILERS		
ATS Route:		Brief Title:				
Description of occurrence (Narrative):						

Name:		Organization/Position:	Start time and duration of shift:
Address & Telephone number (if the reporter wishes to be contacted privately):		Signature:	
		Date:	
Ground Staff Report			
A/c constructor's no:		Engine Type/Series:	ETOPS approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ground Phase : <input type="checkbox"/> Maintenance <input type="checkbox"/> Ground Handling <input type="checkbox"/> Unattended		Name of Maintenance Organization: Contact no:	
Component/Part:	Manufacturer:	Part no:	Serial No:
References: (Manual, etc)		Component OH/Repair Organization:	
Organization and Approval Reference:		Name:	
Position:		Signature:	Date:

If Report is voluntary (i.e not subject to mandatory requirements) can the information be published in the interest of safety	<input type="checkbox"/>	Address and Tel No: (if the reporter wishes to be contacted privately)	<p>Note 1 – if additional information, as below, is available, pls provide.</p> <p>Note 2- if the occurrence is related to a design or manufacturing deficiency, the manufacturer should also be advised promptly.</p> <p>Note 3- Where applicable, a report of this incident should also be forwarded directly to other agencies involved. eg – Aerodrome Authority, ATC Agency.</p>
	Yes		
	<input type="checkbox"/>		
	No		

Reporting Organization - Report

Organization Comments – Assessments/Action taken/ Suggestions to prevent

Utilization – aircraft				Utilization – Engine/component				Manufacturer Advised	
	TOTAL	Since OH/Repair	Since Inspection		TOTAL	Since OH/Repair	Since Inspection		
Hours				Hours				<input type="checkbox"/>	<input type="checkbox"/>
Cycles				Cycles				Yes	No
Landings				Landings					
Reporting Organization: Email : Tel: Fax:				Reporters Ref:	Report <input type="checkbox"/> New <input type="checkbox"/> Suppl	Reporters Investigation <input type="checkbox"/> Nil <input type="checkbox"/> Closed <input type="checkbox"/> Open		FDR Data retained <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:					Position:				
Tel:		Email:			Signature:			Date:	