


ATS Engineering Occurrence Report Form – CAASL/AS/015

		Civil Aviation Authority of Sri Lanka ATS Engineering Occurrence Report Form		CAASL/AS/015	
<p>Completed Form should be submitted to Director General of Civil Aviation, Civil Aviation Authority, No. 152/1, Minuwangoda Road, Katunayake. Email: <i>sldgca@caa.lk</i> with a copy to <i>mgrssp@caa.lk</i>, <i>amssp@aa.lk</i> or Fax: +94 11 2257154 Additional information which is required, not categorized under the given fields shall be included in the narrative or note.</p>					
Categories of Occurrence: <input type="checkbox"/> ACCIDENT <input type="checkbox"/> INCIDENT <input type="checkbox"/> PROCEDURAL <input type="checkbox"/> FAILURE <input type="checkbox"/> HAZARD					
Occurrence Location:		ATS Facility: <input type="checkbox"/> RTF <input type="checkbox"/> Radar <input type="checkbox"/> Nav aid <input type="checkbox"/> Other		Services Affected: <input type="checkbox"/> Area Control <input type="checkbox"/> Approach Control <input type="checkbox"/> Aerodrome Control/RMA <input type="checkbox"/> Aerodrome Control/BIA <input type="checkbox"/> Aerodrome Control/HRI	
Date:	Time (UTC):				
Duration:					
Equipment Type/Manufacturer:		Frequency:	Call sign:	Equipment Location:	
Facility Configuration: <input type="checkbox"/> In service or, <input type="checkbox"/> Out of service <input type="checkbox"/> Main Mode or, <input type="checkbox"/> Standby/ Test <input type="checkbox"/> Channel A (1) or <input type="checkbox"/> B(2) or <input type="checkbox"/> Other External information Source:		Equipment Status: <input type="checkbox"/> Planned/Unplanned Outage <input type="checkbox"/> Unserviceable, Routine/Corrective Maintenance <input type="checkbox"/> Modification/ Replacement		Previous Defects/ Occurrences? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known	
				RTF Frequencies/ Radar Source:	
Narrative: use a diagram if necessary (attach copies of all relevant information)					

Name:	Organization/Position:	Start time and duration of shift:
Address & Telephone number (if the reporter wishes to be contacted privately):	Signature:	Date: