



1st Aircraft			
Aircraft Details –			
Callsign:	Flight ID.	Aircraft Registration:	National Registration Mark
Operator:	Operator Name	Persons on Board:	Insert crew and pax
Operation type:	Scheduled/non-scheduled/pvt etc		
Aircraft Type:	ICAO Designator	Serial No:	Insert if known
Manufacturer Model and Series:	Manufacturer, Model and Series		
Pilot in Command details (if known)	Name and contact number of PIC – Leave blank if anonymous		
Flight Details			
Aerodrome of Departure:	ICAO Designator	Planned Destination:	ICAO Designator
Phase of flight:	Choose an item.	Flight Rules:	Choose an item.
Aircraft Altitude or Flight Level:	Specify Alt or FL	Aircraft Speed:	Specify TAS/IAS/Mach etc
Name of Specific procedure flown:	SID/STAR/Instrument Approach Procedure/Airway etc		

2nd Aircraft			
Aircraft Details –			
Callsign:	Flight ID.	Aircraft Registration:	National Registration Mark
Operator:	Operator Name	Persons on Board:	Insert crew and pax
Operation type:	Scheduled/non-scheduled/pvt etc		
Aircraft Type:	ICAO Designator	Serial No:	Insert if known
Manufacturer Model and Series:	Manufacturer, Model and Series		
Pilot in Command details (if known)	Name and contact number of PIC		
Flight Details			
Aerodrome of Departure:	ICAO Designator	Planned Destination:	ICAO Designator
Phase of flight:	Choose an item.	Flight Rules:	Choose an item.
Aircraft Altitude or Flight Level:	Specify Alt or FL	Aircraft Speed:	Specify TAS/IAS/Mach etc
Name of Specific procedure flown:	SID/STAR/Instrument Approach Procedure/Airway etc		

Airspace			
FIR Event occurred in:	Insert FIR Designator or Name	Airspace Sector:	e.g. Windhoek Approach.
RTF Frequency:	Insert Frequency and band	Airspace Type:	Choose an item.
Class of Airspace:	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	F <input type="checkbox"/> G <input type="checkbox"/>	Segregated <input type="checkbox"/> Special Use <input type="checkbox"/>
	Danger <input type="checkbox"/> Prohibited <input type="checkbox"/> Restricted <input type="checkbox"/>	Unclassified <input type="checkbox"/>	
Services provided:	Aerodrome Control <input type="checkbox"/>	Aerodrome Flight Information Services (AFIS)	<input type="checkbox"/>
	Approach Control <input type="checkbox"/> Surveillance <input type="checkbox"/>	Procedural	<input type="checkbox"/>
	Area Control <input type="checkbox"/> Surveillance <input type="checkbox"/>	Procedural	<input type="checkbox"/> Oceanic <input type="checkbox"/>
	Flight Information Service <input type="checkbox"/>	Alerting Service	<input type="checkbox"/> Search and Rescue <input type="checkbox"/>
	Aeronautical Information <input type="checkbox"/>	Air Traffic Management Services	<input type="checkbox"/>
CNS Equipment Contribution: Communication	<input type="checkbox"/>	Navigation	<input type="checkbox"/> Surveillance <input type="checkbox"/>
ATM Contribution to the event?	Choose an item.	Effect on ATM Service:	Choose an item.

Weather (Insert as relevant)			
Met Conditions:	Choose an item.	Wind Direction HHH Degrees	Wind Speed KTS kt gusting KTS kt
Wind measured at	Choose an item.	Cloud Cover:	Choose an item. Cloud-base Insert Cloudbase ft.
Visibility	Insert Visibility meters	Visibility restrictions	Insert rain/dust/sand/fog/mist/haze etc.
Temperature:	Temp °C	Dew Point:	Temp °C
Turbulence Type and Intensity:	Type and Intensity of Turb	Light Conditions	Choose an item.
Precipitation Type:	Choose an item.	Precipitation Intensity:	Choose an item.
METAR and TAF Info:	Insert METAR or TAF as applicable		



Aircraft Separation

Horizontal Relative Movement: Choose an item.
 Required Horizontal Separation: Distance Actual Horizontal Separation: Distance
 Required Vertical Separation: Feet/Metres Actual Vertical Separation: Feet/Metres

Information on Other Aircraft: Before the evasive manoeuvre was the crew aware of other aircraft:

Traffic Information by ATC Monitoring ATC Frequency (SA)
 Broadcast by other Aircraft Other Aircraft Seen
 Monitoring TCAS (No Alert issued) Not Aware of other aircraft

Avoidance Action

Issued by ATC TCAS RA Crew See and Avoid Other Specify
 Type of Avoidance Action Taken Describe the Avoidance climb/descend/turn etc.

Bird and Wildlife Encounters

Species type (if known): Insert type of bird or animal if known Size of Wildlife/Bird: Choose an item.
 Number Seen: Number seen Number Struck by aircraft: Number Struck
 Part(s) of aircraft Struck: Parts of ACFT Struck Damage to Aircraft: Details of damage caused to Aircraft

Aerodrome Operations

Aerodrome where Event Occurred: ICAO Designator
 Position on the Aerodrome: Click here to enter text.

FOD Reports

Type of FOD (if known): Click here to enter text. Damage: Click here to enter text.
 Origin of FOD (if known): Click here to enter text.

Spillages and Environmental Damage

Type of Fluid Spilled: Click here to enter text.
 Position of Spill/Environmental Damage: Click here to enter text.
 Impact of Spill/Environmental Damage: Click here to enter text.
 Origin of Spill/Environmental Damage: Click here to enter text.
 Agency responsible for removal/rehab: Click here to enter text.

Aerodrome Infrastructure

Runway Designator: Click here to enter text. Description: Click here to enter text.
 Taxiway Designator: Click here to enter text. Description: Click here to enter text.
 Apron Designator: Click here to enter text. Description: Click here to enter text.
 Other AD Infrastructure (e.g. Fence, Signage, Marking etc) Description: Click here to enter text.

Ground Handling Equipment involved

Click here to enter text.



Injuries and Damage

Number of Persons Injured

	Fatal	Serious	Minor
Aircraft 1	Insert No.	Insert No.	Insert No.
Aircraft 2	Insert No.	Insert No.	Insert No.
On Ground	Insert No.	Insert No.	Insert No.

Persons Incapacitated

Duties of Person(s) Incapacitated: Choose an item.
Cause of Incapacitation: Insert what caused incapacitation

Damage

Highest Damage to ACFT Choose an item. Other Objects Damaged Describe other object

Description of Structure of Parts Damaged	Description of Other objects Damaged
Click here to enter text	Click here to enter text.

Aviation Security

Interference with Aviation Ops <input type="checkbox"/>	Screening Event <input type="checkbox"/>	Aviation Security Emergency <input type="checkbox"/>
Suspicious Activity or items <input type="checkbox"/>	Screening Syst. Failure <input type="checkbox"/>	Procedural Failure <input type="checkbox"/>
Unauthorised Access <input type="checkbox"/>	Unscreened Access <input type="checkbox"/>	Prohibited Item/Weapon <input type="checkbox"/>
Disruptive Persons <input type="checkbox"/>	Bomb Threat <input type="checkbox"/>	Misuse of Permit/ID Doc <input type="checkbox"/>

Incident assessed? Threat received by

Genuine <input type="checkbox"/>	Airport Operator <input type="checkbox"/>	Airline (Airport Office) <input type="checkbox"/>
Hoax <input type="checkbox"/>	Airport Security <input type="checkbox"/>	Airline (Aircraft Crew) <input type="checkbox"/>
	Air Traffic Control <input type="checkbox"/>	Other: Specify. <input type="checkbox"/>

Hazards and Threats
Any hazards or threats identified in the notification of occurrence report

Hazards/Threats identified by reporter	Recommended Actions to address hazard/threat

Reporting

Date Reported: Click here to enter a date. Time reported: Time reported

Report Originator: Person or organization reporting (optional)

Contact Details: Phone number or email

Reference Number: Click here to enter text.

Investigator Assigned: Click here to enter text.