

HANDLING OF ACCIDENTS AND OCCURRENCES

AIR SAFETY REPORT

REFERENCE:

1. TYPE OF EVENT					
<input type="checkbox"/> AIRPROX / ATS Incident <input type="checkbox"/> TCAS <input type="checkbox"/> GPWS <input type="checkbox"/> STALL <input type="checkbox"/> WINDSHEAR <input type="checkbox"/> Mod / Severe Turbulence <input type="checkbox"/> Loss of Airspeed <input type="checkbox"/> COMMS Deficiencies <input type="checkbox"/> AERODROME Deficiencies (VOR / ILS / Lights etc.) <input type="checkbox"/> RWY / TWY Incursion or Excursion <input type="checkbox"/> Deviation from Track <input type="checkbox"/> < 45 min Fuel <input type="checkbox"/> Control of Cargo / Livestock <input type="checkbox"/> Air Rage / Hijack / Terrorist Activity <input type="checkbox"/> EMERG Equipment / Procedures Used <input type="checkbox"/> Injuries <input type="checkbox"/> Crew Incapacitation <input type="checkbox"/> Incorrect Load Sheets					
2. CAPTAIN			3. CREWMEMBERS (Names for feedback purposes only)		
Name:			First Officer:		
			Other Crew:		
4. DATE OF EVENT	5. TIME	6. SECTOR	7. A / C TYPE	8. REGISTR.	9. FLIGHT No.
	: Z (DAY / NIGHT)	---			
10. POSITION (LAT-LONG or DIST-BRG)	11. AIRWAY or HDG (M)	12. FL or ALTITUDE	13. MACH No or KIAS	14. COUNTRY	15. FIR / TMA
16. OPERATIONAL PHASES				17. OPS CONSEQUENCES	
<input type="checkbox"/> PARKED <input type="checkbox"/> PUSHBACK <input type="checkbox"/> START <input type="checkbox"/> TAXI OUT <input type="checkbox"/> TAKE OFF <input type="checkbox"/> CLIMB <input type="checkbox"/> CRUISE <input type="checkbox"/> DESCEND <input type="checkbox"/> HOLD <input type="checkbox"/> APPROACH <input type="checkbox"/> FINAL APP <input type="checkbox"/> GO-AROUND <input type="checkbox"/> LANDING <input type="checkbox"/> TAXI IN <input type="checkbox"/> OTHER:				<input type="checkbox"/> RTO <input type="checkbox"/> CLIMB <input type="checkbox"/> DESCEND <input type="checkbox"/> COURSE CHANGE <input type="checkbox"/> GO AROUND <input type="checkbox"/> OTHER	
18. MET	19. WEATHER CONDITIONS		20. SIGNIFICANT WEATHER (if applicable)		
<input type="checkbox"/> IMC <input type="checkbox"/> VMC VIZ: m	WIND: / TEMP: °C QNH: CLOUD: CEILING:		<input type="checkbox"/> NIL <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/> WINDSHEAR <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> ICE <input type="checkbox"/> THUNDERSTORM <input type="checkbox"/> TURBULENCE: L / M / S		
21. RUNWAY (if applicable)	22. COMMS / AERODROME DEFICIENCY		23. TCAS or GPWS ALERT		
RWY IN USE: RVR: <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> <input type="checkbox"/> ICE <input type="checkbox"/> SNOW <input type="checkbox"/> SLUSH <input type="checkbox"/> CONTAMINATED	FREQUENCIES: SYSTEM or FACILITY: ATS CENTRE: Comms Deficiencies - pse complete 1-16 & 20, Aerodrome - No's 1-16 , 20 & 21		<input type="checkbox"/> GPWS <input type="checkbox"/> TCAS <input type="checkbox"/> OTHER TCAS: <input type="checkbox"/> TRAFFIC <input type="checkbox"/> TA <input type="checkbox"/> RA o NIL TYPE OF RA / GPWS / OTHER: FOLLOWED? <input type="checkbox"/> Yes <input type="checkbox"/> No DEVIATION (NM/DEG): /		
24. AIRPROX or ATS INCIDENT	25. VIEWED FROM SIDE	26. VIEWED FROM ABOVE			
MINIMUM SEPARATION AT CROSS: Vertical: Ft Horizontal: Nm EVASIVE ACTION TAKEN <input type="checkbox"/> Yes <input type="checkbox"/> No Vertical Deviation: Ft Horizontal Deviation: Nm TRAFFIC (Type / Callsign / Hdg / FL): ATC FREQ: ATC INSTRUCTIONS: REPORTED TO ATC? <input type="checkbox"/> Yes <input type="checkbox"/> No TRANSPONDER CODE:	VERTICAL SEPARATION (FT) <div style="text-align: center; font-size: 2em;">↔</div> IFBP used? <input type="checkbox"/> Yes <input type="checkbox"/> No Used by Traffic? <input type="checkbox"/> Yes <input type="checkbox"/> No	HORIZONTAL SEPARATION (NM) <div style="text-align: center; font-size: 2em;">✈</div>			

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