



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

CIVIL AVIATION AUTHORITY

AIR SAFETY OCCURRENCE REPORT

(Pursuant to MCAR-OPS1, MCAR-M and MCAR-145)

Form No:- CAA/GEN-01

1. Basic Details			
Date of Occurrence	<input type="text"/>	Time	<input type="text"/>
Location	<input type="text"/>		
2. Aircraft Details			
	Aircraft No.1	Aircraft No.2	Aircraft No.3
Type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Airframe Time	<input type="text"/>	<input type="text"/>	<input type="text"/>
Call sign	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pilot in Command	<input type="text"/>	<input type="text"/>	<input type="text"/>
F/O	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons on board	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Operational Details			
Altitude	<input type="text"/>	Departure point	<input type="text"/>
		Destination point	<input type="text"/>
		Runway	<input type="text"/>
Nearest Reporting Point	<input type="text"/>	Distance and bearing from NRP	<input type="text"/>
		VMC	<input type="text"/>
		IMC	<input type="text"/>
		DAY	<input type="text"/>
		VFR	<input type="text"/>
		IFR	<input type="text"/>
Nature of flight			
Scheduled OR	<input type="text"/>	non-scheduled	<input type="text"/>
		Domestic OR	<input type="text"/>
		International	<input type="text"/>
		ETOPS	<input type="text"/>
Public Transport	<input type="text"/>	Medivac	<input type="text"/>
		Training	<input type="text"/>
		Ferry	<input type="text"/>
		Test Flight	<input type="text"/>
Other (specify)	<input type="text"/>		
Flight phase			
<input type="checkbox"/>	Parked	<input type="checkbox"/>	Taxiing
<input type="checkbox"/>	Take-off	<input type="checkbox"/>	Climb
<input type="checkbox"/>	Hover	<input type="checkbox"/>	Cruise
<input type="checkbox"/>	Circuit	<input type="checkbox"/>	Aerobatics
<input type="checkbox"/>	Holding	<input type="checkbox"/>	Descent
<input type="checkbox"/>	Approach	<input type="checkbox"/>	Landing
Effect on flight			
<input type="checkbox"/>	Nil	<input type="checkbox"/>	Flight delayed/cancelled
<input type="checkbox"/>	aborted take-off	<input type="checkbox"/>	Emergency/precautionary descent
<input type="checkbox"/>	Emergency/precautionary landing	<input type="checkbox"/>	Go-around/missed approach
<input type="checkbox"/>	Abnormal approach	<input type="checkbox"/>	Diversion
<input type="checkbox"/>	Significant loss of control/performance	<input type="checkbox"/>	Turnback
<input type="checkbox"/>	Engine(s) shutdown	<input type="checkbox"/>	Overweight landing
<input type="checkbox"/>	Abnormal landing	<input type="checkbox"/>	Avoiding action
<input type="checkbox"/>	Runway excursion	<input type="checkbox"/>	Other (specify)
			<input type="text"/>

Please forward or Fax the form to Civil Aviation Authority
Tel: 3324983 Fax No: 3323039

Url: www.aviainfo.gov.mv
e-mail: safety@aviainfo.gov.mv

4. Type of Occurrence

Accident/Incident

<input type="checkbox"/> Collision/strike object	<input type="checkbox"/> Component/system failure malfunction	<input type="checkbox"/> Loss of control
<input type="checkbox"/> Engine power loss	<input type="checkbox"/> Damage to aircraft	<input type="checkbox"/> Airframe failure
<input type="checkbox"/> Fire/explosion/fumes	<input type="checkbox"/> Fuel/fluid occurrence	<input type="checkbox"/> Flight crew illness/incapacitation
<input type="checkbox"/> Injuries to persons	<input type="checkbox"/> Failure of emergency equip/procs	<input type="checkbox"/> Evacuation
<input type="checkbox"/> Passenger/cargo related occurrence	<input type="checkbox"/> Valid warning/alert system	<input type="checkbox"/> Invalid warning/alert system
<input type="checkbox"/> Emergency declaration	<input type="checkbox"/> Other (specify) <input type="text"/>	

Airspace incident

<input type="checkbox"/> Near collision	<input type="checkbox"/> Loss of separation	<input type="checkbox"/> Unauthorised altitude penetration
<input type="checkbox"/> Unauthorised airspace incursion	<input type="checkbox"/> Breach of other clearance	<input type="checkbox"/> Pilot flight planning deficiency
<input type="checkbox"/> Clearance/instruction deficiency	<input type="checkbox"/> Flight information deficiency	<input type="checkbox"/> Other (specify) <input type="text"/>
<input type="checkbox"/> TCAS Alert	<input type="checkbox"/> RA	<input type="checkbox"/> TA
Intruder relative altitude in feet <input type="text"/>		relative position <input type="text"/> o'clock

Facility malfunction

Facility name Facility type

<input type="checkbox"/> Failure/non availability	<input type="checkbox"/> Coverage/intensity deficiency	<input type="checkbox"/> Alignment/course deficiency
<input type="checkbox"/> Excessive bends/roughness	<input type="checkbox"/> False overhead/distance indication	<input type="checkbox"/> Identification deficiency
<input type="checkbox"/> Readability	<input type="checkbox"/> Interference	<input type="checkbox"/> Other (specify) <input type="text"/>

Aerodrome occ.

Aerodrome Name

<input type="checkbox"/> Physical surface deficiency	<input type="checkbox"/> Surface marking deficiency	<input type="checkbox"/> Wildlife incursion
<input type="checkbox"/> Physical obstruction	<input type="checkbox"/> Equipment/installation deficiency	<input type="checkbox"/> Apron management deficiency
<input type="checkbox"/> Public protection deficiency	<input type="checkbox"/> Other (specify) <input type="text"/>	

Dangerous goods

<input type="checkbox"/> Spillage/leakage	<input type="checkbox"/> Fumes/gas/smoke/fire	<input type="checkbox"/> Mis/nondeclaration	<input type="checkbox"/> Other (specify) <input type="text"/>
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Bird Hazard

<input type="checkbox"/> Strike	<input type="checkbox"/> Near strike	Species <input type="text"/>	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large				
Number seen	<input type="checkbox"/> 1	<input type="checkbox"/> 2-10	<input type="checkbox"/> 11-100	<input type="checkbox"/> 100+	Number hit	<input type="checkbox"/> 1	<input type="checkbox"/> 2-10	<input type="checkbox"/> 11-100	<input type="checkbox"/> 100+

Aircraft Defect/Engineering Details

Major component/system affected Part defective

Manufacturer Model

Part number Serial number

TSN- Hours Cycles TSO- Hours Cycles TSI- Hours Cycles

Detection phase unscheduled OR scheduled maintenance Manufacturer advised Yes No

Compliance with AD SB Specify reference

Maintenance organisation Ph

Maintenance Programme OC CM HT

Apparent or Actual Cause	Action Taken to Prevent Recurrence

Operator Investigation Open Closed Ref. No Date Position

Name Signature _____

5. Summary of the Occurrence

6. Narrative (Use additional sheets if necessary)

Lined area for narrative text.

7. Diagram

Blank area for diagram.

8. Reporters Details

Name Signature Designation
Date Contact

9. CAA Use Only

Assigned to Designation
Reference No. Date

Action taken
Lined area for action taken details.

Date Closed Signature

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