To be sent to: Quality Assurance Officer**, CAAF,** Nadi Airport

Fax: (679) 6727429 or email to – standards@caaf.org.fj or tors@caaf.org.fj

**Note**: If report is Confidential - mark clearly at the top and provide contact or email address and phone number. Your wish will be respected.

|  |  |  |  |
| --- | --- | --- | --- |
| Operator’s occurrence No.      | CAAF ECCAIRS No.      | CAAF AQD No.      | CAAF Investigation No.      |

|  |
| --- |
|  **CATEGORIES OF OCCURRENCE**  [ ]  ACCIDENT [ ]  INCIDENT [ ]  AIRMISS [ ]  APHAZ [ ]  FAILURE [ ]  PROCEDURAL [ ]  BIRBSTRILE  [ ]  GENERAL  **(Please tick where appropriate)**   |
| AIRCRAFT TYPE & SERIES      | REGISTRATION      | OPERATOR      |  DATEClick or tap to enter a date. | LOCAL / UTC       |  [ ]  DAY[ ] TWILIGHT[ ]  NIGHT | LOCATION/POSITION/RWY      |

# FLIGHT/CABIN CREW REPORT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FLIGHT NO.      | ROUTE FROM       | ROUTE TO       | IAS (kts)        | FL/ALT/HT (ft)        |  IFR [ ]  VFR [ ]  | ETOPS/RVSM/RNP 4/10  [ ]  YES [ ]  NO |

|  |  |
| --- | --- |
| NATURE OF FLIGHT  | Choose an item |
|  |  |
|  FLIGHT PHASE  | Choose an item |
|  ENVIRONMENT       |
| WIND      | CLOUD      | PRECIPITATION      | OTHER METEOROLOGICAL CONDITIONS      | RUNWAY STATE      |
| DRIN SPEED (kts)       | TYPE       | [ ]  RAIN [ ]  SNOW [ ]  SLEET[ ] HAIL  | VISIBILITY       |  ICING       | TURBULENCE       |  [ ]  DRY  [ ]  WET  [ ]  ICE  [ ]  SNOW [ ]  SLUSH  |
| HT (ft)       |
| OAT (OC)       |
| 8th      |
| [ ]  LIGHT [ ] MOD [ ] HEAVY  | km/m        | [ ] LIGHT [ ] MOD [ ] SEVERE | [ ]  LIGHT[ ]  MOD [ ] SEVERE | CATEGORY [ ]  I [ ]  II [ ]  III |

# NARRATIVE

|  |
| --- |
| **Brief Title**      |
|      Please continue on next page if more space is required  |
| Any procedures, manual, pubs (e.g AIC, AD,SB etc.) directly relevant to occurrence and (when appropriate ) compliance state of aircraft, equipment or documentation. |       |

# GROUND STAFF REPORT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  A/C CONSTRUCTORS No:        |  ENGINE  TYPE/SERIES       |  ETOPS APPROVED  [ ]  YES [ ]  NO  |  [ ]  GROUND PHASE |  AIRCRAFT BELOW 5700kg ONLY       |
| COMPONENT/PART           |  PART No:         |  [ ]  GRD HANDLING |  MAINTENANCE ORGANISATION       |
|  SERIAL No:          |  [ ]  MAINTENANCE [ ]  UNATTENDED | TEL NO:       |
|  MANUFACTURE         |  MANUAL REF        |  COMPONENT OH/REPAIR ORGANISATION       |
| NARRATIVE CONTINUED        |
| ORGANISATION        | NAME         | POSITION        |  SIGNATURE  Date : Click or tap to enter a date. |
| If report is voluntary (i.e. not subjected to mandatory requirements), can the information be published in the interest of safety? |  | [ ]  YES  | Address & Tel. No. (If reporter wishes to be contacted privately)       |
|    | [ ]  NO  |

 **NOTE 1**: If additional information, as below, is available please provide.

 **NOTE 2**: If the occurrence is related to a design or manufacturing deficiency, the manufacture should be advised promptly.

# REPORTING ORGANISATION – REPORT

|  |
| --- |
| ORGANISATIONAL COMMENTS – ASSESSMENT/ ACTION TAKEN/ SUGGESTIONS TO PREVENT         |
| UTILISATION – AIRCRAFT       | UTILISATION – ENGINE/ COMPONENTS       |
| TOTAL        | SINCE OH/ REPAIR       |  TOTAL       |  SINCE OH/ REPAIR       |
| HOURS         | HOURS        |
| SINCE INPECTION       |  SINCE INPECTION       |
| CYCLES       |
| CYCLES        |  LANDINGS        |
|  LANDINGS        |
|  MANUFACTURER ADVISED [ ]  YES [ ]  NO  |  MANUFACTURER ADVISED [ ]  YES [ ]  NO  |
|  ORGANISATION          | REPORTER’S REF         | REPORT        |  REPORTER’S INVESTIGATION  | FDR RECORD REAINED [ ]  YES [ ]  NO  |
| NEW        |
|    | SUPPLEMENT       |  NIL [ ]  OPEN [ ]  CLOSED [ ]   |
|  NAME        |  TEL/ FAX        |  POSITION        |  SIGNATURE  | Date Click or tap to enter a date. |