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 | DATE  Click 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. |