

FCAIR (Fiji Confidential Aviation Incident Report)

OR 010

ISO 9001:2015 Certified

The Civil Aviation Authority of Fiji collects information for the purpose of enhancing aviation safety. The information is collected by the authority of Part 6 of the Civil Aviation (Occurrence Reporting and Investigation) Regulations 2009.

When you have completed the report forward it to the CAAF FCAIR officer by one of the methods detailed over the page.

This report will be returned to you on completion of the investigation.

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Date:		Local Time	Location	Location (e.g. 27 NM east of Nadi	
Aircraft registration		Aircraft make/model	<u> </u>		
Your position (e. g. pilot, ATS, LAME, FA)		Pilot your total hours	non-pilot	non-pilot experiences year/ month	
Aircraft operator		Aircraft owner	Aircraft h	Aircraft hirer (if any)	
Type of operation:					
Charter		Air Transport – passer	nger	Air transport – cargo	
Charter			igei		
Private		☐ Flying training – solo ☐ Flying training – dua		Flying training – dual	
Others		L		I	
		□ VFR □ IFR	Fligh	t Condition: VMC IMC	
Flight rules:		_			
Person on board:		Crew	Passengers		
Last departure point of flight		Time of departure	First point of intended landing		
Please indicate the phase in which the occurrence happened:					
☐ Aircraft standing	☐ Taxiing	☐ Takeoff ☐	En-route	Maneuvering	
☐ Approach	□Landing				

Please fully describe the incident. All relevant documents may be forwarded to FCAIR using the methods detailed over this page. Please include suggestions as to how this type of occurrence could be prevented in the future.

The Chief Executive
FCAIR (CAAF)
Private Mail Bag, NAP 0354
Nadi International Airport FIJI

If using facsimile, do not forget to send both sides of this form. Office contact details are:

Phone:(679) 892-3155 Facsimile:(679) 672-1500 Email: <u>info@caaf.org.fj</u>

The Chief Executive of the Civil Aviation Authority of Fiji guarantees to keep your identity confidential.

Your personal details will not be recorded and this entire report will be returned to you.

To enable us to contact you for clarification of details and to discuss what actions to take on the report, please fill in all spaces in this section.

NO ACTION IS TAKEN ON ANONYMOUS REPORTS

Do not include contact details (such as a work phone number) that you do not wish us to call you on and please indicate if we are not to leave a message on an answering machine. Include the best time for phone contact and your address so we can return this form to you.

Your name:		
Address:		
Telephone:	Facsimile:	Email: