



Aviation Safety Occurrence Report

Occurrence Classification	Aviation Occurrence Type			
Choose an item.	Flight Operations	<input type="checkbox"/>	Air Navigation Services	<input type="checkbox"/>
Accident <input type="checkbox"/>	Aircraft Maintenance	<input type="checkbox"/>	Aerodrome & Ground Handling	<input type="checkbox"/>
Incident <input type="checkbox"/>	General Aviation	<input type="checkbox"/>	Technical	<input type="checkbox"/>
			AVSEC	<input type="checkbox"/>

When and Where?

Date of Incident: [Click here to enter a date.](#) UTC Time of Incident HHMM

Location of Occurrence1: Insert Airport, position, place or lat/long co-ords

Details of Occurrence

Headline: Briefly describe the type of occurrence. (i.e. Runway Incursion/Engine Failure etc)

Narrative: Describe the occurrence in detail.

Include full descriptions of the events and contributory factors that led up to the occurrence where applicable. State any measures and mitigations that may have assisted in the recovery of the event.

Safety Alerts

Airborne: E-GPWS/TAWS etc. TCAS (TA or RA Stall Warning Systems

Ground: STCA MSAW Runway Incursion Monitor Airspace Intruder

Aircraft Separation

Horizontal Relative Movement: Choose an item.

Required Horizontal Separation: Distance Actual Horizontal Separation: Distance

Required Vertical Separation: Feet/Metres Actual Vertical Separation: Feet/Metres

Information on Other Aircraft: Before the evasive manoeuvre was the crew aware of other aircraft:

Traffic Information by ATC Monitoring ATC Frequency (SA)

Broadcast by other Aircraft Other Aircraft Seen

Monitoring TCAS (No Alert issued) Not Aware of other aircraft

Avoidance Action

Issued by ATC TCAS RA Crew See and Avoid Other Specify

Type of Avoidance Action Taken Describe the Avoidance climb/descend/turn etc.

Bird and Wildlife Encounters

Species type (if known): Insert type of bird or animal if known Size of Wildlife/Bird: Choose an item.

Number Seen: Number seen Number Struck by aircraft: Number Struck

Part(s) of aircraft Struck: Parts of ACFT Struck Damage to Aircraft: Details of damage caused to Aircraft

Aerodrome Operations

Aerodrome where Event Occurred: ICAO Designator

Position on the Aerodrome: Click here to enter text.

FOD Reports

Type of FOD (if known): Click here to enter text. Damage: Click here to enter text.

Origin of FOD (if known): Click here to enter text.

Spillages and Environmental Damage

Type of Fluid Spilled: Click here to enter text.

Position of Spill/Environmental Damage: Click here to enter text.

Impact of Spill/Environmental Damage: Click here to enter text.

Origin of Spill/Environmental Damage: Click here to enter text.

Agency responsible for removal/rehab: Click here to enter text.

Aerodrome Infrastructure

Runway	Designator:	Click here to enter text.	Description:	Click here to enter text.
Taxiway	Designator:	Click here to enter text.	Description:	Click here to enter text.
Apron	Designator:	Click here to enter text.	Description:	Click here to enter text.

Ground Handling Equipment involved

Click here to enter text.



Injuries and Damage

Number of Persons Injured

	Fatal	Serious	Minor
Aircraft 1	Insert No.	Insert No.	Insert No.
Aircraft 2	Insert No.	Insert No.	Insert No.
On Ground	Insert No.	Insert No.	Insert No.

Persons Incapacitated
 Duties of Person(s) Incapacitated: Choose an item.
 Cause of Incapacitation: Insert what caused incapacitation

Damage
 Highest Damage to ACFT Choose an item. Other Objects Damaged Describe other object

Description of Structure of Parts Damaged	Description of Other objects Damaged
Click here to enter text	Click here to enter text.

Aviation Security

Interference with Aviation Ops <input type="checkbox"/>	Screening Event <input type="checkbox"/>	Aviation Security Emergency <input type="checkbox"/>
Suspicious Activity or items <input type="checkbox"/>	Screening Syst. Failure <input type="checkbox"/>	Procedural Failure <input type="checkbox"/>
Unauthorised Access <input type="checkbox"/>	Unscreened Access <input type="checkbox"/>	Prohibited Item/Weapon <input type="checkbox"/>
Disruptive Persons <input type="checkbox"/>	Bomb Threat <input type="checkbox"/>	Misuse of Permit/ID Doc <input type="checkbox"/>

Incident assessed? Threat received by

Genuine <input type="checkbox"/>	Airport Operator <input type="checkbox"/>	Airline (Airport Office) <input type="checkbox"/>
Hoax <input type="checkbox"/>	Airport Security <input type="checkbox"/>	Airline (Aircraft Crew) <input type="checkbox"/>
	Air Traffic Control <input type="checkbox"/>	Other: Specify.

Hazards and Threats
Any hazards or threats identified in the notification of occurrence report

Hazards/Threats identified by reporter	Recommended Actions to address hazard/threat

Reporting

Date Reported: Click here to enter a date. Time reported: Time reported

Report Originator: Person or organization reporting (optional)

Contact Details: Phone number or email

Reference Number: Click here to enter text.

Investigator Assigned: Click here to enter text.