



# Namibia Aviation Safety Occurrence Reporting Form

FSS-GEN-FORM 014 Version 19-20

## For Official Use

Occurrence Reference Number:

Investigator Assigned:

## Occurrence Classification

## Aviation Occurrence Type

Choose an item.

Accident

Incident

Hazard

Flight Operations

Aircraft Maintenance

General Aviation

AVSEC

Air Navigation Services

Aerodrome & Ground Handling

Technical

## When and Where?

Date of Occurrence:

[Click here to enter a date.](#)

UTC Time of Incident

HHMM

Location of Occurrence:

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 –

Did any of these alerts trigger to assist in identifying the safety occurrence?

Airborne: E-GPWS/TAWS etc.

TCAS (TA  or RA )

Stall Warning Systems

Ground: STCA

MSAW

Runway Incursion Monitor

Airspace Intruder



1 <sup>st</sup> Aircraft Details –			
Callsign:	Flight ID.	Aircraft Registration:	National Registration Mark
Operator:	Operator Name	Persons on Board:	Insert crew and pax
Operation type:	Scheduled/non-scheduled/pvt etc		
Aircraft Type:	ICAO Designator	Serial No:	Insert if known
Manufacturer Model and Series:	Manufacturer, Model and Series		
Pilot in Command details (if known)	Name and contact number of PIC – Leave blank if anonymous		
Flight Details			
Aerodrome of Departure:	ICAO Designator	Planned Destination:	ICAO Designator
Phase of flight:	Choose an item.	Flight Rules:	Choose an item.
Aircraft Altitude or Flight Level:	Specify Alt or FL	Aircraft Speed:	Specify TAS/IAS/Mach etc
Name of Specific procedure flown:	SID/STAR/Instrument Approach Procedure/Airway etc		

2 <sup>nd</sup> Aircraft Details –			
Callsign:	Flight ID.	Aircraft Registration:	National Registration Mark
Operator:	Operator Name	Persons on Board:	Insert crew and pax
Operation type:	Scheduled/non-scheduled/pvt etc		
Aircraft Type:	ICAO Designator	Serial No:	Insert if known
Manufacturer Model and Series:	Manufacturer, Model and Series		
Pilot in Command details	Name and contact number of PIC		
License			
Type			
License number		Expiry	
Medical			
Class		validity	
Ratings			
Type		validity	
<b>RECENCY:</b> License Prof Check			
<b>Hours</b> All types PIC:			
On type:			
On type PIC:			
Last 90 days:			
Last 28 days			
Flight Details			
Aerodrome of Departure:	ICAO Designator	Planned Destination:	ICAO Designator
Phase of flight:	Choose an item.	Flight Rules:	Choose an item.
Aircraft Altitude or Flight Level:	Specify Alt or FL	Aircraft Speed:	Specify TAS/IAS/Mach etc
Name of Specific procedure flown:	SID/STAR/Instrument Approach Procedure/Airway etc		

Airspace				
FIR Event occurred in:	Insert FIR Designator or Name		Airspace Sector:	e.g. Windhoek Approach.
RTF Frequency:	Insert Frequency and band		Airspace Type:	Choose an item.
Class of Airspace:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
	E <input type="checkbox"/>	F <input type="checkbox"/>	G <input type="checkbox"/>	Segregated <input type="checkbox"/>
	Danger <input type="checkbox"/>	Prohibited <input type="checkbox"/>	Restricted <input type="checkbox"/>	Unclassified <input type="checkbox"/>
Services provided:	Aerodrome Control	<input type="checkbox"/>	Aerodrome Flight Information Services (AFIS)	<input type="checkbox"/>
	Approach Control	Surveillance	<input type="checkbox"/>	Procedural <input type="checkbox"/>
	Area Control	Surveillance	<input type="checkbox"/>	Procedural <input type="checkbox"/>
	Flight Information Service	<input type="checkbox"/>	Alerting Service	<input type="checkbox"/>
	Aeronautical Information	<input type="checkbox"/>	Search and Rescue	<input type="checkbox"/>
	Air Traffic Management Services	<input type="checkbox"/>		
CNS Equipment Contribution: Communication	<input type="checkbox"/>	Navigation	<input type="checkbox"/>	Surveillance <input type="checkbox"/>
ATM Contribution to the event?	Choose an item.		Effect on ATM Service:	Choose an item.



Weather (Insert as relevant)			
Met Conditions: Choose an item.	Wind Direction HHH Degrees	Wind Speed	KTS kt gusting KTS kt
Wind measured at Choose an item.	Cloud Cover: Choose an item.	Cloud-base	Insert Cloudbase ft.
Visibility Insert Visibility meters	Visibility restrictions	Insert rain/dust/sand/fog/mist/haze etc.	
Temperature: Temp °C	Dew Point: Temp°C	Light Conditions	Choose an item.
Turbulence Type and Intensity:	Type and Intensity of Turb	Windshear Conditions:	Windshear
Precipitation Type: Choose an item.	Precipitation Intensity: Choose an item.		
METAR and TAF Info: Insert METAR or TAF as applicable			

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
<i>Information on Other Aircraft: Before the evasive manoeuvre was the crew aware of other aircraft:</i>			
Traffic Information by ATC	<input type="checkbox"/>	Monitoring ATC Frequency (SA)	<input type="checkbox"/>
Broadcast by other Aircraft	<input type="checkbox"/>	Other Aircraft Seen	<input type="checkbox"/>
Monitoring TCAS (No Alert issued)	<input type="checkbox"/>	Not Aware of other aircraft	<input type="checkbox"/>
<i>Avoidance Action</i>			
Issued by ATC <input type="checkbox"/>	TCAS RA <input type="checkbox"/>	Crew See and Avoid <input type="checkbox"/>	Other <input type="checkbox"/> 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.		
<b>FOD Reports:</b>			
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			
<b>Type of Fluid Spilled:</b>	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.		
<b>Aerodrome Infrastructure:</b>			
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.
Other AD Infrastructure (e.g. fence, signage, marking etc)	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"/>
<b>Incident assessed:</b>		<b>Threat received by:</b>			
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.	<input type="checkbox"/>

**Dangerous Goods:**

Dangerous goods on board or released from aircraft?

YES  NO

**Description**

Click here to enter text



**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

**Signature:**