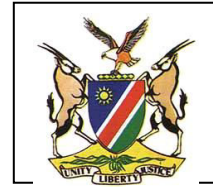


Namibia DCA ATS Occurrence Reporting Form

NAMIBIAN DIRECTORATE OF CIVIL AVIATION

Ministry Of Works And Transport
 No 4 Rudolph Hertzog, P.M. Bag 12003
 Ausspannplatz, Windhoek, Namibia



To be sent to:

(I) Director of Safety, DCA
 Ministry Of Works And Transport
 No 4 Rudolph Hertzog, P.M. Bag 12003
 Ausspannplatz, Windhoek, Namibia

For official use CAA Occurrence No. Date received:

Reporter's Ref:

If report is CONFIDENTIAL – mark clearly at the top and provide contact address/Tel No. Your wish will be respected.

ATS ENGINEERING OCCURRENCE REPORT FORM

- NOTES; (I) See Instruction and Explanatory Notes.
 (II) Circle or fill in boxes as 1 – 25 as required. **PLEASE USE BLACK BALL POINT PEN**

1. CATEGORIES OF OCCURRENCE ACCIDENT <input type="checkbox"/> AIRPROX <input type="checkbox"/> INCIDENT <input type="checkbox"/> ABANL <input type="checkbox"/> INFRINGEMENT <input type="checkbox"/>				
2. Occurrence Location	3. Date: (dd/mm/yyyy)	5. Duration	6. ATS Facility RFT <input type="checkbox"/> RADAR <input type="checkbox"/> NAV-AID <input type="checkbox"/> OTHERS <input type="checkbox"/>	7. Service Affected
4. Time (UTC)				
8. Equipment Type/Manufacturer	9. Frequency	10. Callsign	11. Equipment Location	
12. Facility Configuration <input type="checkbox"/> In service or <input type="checkbox"/> out of service <input type="checkbox"/> Main Mode or <input type="checkbox"/> Standby/ Test <input type="checkbox"/> Channel A(1) or <input type="checkbox"/> B(2) or <input type="checkbox"/> Others:	13. Equipment Status	14. Previous Defects /Occurrences? Yes <input type="checkbox"/> No. <input type="checkbox"/> Not Known <input type="checkbox"/>	15. RTF Frequencies / Radar Source	
External Information Source:				

15. **NARRATIVE** – use a diagram if necessary (attach copies of all relevant information)

17. Recording impound Yes <input type="checkbox"/> No. <input type="checkbox"/> Details:	18. Can the information be disseminated in the interests of flight safety? Yes <input type="checkbox"/> No. <input type="checkbox"/>	19. Other Fault report Action. <input type="checkbox"/> Local Reporting <input type="checkbox"/> Others	20. Name	21. Organization / Position
--	---	---	----------	-----------------------------

22. Start Time And Duration Of Shift	Date (dd/mm/yyyy)	24. Signature:
--------------------------------------	-------------------	----------------

25. Address & Telephone Number (If The Reporter Wishes To Be Contacted Privately)

Telephone Email.....

ADVICE ON THE COMPLETION OF THE CAA OCCURRENCE REPORT FORM SRG1602

USE AND EXPLANATION OF TERMS IN BOX 1

ACCIDENT:	A Namibia reportable accident.
AIRPROX:	A situation in which, in the opinion of a pilot or a controller, the distance between aircraft as well as their relative positions and speed have been such that the safety of the aircraft involved was or may have been compromised.
INCIDENT:	Any Occurrence not appropriate to the other categories.
ABANL:	An alleged Breach of Namibian Civil Aviation legislation, as a Supplementary Report whenever enforcement ACTION IS TAKEN
INFRINGEMENT:	An alleged unauthorised infringement of regulated airspace.

EXPLANATORY NOTES

GENERAL: *Try to complete ALL boxes. If NOT APPLICABLE use N/A, or if NOT KNOWN use N/K. Avoid use of technical jargon, hieroglyphics and abbreviations.*

BOX 2:	Location Of Occurrence
BOX 5:	The period over which the Occurrence condition existed. Instantaneous, indefinite or unknown classifications must be identified.
BOX 6:	The facility type must be ticked or stated.
BOX 7	More than one element could be ticked.

DETAILS OF THE EQUIPMENT ATTRIBUTING TO THE OCCURRENCE

BOX 9:	Frequency (Radio) appropriate to equipment and occurrence, if applicable.
BOX 10:	Callsign – Navaid identification, SSR code or RTF callsign.
BOX 11:	Location – identify station or other physical location of equipment.
BOX 12:	More than one element could be identified. Additional channels, diversity, etc. must be stated where applicable. External information source completed with the equipment and/or the station/ location.
BOX 13:	More than one element could be ticked. The categories apply to the subject equipment at the time of the Occurrence.
BOX 15:	Identification of appropriate RTF frequencies/radar source is necessary to secure recordings which may be vital to subsequent investigations.
BOX 17:	If records impounded, state source, effective date and retaining station.
BOX 19:	Other fault reporting action, including contact with agencies, must be stated. It is important to ensure that any involved agency is informed of the reporting action. Normal, immediate fault action takes precedence over MOR reporting action.

REPORTING TIME

Reports must be despatched within 72 hours of the event unless exceptional circumstances prevent this.

ACKNOWLEDGEMENT OF REPORTS

Acknowledgement of reports (other than CONFIDENTIAL – see below) is normally given via Safety Data's monthly list of 'ATC Reported Occurrences'. If, exceptionally, individual acknowledgement is required, please contact Safety Data direct.

UNIT MANAGEMENT ACTION

Reporters are requested to send a copy to the Unit Management. This is for local assessment and any immediate follow-up action. Additional input and/or covering comment from Unit Management is highly desirable for both Safety Data evaluation and any follow-up investigation.

CONFIDENTIAL REPORTS

A report may be submitted confidentially. Please clearly annotate the top of the form 'CONFIDENTIAL'. The second copy need not be forwarded to local management. BOXES 20 to 25 should be completed. The CAA will respect the confidentiality and the Head of Safety Data will contact you personally.