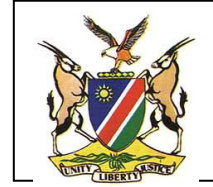


Namibia DCA Occurrence Reporting Form

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:

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.

GENERAL OCCURRENCE REPORT FORM

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

Aircraft Type & Series	Registration	Operator	Date(dd/mm/yyyy)	Location/Position/RW	Time of Event	Day <input type="checkbox"/>	Night <input type="checkbox"/>	Twilight <input type="checkbox"/>
						UTC		
Engine Type & Series	Crew:	Capt.	F/O:	Other Crew				
Flight Nr	Route From	Route To	FL/ALT/HT(FT)	IAS (KTS)	ETOPS			
					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
NATURE OF FLIGHT	Pax	Freight	Positioning	Ferry	Test	Training	Business	Agricultural
NATURE OF FLIGHT Continued	Survey	Pleasure	Club Group	Private	Test	Parachuting	Towing	Others
FLIGHT PHASE	Parked	Taxiing	Takeoff	Initial Climb	Climb	Cruise	Decent	
FLIGHT PHASE Continued	Holding	Approach	Landing	Circuit	Hover	Aerobatic	Others	
FUEL DUMPED:				QUANTITY:				
TIME				LOCATION:				
AIRCRAFT CONFIGURATION	AIRCRAFT WEIGHT IN KG:	CREW/PAX	TECH LOG REF SHEET/ITEM	DR's KIT USED		RESTRAINT KIT USED		INJURIES NIL/No.
				NO	YES	NO	YES	
GENERAL INFORMATION:	AUTO PILOT	AUTO THRUST	LANDING	GEAR	FLAP	SLAT	SPOILER	

ENVIRONMENTAL DETAILS:

Wind		Cloud		Precipitation				Other Meteorological Conditions				
Dirn	Speed (KTS)	Type	Ht (FT)	Rain	Snow	Sleet	Hail	Visibility		Icing		
				LIGHT	MOD		HEAVY	KM <input type="checkbox"/>		Light <input type="checkbox"/>	Mod <input type="checkbox"/>	Severe <input type="checkbox"/>
								M <input type="checkbox"/>				
OTHER METEOROLOGICAL CONDITIONS continues				OAT (°C)			RUNWAY STATE					
TURBULENCE							DRY	WET	ICE	SNOW	SLUSH	
LIGHT	MOD	SEVERE					CATEGORY		I	II	III	

BRIEF TITLE

DESCRIPTION OF OCCURRENCE (CAPTAIN'S REMARKS)

Continue on a separate sheet if necessary.

Any procedures, manuals, pubs (EG A/C, AD, SB etc) relevant to occurrence and (when appropriate) compliance state of aircraft equipment or documentation.	
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GROUND STAFF REPORT

¹ Aircraft Constructor's No.	Engine Type/Series	ETOPS Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Ground Phase Maintenance <input type="checkbox"/> Ground handling <input type="checkbox"/> Unattended <input type="checkbox"/>	Maintenance Organization Tel No.	
Component/Part	Manufacturer	Part No	Serial No.	References - Manual / ATA / IPC	Component OH/Repair Organisation

Description Of Occurrence Continued.

Continue On A Separate Sheet If Necessary.

Organisation & Approval References	Name	Position	Signature	Date (dd/mm/yyyy)
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If report is voluntary (ie, not subject to mandatory requirements) can be published in the interest of safety?	YES <input type="checkbox"/>	Address and tel no. (if reporter wishes to be contacted privately)	Note 1: If Addition Information, As Below, Is Available Please Provide Note 2: If The Occurrence Is Related To A Design Or Manufacturing Deficiency, The Manufacturer Should Also Be Advised Promptly Note 3: Where Applicable, A Report Of This Incident Should Be Forwarded Directly To Other Agencies Involved, Eg. Aerodrome Authority, ATC Agency
	NO <input type="checkbox"/>		

REPORTING ORGANISATION – REPORT

Organisation Comments – Assessment/Action Taken/Suggestion To Prevent

Utilisation – Aircraft				Utilisation – Engine / Component				Manufacturer Advised	
	Total	Since OH/Repair	Since Inspection		Total	Since OH/Repair	Since Inspection	Yes	No
HOURS					HOURS			<input type="checkbox"/>	<input type="checkbox"/>
CYCLE					CYCLE				
LANDINGS					LANDINGS				
Reporting Organisation	Tel	Reporter's Ref	Report		Reporter Investigation			FDR Data Retained	
			New	Suppl	Nil	Closed	Open	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email Name	Fax Position	Signature / Date(dd/mm/yyyy)	Email						