



Namibia Aviation Safety Occurrence Reporting Form

FSS-GEN-FORM 014B Version 20-22

For Official Use

Occurrence Reference Number:

Investigator Assigned:

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"/>
Hazard <input type="checkbox"/>	AVSEC	<input type="checkbox"/>		

Place and Time of Occurrence

Date of Occurrence:

yyyy/mm/dd

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 st Aircraft Details –	
Callsign:	Flight ID.
Aircraft Registration:	National Registration Mark
Operator:	Operator Name
No. of Persons on Board:	Insert crew and pax on board
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 – Leave blank if
anonymous	
License Type	PPL/CPL etc
License number	TA/PA....etc
Expiry	yyyy/mm/dd
Medical Class	C1/2/1.
Validity	yyyy/mm/dd
Ratings	Instr/IFR/Acft type etc .
Validity	yyyy/mm/dd
Recency: License Prof Check Due	yyyy/mm/dd
Hours: All types PIC:	hrs.
On type:	hrs
On type PIC:	hrs.
Last 90 days:	hrs
Last 28 days	hrs
Flight Details	
Aerodrome of Departure:	ICAO Designator
Planned Destination:	ICAO Designator
Phase of flight:	Standing/Taxi/takeoff etc
Flight Rules:	IFR/VFR/Special VFR
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 nd Aircraft Details –	
Callsign:	Flight ID.
Aircraft Registration:	National Registration Mark
Operator:	Operator Name
No. of Persons on Board:	Insert crew and pax on board
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 – Leave blank if
anonymous	
License Type	PPL/CPL etc
License number	TA/PA....etc
Expiry	yyyy/mm/dd
Medical Class	C1/2/1.
Validity	yyyy/mm/dd
Ratings	Instr/IFR/Acft type etc .
Validity	yyyy/mm/dd
Recency: License Prof Check Due	yyyy/mm/dd
Hours: All types PIC:	hrs.



On type:	hrs
On type PIC:	hrs.
Last 90 days:	hrs
Last 28 days:	hrs
Flight Details	
Aerodrome of Departure:	ICAO Designator
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Phase of flight:	Standing/Taxi/takeoff etc
Flight Rules:	IFR/VFR/Special VFR
Aircraft Altitude or Flight Level:	Specify Alt or FL
Aircraft Speed:	Specify TAS/IAS/Mach etc
Name of Specific procedure flown:	SID/STAR/IAP/AWY etc

Airspace	
FIR Event occurred in:	Insert FIR Designator or Name
Airspace Sector:	e.g. Windhoek Approach.
RTF Frequency:	Insert Frequency and band eg 118.7 VHF
Airspace Type:	AWY - ATS Route/CTR/TMA/CTA/ATZ
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"/> Special Use <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 <input type="checkbox"/> Surveillance <input type="checkbox"/> Procedural <input type="checkbox"/> Area Control <input type="checkbox"/> Surveillance <input type="checkbox"/> Procedural <input type="checkbox"/> Oceanic <input type="checkbox"/> Flight Information Service <input type="checkbox"/> Alerting Service <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Aeronautical Information <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?	Mitigating/Directly/Indirectly/ Unknown etc
Effect on ATM Service:	No Effect/Major/Minor/Degraded etc

Weather (Insert as relevant)	
Met Conditions:	IMC
Wind Direction	Degrees
Wind Speed	KT gusting KT
Wind measured at	Surface /Altitude etc
Cloud Cover:	CAVOK /NSC/FEW/SCT/BKN/OVC etc
Cloud-base	ft.
Visibility	meters
Visibility restrictions	Insert rain/dust/sand/fog/mist/haze etc.
Temperature:	Temp °C
Dew Point:	Temp °C
Light Conditions	Dawn/Dusk/Night/moonlight/day etc
Turbulence Type and Intensity:	Type and Intensity of Turb
Windshear Conditions:	Windshear
Precipitation Type:	Rain/Drizzle/hail/mist etc
Precipitation Intensity:	Light/moderate/heavy etc
METAR and TAF Info:	Insert METAR or TAF ID as applicable

Aircraft Separation	
Horizontal Relative Movement:	Parallel Tracks/Crossing tracks/reciprocal tracks etc
Required Horizontal Separation:	Distance metres/nm
Actual Horizontal Separation:	Distance metres/nm
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: Small/Medium/Large etc
 Number Seen: Number seen
 Number Struck by aircraft: Number Struck
 Part(s) of aircraft Struck: Parts of Aircraft Struck
 Damage to Aircraft: Details of damage caused to Aircraft

Aerodrome Operations:

Aerodrome where Event Occurred: ICAO Designator
 Position on the Aerodrome: Taxiway/apron/runway designator
FOD Reports:
 Type of FOD (if known):
 Damage:
 Origin of FOD (if known):
 Spillages and Environmental Damage
Type of Fluid Spilled:
 Position of Spill/Environmental Damage:
 Impact of Spill/Environmental Damage:
 Origin of Spill/Environmental Damage:
 Agency responsible for removal/rehab:
Aerodrome Infrastructure:
 Runway Designator: Description:
 Taxiway Designator: Description:
 Apron Designator: Description:
 Other AD Infrastructure (e.g. Fence, Signage, Marking etc)
 Description:
 Ground Handling Equipment involved

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: Flightdeck Crew/Cabin Crew/Passenger/ATC/Other (specify)
 Cause of Incapacitation: Insert what caused incapacitation



Damage:	
Highest Damage to aircraft	None/Destroyed/Substantial/Minor/Unknown
Other Objects Damaged	Describe other object
Description of Structure of Parts Damaged	Description of Other objects Damaged

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.	<input type="checkbox"/>

Dangerous Goods:	
Dangerous goods on board or released from aircraft?	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Description	

Hazards and Threats			
<i>Any hazards or threats identified in the notification of occurrence report</i>			
Hazards/Threats identified by reporter:	Recommended Actions to address hazard/threat:		
Likelihood and Severity rating by reporter			
(mark the appropriate <u>potential</u> consequence and likelihood of <u>reoccurrence</u>): (optional)			
Frequent	<input type="checkbox"/>	Catastrophic	<input type="checkbox"/>
Occasional	<input type="checkbox"/>	Hazardous	<input type="checkbox"/>
Remote	<input type="checkbox"/>	Major	<input type="checkbox"/>
Improbable	<input type="checkbox"/>	Minor	<input type="checkbox"/>
Extremely Improbable	<input type="checkbox"/>	Negligible	<input type="checkbox"/>

