



**OCCURRENCE REPORT (Mandatory / Voluntary)\***

\*delete as appropriate

Complete all sections where information is relevant.  
For multi-choice boxes, indicate which entry is appropriate

Reporter's Occurrence No.	FSAD Ref No.	CAD use only Date received
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Aircraft Type and Series 1	Registration 2	Operator 3	Date of Occurrence 4	Flight Phase 24	Nature of Flight 25
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FLIGHT AND WEATHER DETAILS				Runway	Precipitation 18	Icing 19	Turbulence 20
Flight No. 5	DAY NIGHT	Wind 12	Used 16	RAIN	LIGHT	LIGHT	
From		IAS kts	State				
6	9	13	17	SLEET	HEAVY	SEVERE	
To	Time UTC	Height ft	DRY	LIGHT			
7	10	14	WET	MOD			
Geog. Position	Visibility	O.A.T. °C	ICE	HEAVY			
8	11	15	SNOW	Cloud Type Height/ft Amount/8ths	ETOPS	RVSM	
			SLUSH		22 Yes/No	23 Yes/No	

TYPE OF OCCURRENCE		
AIR TRAFFIC RELATED 26	AERODROME & FACILITIES RELATED 27	FLIGHT OPERATIONS & AIRWORTHINESS RELATED 28
ATC INCIDENT INVOLVING SAFETY	ACFT/VEHICLES/GRND EQUIP COLLISION *See note below	FLIGHT OPERATIONS PROCEDURES
ATC PROCEDURES	AERODROME LIGHTING MARKING	ACFT ENGINEERING/MAINT./AIRWORTHINESS
SEPARATION	OBSTRUCTIONS *See note below	OTHER IN-FLIGHT EMERCY.
AIR SPACE	APRON BLAST	
R/T / COMMUNICATION	AERODROME FACILITIES	
ATC EQUIPMENT	BIRDSTRIKE	OTHER (PLS INDICATE) 29
MET.SERVICES	NAV. AIDS	
INFORMATION	AERODROME SECURITY	
FOREIGN OBJECT	OTHER AERODROME INCIDENT * See note below	
UNDERSHOOT / OVERSHOOT	Note: For events on runway, including runway incursion, use DCA 235.	

ENGINE/COMPONENT DETAILS  
30  
Any procedures, manuals, pubs (e.g. AIC, AD, SD etc) directly relevant to occurrence and (when appropriate) compliance state of aircraft, equipment or documentation

ENGINE TYPE/SERIES	COMPONENT/PART	MANUFACTURER	PART NR	SERIAL NR	MANUAL REF	COMPONENT OH/REPAIR ORGANISATION
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UTILISATION – AIRCRAFT 31		UTILISATION – ENGINE/COMPONENT 32			
	TOTAL		TOTAL	SINCE OH/REPAIR	SINCE INSPECTION
Hours		Hours			
Cycles		Cycles			
Landings		Landings			

REPORT 33 ORIGINAL/SUPPL	MANUFACTURER ADVISED 36 YES/NO	NAME 39	SIGNATURE
INVESTIGATION 34 NIL/OPEN/CLOSE	FURTHER ACTION REQUIRED BY 37	POSITION 40	42
FLIGHT DATA RECORD HELD 35 YES/NO	TEL/FAX 38	NAME OF EMPLOYER 41	DATE 43

**DESCRIPTION OF OCCURRENCE** *(Including its effects and any other relevant information)*

*(Use supplemental sheet if space is not sufficient.)*

**POST EVENT ACTION TAKEN RELEVANT TO THE OCCURRENCE** *(Including operation restriction, maintenance, investigation result, etc. as appropriate)*

*(Use supplemental sheet if space is not sufficient.)*

**ADDRESS & TEL. NO.** *(If reporter's contact is different from that of his/her place of employment)*