

I	Communication difficulties Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes i Readback / hearback --- <input type="checkbox"/> ii Blocked communication --- <input type="checkbox"/> iii Callsign confusion --- <input type="checkbox"/> iv Aircraft on wrong frequency --- <input type="checkbox"/> v No radio contact --- <input type="checkbox"/> vi Non-standard phraseology --- <input type="checkbox"/>																																																					
J	Any ATC memory lapse Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes i about a/an aircraft/vehicle/person cleared onto or to cross runway -- <input type="checkbox"/> ii about an aircraft on approach -- <input type="checkbox"/> iii about a runway closure -- <input type="checkbox"/>																																																					
K	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="8" style="width:25%; vertical-align: top;"> Parties involved Aircraft <input type="checkbox"/> Vehicle <input type="checkbox"/> Person <input type="checkbox"/> (indicate all parties involved) </td> <td style="width:15%; text-align:center;">Aircraft 1</td> <td style="width:15%; text-align:center;">Aircraft 2</td> <td style="width:15%; text-align:center;">Vehicle</td> <td style="width:15%; text-align:center;">Person</td> </tr> <tr> <td>Operator</td> <td>Operator</td> <td>Operator</td> <td>Organisation</td> </tr> <tr> <td>Aircraft type</td> <td>Aircraft type</td> <td>Runway inspection <input type="checkbox"/></td> <td>Without communication <input type="checkbox"/></td> </tr> <tr> <td>Callsign</td> <td>Callsign</td> <td>Bird control <input type="checkbox"/></td> <td>With communication <input type="checkbox"/></td> </tr> <tr> <td>Scheduled <input type="checkbox"/></td> <td>Scheduled <input type="checkbox"/></td> <td>Tow truck <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Non-scheduled / General Aviation <input type="checkbox"/></td> <td>Non-scheduled / General Aviation <input type="checkbox"/></td> <td>Fire vehicle <input type="checkbox"/></td> <td></td> </tr> <tr> <td>IFR <input type="checkbox"/></td> <td>IFR <input type="checkbox"/></td> <td>Maintenance / Servicing <input type="checkbox"/></td> <td></td> </tr> <tr> <td>VFR <input type="checkbox"/></td> <td>VFR <input type="checkbox"/></td> <td>Sweeping / friction testing <input type="checkbox"/></td> <td></td> </tr> </table>	Parties involved Aircraft <input type="checkbox"/> Vehicle <input type="checkbox"/> Person <input type="checkbox"/> (indicate all parties involved)	Aircraft 1	Aircraft 2	Vehicle	Person	Operator	Operator	Operator	Organisation	Aircraft type	Aircraft type	Runway inspection <input type="checkbox"/>	Without communication <input type="checkbox"/>	Callsign	Callsign	Bird control <input type="checkbox"/>	With communication <input type="checkbox"/>	Scheduled <input type="checkbox"/>	Scheduled <input type="checkbox"/>	Tow truck <input type="checkbox"/>		Non-scheduled / General Aviation <input type="checkbox"/>	Non-scheduled / General Aviation <input type="checkbox"/>	Fire vehicle <input type="checkbox"/>		IFR <input type="checkbox"/>	IFR <input type="checkbox"/>	Maintenance / Servicing <input type="checkbox"/>		VFR <input type="checkbox"/>	VFR <input type="checkbox"/>	Sweeping / friction testing <input type="checkbox"/>																					
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L	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:25%; vertical-align: top;">Evasive Actions taken?</td> <td style="width:15%; text-align:center;">Aircraft 1</td> <td style="width:15%; text-align:center;">Aircraft 2</td> <td style="width:15%; text-align:center;">Vehicle</td> <td style="width:15%; text-align:center;">Person</td> </tr> <tr> <td style="text-align:center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="text-align:center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="text-align:center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="text-align:center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">If yes</td> <td style="text-align:center;">If yes</td> <td style="text-align:center;">If yes</td> <td style="text-align:center;">If yes</td> </tr> <tr> <td>Cancelled take-off clearance <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Abrupt stop <input type="checkbox"/></td> <td>Run away <input type="checkbox"/></td> </tr> <tr> <td>Rejected take-off <input type="checkbox"/></td> <td>Distance rolled _____ m</td> <td>Distance rolled _____ m</td> <td>Swerved <input type="checkbox"/></td> <td>Escorted off <input type="checkbox"/></td> </tr> <tr> <td>Rotated early <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Delayed rotation <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Abrupt stop <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Swerved <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Missed approach <input type="checkbox"/></td> <td>Distance to threshold _____ m</td> <td>Distance to threshold _____ m</td> <td></td> <td></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Evasive Actions taken?	Aircraft 1	Aircraft 2	Vehicle	Person	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes	If yes	If yes	If yes	Cancelled take-off clearance <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abrupt stop <input type="checkbox"/>	Run away <input type="checkbox"/>	Rejected take-off <input type="checkbox"/>	Distance rolled _____ m	Distance rolled _____ m	Swerved <input type="checkbox"/>	Escorted off <input type="checkbox"/>	Rotated early <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>		Delayed rotation <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Abrupt stop <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Swerved <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Missed approach <input type="checkbox"/>	Distance to threshold _____ m	Distance to threshold _____ m			Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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M	Available reaction time _____ seconds																																																					
N	Effectiveness of evasive or correction action Yes <input type="checkbox"/> No <input type="checkbox"/>																																																					
O	Voice communication reviewed Yes <input type="checkbox"/> No <input type="checkbox"/>																																																					
P	Signature of person (as in item B) submitting report _____																																																					
Q	Date / Time / Place of completion of this form Date _____ Time _____ Place _____																																																					
R	On completion of the above, please submit these two pages to Assistant Director-General of Civil Aviation (Flight Standards) via: Email [fsad-mor@cad.gov.hk] or Fax [+852 2362 4250]																																																					