



WAKE VORTEX ENCOUNTER REPORTING FORM **FOR PILOTS**

Date and Time	Date of incident	
	Time (UTC)	
Aircraft Type	Make	
	Model	
	Series	
Altitude	Height	<input type="checkbox"/> m or <input type="checkbox"/> ft
	Altitude	<input type="checkbox"/> m or <input type="checkbox"/> ft
	Flight level	
Geographic Position	Location	
	State	
	Airport	
	Runway	<input type="checkbox"/> L <input type="checkbox"/> R
Details	Phase of flight	<input type="checkbox"/> take-off <input type="checkbox"/> initial climb <input type="checkbox"/> climb <input type="checkbox"/> cruise <input type="checkbox"/> descent <input type="checkbox"/> holding <input type="checkbox"/> approach <input type="checkbox"/> final <input type="checkbox"/> touch-down <input type="checkbox"/> taxiing <input type="checkbox"/> other
	Were you turning?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> L <input type="checkbox"/> R
	Which holding pattern were you in, if any?	
	Were you:	<input type="checkbox"/> high <input type="checkbox"/> low <input type="checkbox"/> on the glide path
	Were you	<input type="checkbox"/> left of <input type="checkbox"/> right of <input type="checkbox"/> on the centre-line
	Weight	kg
	IAS	kts
	Heading	degrees
Other	What led you to suspect wake vortex as the cause of the disturbance?	
Did you experience vertical acceleration?	<input type="checkbox"/> yes <input type="checkbox"/> no	Please describe:
What was the change in attitude? Please estimate angle.	Pitch: Roll: Yaw:	
Was there any change in altitude?	<input type="checkbox"/> yes Please describe: <input type="checkbox"/> no <input type="checkbox"/> n/a	
Was there buffeting?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	

Was there stall warning?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Was the autopilot engaged?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
What control action was taken?	<input type="checkbox"/> none <input type="checkbox"/> go-around <input type="checkbox"/> runway change <input type="checkbox"/> other  Please describe briefly:
Could you see the aircraft suspected of generating the wake vortex?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
If yes, what was it?	Make - Model - Series -
Where was it relative to your position?	Separation distance:  clock reference:
Were you aware of the preceding aircraft type before the encounter?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

- After completion, pilots or operator should submit this Form to the ANSP regulatory office

by fax +852 2910 0799, or

by post to: Chief, ATM Standards  
ATM Standard Office (ATMSO)  
Air Services and Safety Management Division  
Civil Aviation Department  
1 Tung Fai Road  
Hong Kong International Airport  
Lantau  
Hong Kong

or by email to: [ [atmso@cad.gov.hk](mailto:atmso@cad.gov.hk) ]

- This form is also available for online submission in e-format direct to ICAO via:  
[ <http://www.icao.int/safety/fsix/Documents/wakevortex> ]