

**Company Name:**

**Occurrence Title:**

**Occurrence Details**

<b>Occurrence Date:</b>	<b>Aircraft Registration:</b>
<b>Time:</b>	
<b>Occurrence Narrative:</b>	

**Company Investigation ID:**

**Investigation Date:**

**Investigators:**

**Report References**

**Distribution**

The recipients of this report are: <b>1. Findings</b> a)  b)
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c)

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**2. Causal / Contributory Factors**

a)

b)

c)

**3. Corrective & Preventive Actions Taken**

	Corrective & Preventive Action Taken	Date Closed	Closed by (Sig)	Checked by (Sig)
a				
b				
c				
d				
e				

**4. Occurrence Costs**

Please take time to complete the following by identifying the costs incurred by this event by ticking the appropriate cost categories including an approximate cost in dollars for each category.

Tick ✓	Cost Category	Approximate cost (in FJD dollars)
<input type="checkbox"/>	Compensation	
<input type="checkbox"/>	Delays	
<input type="checkbox"/>	Diversions	
<input type="checkbox"/>	Inspection of Aircraft	
<input type="checkbox"/>	Internal Investigation	

<input type="checkbox"/>	Investigation by Regulatory Authority	
<input type="checkbox"/>	Investigation by other Agency	
<input type="checkbox"/>	Loss of income resulting from injury	
<input type="checkbox"/>	Loss of life	
<input type="checkbox"/>	Loss of revenue to parties	
<input type="checkbox"/>	Repairs to aircraft	
<input type="checkbox"/>	Repairs (Other)	
<input type="checkbox"/>	Treatment for injury	
<input type="checkbox"/>	Hidden	
<input type="checkbox"/>	Other costs	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		