The Civil Aviation Authority of Fiji collects information for the purpose of enhancing aviation safety.

The information is collected by the authority of Part 6 of the Civil Aviation (Occurrence Reporting and Investigation) Regulations 2009.

When you have completed the report forward it to the CAAF FCAIR officer by one of the methods detailed over the page.

This report will be returned to you on completion of the investigation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date:  Click or tap to enter a date. | Local Time | Location (e.g. 27 NM east of Nadi | | |
| Aircraft registration | Aircraft make/model | | | |
| Your position (e. g. pilot, ATS, LAME, FA) | Pilot your total hours | non-pilot experiences year/ month | | |
| Aircraft operator | Aircraft owner | Aircraft hirer (if any) | | |
| Type of operation: | | | | |
| Charter | Air Transport – passenger | | | Air transport – cargo |
| Private | Flying training – solo | | | Flying training – dual |
| Others | | | | |
| Flight rules: | VFR  IFR | | Flight Condition:  VMC  IMC | |
| Person on board: | Crew | | Passengers | |
| Last departure point of flight | Time of departure | | First point of intended landing | |

**Please indicate the phase in which the occurrence happened:**

Aircraft standing  Taxiing  Takeoff  En-route  Maneuvering  Approach Landing

Please fully describe the incident. All relevant documents may be forwarded to FCAIR using the methods detailed over this page. Please include suggestions as to how this type of occurrence could be prevented in the future.

**The Chief Executive**

**FCAIR (CAAF)**

**Private Mail Bag, NAP 0354**

**Nadi International Airport FIJI**

If using facsimile, do not forget to send both sides of this form.

Office contact details are:

**Phone:(679) 892-3155**

**Facsimile:(679) 672-1500**

**Email: info@caaf.org.fj**

***The Chief Executive of the Civil Aviation Authority of Fiji guarantees to keep your identity confidential.***

***Your personal details will not be recorded and this entire report will be returned to you.***

***To enable us to contact you for clarification of details and to discuss what actions to take on the report, please fill in all spaces in this section.***

# NO ACTION IS TAKEN ON ANONYMOUS REPORTS

***Do not include contact details (such as a work phone number) that you do not wish us to call you on and please indicate if we are not to leave a message on an answering machine. Include the best time for phone contact and your address so we can return this form to you.***

|  |  |  |
| --- | --- | --- |
| **Your name:** | | |
| **Address:** | | |
| **Telephone:** | **Facsimile:** | **Email:** |