

To be sent to: Quality Assurance Officer, **CAAF**, Nadi Airport

Fax: (679) 6727429 or email to – [standards@caaf.org.fj](mailto:standards@caaf.org.fj) or [tors@caaf.org.fj](mailto:tors@caaf.org.fj)

**Note:** If report is Confidential - mark clearly at the top and provide contact or email address and phone number.  
Your wish will be respected.

Operator's occurrence No.	CAAF ECCAIRS No.	CAAF AQD No.	CAAF Investigation No.
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<b>CATEGORIES OF OCCURRENCE</b>						
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> INCIDENT <input type="checkbox"/> AIRMISS <input type="checkbox"/> APHAZ <input type="checkbox"/> FAILURE <input type="checkbox"/> PROCEDURAL <input type="checkbox"/> BIRBSTRILE <input type="checkbox"/> GENERAL						
<b>(Please tick where appropriate)</b>						
AIRCRAFT TYPE & SERIES	REGISTRATION	OPERATOR	DATE	LOCAL / UTC	<input type="checkbox"/> DAY <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	LOCATION/POSITION/RWY

## FLIGHT/CABIN CREW REPORT

FLIGHT NO.	ROUTE FROM	ROUTE TO	IAS (kts)	FL/ALT/HT (ft)	IFR <input type="checkbox"/> VFR <input type="checkbox"/>	ETOPS/RVSM/RNP 4/10 <input type="checkbox"/> YES <input type="checkbox"/> NO
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NATURE OF FLIGHT						
FLIGHT PHASE						
ENVIRONMENT						
WIND	CLOUD	PRECIPITATION	OTHER METEOROLOGICAL CONDITIONS		RUNWAY STATE	
DRIN SPEED (kts)	TYPE	<input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET <input type="checkbox"/> HAIL	VISIBILITY	ICING	TURBULENCE	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> ICE <input type="checkbox"/> SNOW <input type="checkbox"/> SLUSH
	HT (ft)					
OAT (OC)	8th	<input type="checkbox"/> LIGHT <input type="checkbox"/> MOD <input type="checkbox"/> HEAVY	km/m	<input type="checkbox"/> LIGHT <input type="checkbox"/> MOD <input type="checkbox"/> SEVERE	<input type="checkbox"/> LIGHT <input type="checkbox"/> MOD <input type="checkbox"/> SEVERE	CATEGORY <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III

**NARRATIVE**

<b>Brief Title</b>	
Please continue on next page if more space is required	
Any procedures, manual, pubs (e.g AIC, AD,SB etc.) directly relevant to occurrence and (when appropriate ) compliance state of aircraft, equipment or documentation.	

**GROUND STAFF REPORT**

A/C CONSTRUCTORS  No:	ENGINE TYPE/SERIES	ETOPS APPROVED  <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> GROUND PHASE	AIRCRAFT BELOW 5700kg ONLY
COMPONENT/ PART	PART No:		<input type="checkbox"/> GRD HANDLING	MAINTENANCE ORGANISATION
		SERIAL No:	<input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UNATTENDED	TEL NO:
MANUFACTURE	MANUAL REF	COMPONENT OH/REPAIR ORGANISATION		

NARRATIVE CONTINUED

ORGANISATION	NAME	POSITION	SIGNATURE
			Date :
If report is voluntary (i.e. not subjected to mandatory requirements), can the	<input type="checkbox"/> YES	Address & Tel. No. (If reporter wishes to be contacted privately)	

information be published in the interest of safety?		<input type="checkbox"/> NO	
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**NOTE 1:** If additional information, as below, is available please provide.

**NOTE 2:** If the occurrence is related to a design or manufacturing deficiency, the manufacture should be advised promptly.

## REPORTING ORGANISATION – REPORT

ORGANISATIONAL COMMENTS – ASSESSMENT/ ACTION TAKEN/ SUGGESTIONS TO PREVENT				
UTILISATION – AIRCRAFT			UTILISATION – ENGINE/ COMPONENTS	
TOTAL	SINCE OH/ REPAIR		TOTAL	SINCE OH/ REPAIR
HOURS	SINCE INPECTION		HOURS	SINCE INPECTION
CYCLES			CYCLES	
LANDINGS			LANDINGS	
MANUFACTURER ADVISED <input type="checkbox"/> YES <input type="checkbox"/> NO			MANUFACTURER ADVISED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ORGANISATION	REPORTER'S REF	REPORT	REPORTER'S INVESTIGATION	FDR RECORD REAINED <input type="checkbox"/> YES <input type="checkbox"/> NO
		NEW		
		SUPPLEMENT		
NIL <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>				
NAME	TEL/ FAX	POSITION	SIGNATURE	Date
				