|  |
| --- |
| Company Name:       |
| Occurrence Title:       |

Occurrence Details

|  |  |
| --- | --- |
| Occurrence Date / Time: Click or tap to enter a date. | Aircraft Registration:       |
| Occurrence Narrative:       |

Company Investigation ID:

Investigation Date: Click or tap to enter a date.

Investigators:

Report References

|  |
| --- |
|       |

Distribution

|  |
| --- |
| The recipients of this report are:      1. Findings
2.
3.
4.
 |
| 1. Causal / Contributory Factors
2.
3.
4.
 |

1. Corrective & Preventive Actions Taken

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Corrective & Preventive Action Taken | Date Closed | Closed by (Sig) | Checkedby (Sig) |
| a |       | Click or tap to enter a date. |  |   |
| b |       | Click or tap to enter a date. |  |   |
| c |       | Click or tap to enter a date. |  |   |
| d |       | Click or tap to enter a date. |   |   |
| e |       | Click or tap to enter a date. |  |   |

1. 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) |
| [ ]  | Compensation  |       |
| [ ]  | Delays  |       |
| [ ]  | Diversions  |       |
| [ ]  | Inspection of Aircraft  |       |
| [ ]  | Internal Investigation  |       |
| [ ]  | Investigation by Regulatory Authority  |       |
| [ ]  | Investigation by other Agency  |       |
| [ ]  | Loss of income resulting from injury  |       |
| [ ]  | Loss of life  |       |
| [ ]  | Loss of revenue to parties  |       |
| [ ]  | Repairs to aircraft  |       |
| [ ]  | Repairs (Other)  |       |
| [ ]  | Treatment for injury  |       |
| [ ]  | Hidden  |       |
| [ ]  | Other costs  |       |
| [ ]  |       |       |
| [ ]  |       |       |
| [ ]  |       |       |