



OR 001

**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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**(Please tick where appropriate)**

AIRCRAFT TYPE & SERIES	REGISTRATION	OPERATOR	DATE	TIME LOCAL / UTC	DAY TWILIGHT NIGHT	LOCATION/POSITION/RWY
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FLIGHT NO.	ROUTE FROM	ROUTE TO	IAS (kts)	FL/ALT/HT (ft)	IFR	ETOPS/RVSM/RNP 4/10	
					VFR	YES	NO

NATURE OF FLIGHT	
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FLIGHT PHASE	
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ENVIRONMENT						
WIND	CLOUD	PRECIPITATION	OTHER METEOROLOGICAL CONDITIONS			RUNWAY STATE
DRIN SPEED (kts)	TYPE	RAIN	VISIBILITY	ICING	TURBULENCE	DRY
	HT (ft)	SNOW	km/m	LIGHT	LIGHT	WET
		SLEET				ICE
		HAIL				SNOW
QAT (°C)	8 <sup>th</sup>	LIGHT		SEVERE	SEVERE	SLUSH
	MOD	CATEGORY I  II  III				
	HEAVY					

### Brief Title

[illegible]

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 YES NO	GROUND PHASE GRD HANDLING	AIRCRAFT BELOW 5700kg ONLY MAINTENANCE ORGANISATION
COMPONENT/ PART	PART No:	SERIAL No:	MAINTENANCE 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 information be published in the interest of safety?	YES NO	Address & Tel. No. (If reporter wishes to be contacted privately)	

**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		
<b>TOTAL</b>	SINCE OH/ REPAIR		<b>TOTAL</b>	SINCE OH/ REPAIR	
HOURS			HOURS		
CYCLES	SINCE INSPECTION		CYCLES	SINCE INSPECTION	
LANDINGS			LANDINGS		
MANUFACTURER ADVISED      YES      NO			MANUFACTURER ADVISED      YES      NO		
ORGANISATION	REPORTER'S REF	REPORT	REPORTER'S INVESTIGATION	FDR RECORD RETAINED	
		NEW SUPPLEMENT	NIL    OPEN    CLOSED	YES      NO	
NAME	TEL/ FAX	POSITION	SIGNATURE	Date	