

Indicates Mandatory Field

Original Reference Number	Date of Occurrence (dd/mm/yyyy)
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Lead Investigator

Rank/Title	Full Name	
Job Title		
Contact Details		
Date Investigation Started	Date Investigation Completed	Man hours Expended on Investigation

Experience

Aircrew				
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Hours Last 30 days	Hours last 3 months	Hours on Type	Total Hours
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Hours Last 30 days	Hours last 3 months	Hours on Type	Total Hours
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Hours Last 30 days	Hours last 3 months	Hours on Type	Total Hours
ATC				
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Time on Console	Experience Years	Experience Months	Endorsements
	Other Info			
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Time on Console	Experience Years	Experience Months	Endorsements
	Other Info			
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Time on Console	Experience Years	Experience Months	Endorsements
	Other Info			
Maintenance				
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Total on Type	Experience Years	Experience Months	
	Other Info			
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Total on Type	Experience Years	Experience Months	
	Other Info			

Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Total on Type	Experience Years	Experience Months	
	Other Info			
	Other			
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Trade		Experience Years	Experience Months
	Other Info			
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue form)	
	Trade		Experience Years	Experience Months
	Other Info			
Tag	Rank/Title	Role	Include Fatigue (Attach Fatigue Form)	
	Trade		Experience Years	Experience Months
	Other Info			

Narrative

Summary of Investigation

Sequence of Events

Findings

Outcome

Narrative Description of Outcome

Cause

Narrative Description of Cause

Link to Existing Recommendation

Recommendation for DDH/ODH/AM Approval
(additional fields available on final page of document)

Title

Full Recommendation

ADH/AM

Mitigation/Local Actions Justification of No Action

Causal Factors

Contributory Aggravating Other

Narrative Description of Causal Factor

Link to Existing Recommendation

Recommendation for DDH/ODH/AM Approval
(additional fields available on final page of document)

Title

Full Recommendation

ADH/AM

Mitigation/Local Actions Justification of No Action

Observations

Effects

Flight Effect Only

Cause/Causal Factor

Link to Existing Recommendation

Recommendation for DDH/ODH/AM Approval

Title

Full Recommendation

ADH/AM

Mitigation/Local Actions

Justification of No Action

Cause/Causal Factor

Link to Existing Recommendation

Recommendation for DDH/ODH/AM Approval

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Justification of No Action

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