

Defence Air Safety Occurrence Report

ATM Section



Indicates Mandatory Field

Original Reference Number

Date of Occurrence
(dd/mm/yyyy)

Details of Reporter

Rank/Title

Full Name

Job Title

Contact Details

Category of Occurrence

Is this a mandatory report

Occurrence Details

Location of Event

(Please give range and bearing from an airfield, beacon, reporting point, prominent geographical feature or large town)

Lat

Long

Airspace Classification

Runway in use
(Terminal Only)

Aircraft Involved

Aircraft Registration

Aircraft Type/Mark

Aircraft Type (Other)

Aircraft Registration

Aircraft Type/Mark

Aircraft Type (Other)

| Callsign | Type | SSR | Height/Altitude/FL/ NMC | Pressure Setting | Type of Service | Hdg or Track | Climbing/ Descending/Level | Under control of (Unit) |
|----------|------|-----|----------------------------|------------------|-----------------|--------------|-------------------------------|----------------------------|
|----------|------|-----|----------------------------|------------------|-----------------|--------------|-------------------------------|----------------------------|

RT Frequency

Radar Equipment in use

Equipment Serviceability

~~SSR~~ .

Number of Aircraft Involved

1

Number of Aircraft on Frequency

Were the aircraft co-ordinated?

Yes No Unsure

Was traffic information given by you?

Yes No Unsure

Was avoiding action given by you?

Yes No Unsure

Did either pilot receive a TCAS RA?

Yes No Unsure

Details of ATC System Alert (STCA, DAIW etc.)

Personnel Factors

| | |
|-------------------------|---|
| Shift Start Time | Time Since Last Break |
| Days Since Last Day Off | Task Difficulty For Controller at Time of Occurrence |
| Workload | |

Runway Incursion

Applicable

Details

Aircraft or Vehicle Type

Specific Vehicle Details

ATM Equipment Failures

| | | | |
|------------------------|----------------------------------|------------|--------|
| ATS Facility | Duration of Outage | | |
| Equipment Location | Equipment Type | | |
| Equipment Status | Works Reference Number | | |
| Facility Configuration | Previous Defects/ Occurrences | | |
| Operational Impact | Major | Reportable | Slight |