

AIR SAFETY REPORT

!! THIS BLOCK FOR FLIGHT SAFETY OFFICE USE!!

IS THIS EVENT A REPORTABLE OCCURRENCE? YES ☐ NO ☐



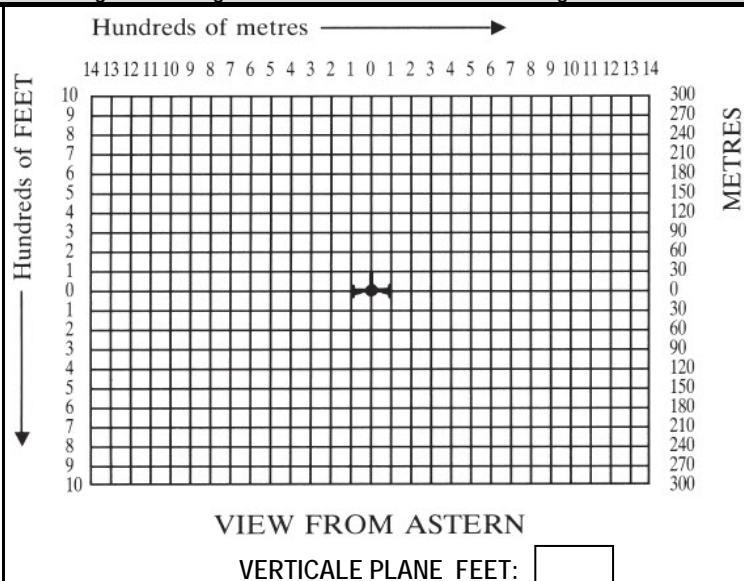
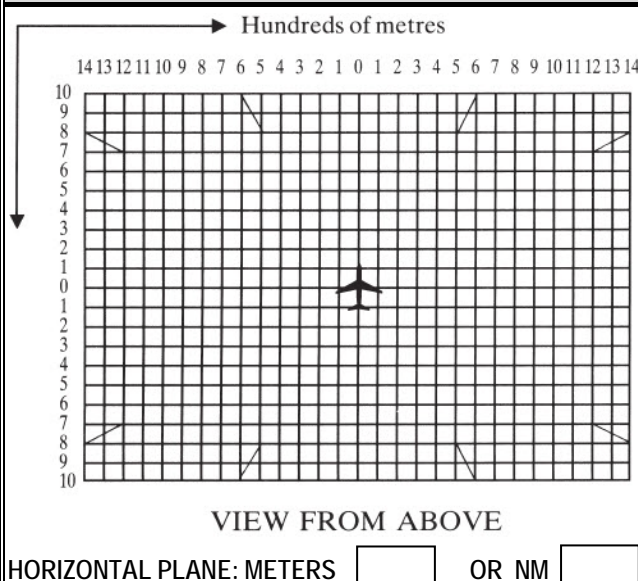
1. TYPE OF EVENT: (CHECK ALL THAT APPLY)		ASR <input type="checkbox"/>	AIRPROX/ATC <input type="checkbox"/>	TCAS/RA <input type="checkbox"/>	WAKE TURBULENCE <input type="checkbox"/>	BIRD STRIKE <input type="checkbox"/>
2. CM1:		CM2:			CM3:	
3. DATE OF OCCURENCE DD ____ MM ____ YY ____		4. TIME: LOCAL/UTC DAY / NIGHT		5. CALLSIGN		6. ROUTE FROM / TO
7. DEIVERTED TO	8. AIRCRAFT TYPE	9. REGISTRATION	10. PASSENGERS. / CREW		11. TECH. LOG PAGE NO.	
12. FLIGHT PHASE: TOWING – PARKED – PUSH BACK – TAXY OUT – TAKE-OFF – INITIAL CLIMB CLIMB – CRUISE – DESCENT – HOLDING – APPROACH – LANDING – TAXY IN					13. ALTITUDE:	
14. SPEED / MACH NUMBER.		15. FUEL DUMP -----Kg		16. MET. CONDITIONS: IMC VMC.....KM		
17. WX ACTUAL: WIND		VISIBILITY/RVR		CLOUDS	TEMP (°C)	QNH (hPa)
18. SIGNIFICANT WX: MODERATE/SEVERE: RAIN - SNOW - ICING - FOG - TURBULENCE - HAIL - STANDING WATER - WINSHEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
19. RUNWAY: ____ L / C / R		20. RUNWAY COND. DRY- WET -ICE - SNOW - SLUSH - DEBRIS (FOD)				
21. AIRCRAFT CONFIGURATION:		AUTOPILOT <input type="checkbox"/>	GEAR <input type="checkbox"/>	FLAPS <input type="checkbox"/>	SLAT <input type="checkbox"/>	SPOILER <input type="checkbox"/>
22. EVENT SUMMARY (CONCISE DESCRIPTION OF EVENT) _____ _____ _____ _____						
23. ACTION TAKEN, RESULTS AND ANY SUBSEQUENT EVENT(S) _____ _____						
24. OTHER INFORMATION AND SUGGESTIONS FOR PREVENTIVE ACTION _____ _____						
!! PLEASE COMPLETE APPLICABLE SECTIONS OVERLEAF !!						

25. MAINTENANCE ENGINEER'S BRIEF REPORT

**AIRPROX - ATC INCIDENT - TCAS RA - WAKE TURBULENCE - BIRD STRIKE -
COMPLETE ASR SECTION 1 TO 25 AND ADD RELEVANT DETAILS FOR SPECIFIC EVENT BELOW 26.27 OR28**

26. AIRPROX / ATC INCIDENT and/or TCAS

Mark the passage of the other aircraft relevant to you, in plan on the left and in elevation on the right assuming YOU are at the centre of each diagram



- SEVERITY OF RISK LOW / MED / HIGH
- AVOIDING ACTION TAKEN YES / NO
- REPORTED TO ATC:.....UNIT
- ATC INSTRUCTION ISSUED:.....
- YOUR CALL SIGN:.....
- FREQUENCY IN USE:.....
- HEADING:.....DEG.
- VERTICAL DISTANCE FROM CLOUDS:.....FT
- HORIZONTAL DISTANCE FROM CLOUD:.....KM

- VERTICAL SEPARATIONFT
- HORIZONTAL SEPARATION:.....M/NM
- SQUAWK:.....
- TCAS ALERT: RA / TA / NONE
- RA FOLLOWED:.....YES/NO VERT. DEVIATION:.....FT
- OTHER AIRCRAFT: TYPE:.....
MARKINGS/COLOUR:.....
CALL SIGN / REGISTRATION.....

- ### 27. WAKE TURBULENCE
- HEADING:.....DEG
 - TURNING? LEFT / RIGHT / NO
 - POSITION ON GLIDESLOPE HIGH / LOW / ON
 - POSITION ON EXTENDED CENTRELINE LEFT / RIGHT / ON
 - CHANGE IN ATTITUDE: PITCH.....ROLL.....YAW.....DEG.....
 - CHANGE IN ALTITUDE:.....FT
 - WAS THERE BUFFET? YES / NO
 - WHAT MADE YOU SUSPECT WAKE TURBULENCE?
 - DESCRIBE ANY VERTICAL ACCELERATION
 - GIVE DETAILS OF PRECEDING AIRCRAFT (TYPE/CALL SIGN)
 - WERE YOU AWARE OF THE OTHER A/C BEFORE THE INCIDENT? YES / NO.

- ### 28. BIRD STRIKE
- LOCATION.....
 - TYPE OF BIRDS:.....
 - NR SEEN 1. ☐ 2-10 ☐ 11-100 ☐ MORE ☐
 - NR SEEN 1. ☐ 2-10 ☐ 11-100 ☐ MORE ☐
 - NR SEEN 1. ☐ 2-10 ☐ 11-100 ☐ MORE ☐
- DESCRIBE IMPACT POINT AND DAMAGE OVERLEAF

NAME OF REPORTER:.....
RANK:.....DATE:.....
SIGNATURE:.....

COMPLETE THIS FORM AS SOON AS POSSIBLE THEN FORWARDED IT TO:
1-AAW SAFETY OFFICE 2-PHOTO COPY OCC
3- LYCAA IF REQUIRED BY REGULATIONS
Electronic Form Send To : safety@afriqiyah.aero