

Occurrence Report



Complete white areas only where applicable. If faxing this form send to +962-6-4875105

Date of occurrence Time JONT JODT UTC Location

Aircraft manufacturer and model Aircraft registration

Operator Client ID

POB Number of injuries - Fatal Serious Minor

Crew Pax Crew Pax Crew Pax

Operational Details

Flight No./Call sign Altitude AGL ASL FL Runway used

Departure point Destination Point Nearest reporting point (NRP)

Distance and bearing from NRP NM ° VFR IFR VMC IMC

Nature of flight Scheduled OR non-scheduled Domestic OR international ETOPS

Passenger A to A Passenger A to B Freight only

Agricultural Other aerial work Business/executive

Training dual Training solo Test or ferry/positioning

Private other Parachuting Air ambulance

Other (specify)

Flight Phase Parked Taxiing Takeoff

Climb Hover Cruise

Circuit Aerobatics Holding

Descent Approach Landing

Effect on flight Nil Flight delayed/cancelled Aborted takeoff

If weather is a significant factor include in description of occurrence. Failure to get airborne Emergency/precautionary descent Emergency / precautionary landing

Go-around/missed approach Abnormal approach Diversion

Turn back Engine(s) shutdown Significant loss of control/performance

Avoiding action Overweight landing Abnormal landing

Runway excursion Other (specify)

Description of Occurrence

Pilot in command's name License Number

Pilot flight hours in last 90 days Flight hours on type Total Flight hours

Last checked IFR VFR Reg. 61 by-name

Date checked Check pilot's ID

Type of Occurrence

Accident/Incident

<input type="checkbox"/> collision/strike object	<input type="checkbox"/> component / system failure malfunction	<input type="checkbox"/> loss of control
<input type="checkbox"/> engine power loss	<input type="checkbox"/> damage to aircraft	<input type="checkbox"/> airframe failure
<input type="checkbox"/> fire / explosion / fumes	<input type="checkbox"/> fuel / fluids occurrence	<input type="checkbox"/> flight crew illness / incapacitation
<input type="checkbox"/> injuries to persons	<input type="checkbox"/> failure of emergency equip / process	<input type="checkbox"/> evacuation
<input type="checkbox"/> passenger/cargo related occurrence	<input type="checkbox"/> valid warning / alert system	<input type="checkbox"/> invalid warning/alert system
<input type="checkbox"/> emergency declaration	<input type="checkbox"/> other (specify) <input type="text"/>	

Airspace incident

Airspace ID - eg. TMA

<input type="checkbox"/> near collision	<input type="checkbox"/> loss of separation	<input type="checkbox"/> unauthorized altitude penetration
<input type="checkbox"/> unauthorised airspace incursion	<input type="checkbox"/> breach of other clearance	<input type="checkbox"/> pilot flight planning deficiency
<input type="checkbox"/> clearance/instruction deficiency	<input type="checkbox"/> flight information deficiency	<input type="checkbox"/> other (specify) <input type="text"/>
<input type="checkbox"/> TCAS Alert <input type="checkbox"/> RA <input type="checkbox"/> TA	Intruder relative altitude in feet <input type="text"/>	Relative position <input type="text"/> o'clock

Facility malfunction

Facility ID **Name** **Facility Type**

<input type="checkbox"/> failure / non availability	<input type="checkbox"/> coverage / intensity deficiency	<input type="checkbox"/> alignment / course deficiency
<input type="checkbox"/> excessive bends / roughness	<input type="checkbox"/> false overhead / distance indication	<input type="checkbox"/> identification deficiency
<input type="checkbox"/> readability deficiency	<input type="checkbox"/> interference	<input type="checkbox"/> other (specify) <input type="text"/>

Aerodrome occ.

<input type="checkbox"/> physical surface deficiency	<input type="checkbox"/> surface marking deficiency	<input type="checkbox"/> wildlife incursion
<input type="checkbox"/> physical obstruction	<input type="checkbox"/> equipment / installation deficiency	<input type="checkbox"/> apron management deficiency
<input type="checkbox"/> public protection deficiency	<input type="checkbox"/> other (specify) <input type="text"/>	

Dangerous goods

spillage / leakage fumes / gas / smoke / fire mis / nondeclaration other (specify)

Bird hazard

strike near strike **Species**

Number seen 1 2-10 11-100 100+ **Number hit** 1 2-10 11-100 100+

Aircraft Defect / Engineering Details

Major component / system affected

ATA code Part defective

Manufacturer Model

Part number Serial number

TSN Hours Cycles TSO Hours Cycles

Detection phase unscheduled OR scheduled maintenance **Manufacturer advised** Yes No

Compliance with AD SB **Specify reference**

Maintenance organization **Client ID** **Ph**

Aircraft damage level destroyed substantial minor other (specify)

Aircraft disposal write-off repair unknown other (specify)

Engineering Description of Incident

Submitter's Details

Name **Client ID** **Ph** **Date**

Attachments sketches* reports photographs others (specify)

Submitters investigation open OR closed **Submitters reference number**

* if an accident, please supply a sketch of the site

We require more forms, forms

Investigation Report

Complete white areas only where applicable

This section of the form is intended to be completed by the reporter or reporter's organization at the conclusion of their internal investigation. It may be submitted separately to the Occurrence Report, For further assistance with this section refers to JCAR part 2201 Advisory Circular.

Date of occurrence Time JONT JODT UTC Location

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Finding attributed to: name Client ID

Aviation document JCAR ref Manual reference

Non-compliance Non-conformance Observation Safety related concern Critical Major Minor

Description

Cause

Cause 1

Cause 2

Client's Closing Action

1

Completion date

2

Completion date

Estimated OR Actual cost of occurrence and corrective action Jordan JD

Reporters Details

Name Position

Organization Client ID

Date Phone number Reporters ref number

CAA Use Only

Organization

JCAR

Entered – Date

Initials

AAIU advised

Yes

No

Date

Time

AAIU investigating

Yes

No

AAIU reference

Name of analyst

Name of investigator

Close on entry

Yes

No

Notes

FILE NO. | |

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Occurrence & Investigation Reports

The objective of reporting occurrences is to provide information for the CAA to improve flight safety.

This is achieved by analysis of safety related trends so that preventative actions may be taken.

Your cooperation in notifying, reporting and investigating safety related occurrences is requested so that together we can achieve a safer aviation environment.