

Civil Aviation Directorate
ATS AIM Occurrence Report

Send form by e-mail to occrepsmu.tm@transport.gov.mt or by fax to +356 21239278



Reference Information

Reporting Organisation/Person		
Name:	Country/Site:	On duty as:
Submitter Information		
Name of submitter (optional):	Telephone/Mobile No: /	Email Address:
Report Type	<input type="checkbox"/> Initial* <input type="checkbox"/> Follow-up**	
Date of Report*: / /	Initial Report Date**: / /	Report Status (of the reporting Organisation) <input type="checkbox"/> Open <input type="checkbox"/> Closed

* Tick here if it is an initial Report, and insert the date of the report, ** Tick here if it is a follow-up report. Also insert the Initial Report Date

Occurrence Summary

Categories of occurrence:		Occurrence Position:				
Date (dd/mm/yyyy): / /		Time – UTC (HH:MM):		RTF recordings held		
Operator	Callsign/Reg	Type	From	To	Equipment	Effect

Brief title (summary):
Description of Occurrence – use a diagram if necessary

*For CAD Use only		
Internal Reference No:		Occurrence Classification: <input style="width: 50px; height: 20px;" type="text"/>
Issue No:	Date of Receipt:	