

# Civil Aviation Directorate ATS Engineering Occurrence Report

Send form by e-mail to [occrepsmu.tm@transport.gov.mt](mailto:occrepsmu.tm@transport.gov.mt) or by fax to +356 21239278



## Reference Information

<b>Reporting Organisation/Person</b>		
Name:	Country/Site:	Approval Ref:
<b>Submitter Information</b>		
Name of submitter (optional):	Telephone/Mobile No: /	Email Address:
<b>Report Type</b>	<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

<b>Occurrence Title:</b>			
<b>Date of the finding:</b>	<b>Time (UTC):</b>	<b>Duration:</b>	<b>ATS Facility*:</b> RTF
<b>Equipment Type/Manufacturer:</b>	<b>Frequency:</b>	<b>Equipment Location:</b>	<b>Facility Configuration*:</b>
<b>Equipment Status:</b>	<b>Previous Defects/Occurrences?*</b>	<b>RTF Frequencies/ Radar Source:</b>	
<b>Recordings impounded?</b> *	<b>Categories of occurrence*:</b>	<b>Service Affected:</b>	

\* Please choose from the dropdown list

Description of Occurrence – use a diagram if necessary (attach copies of all relevant information)
--

<b>*For CAD Use only</b>		
Internal Reference No:		<b>Occurrence Classification:</b> <input type="text"/>
Issue No:	Date of Receipt:	