

Civil Aviation Directorate ATS 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:			FL <input type="checkbox"/> ALT/HT (FT) <input type="checkbox"/>		
Date (dd/mm/yyyy):		Time – UTC (HH:MM):		RTF recordings held *			
Operator	Callsign/Regn	Type	From	To	SSR Code	Mode C Displayed	IFR/VFR/SVFR
RTF Frequencies:		Radar Equipment:		Equipment Unserviceabilities:		QNH:	Runway in use:
ATS Provided:		SID/STAR/ROUTE:		Was prescribed separation lost:		Min Separation:	
Alert Activation:		Traffic info given by ATC?		Avoiding action given by ATC?		Horizontal nm	
						Vertical ft	

* Please choose from the dropdown list

Brief title (summary):
Description of Occurrence – use a diagram if necessary (Aerodromes submit weather report including local and regional QNH)

*For CAD Use only

Internal Reference No:		Occurrence Classification: <input type="text"/>
Issue No:	Date of Receipt:	