

Civil Aviation Directorate Flight Occurrence Report

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



Transport Malta

1. Reference Information

Reporting Organisation/Person		
Name:	Country/Site:	Approval Ref:
Submitter Information		
Name of submitter:	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

2. Occurrence Summary

Occurrence Title		
Location:		
Date of the occurrence:	Tech Log Page Entry:	Phase of flight:
Aerodrome of Departure:	Aerodrome of first intended landing:	Type of Flight Plan:
Location of Flight Plan Filed:	Position of Occurrence:	Aircraft Heading:
Airspeed (indicate IAS/TAS):	Altimeter Setting: mb (standard)	Flight Level / Altitude:
Aircraft Configuration:	Aircraft Altitude:	Nature of flight:
Effect on flight: Other (specify):		
Time (local) : Hrs (24 hr)	Precipitation:	
Event and Cause of Occurrence: <i>(Detailed description of the event and its immediate cause)</i>		
Actions and Results: <i>(Actions taken, their result and any subsequent events)</i>		
Other Information and Suggestions for Preventative Actions:		

3. Occurrence Attachments*

1)	3)
2)	4)
*Give a description of any attached documents submitted with the application	

4. Aircraft Information

Aircraft Manufacturer and Type/Model:		Aircraft Serial Number:
Operator/Owner:		Aircraft Registration:
RT Frequency:	SSR Transponder: Fitted: Code:	Transponder Mode:

5. Weather Conditions at time of Occurrence

Conditions were:	Distance: km from cloud	Distance: Ft above cloud
Flying during:	Flight Visibility: km	Runway: conditions:
Cloud Cover: feet	Wind: /	Temp:

6. Wake Turbulence (To be Filled only upon Wake Turbulence Encounter)

Consequences of Wake Turbulence:
Were you aware of the aircraft generating the Wake Turbulence?
Disengagement of Auto Pilot due to Turbulence:
If known, please provide the following information about the generating aircraft: Operator ; Callsign ; Type & Series ; Flight Phase
Estimated Separation between aircraft (NM):
Comments:
Did you report the incident to ATC at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Could FDM data be made available for further investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Provide details if FDM available:
Other information considered relevant:

Date: _____

Signature: _____

*For CAD Use only		
Internal Reference No:		Occurrence Classification: <input style="width: 80px; height: 25px;" type="text"/>
Issue No:	Date of Receipt:	