

# Civil Aviation Directorate Airprox Occurrence Report

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



## 1. Reference Information

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

<b>Occurrence Title</b>		
<b>Location:</b>		
<b>Date of occurrence:</b>	<b>Tech Log Entry:</b>	<b>Phase of flight:</b>
<b>Aerodrome of Departure:</b>	<b>Aerodrome of first intended landing:</b>	<b>Type of Flight Plan:</b>
<b>Location of Flight Plan Filed:</b>	<b>Position of Occurrence:</b>	<b>Aircraft Heading:</b>
<b>Airspeed (indicate IAS/TAS):</b>	<b>Altimeter Setting:</b> mb (standard)	<b>Flight Level / Altitude:</b>
<b>Aircraft Configuration:</b>	<b>Aircraft Altitude:</b>	<b>Nature of flight:</b>
<b>Effect on flight:</b> Other (specify):		
<b>Time (local):</b> : Hrs (24 hr)	<b>Precipitation:</b> None	

## 3. Occurrence Attachments\*

1	2
3	4

\*Give a description of any attached documents submitted with the application

## 4. Aircraft Information

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

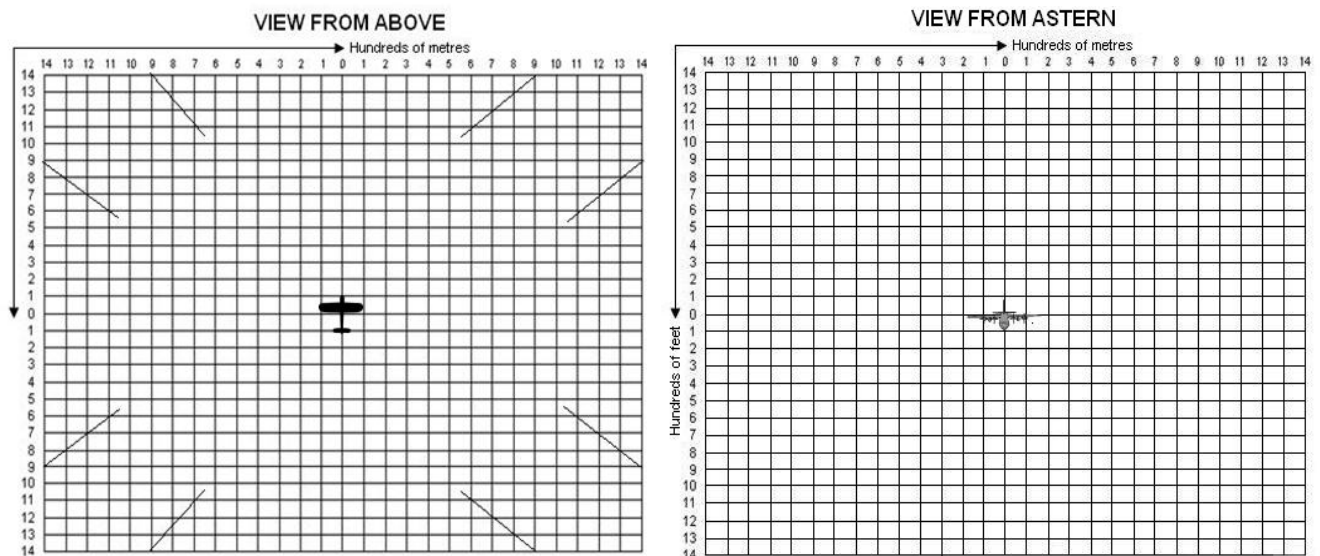
## 5. Weather Conditions at time of Airprox

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

### 6. Description of other aircraft seen

Wing Type:	Number of Engines:	Radio Call Sign/Registration:
Markings:	Aircraft Attitude:	First sighting: distance
Minimum Horizontal and Vertical Separation at the time of Airprox:		
Form of avoiding action taken; If none, also state reason:		
Assessment of Risk:	Other Relevant Factors:	
Airborne Collision Avoidance System: TA indicated?      RA indicated?      RA followed?		
Did you report the Airprox? <input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes: by Radio to _____, at Freq _____	

### 7. Diagrams of Airprox



### 8. Description of Airprox

Include any details you think are relevant to help Transport Malta – Civil Aviation Directorate understand what happened.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>*For CAD Use only</b>		
Internal Reference No:		Occurrence Classification: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>
Issue No:	Date of Receipt:	