

Occurrence Investigation Form - SMF 06

| SMF 06 - OCCURRENCE INVESTIGATION FORM | | |
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| This is SCAA investigation into an occurrence as detailed below. | | |
| Ref: | Occurrence Details | Date of Occurrence |
| Investigator(s) | Name(s) | Job Title(s) |
| Date of Investigation | | |
| Documentation provided as evidence | | |
| Tape Transcript | | |
| Occurrence Report | | |
| Written Reports from involved persons | | |
| Copy of relevant flights strips (ATC only) | | |
| Copy of relevant Watch Log entries | | |
| Relevant Meteorological reports | | |
| Relevant pages/instructions from unit documents | | |
| Aircrew report | | |
| Other (details) | | |
| Frequencies (if appropriate) | | |
| ATC/Ground/RFFS | | |
| Sequence of Events - reconstruction of occurrence using all available evidence | | |
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| Diagram - include photos/drawings (supporting evidence) | | |
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| Investigation - analysis of event evidence | |
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| Initiating event | |
| Examination of the initiating event factors | |
| Identification of recovery factors | |
| Failure of recovery factors | |
| Operational Factors | |
| Other factors | |
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| Staffing - A report of staffing and how long the personnel had been on duty; plus any other factors which have contributed to the individual(s) performance | |
| Workload - An indication of the traffic density /complexity /environmental factors and whether this was a contributing factor in the incident | |
| Flight Progress Strip (FPS) Board Management - Details of whether strips were correctly marked etc and whether this was a factor in the incident (ATC only) | |
| Post Incident Action Taken Actions of staff post incident. Subsequent actions taken e.g. were they relieved from operational duty pending investigation | |
| Equipment - Any equipment factors that may have contributed to the incident | |
| Other - Any other factors that may have contributed to the incident | |
| Conclusion The findings of the investigation allocating causal and contributory factors as required | |
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| Recommendations | | |
| Actions to be taken e.g. debriefing, period of retraining, competence assessment, modification or introduction of new procedures, safety promotion and communication | | |
| The contents of this Occurrence Investigation Report are a true and accurate record of the findings of the Incident Investigation Board | | |
| Investigator(s) Names | Signature | Date |
| | | |
| Head of Department Acceptance/Non Acceptance (Reasons for Decision) | | |
| Report Accepted/Not Accepted | | |
| | | |
| Accountable Executive Acceptance/Non Acceptance (Reasons for Decision) | | |
| Report Accepted/Not Accepted | | |
| | | |
| Implementation of Recommendations | | |
| Recommendation Action | Time to be completed | |
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| | | |
| Recommendations Completed Sign off by Safety Manager | | |
| Name | Signature | Date |
| | | |

SMF 06A RTF Transcript

| Occurrence Reference | | | | |
|----------------------|-------------------------|-------------------|---------|---------|
| Date/Time | Aircraft or Vehicle C/S | Receiving unit ID | Details | Remarks |
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SMF 06B Ground Comms Transcript

| Occurrence Reference | | | | |
|----------------------|-----------------|-------------------|---------|---------|
| Date/Time | Calling unit ID | Receiving unit ID | Details | Remarks |
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I verify that the above transcript is a true and accurate record of the RT and Ground communications recordings as heard

| | | |
|------|-----------|------|
| Name | Signature | Date |
|------|-----------|------|