

**AIRPROX REPORT (Pilot) – Instructions for use**

Pilots (Military and Civil) should use this form to report or respond to an AIRPROX occurring within Seychelles Airspace*.

**Seychelles Airspace comprises all Classes of airspace within Seychelles FIR.*

Pilot/Company identities are for contact purposes only and are not passed to any other organisations or kept on any databases.

Initial report on RT: The shaded areas of this form indicate those items that should ideally be stated in an initial RT report.

Civil and Military pilots should complete the form in duplicate and e-mail it to the address below.

- 1. General Manager Air Navigation Services
Air Navigation Services
Seychelles Civil Aviation Authority**
- 2. Safety Regulation
Seychelles Civil Aviation Authority
Seychelles International Airport
P.O Box 181
Victoria
Seychelles**

E-mail: smda@scaa.sc

Tel: (+248) 438 4271

Fax: (+248) 438 4269

AIRPROX OUTSIDE SEYCHELLES AIRSPACE

Military pilots should contact the Flight Safety (or Ops) Branch of the appropriate Command/HQ.

Civil pilots should submit the appropriate report to the relevant overseas authority with a copy to:

SCAA Safety Regulation Division, Seychelles International Airport

Tel: +248 438 4271

Fax: +248 438 4269 e-mail smda@scaa.sc

Notes:

- **AIRPROX reporting procedures for civil pilots** are promulgated in Seychelles AIP ENR Section

PART 1

**AIRPROX
NUMBER**
(Allocated by SCAA)

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***Select words as appropriate. – Use NK if not known**

AIRPROX Report from the	A	<input type="checkbox"/> Reporting <u>ing</u> <input type="checkbox"/> Reported <u>ed</u> pilot	
1 Name of Pilot in Command	B	1	(<input type="checkbox"/> instructor <input type="checkbox"/> student)
2 Flight deck crew complement		2	2 <input type="checkbox"/> pilot(s) <input type="checkbox"/> navigator(s) <input type="checkbox"/> others
3 Who was handling pilot		3	
Civ Operator / Mil Unit address unit/company telephone number	C		
DATE and TIME of Airprox	D	Date:	Time: UTC
Aircraft registration & type	E	Reg:	Type:
Colour scheme & external lighting (strobes, HISLs, nav lights etc)	F		
1 Radio callsign	G	1	
2 In communication with		2	
3 Type of ATC service (if any)		3	
4 RT frequency		4	
5 SSR transponder		5	<input type="checkbox"/> Fitted <input type="checkbox"/> Not Fitted <input type="checkbox"/> On <input type="checkbox"/> Off Code: Mode C: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Not Fitted Mode S: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Not Fitted <input type="checkbox"/> elementary <input type="checkbox"/> enhanced
Aerodrome of departure (ICAO)	H		
Aerodrome of first landing (ICAO)	I		
Classification of flight	J	COMM AIR TRANSPORT Sched <input type="checkbox"/> Pax Non-sched *Pax / <input type="checkbox"/> Cargo <input type="checkbox"/> Cargo	
		CIVIL - NOT COMM AIR TRANSPORT	
		<input type="checkbox"/> Commercial <input type="checkbox"/> Executive <input type="checkbox"/> Club/ Group	
		<input type="checkbox"/> Private <input type="checkbox"/> Training <input type="checkbox"/> Gliding <input type="checkbox"/> Other	
		MILITARY	
		<input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/> Operational <input type="checkbox"/> Formation	
Flight Rules at time of Airprox	K	<input type="checkbox"/> IFR <input type="checkbox"/> VFR <input type="checkbox"/> SVFR NOTAM applicable <input type="checkbox"/> Yes <input type="checkbox"/> No Number	
Position of Airprox	L	1	
1 Bearing & range from reporting point/VOR/NDB or Lat/Long		2	°
2 Aircraft heading		3	Kt
3 True Airspeed			
1 Flight Level, altitude or height	M	<input type="checkbox"/> FL / <input type="checkbox"/> Feet	
2 Altimeter setting		mb (Standard <input type="checkbox"/> RPS <input type="checkbox"/> QNH <input type="checkbox"/> QFE <input type="checkbox"/>) or Rad Alt <input type="checkbox"/>	
3 Aircraft attitude		Level <input type="checkbox"/> Climbing <input type="checkbox"/> Descending <input type="checkbox"/> Turning (Right <input type="checkbox"/> Left <input type="checkbox"/>)	
4 Phase of flight		Take-off <input type="checkbox"/> Cruise <input type="checkbox"/> En route descent <input type="checkbox"/> Go around <input type="checkbox"/>	
		Initial Climb <input type="checkbox"/> Aerobatics <input type="checkbox"/> Holding <input type="checkbox"/> Circuit <input type="checkbox"/>	
		En route climb Gen handling Final descent Landing <input type="checkbox"/>	

In flight weather conditions at time of Airprox	N	1	IMC / VMC			
		2	Distance ft Above/ Below Cloud/ Fog/ Haze			
		3	Distance km/ nm horizontally from cloud			
		4	In Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Haze <input type="checkbox"/> Cloud <input type="checkbox"/> Between layers <input type="checkbox"/>			
		5	Flying into <input type="checkbox"/> out of Sun <input type="checkbox"/>			
		6	Flight visibility <input type="checkbox"/> km <input type="checkbox"/> nm			
		7	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight			
Description of other aircraft if seen:	O	<input type="checkbox"/> Seen <input type="checkbox"/> Not seen				
1 Type, high/low wing, number of engines		1				
2 Radio callsign, registration		2				
3 Markings, colour, lighting		3				
4 Aircraft attitude, other details		4				
1 First sighting distance / AI radar / ACAS contact	P	1				
2 Minimum vert and hztl separation at time of Airprox		2	ft (vert)	m/nm (hztl)		
3 Form of avoiding action taken: if none, please state reason		3				
4 Assessment of risk of collision		4	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
5 Other factors – workload etc		5				
6 Airborne Collision Avoidance System (e.g. TCAS)		6	<input type="checkbox"/> Fitted <input type="checkbox"/> Not Fitted <input type="checkbox"/> TCAS 1 <input type="checkbox"/> TCAS 2 TA indicated Y/ N RA indicated Y/ N RA followed Y/ N (if not state reason in Item R)			
How did you report the Airprox or (reported pilot) hear about the Airprox report?	Q	<input type="checkbox"/> By radio? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To <input type="checkbox"/> from whom? Freq?				
		or <input type="checkbox"/> By phone <input type="checkbox"/> letter <input type="checkbox"/> other? <input type="checkbox"/> To <input type="checkbox"/> from whom?				

R DESCRIPTION OF AIRPROX - continue on separate sheet if required

To help the investigation please forward to the Safety Regulation copies of route data/maps with tracks drawn, NOTAMs, HUD recordings, data/GPS loggers etc

DIAGRAMS OF AIRPROX

Mark passage of other aircraft relative to you, in plan on the left and elevation on the right, assuming YOUR AIRCRAFT is at the centre of each diagram.

VIEW FROM ABOVE	VIEW FROM ASTERN

Name	e-mail	Tel number
Unit/Company		Date

OPERATOR / MILITARY UNIT COMMENTS *(Optional)*

Details of any investigation in progress; action taken to prevent recurrence etc

Name	e-mail	Tel number
Unit/Company / Post		Date