



WAKE TURBULENCE REPORT FORM - PILOT AND/OR AIR TRAFFIC CONTROL

When completed, please send to:
 Safety Regulation,
 Seychelles Civil Aviation Authority,
 Seychelles International Airport, P.O Box 181, Victoria
 e-mail: smda@scaa.sc

Reporter's Ref:

Fax: (+248) 438 4269 Tel: (+248) 438 4271

Please complete this form electronically, print, sign and send it to the above address.

1.1. IS THIS INCIDENT REPORTABLE UNDER THE MOR SCHEME? *	1.2. DATE/TIME OF INCIDENT
Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, this form should be sent to Safety Regulation, SCAA (See end of this form).

2.1. WERE YOU ENCOUNTERING OR GENERATING THE WAKE TURBULENCE?	2.1. AIR TRAFFIC CONTROL REPORT
Encountering <input type="checkbox"/> Generating <input type="checkbox"/>	Air Traffic Control Unit

3. AIRCRAFT FLIGHT DETAILS			
This information is requested in support of investigations into the phenomenon of Wake Vortices and to support flight safety.			
Date of incident:	Time (UTC):	Operator:	Callsign:
Registration:	Type & series:	Departure airport:	Destination airport:
SSR code:	Flight phase:	Altitude or flight level:	Speed:
Weight:	Heading:	Rwy designation:	Rwy state:
Geographical position:			

4. WAKE TURBULENCE EFFECT ON AIRCRAFT			
Attitude change including rate of change:		Pitch (degrees):	
Rate of change:		Rate of change:	
Roll (degrees):		Yaw (degrees):	
Rate of change:		Rate of change:	
Speed change (kt) ±:		Altitude change (ft) ±:	
Heading change (degrees):		Heading change (degrees):	
Was buffeting experienced? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was there stall warning? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details:			
.....			
What recovery actions did you take (if any)?			
.....			
What made you suspect Wake Vortex as the cause of the disturbance?			
.....			

5. CONSEQUENCES OF THE WAKE TURBULENCE ENCOUNTER			
No significant consequences <input type="checkbox"/>	Terminated approach or executed a 'go around' <input type="checkbox"/>	Landed long or fast <input type="checkbox"/>	
Unstabilised approach <input type="checkbox"/>	Loss of aircraft control <input type="checkbox"/>	GPWS activation <input type="checkbox"/>	
Conflict with other aircraft <input type="checkbox"/>	Physical injury <input type="checkbox"/>	Aircraft damage <input type="checkbox"/>	
Level change request <input type="checkbox"/>	Heading change request <input type="checkbox"/>	Other (please state below) <input type="checkbox"/>	
Other (e.g. Autopilot disengaged):			

6. ENCOUNTER OCCURRED IN DEPARTURE PHASE			
What SID were you on?			
Were you turning? Yes <input type="checkbox"/> No <input type="checkbox"/>		Did you use a reduced-thrust take-off? Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. ENCOUNTER OCCURRED IN ARRIVAL PHASE

What STAR were you on? Was the aircraft turning? Yes No
What type of approach were you making? Visual Precision Non-precision

7. ENCOUNTER OCCURRED IN ARRIVAL PHASE (CONTINUED)

Were you on base-leg? Yes No Where were you in relation to the glideslope? High Low On
Where was the aircraft in relation to the centreline/localiser? Left Right On
How many miles were you from the touchdown?

8. ENCOUNTER OCCURRED IN CRUISE

Which Airway or route were you on?
Were you operating a Lateral offset? Yes No If not, did you consider an offset? Yes No

9. ENCOUNTERING AIRCRAFT INFORMATION ON AIRCRAFT GENERATING WAKE TURBULENCE (IF KNOWN)

Were you aware of the aircraft generating the wake turbulence? Yes No
If known, please provide the following information about the generating aircraft:
Operator: Callsign: Type & series: Flight phase:
Estimated separation between aircraft (NM/ft/minutes):
Comments:
.....

10. CONFIGURATION OF YOUR AIRCRAFT

Autopilot: Autothrottle: Gear:
Flap: Slat: Spoilers:

11. METEOROLOGY

IMC: VMC: Wind direction: Wind speed:
Visibility: Cloud: Temperature: Dew point:
QNH: Wind shear reported or experienced: Weather:
Turbulence: Light Moderate Severe

12. REPORTING ACTION

Did you report the incident to ATC at the time? Yes No

13. FDM DATA

Could FDM data be made available for further investigation/research? Yes No
Please supply FDM contact details:
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14. OTHER INFORMATION CONSIDERED RELEVANT

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.....

15. REPORT FILERS NAME

Name: Appointment Title:
Date: E-mail:

16. SUBMISSION INSTRUCTIONS

(Generating aircraft report: omit Sections 4, 5, 9 and 12.) (ATC - submit information as reported.)

For use by pilots and ATCOs to report involved in wake turbulence encounters in any phase of flight, including those hazardous cases that qualify as Reportable Occurrences in the Air Navigation Overseas Territory Order. The report form may be used for all wake turbulence encounters or by aircraft generating wake turbulence.

1. For wake turbulence occurring in the Seychelles Airspace, send this form to:

Safety Regulation, Seychelles Civil Aviation Authority, Seychelles International Airport

Email: smda@scaa.sc

P.O Box 181, Victoria, Seychelles

2. For wake turbulence occurring outside Seychelles

A reporting form shall be sent to the state of occurrence and/or the appropriate ATS as outlined in the State's AIP, and a copy of the form shall be sent to Safety Regulation, Seychelles Civil Aviation Authority on the address above