

SEYCHELLES CIVIL AVIATION AUTHORITY

SCAA Occurrence Number



OCCURRENCE REPORT

When completed please send to: Safety Regulation
 Seychelles Civil Aviation Authority,
 Seychelles International Airport,
 P.O Box 181
 e-mail: smda@scaa.sc
 Fax: (+248) 438 4269 Tel: (+248) 438 4271

Are you concerned about the confidentiality of this report and wish to be contacted before it is processed? If so, please ensure you provide us with your contact details.

Confidential? Yes No

Reporter's Ref:

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

AIRCRAFT TYPE & SERIES		REGISTRATION	DATE (dd/mm/yyyy)	TIME OF EVENT	DAY <input type="checkbox"/>
OPERATOR		LOCATION/POSITION/RW		UTC	NIGHT <input type="checkbox"/>
					TWILIGHT <input type="checkbox"/>

FLIGHT NO.	ROUTE FROM	ROUTE TO	FL <input type="checkbox"/> ALT/HT (FT) <input type="checkbox"/>	IAS (KT)	IFR <input type="checkbox"/>	TCAS RA		ETOPS	
					VFR <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NATURE OF FLIGHT	FLIGHT PHASE
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ENVIRONMENTAL DETAILS										
WIND		CLOUD		PRECIPITATION	OTHER METEOROLOGICAL CONDITIONS				RUNWAY STATE	
DIRN.	SPEED (kt)	TYPE	HT (ft)		VISIBILITY	ICING	TURBULENCE	OAT (°C)		
					KM <input type="checkbox"/>					CATEGORY
					M <input type="checkbox"/>					

BRIEF TITLE

DESCRIPTION OF OCCURRENCE

Any procedures, manuals, pubs. (AIC, AD, SB etc.) directly relevant to occurrence and (where appropriate) compliance state of aircraft, equipment or documentation.

GROUND STAFF REPORT						
A/C CONSTRUCTOR'S NO.	ENGINE TYPE/SERIES	ETOPS APPROVED		GROUND PHASE		MAINTENANCE ORGANISATION TEL.
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	MAINTENANCE <input type="checkbox"/>	GROUND HANDLING <input type="checkbox"/>	
				UNATTENDED <input type="checkbox"/>		

COMPONENT/PART	MANUFACTURER	PART NO.	SERIAL NO.
REFERENCES:- MANUAL/ATA/IPC		COMPONENT OH/REPAIR ORGANISATION	

ORGANISATION AND APPROVAL REFERENCE	NAME	POSITION
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DATE (dd/mm/yyyy)

If report is voluntary (i.e. not subject to mandatory requirements) can the information be published in the interests of safety?	YES <input type="checkbox"/>	Address and tel no. (if reporter wishes to be contacted privately).	NOTE 1: If additional information, as below, is available, please provide. NOTE 2: If the occurrence is related to a design or manufacturing deficiency, the manufacturer should also be advised promptly. NOTE 3: Where applicable, a report of this incident should be forwarded directly to other Agencies involved, e.g. Aerodrome Authority, ATC agency
	No <input type="checkbox"/>		

REPORTING ORGANISATION - REPORT

ORGANISATION COMMENTS - ASSESSMENT/ACTION TAKEN/SUGGESTIONS TO PREVENT

UTILISATION - AIRCRAFT			UTILISATION - ENGINE/COMPONENT			MANUFACTURER ADVISED					
	TOTAL	SINCE OH/REPAIR	SINCE INSPECTION		TOTAL	SINCE OH/REPAIR	SINCE INSPECTION	YES	NO		
HOURS				HOURS				<input type="checkbox"/>	<input type="checkbox"/>		
CYCLES				CYCLES							
LANDINGS				LANDINGS							
REPORTING ORGANISATION		TEL.		REPORTER'S REF	REPORT		REPORTER'S INVESTIGATION		FDR DATA RETAINED		
		FAX			NEW <input type="checkbox"/>	SUPPL <input type="checkbox"/>	NIL <input type="checkbox"/>	CLOSED <input type="checkbox"/>	OPEN <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NAME				POSITION				TEL.			
E-MAIL							DATE (dd/mm/yyyy)				