



ATS OCCURRENCE REPORT

- NOTES: (i) See Instructions and Explanatory Notes.
 (ii) When completed, please send to: Safety Regulation, Seychelles Civil Aviation Authority,
 Seychelles International Airport, P.O Box 181, Victoria
 e-mail: smda@scaa.sc
 Fax: (+248) 438 4269 Tel: (+248) 438 4271
 (iii) Fill in boxes 1-56 as required.

Reporter's Ref:

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

CATEGORIES OF OCCURRENCE							
1 ACCIDENT <input type="checkbox"/> AIRPROX <input type="checkbox"/> INCIDENT <input type="checkbox"/> INFRINGEMENT <input type="checkbox"/>							
2 Occurrence Position		3 FL <input type="checkbox"/> ALT/HT (FT) <input type="checkbox"/>		4 Date (dd/mm/yyyy)		5 Time - UTC (HH:MM)	
6 Day <input type="checkbox"/> Night <input type="checkbox"/>							
OPERATOR		CALLSIGN/REGN		TYPE		FROM TO	
SSR CODE		MODE C DISPLAYED		IFR/VFR/SVFR			
7		8		9		10	
11		12		13		14	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
15		16		17		18	
19		20		21		22	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
23		24		25		26	
27		28		29		30	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
31 RTF Frequencies		32 Radar Equipment		33 Equipment Unserviceabilities		34 QNH	
35 Runway in use							
36 CLASS & TYPE OF AIRSPACE				37 ATS PROVIDED		38 SID/STAR/ROUTE	
39 Was prescribed separation lost?		40 Min Separation		41 Alert Activation		42 Traffic info given by ATC?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		HorizontalNM Verticalft		Collision <input type="checkbox"/> Conflict Alert <input type="checkbox"/> TCAS <input type="checkbox"/> STCA <input type="checkbox"/> SMF <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
43 Avoiding action given by ATC? <input type="checkbox"/> YES <input type="checkbox"/> NO							
44 BRIEF TITLE Summary							
45 NARRATIVE - use a diagram if necessary (Aerodromes submit weather report including local and regional QNH).							
<i>continue on a separate sheet if necessary</i>							
46 Name		47 On duty as		48 ATS Unit		49 Time since last break	
50 Start time of shift (UTC)		51 Radar recordings held				<input type="checkbox"/> YES <input type="checkbox"/> NO	
52 RTF recordings held		53 List other agencies advised		54 Sign (not required if submitting electronically)		55 Date (dd/mm/yyyy)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SR/ 1603 action? <input type="checkbox"/>					
56 Address							
..... Telephone							

ADVICE ON THE COMPLETION OF THE SCAA OCCURRENCE REPORT FORM SR/SMDA/1602

USE AND EXPLANATION OF TERMS IN BOX 1

- ACCIDENT: A Seychelles reportable accident.
- AIRPROX: A situation in which, in the opinion of a pilot or a controller, the distance between aircraft as well as their relative positions and speed have been such that the safety of the aircraft involved was or may have been compromised.
- INCIDENT: Any Occurrence not appropriate to the other categories.
- INFRINGEMENT: An alleged unauthorised infringement of regulated airspace.

EXPLANATORY NOTES *(Please also refer to ATS Provider's Operations Manual (Occurrences Reporting))*

- GENERAL: *Try to complete ALL boxes. If NOT APPLICABLE use N/A, or if NOT KNOWN use N/K. Avoid use of technical jargon, hieroglyphics and abbreviations.*
- BOX 1: Should the Occurrence involve more than one category, tick both categories.
- BOXES 7 TO 14 }
- BOXES 15 TO 22} These boxes cater for up to three involved aircraft. Use the narrative for additional aircraft.
- BOXES 23 TO 30}
- BOX 39: **Must** be completed if prescribed separation was required to be achieved in accordance with ATS Provider's Operations Manual.
- BOX 40: Should contain your estimate, where possible, of the minimum separation achieved and must be completed for an AIRPROX. This will be coded for computer input purposes and amended if necessary after investigation.
- BOX 44: This box should contain a simple, one-line statement summarising the Occurrence, i.e. 'Co-ordination problems', 'Level bust', 'Overload' etc.
- BOX 51/52: Relevant RTF and other relevant recordings can be vitally important to subsequent investigations. Retention action should be considered for all reports and is to be in accordance with ATS Provider's Operations Manual and any local procedures.
- BOX 53: It is important to ensure that any **involved** agency (e.g. Pilot, Operator, ATSU) is informed of the reporting action. This box should also indicate those organisations required by ATS Operations Manual to be informed (e.g. The investigation body for an aircraft accident).

REPORTING TIME

Reports must be dispatched within 96 hours of the event unless exceptional circumstances prevent this.

ACKNOWLEDGEMENT OF REPORTS

Reserved

UNIT MANAGEMENT ACTION

Reporters are requested to send a copy to the Unit Management. This is for local assessment and any immediate follow-up action. Additional input and/or covering comment from Unit Management is highly desirable for both Safety Regulation evaluation and any follow-up investigation.

CONFIDENTIAL REPORTS

A report may be submitted confidentially. Please clearly annotate the top of the form 'CONFIDENTIAL'. The second copy need not be forwarded to local management. BOXES 46 to 56 should be completed. The SCAA will respect the confidentiality and the Programme Manager Safety Management or delegated officer will contact you personally.