



**ATS ENGINEERING 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, print, sign and send it to the above address.

1 <b>Categories of Occurrence</b> ACCIDENT <input type="checkbox"/> INCIDENT <input type="checkbox"/> PROCEDURAL <input type="checkbox"/> FAILURE <input type="checkbox"/> HAZARD <input type="checkbox"/>						
2 <b>Occurrence Location</b>		3 <b>Date (dd/mm/yyyy)</b> <input type="checkbox"/>	5 <b>Duration</b> <input type="checkbox"/>	6 <b>ATS Facility</b> <input type="checkbox"/> RTF <input type="checkbox"/> Radar <input type="checkbox"/> Nav-aid <input type="checkbox"/> Other:		7 <b>Service Affected</b>
		4 <b>Time (UTC)</b>				
8 <b>Equipment Type/Manufacturer</b>		9 <b>Frequency</b>	10 <b>Callsign</b>	11 <b>Equipment Location</b>		
12 <b>Facility Configuration</b> <input type="checkbox"/> In service or <input type="checkbox"/> Out of service, <input type="checkbox"/> Main Mode or <input type="checkbox"/> Standby/Test <input type="checkbox"/> Channel A(1) or <input type="checkbox"/> B(2) or <input type="checkbox"/> Other :  External Information Source:		13 <b>Equipment Status</b>		14 <b>Previous Defects/ Occurrences?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known	15 <b>RTF Frequencies/ Radar Source</b>	
16 <b>NARRATIVE</b> - use a diagram if necessary (attach copies of all relevant information)						
<i>continue on additional forms if necessary.</i>						
17 <b>Recordings impounded</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Details		18 <b>Can the information be disseminated in the interests of flight safety?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		20 <b>Name</b>	23 <b>Address &amp; Telephone number</b> (if the reporter wishes to be contacted privately)	
				21 <b>Organisation/Position</b>		
19 <b>Reserved</b>				22 <b>Start time and duration of shift</b>	24 <b>Signature</b> (not required if submitting electronically)	
					25 <b>Date (dd/mm/yyyy)</b>	

# ADVICE ON THE COMPLETION OF THE SCAA ATS ENGINEERING MOR FORM SR1603

## USE AND EXPLANATION OF TERMS IN BOX 1

Circle one or more category of Occurrence.

- ACCIDENT: A Seychelles reportable accident.  
INCIDENT: A reportable occurrence (see 'General').  
PROCEDURAL: A reportable occurrence attributed to procedural aspects including operation and maintenance of any facility on the ground.  
FAILURE: A reportable occurrence attributed to any defect in or malfunctioning of any facility on the ground.  
HAZARD: A potential accident, incident or failure.  
General: A reportable occurrence is defined in the Air Navigation Overseas Territory Order.

## EXPLANATORY NOTES *(Please also refer to CNS 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. Jargon, and uncommon abbreviations are to be avoided.*
- BOX 2: Location of Occurrence.  
BOX 5: The period over which the Occurrence condition existed. Instantaneous, indefinite or unknown classifications must be identified.  
BOX 6: The facility type **must** be ticked or stated.  
BOX 7: More than one element **could** be ticked.

## DETAILS OF THE EQUIPMENT ATTRIBUTING TO THE OCCURRENCE

- BOX 9: **Frequency** (Radio) appropriate to equipment and occurrence, if applicable.  
BOX 10: **Callsign** – Navaid identification, SSR code or RTF callsign.  
BOX 11: **Location** – identify station or other physical location of equipment.  
BOX 12: More than one element **could** be identified. Additional channels, diversity, etc. must be stated where applicable. External information source completed with the equipment and/or the station/location.  
BOX 13: More than one element **could** be ticked. The categories apply to the subject equipment at the time of the Occurrence.  
BOX 15: Identification of appropriate RTF frequencies/radar source is necessary to secure recordings which may be vital to subsequent investigations.  
BOX 17: If records impounded, state source, effective date and retaining station.

## 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 Data 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 20 to 25 should be completed. The SCAA will respect the confidentiality and the Programme Manager Safety Management or delegated officer will contact you personally.