



Namibia Aviation Safety Occurrence Report

Occurrence Classification	Aviation Occurrence Type			
Choose an item.	Flight Operations	<input type="checkbox"/>	Air Navigation Services	<input type="checkbox"/>
Accident <input type="checkbox"/>	Aircraft Maintenance	<input type="checkbox"/>	Aerodrome & Ground Handling	<input type="checkbox"/>
Incident <input type="checkbox"/>	General Aviation	<input type="checkbox"/>	Technical	<input type="checkbox"/>
Hazard <input type="checkbox"/>	AVSEC	<input type="checkbox"/>		

When and Where?			
Date of Occurrence:	Click here to enter a date.	UTC Time of Incident	HHMM
Location of Occurrence:	Insert Airport, position, place or lat/long co-ords		

Details of Occurrence	
Headline:	Briefly describe the type of occurrence. (i.e. Runway Incursion/Engine Failure etc)
Narrative:	Describe the occurrence in detail.
Include full descriptions of the events and contributory factors that led up to the occurrence where applicable. State any measures and mitigations that may have assisted in the recovery of the event.	

Safety Alerts - Did any of these alerts trigger to assist in identifying the safety occurrence?								
Airborne:	E-GPWS/TAWS etc.	<input type="checkbox"/>	TCAS (TA	<input type="checkbox"/>	or RA	<input type="checkbox"/>	Stall Warning Systems	<input type="checkbox"/>
Ground:	STCA	<input type="checkbox"/>	MSAW	<input type="checkbox"/>	Runway Incursion Monitor	<input type="checkbox"/>	Airspace Intruder	<input type="checkbox"/>



1st Aircraft

Aircraft Details –

Callsign: Flight ID. Aircraft Registration: National Registration Mark
 Operator: Operator Name Persons on Board: Insert crew and pax
 Operation type: Scheduled/non-scheduled/pvt etc
 Aircraft Type: ICAO Designator Serial No: Insert if known
 Manufacturer Model and Series: Manufacturer, Model and Series
 Pilot in Command details (if known) Name and contact number of PIC – Leave blank if anonymous

Flight Details

Aerodrome of Departure: ICAO Designator Planned Destination: ICAO Designator
 Phase of flight: Choose an item. Flight Rules: Choose an item.
 Aircraft Altitude or Flight Level: Specify Alt or FL Aircraft Speed: Specify TAS/IAS/Mach etc
 Name of Specific procedure flown: SID/STAR/Instrument Approach Procedure/Airway etc

2nd Aircraft

Aircraft Details –

Callsign: Flight ID. Aircraft Registration: National Registration Mark
 Operator: Operator Name Persons on Board: Insert crew and pax
 Operation type: Scheduled/non-scheduled/pvt etc
 Aircraft Type: ICAO Designator Serial No: Insert if known
 Manufacturer Model and Series: Manufacturer, Model and Series
 Pilot in Command details (if known) Name and contact number of PIC

Flight Details

Aerodrome of Departure: ICAO Designator Planned Destination: ICAO Designator
 Phase of flight: Choose an item. Flight Rules: Choose an item.
 Aircraft Altitude or Flight Level: Specify Alt or FL Aircraft Speed: Specify TAS/IAS/Mach etc
 Name of Specific procedure flown: SID/STAR/Instrument Approach Procedure/Airway etc

Airspace

FIR Event occurred in: Insert FIR Designator or Name Airspace Sector: e.g. Windhoek Approach.
 RTF Frequency: Insert Frequency and band Airspace Type: Choose an item.
 Class of Airspace: A B C D E F G Segregated Special Use
 Danger Prohibited Restricted Unclassified
 Services provided: Aerodrome Control Aerodrome Flight Information Services (AFIS)
 Approach Control Surveillance Procedural
 Area Control Surveillance Procedural Oceanic
 Flight Information Service Alerting Service Search and Rescue
 Aeronautical Information Air Traffic Management Services
 CNS Equipment Contribution: Communication Navigation Surveillance
 ATM Contribution to the event? Choose an item. Effect on ATM Service: Choose an item.

Weather (Insert as relevant)

Met Conditions: Choose an item. Wind Direction HHH Degrees Wind Speed KTS kt gusting KTS kt
 Wind measured at Choose an item. Cloud Cover: Choose an item. Cloud-base Insert Cloudbase ft.
 Visibility Insert Visibility meters Visibility restrictions Insert rain/dust/sand/fog/mist/haze etc.
 Temperature: Temp °C Dew Point: Temp °C Light Conditions Choose an item.
 Turbulence Type and Intensity: Type and Intensity of Turb Windshear Conditions: Windshear
 Precipitation Type: Choose an item. Precipitation Intensity: Choose an item.
 METAR and TAF Info: Insert METAR or TAF as applicable



Aircraft Separation

Horizontal Relative Movement: Choose an item.
 Required Horizontal Separation: Distance Actual Horizontal Separation: Distance
 Required Vertical Separation: Feet/Metres Actual Vertical Separation: Feet/Metres

Information on Other Aircraft: Before the evasive manoeuvre was the crew aware of other aircraft:

Traffic Information by ATC Monitoring ATC Frequency (SA)
 Broadcast by other Aircraft Other Aircraft Seen
 Monitoring TCAS (No Alert issued) Not Aware of other aircraft

Avoidance Action

Issued by ATC TCAS RA Crew See and Avoid Other Specify
 Type of Avoidance Action Taken Describe the Avoidance climb/descend/turn etc.

Bird and Wildlife Encounters

Species type (if known): Insert type of bird or animal if known Size of Wildlife/Bird: Choose an item.
 Number Seen: Number seen Number Struck by aircraft: Number Struck
 Part(s) of aircraft Struck: Parts of ACFT Struck Damage to Aircraft: Details of damage caused to Aircraft

Aerodrome Operations

Aerodrome where Event Occurred: ICAO Designator
 Position on the Aerodrome: Click here to enter text.

FOD Reports

Type of FOD (if known): Click here to enter text. Damage: Click here to enter text.
 Origin of FOD (if known): Click here to enter text.

Spillages and Environmental Damage

Type of Fluid Spilled: Click here to enter text.
 Position of Spill/Environmental Damage: Click here to enter text.
 Impact of Spill/Environmental Damage: Click here to enter text.
 Origin of Spill/Environmental Damage: Click here to enter text.
 Agency responsible for removal/rehab: Click here to enter text.

Aerodrome Infrastructure

Runway Designator: Click here to enter text. Description: Click here to enter text.
 Taxiway Designator: Click here to enter text. Description: Click here to enter text.
 Apron Designator: Click here to enter text. Description: Click here to enter text.
 Other AD Infrastructure (e.g. Fence, Signage, Marking etc) Description: Click here to enter text.

Ground Handling Equipment involved

Click here to enter text.



Injuries and Damage

Number of Persons Injured

	Fatal	Serious	Minor
Aircraft 1	Insert No.	Insert No.	Insert No.
Aircraft 2	Insert No.	Insert No.	Insert No.
On Ground	Insert No.	Insert No.	Insert No.

Persons Incapacitated

Duties of Person(s) Incapacitated: Choose an item.
 Cause of Incapacitation: Insert what caused incapacitation

Damage

Highest Damage to ACFT Choose an item. Other Objects Damaged Describe other object

Description of Structure of Parts Damaged	Description of Other objects Damaged
Click here to enter text	Click here to enter text.

Aviation Security

- | | | |
|---|--|--|
| Interference with Aviation Ops <input type="checkbox"/> | Screening Event <input type="checkbox"/> | Aviation Security Emergency <input type="checkbox"/> |
| Suspicious Activity or items <input type="checkbox"/> | Screening Syst. Failure <input type="checkbox"/> | Procedural Failure <input type="checkbox"/> |
| Unauthorised Access <input type="checkbox"/> | Unscreened Access <input type="checkbox"/> | Prohibited Item/Weapon <input type="checkbox"/> |
| Disruptive Persons <input type="checkbox"/> | Bomb Threat <input type="checkbox"/> | Misuse of Permit/ID Doc <input type="checkbox"/> |
-
- | | | |
|----------------------------------|--|---|
| Incident assessed? | Threat received by | |
| Genuine <input type="checkbox"/> | Airport Operator <input type="checkbox"/> | Airline (Airport Office) <input type="checkbox"/> |
| Hoax <input type="checkbox"/> | Airport Security <input type="checkbox"/> | Airline (Aircraft Crew) <input type="checkbox"/> |
| | Air Traffic Control <input type="checkbox"/> | Other: Specify. <input type="checkbox"/> |

Hazards and Threats

Any hazards or threats identified in the notification of occurrence report

Hazards/Threats identified by reporter	Recommended Actions to address hazard/threat

Reporting

Date Reported: Click here to enter a date. Time reported: Time reported
 Report Originator: Person or organization reporting (optional)
 Contact Details: Phone number or email

Reference Number: Click here to enter text.
 Investigator Assigned: Click here to enter text.