



OCCURRENCE REPORT

AIRCRAFT TYPE & SERIES	REGISTRATION	OPERATOR	DATE	LOCATION / POSITION / RW	TIME UTC	Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight <input type="checkbox"/>
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FLIGHT CREW REPORT

FLIGHT NO.	ROUTE FROM	ROUTE TO	FL / AL / HT(FT)	IAS (KTS)	IFR <input type="checkbox"/>	VFR <input type="checkbox"/>	TCAS RA YES <input type="checkbox"/> NO <input type="checkbox"/>	ETOPS YES <input type="checkbox"/> NO <input type="checkbox"/>
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NATURE OF FLIGHT	Pax <input type="checkbox"/>	Freight <input type="checkbox"/>	Positioning <input type="checkbox"/>	Ferry <input type="checkbox"/>	Test <input type="checkbox"/>	Training <input type="checkbox"/>	Business <input type="checkbox"/>	Survey <input type="checkbox"/>	Pleasure <input type="checkbox"/>	Club <input type="checkbox"/>	Group <input type="checkbox"/>	Private <input type="checkbox"/>
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FLIGHT PHASE	Parked <input type="checkbox"/>	Taxying <input type="checkbox"/>	Take-off <input type="checkbox"/>	Init Climb <input type="checkbox"/>	Climb <input type="checkbox"/>	Cruise <input type="checkbox"/>	Descent <input type="checkbox"/>	Holding <input type="checkbox"/>	Approach <input type="checkbox"/>	Landing <input type="checkbox"/>	Circuit <input type="checkbox"/>	Aerobatics <input type="checkbox"/>	Hover <input type="checkbox"/>
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ENVIRONMENTAL DETAILS																						
WIND		CLOUD			PRECIPITATION				OTHER METEOROLOGICAL CONDITIONS						RUNWAY STATE							
DIRN.	SPEED (kt)	TYPE	HT (ft)	8TH	Rain <input type="checkbox"/>	Snow <input type="checkbox"/>	Sleet <input type="checkbox"/>	Hail <input type="checkbox"/>	VISIBILITY	ICING			TURBULENCE			OAT (°C)	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Ice <input type="checkbox"/>	Snow <input type="checkbox"/>	Slush <input type="checkbox"/>	
					<input type="checkbox"/> Light	<input type="checkbox"/> Med	<input type="checkbox"/> Heavy		km/m	<input type="checkbox"/> Light	<input type="checkbox"/> Med	<input type="checkbox"/> Severe	<input type="checkbox"/> Light	<input type="checkbox"/> Med	<input type="checkbox"/> Severe		CATEGORY			<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III

BRIEF TITLE
DESCRIPTION OF OCCURRENCE

Any procedures, manuals, publications (eg.: AIC, AD, SB, etc.) directly relevant to the occurrence and (when appropriate) compliance state of aircraft, equipment or documentation.	
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To be sent to: Aeronautical Licensing Directorate, Civil Aviation Affairs, Ministry of Transportation, P. O. Box 586, Kingdom of Bahrain – Fax: +973 17 321061 /E-mail: Aerolicensing@mol.gov.bh

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 submitted voluntary (i.e. not subject to mandatory requirements) can the information be disseminated 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. FAX	REPORTER'S REF		REPORT		REPORTER'S INVESTIGATIONS		FOR RECORD RETAINED	
E-MAIL					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)			