



OCCURRENCE REPORT

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

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"/> |
|--------------|---------------------------------|----------------------------------|-----------------------------------|-------------------------------------|--------------------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|-------------------------------------|--------------------------------|

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"/> | |
| | | | | | Light <input type="checkbox"/> | Med <input type="checkbox"/> | Heavy <input type="checkbox"/> | | km/m | Light <input type="checkbox"/> | Med <input type="checkbox"/> | Severe <input type="checkbox"/> | Light <input type="checkbox"/> | Med <input type="checkbox"/> | Severe <input type="checkbox"/> | | CATEGORY | | | I <input type="checkbox"/> | II <input type="checkbox"/> | III <input type="checkbox"/> |

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. | |
|---|--|

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@mot.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 |
|-------------------------------------|------|----------|
|-------------------------------------|------|----------|

| | | | |
|---|------------------------------|--|---|
| 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| HOURS CYCLES LANDINGS | | | | HOURS CYCLES 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"/> |
| NAME | | | POSITION | | | | TEL | | |
| E-MAIL | | | | | | DATE (dd/mm/yyyy) | | | |