



# Namibia Aviation Safety Occurrence Reporting Form

FSS-GEN-FORM 014 Version 20-22

### For Official Use

Occurrence Reference Number:

Investigator Assigned:

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"/>		

### Place and Time of Occurrence

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.  TCAS (TA  or RA  Stall Warning Systems

Ground: STCA  MSAW  Runway Incursion Monitor  Airspace Intruder



1 <sup>st</sup> Aircraft Details –			
Callsign:	Flight ID.	Aircraft Registration:	National Registration Mark
Operator:	Operator Name	No. of 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		
<b>Pilot in Command details</b> (if known)	Name and contact number of PIC – Leave blank if anonymous		
License Type	PPL/CPL etc		
License number	TA/PA....etc	Expiry	Click or tap to enter a date.
Medical Class	C1/2/1.	Validity	Click or tap to enter a date.
Ratings	Instr/IFR/Acft type etc .	Validity	Click or tap to enter a date.
Recency: License Prof Check	Click or tap to enter a date.		
Hours: All types PIC:	hrs.		
On type:	hrs		
On type PIC:	hrs.		
Last 90 days:	hrs		
Last 28 days:	hrs		
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		

2 <sup>nd</sup> Aircraft Details –			
Callsign:	Flight ID.	Aircraft Registration:	National Registration Mark
Operator:	Operator Name	No. of 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		
<b>Pilot in Command details</b> (if known)	Name and contact number of PIC – Leave blank if anonymous		
License Type	PPL/CPL etc		
License number	TA/PA....etc	Expiry	Click or tap to enter a date.
Medical Class	C1/2/1.	Validity	Click or tap to enter a date.
Ratings	Instr/IFR/Acft type etc .	Validity	Click or tap to enter a date.
Recency: License Prof Check	Click or tap to enter a date.		
Hours: All types PIC:	hrs.		
On type:	hrs		
On type PIC:	hrs.		
Last 90 days:	hrs		
Last 28 days:	hrs		
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 <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
	E <input type="checkbox"/>	F <input type="checkbox"/>	G <input type="checkbox"/>	Segregated <input type="checkbox"/>
	Danger <input type="checkbox"/>	Prohibited <input type="checkbox"/>	Restricted <input type="checkbox"/>	Unclassified <input type="checkbox"/>
Services provided:	Aerodrome Control	<input type="checkbox"/>	Aerodrome Flight Information Services (AFIS)	<input type="checkbox"/>



Approach Control	Surveillance	<input type="checkbox"/>	Procedural	<input type="checkbox"/>		
Area Control	Surveillance	<input type="checkbox"/>	Procedural	<input type="checkbox"/>	Oceanic	<input type="checkbox"/>
Flight Information Service	<input type="checkbox"/>	Alerting Service	<input type="checkbox"/>	Search and Rescue	<input type="checkbox"/>	
Aeronautical Information	<input type="checkbox"/>	Air Traffic Management Services	<input type="checkbox"/>			
CNS Equipment Contribution: Communication	<input type="checkbox"/>	Navigation	<input type="checkbox"/>	Surveillance	<input type="checkbox"/>	
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
<i>Information on Other Aircraft: Before the evasive manoeuvre was the crew aware of other aircraft:</i>			
Traffic Information by ATC	<input type="checkbox"/>	Monitoring ATC Frequency (SA)	<input type="checkbox"/>
Broadcast by other Aircraft	<input type="checkbox"/>	Other Aircraft Seen	<input type="checkbox"/>
Monitoring TCAS (No Alert issued)	<input type="checkbox"/>	Not Aware of other aircraft	<input type="checkbox"/>
<i>Avoidance Action</i>			
Issued by ATC	<input type="checkbox"/>	TCAS RA	<input type="checkbox"/>
Crew See and Avoid	<input type="checkbox"/>	Other	<input type="checkbox"/>
Type of Avoidance Action Taken	Specify 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.		
<b>FOD Reports:</b>			
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			
<b>Type of Fluid Spilled:</b>	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.		
<b>Aerodrome Infrastructure:</b>			
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"/>
<b>Incident assessed:</b>		<b>Threat received by:</b>			
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"/>

**Dangerous Goods:**

Dangerous goods on board or released from aircraft?  
 YES  NO

**Description**

**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:




**Likelihood and Severity rating by reporter**

(mark the appropriate potential consequence and likelihood of reoccurrence): (optional)

Frequent	<input type="checkbox"/>	Catastrophic	<input type="checkbox"/>
Occasional	<input type="checkbox"/>	Hazardous	<input type="checkbox"/>
Remote	<input type="checkbox"/>	Major	<input type="checkbox"/>
Improbable	<input type="checkbox"/>	Minor	<input type="checkbox"/>
Extremely Improbable	<input type="checkbox"/>	Negligible	<input type="checkbox"/>

**Reporting**

Date Reported: [Click here to enter a date.](#) Time reported:

Report Originator:

Contact Details:

Contact Details:

Request Feedback: \*

\*please fill in these fields if you would like feedback on your report