ATS OCCURRENCE REPORTING FORM

for ATS personnel to report an occurrence caused by an aircraft or vehicle, by your own or another Unit, an allege violation of ATS provisions or clearances, equipment/ATC Procedures shortcomings, etc.

1. DATE / TIME OF OCCURRENCE (IN UTC)					2. DAY OR NIGHT	3. GEOLOCATION OF OCCURRENCE
YY	MM	DD	hh	mm	--SELECT--	

4. AIRCRAFT INVOLVED

OPERATOR	CALL SIGN AND REGISTRATION	TYPE	ADEP	ADES	FLT ALTITUDE OR HEIGHT	
					ACTUAL	DEARED

SSR CODE	MODE C	RELEVANT ROUTE SEGMENT	FLT RULES	
				IFR VFR Spec
				IFR VFR Spec

5. RTF FREQUENCY / COMMUNICATION AND SURVEILLANCE EQUIPMENT USED	6. CLASS OF ATC AIRSPACE	7. TYPE OF AIRCRAFT SERVICE
	A ☐ C ☐ E ☐ G ☐ B ☐ D ☐ F ☐	

8. ESTIMATED VERTICAL DISTANCE (METERS/FEET)	10. AUTOMATED WARNING SYSTEM
	--SELECT--
9. ESTIMATED HORIZONTAL DISTANCE (NM/KM/MINUTES)	**11. TRAFFIC INFORMATION GIVEN**
	--SELECT--
13. WAS WEATHER CONSIDERED RELEVANT? (IF YES, INCLUDE DETAILS IN BOX 14)	**12. HAVE YOU REVIEWED RELEVANT RTF AND/OR SURVEILLANCE**
--SELECT--	--SELECT--

14. DESCRIPTION OF OCCURRENCE WITH DIAGRAM, IF NECESSARY; CAUSES AND FACTORS BELIEVED RELEVANT TO OCCURRENCE; SUGGESTED CHANGES AND IMPROVEMENTS, IF APPROPRIATE

USE ADDITIONAL FORMS IF NECESSARY

15. ASSESSMENT OF WORKLOAD	16. TIME SINCE LAST BREAK	17. START TIME OF SHIFT		18. NAME OF YOUR ATS/UNIT ANS SECTOR
		UTC	LT	
--SELECT--				

19. ON DUTY AS:	FOR OFFICE USE ONLY:
	When completed, please send to: State Civil Aviation Agency of the Republic of Azerbaijan
20. YOUR NAME AND LOCAL DATE	Fax: Tel: