ATS ENGINEERING OCCURRENCE REPORT

NOTES: (i) See Instructions and Expanatory Notes;

(ii) When completed please send to : State Cvil Aviation Agency of the Republic of Azerbaijan

Fax:

Tel:

(iii) Complete and /or check boxes/fields 1-25 as appropriate.

Original to FSD

Make additional photocopies as required

1. CATEGORIES OF OCCURRENCE

☐ ACCIDENT ☐ INCIDENT ☐ PROCEDURAL ☐ FAILURE ☐ HAZARD

2. OCCURRENCE LOCATION	3. DATE 4. Time	5. DURATION ON	6. ATS FACILTY	7. SERVICE AFFECTED
			--SELECT--	AIR NAVIGATION

8. EQUIPMENT TYPE/MANUFACTURER	9. FREQUENCY	10. CALLSIGN	11.EQUIPMENT LOCATION

12.FACILITY CONFIGURATION	13. EQUIPMENT STATUS	14. PREVIOUS DEFECTS /OCCURRENCES?	15.RTF FREQUENCIES/RADAR SOURCE
--SELECT-- --SELECT--	--SELECT--	--SELECT--	

16. NARRATIVE	17.Recordings impounded	18. Can the information be disseminated in the interest of flight safety?	19. Other fault report action
use a diagram if necessary (attach copies of all relevant information)	--SELECT--	YES ☐ NO ☐	

20. Name	21. Organization/ Position continue on additional forms if necessary	22. Start time and duration of shift	23. Address & Phone (if reporter wishes to be contacted privately)

24. Signature	25. Date

See the reverse side for the explanation of terms and use

ADVICE ON THE COMPLETION OF THE CAA ATS ENGINEERING MOR FORM

USE AND EXPLANATION OF TERMS IN BOXES

BOX 1:

Check one or more category of occurrence.

ACCIDENT / INCIDENT: A reportable occurrence

PROCEDURAL: A reportable occurrence attributed to procedural aspects including operation and maintenance of any facility on the ground.

FAILURE: A reportable occurrence attributed to any defect in or malfunctioning of any facility on the ground.

HAZARD: A potential accident, incident or failure.

EXPLANATORY NOTES

GENERAL: Complete all boxes. If NOT APPLICABLE use N/A, or if NOT KNOWN use N/K. Jargon and uncommon abbreviations must be avoided.

BOX 5: The period over which the Occurrence condition existed. Instantaneous, indefinite or unknown classifications **must** be identified

BOX 6: The facility type **must** be marked.

BOX 7: More than one element **could** be selected.

DETAILS OF THE EQUIPMENT ATTRIBUTING TO THE OCCURRENCE

BOX 9: **Frequency** (Radio) appropriate to equipment and occurrence, if applicable

BOX 10: **Callsign** - Navaid identification, SSR code or RTF callsign.

BOX 11: **Location** - Identify station or other physical location of equipment

BOX 12: More than one element **could** be identified. Additional channels, diversity, etc. must be stated where applicable. External information source completed with equipment and/or the station/location.

BOX 13: More than one element **could** be selected. The categories apply to the subject equipment at the time of the Occurrence.

BOX 15: Identification of appropriate RTF frequencies/radar source is necessary to secure recordings which may be vital to subsequent investigations.

BOX 17: If records impounded, state source, effective date and retaining station.

BOX 19: Other fault reporting action, including contact with agencies, must be stated. It is important to ensure that any involved agency is informed of the reporting action. Normal, immediate fault action takes precedence over MOR reporting action.

CONFIDENTIAL REPORTS

A report may be submitted confidentially. Please clearly annotate the top of the form "CONFIDENTIAL". The second copy need not be forwarded to local management. BOXES 20 to 25 should be completed. The SCAA will respect the confidentiality and the assigned person will contact you personally.