



GAMBIA CAA Occurrence Reporting Form

If report is CONFIDENTIAL – mark clearly at the top and provide contact address/Tel No. Your wish will be respected.

GCAA OCCURRENCE REPORT

- NOTES; (I) See Instruction and Explanatory Notes.
 (II) Circle or fill in boxes as required. **PLEASE USE BLACK BALL POINT PEN**

For official use
 CAA Occurrence No.
 Date received:

AIRCRAFT TYPE & SERIES	REGISTRATION	OPERATOR	DATE	LOCATION/POSITION/RW	TIME UTC	DAY NIGHT TWILIGHT		
ENGINE TYPE & SERIES	CREW:	CAPT.	F/O:	OTHER CREW				
FLIGHT NR	ROUTE FROM	ROUTE TO	FL/ALT/H T(FT)	IAS (KTS)	ETOPS			
					YES	NO		
NATURE OF FLIGHT	PAX	FREIGHT	POSITIONING	FERRY	TEST	TRAINING	BUSINESS	AGRICULTURAL
	SURVEY	PLEASURE	CLUB GROUP	PRIVATE	TEST	PARACHUTING	TOWING	
FLIGHT PHASE	PARKED	TAXIING	TAKEOFF	INITIAL CLIMB	CLIMB	CRUISE	DECENT	
FLIGHT PHASE Continued	HOLDING	APPROACH	LANDING	CIRCUIT	HOVER	AEROBATIC		
FUEL DUMPED: TIME				QUANTITY:				
AIRCRAFT CONFIGURATION	AIRCRAFT WEIGHT IN KG:	CREW/PAX	TECH LOG REF SHEET/ITEM	DR's KIT USED		RESTRAINT KIT USED		INJURIES NIL/No. _____
				NO	YES	NO	YES	
GENERAL INFORMATION:	AUTO PILOT	AUTO THRUST	LANDING	GEAR	FLAP	SLAT	SPOILER	
ENVIRONMENTAL DETAILS:								

WIND		CLOUD			PRECIPITATION				OTHER METEOROLOGICAL CONDITIONS			
DIRN	SPEED (kts)	TYPE	HT (ft)	8th	RAIN	SNOW	SLEET	HAIL	VISIBILITY	ICING		
					LIGHT	MOD	HEAVY		KM/M	LIGHT	MOD	SEVERE
OTHER METEOROLOGICAL CONDITIONS continues					OAT (C)			RUNWAY STATE				
TURBULENCE								DRY	WET	ICE	SNOW	SLUSH
LIGHT	MOD	SEVERE						CATEGORY		I	II	III
BRIEF TITLE												
DESCRIPTION OF OCCURRENCE (CAPTAIN'S REMARKS)												
Continue on a separate sheet if necessary.												
ANY PROCEDURES, MANUALS, PUBS (EG A/C, AD, SB etc) RELEVANT TO OCCURRENCE AND (WHEN APPROPRIATE) COMPLIANCE STATE OF AIRCRAFT EQUIPMENT OR DOCUMENTATION.												
GROUND STAFF REPORT												

AIRCRAFT CONSTRUCTOR's NR	ENGINE TYPE/SERIES	ETOPS APPROVED	GROUND PHASE	AIRCRAFT BELOW 5700KG ONLY – MAINTENANCE ORGANISATION	
				TEL NO.	
COMPONENT/PART	MANUFACTURER	PART NR	SERIAL NR	MANUAL REF	COMPONENT OH/REPAIR ORGANISATION

DESCRIPTION OF OCCURRENCE CONTINUED

DESCRIPTION OF OCCURRENCE CONTINUED

ORGANISATION	NAME	POSITION	SIGNATURE	DATE

IF REPORT IS VOLUNTARY (IE, NOT SUBJECT TO MANDATORY REQUIREMENTS) CAN BE PUBLISHED IN THE INTEREST OF SAFETY?	YES	ADDRESS AND TEL NO. (IF REPORTER WISHES TO BE CONTACTED PRIVATELY	<p>NOTE 1: IF ADDITION INFORMATION, AS BELOW, IS AVAILABLE PLEASE PROVIDE</p> <p>NOTE 2: IF THE OCCURRENCE IS RELATED TO A DESIGN OR MANUFACTURING DEFICIENCY, THE MANUFACTURERE SHOULD ALSO BE ADVISED PROMPTLY</p> <p>NOTE 3: WHERE APPLICABLE, A REPORT OF THIS INCIDENT SHOULD BE FORWARDED DIRECTLY TO OTHER AGENCIES INVOLVED, EG. AERODROME AUTHORITY, ATC AGENCY</p>
	NO		

REPORTING ORGANISATION – REPORT

ORGANISATION COMMENTS – ASSESSMENT/ACTION TAKEN/SUGGESTION 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						
CYCLE					CYCLE						
LANDINGS					LANDINGS						
ORGANISATION	TEL/FAX	REPORTER REF	REPORT		REPORTER INVESTIGATION			FDR DATA RETAINED			
			NEW	SUPPL	NIL	CLOSED	O P E N	YES	N O		
NAME	POSITION	SIGNATURE	DATE								