

## **SIERRA LEONE CIVIL AVIATION AUTHORITY**

Form No: AC-AGA045 Rev.00

## **SAFETY OCCURRENCE REPORTING AT A ERODROMES**

Note:

- The purpose of this form is to satisfy the mandatory requirements to inform the Authority of any reportable incident and/or issues (occurrence). Accordingly this report must be submitted to the Authority as soon as practicable following the events depicted below and in all cases not more than 8 hours.
- For additional comments or continuation of Narrative, attach numbered pages and record number of additional pages
- Please scan and email this form and any attachments to aerodromeinfo@slcaa.gov.sl or mail to the address below
- Items marked with are mandatory
- \*\* For Phase of Flight at Time of Incident, enter one of the following: Parked, Pushback, Taxi, Take-off, Climb Descent, Approach,

Landing, Go-around, Under Tow, Circuit or N/A  vi. *** For Type of Service enter one of the following: Passenger, Cargo, General Aviation, Aircraft Maintenance, Military, Repositioning, Training or Other(s) (Specify)  Training or Other(s) (Specify)											
vii. For wildlife incidents, please fill out form AC-010B Rev00  I. GENERAL											
Type of Incident			d Incide ursion	ent [	☐ Taxiway Incursion  t ☐ Collision/Strike O  ☐ Fire/Explosion/Fu		Cargo Related Incident bject Passenger Related Incident mes Emergency Declaration				
Aerodrome *			Date *	Time of Incident *	Location of Incident			☐ Terminal			
			(dd-	-mm-yyyy)	(GMT)		(Design		Taxiway [ Apron [	☐ Hanger ☐ Building	
									Bay	Other (Specify)	
			□Park	ked		$\Box$ Taxiing			□Take-off		
	Flight Phase		□Clin	□Climb			□Hover			□Cruise	
Flight Phase			□Circuit			□Aerobatics			□Holding		
			□Dec	ent	]	□Approach		□Landing			
				iculture							
□Fa		□Nil		☐Flight delayed/cancelled			☐Aborted take-off				
			□Fail	ure to get airbo	rne.	☐Emergency/precautionary decent			☐Emergency landing		
Effect on Fl	ight		□Go-	around/missed	approach [	☐ Abnormal approach			□Diversion		
If weather is factor included description of	le in		□Turi	n-back	□Engine(s) shutdown		☐ Significant loss of control/performance				
acsempnon c	og occur.		□Avo	iding action	□Overweight landing		☐ Abnormal landing				
		□Run	way excursion	]	Other (specify)						
			II.	AIRCRA	FT/VEHICLES INV	OLVED A	AND PH	IASE OF FLIG	HT		
Operato	or	Flight	No.	Aircraft Reg or Vehicle ID		Route	From	Route To	Phase of Flight **	Type of Service ***	
III. METEOROLOGICAL CONDITIONS AT TIME OF INCIDENT											
☐ Day		☐ Dusk		V	isibility	Ceiling (feet)		Wind (Dir. / Speed)	Temperatur (C°)	e Precipitation	
□ Day □ Dawn		☐ Night		VIS	RVR					Yes	
								□ No			
IV. AERODROME CONDIT  Aerodrome Surface Conditions Contamination Type							Emergency Response Services				
☐ Dry ☐ Wet						☐ Sand ☐ Full Emergency		Local Standby			
☐ Damp ☐ Water Patches			hes	□ Water □	Fluid Domestic Response				☐ Off Airport Crash		
[	☐ Floo	ded		□ FOD [	☐ Chemical ☐	Mud	☐ Dan	gerous Goods		Airport Crash	

	☐ Aircraft Ground Incident								
	V. AERODROME OCCURENCE								
□Physical surface deficiency	☐ Surface marking defici	ency $\square$ Apro	☐ Apron management deficiency						
□Physical obstruction	☐ Equipment/installation	deficiency \( \subseteq \text{Wild} \)	☐Wildlife incursion						
☐Public protection deficiency	☐Others (specify)								
□ Injuries to persons									
VI. DANGEROUS GOOD									
□Spillage/leakage	□Fumes/gas/smoke/fire	□Miss	/non-declaration						
☐Others (specify)									
VII. DESCRIPTION OF THE INCIDENT									
Name of Reporting Officer *	Signature	Job Title	Department *						
FOR OFFICIAL USE									
Occumence Deference Number									
Occurrence Reference Number: Assigned Inspector:									
Assigned inspector.									
Note: The objective of reporting occurrences is to provide information for the Sierra Leone Civil Aviation Authority to improve flight safety. This is achieved by analysis of safety-related trends so that preventative actions may be taken. Therefore, your cooperation in notifying, reporting and investigating safety-related occurrences is requested so that together we can achieve a safer aviation environment.									
Please complete and forward this form and supporting documentation to the:									
The Director General,									
Sierra Leone Civil Aviation Authority:									
	3rd / 4th Floor, National Development Bank Building, 21/23 Siaka Stevens Street, Freetown,								
Sierra Leone.									

Phone: +232 75 954 925

Email: <u>info@slcaa.gov.sl</u> Cc: <u>aerodromeinfo@slcaa.gov.sl</u>