



SIERRA LEONE CIVIL AVIATION AUTHORITY

Form No:
AC-AGA045 Rev.00

SAFETY OCCURRENCE REPORTING AT A ERODROMES

- Note:
- i. 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.
 - ii. For additional comments or continuation of Narrative, attach numbered pages and record number of additional pages
 - iii. Please scan and email this form and any attachments to aerodromeinfo@slcaa.gov.sl or mail to the address below
 - iv. Items marked with * are mandatory
 - v. ** 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)
 - vii. For wildlife incidents, please fill out form AC-010B Rev00

I. GENERAL

Type of Incident	<input type="checkbox"/> Damage to Aircraft	<input type="checkbox"/> Taxiway Incursion	<input type="checkbox"/> Cargo Related Incident	<input type="checkbox"/> Fuel/Fluids Incident	
	<input type="checkbox"/> FOD Related Incident	<input type="checkbox"/> Collision/Strike Object	<input type="checkbox"/> Passenger Related Incident	<input type="checkbox"/> Evacuation	
	<input type="checkbox"/> Runway Incursion	<input type="checkbox"/> Fire/Explosion/Fumes	<input type="checkbox"/> Emergency Declaration	<input type="checkbox"/> Others (Specify)	
	<input type="checkbox"/> Manoeuvring Area Excursion	<input type="checkbox"/> Injuries to Persons	<input type="checkbox"/> Equipment/Infrastructure/System Failure or Malfunction		
Aerodrome *	Date * (dd-mm-yyyy)	Time of Incident * (GMT)	Location of Incident (Designator)	<input type="checkbox"/> Runway	<input type="checkbox"/> Terminal
				<input type="checkbox"/> Taxiway	<input type="checkbox"/> Hanger
				<input type="checkbox"/> Apron	<input type="checkbox"/> Building
				<input type="checkbox"/> Bay	<input type="checkbox"/> Other (Specify)

Flight Phase	<input type="checkbox"/> Parked	<input type="checkbox"/> Taxiing	<input type="checkbox"/> Take-off
	<input type="checkbox"/> Climb	<input type="checkbox"/> Hover	<input type="checkbox"/> Cruise
	<input type="checkbox"/> Circuit	<input type="checkbox"/> Aerobatics	<input type="checkbox"/> Holding
	<input type="checkbox"/> Decent	<input type="checkbox"/> Approach	<input type="checkbox"/> Landing
	<input type="checkbox"/> Agriculture		

Effect on Flight	<input type="checkbox"/> Nil	<input type="checkbox"/> Flight delayed/cancelled	<input type="checkbox"/> Aborted take-off
	<input type="checkbox"/> Failure to get airborne	<input type="checkbox"/> Emergency/precautionary decent	<input type="checkbox"/> Emergency landing
	<input type="checkbox"/> Go-around/missed approach	<input type="checkbox"/> Abnormal approach	<input type="checkbox"/> Diversion
	<input type="checkbox"/> Turn-back	<input type="checkbox"/> Engine(s) shutdown	<input type="checkbox"/> Significant loss of control/performance
	<input type="checkbox"/> Avoiding action	<input type="checkbox"/> Overweight landing	<input type="checkbox"/> Abnormal landing
	<input type="checkbox"/> Runway excursion	<input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/>	

II. AIRCRAFT/VEHICLES INVOLVED AND PHASE OF FLIGHT

Operator	Flight No.	Aircraft Reg. or Vehicle ID	Aircraft/Vehicle Type	Route From	Route To	Phase of Flight **	Type of Service ***

III. METEOROLOGICAL CONDITIONS AT TIME OF INCIDENT

<input type="checkbox"/> Day <input type="checkbox"/> Dawn	<input type="checkbox"/> Dusk <input type="checkbox"/> Night	Visibility		Ceiling (feet)	Wind (Dir. / Speed)	Temperature (C°)	Precipitation	
		VIS	RVR					<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. AERODROME CONDITIONS AT TIME OF INCIDENT

Aerodrome Surface Conditions	Contamination Type	Emergency Response Services
<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Damp <input type="checkbox"/> Water Patches <input type="checkbox"/> Flooded	<input type="checkbox"/> Fuel <input type="checkbox"/> Rubber <input type="checkbox"/> Sand <input type="checkbox"/> Water <input type="checkbox"/> Oil/Hydraulic <input type="checkbox"/> Fluid <input type="checkbox"/> FOD <input type="checkbox"/> Chemical <input type="checkbox"/> Mud	<input type="checkbox"/> Full Emergency <input type="checkbox"/> Local Standby <input type="checkbox"/> Domestic Response <input type="checkbox"/> Off Airport Crash <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> On Airport Crash

