


ATC Occurrence Report Form - CAASL/AS/001

	Civil Aviation Authority of Sri Lanka ATC Occurrence Report Form		CAA/AS/001			
<p>Completed Form should be submitted to Director General of Civil Aviation, Civil Aviation Authority, No. 152/1, Minuwangoda Road, Katunayake. Email: <i>sldgca@caa.lk</i> with a copy to <i>mgrasm@caa.lk</i>, <i>amasm@caa.lk</i> or Fax: +94 11 2257154 Additional information which is required, not categorized under the given fields shall be included in the narrative or note.</p>						
ATC Centre						
<input type="checkbox"/> ACC	<input type="checkbox"/> APP-BIA	<input type="checkbox"/> Tower - BIA	<input type="checkbox"/> Tower-RMA	<input type="checkbox"/> Other – specify		
General Details						
Category	<input type="checkbox"/> Accident	<input type="checkbox"/> Airprox	<input type="checkbox"/> Incident	<input type="checkbox"/> Infringement		
	<input type="checkbox"/> Other, please specify					
Date:	Time: UTC (HH:MM)	<input type="checkbox"/> Day <input type="checkbox"/> Night	Occurrence Position:			
Details	Aircraft 1		Aircraft 2		Aircraft 3	
Operator						
Call Sign						
Type & Registration of A/C						
From						
To						
SSR Code						
Mode C Displayed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speed						
Position						
Altitude/FL						
Endurance						
Flight Rules						

Details – ATS				
RTF Frequencies:	Radar or Procedural Control Equipment:	Equipment unserviceability:	QNH:	Runway in use:
Class & Type of Airspace				
<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> G
		<input type="checkbox"/> CTR	<input type="checkbox"/> CTA	<input type="checkbox"/> TMA
		<input type="checkbox"/> FIR	<input type="checkbox"/> Other – specify	
Was Prescribed Separation Lost? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alert Activation: <input type="checkbox"/> Collision <input type="checkbox"/> Conflict Alert	<input type="checkbox"/> TCAS <input type="checkbox"/> STCA <input type="checkbox"/> SMF	
Minimum Separation: Horizontal NM Vertical ft		Traffic Info. Given By ATC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Avoiding Action Taken by ATC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Title (Summery):				
Narrative – use a diagram if necessary (Aerodrome submit weather report including local and regional QNH)				
ATS Unit:	Time since last break:	Start time of shift (UTC):	Radar recordings held <input type="checkbox"/> Yes <input type="checkbox"/> No	
RTF recording held <input type="checkbox"/> Yes <input type="checkbox"/> No	List other agencies advised:			
Watch Officers Name and the watch:				
Reporting officers Name:				
Signature:			Date:	