



REPUBLIC OF GHANA

SAFETY REPORTING FORM



GHANA CIVIL AVIATION AUTHORITY

GCAA Reference:

Submitted as a

Confidential Report

Yes No

Note: Provide contact address/Tel no. even if report is CONFIDENTIAL. Your identity will be protected):

A. EVENT CLASSIFICATION			
INCIDENT <input type="checkbox"/>	SERIOUS INCIDENT <input type="checkbox"/>	ACCIDENT <input type="checkbox"/>	OTHER <input type="checkbox"/>

B. AIRCRAFT DESCRIPTION:			
1. AIRCRAFT TYPE & SERIES:	2. REGISTRATION:	3. DATE OF OCCURRENCE dd/mm/yyyy	4. TIME OF EVENT HH:MM
6. OPERATOR	7. LOCATION/POSITION/RW		5. DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/>

C. FLIGHT INFORMATION:					
8. FLIGHT NO.	9. ROUTE FROM	10. ROUTE TO:	11. FL <input type="checkbox"/> ALT/HT (FT) <input type="checkbox"/>	12. IAS (KT)	13. IFR <input type="checkbox"/> VFR <input type="checkbox"/>
14. TCAS RA YES <input type="checkbox"/> NO <input type="checkbox"/>	15. EDTO YES <input type="checkbox"/> NO <input type="checkbox"/>	16. NATURE OF FLIGHT		17. FLIGHT PHASE	



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D. ENVIRONMENTAL DETAILS:				
18. WIND		19. CLOUD		20. PRECIPITATION
DIRN.	SPEED (kt)	TYPE	HT (fr)	

E. OTHER METEOROLOGICAL CONDITIONS:			
VISIBILITY	ICING	TURBULENCE	OAT (°C)
KM <input type="checkbox"/> M <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

F. RUNWAY DETAILS:	
21. RUNWAY STATE	22. RUNWAY CATEGORY

G. SECOND AIRCRAFT DETAILS:	
23. SECOND AIRCRAFT/VEHICLE INVOLVED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE PROVIDE REGISTRATION.
24. DESCRIPTION OF OCCURENCE	



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25. Any procedures, manuals, pubs. (AIC, AD, SB etc.) directly relevant to occurrence and (where appropriate) compliance state of aircraft, equipment or documentation.	
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H. GROUND STAFF REPORT DETAILS:					
26. CONSTRUCTION NO.	27. ENGINE TYPE/SERIES	28. EDTO APPROVED		29. GROUND PHASE	30. MAINTENANCE ORGANIZATION
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	MAINTENANCE <input type="checkbox"/> GROUND HANDLING <input type="checkbox"/> UNATTENDED <input type="checkbox"/>	TELL:

I. MANUFACTURER DETAILS:			
31. COMPONENT/PART	32. MANUFACTURER	33. PART NO.	34. SERIAL NO.
35. REFERENCES: - MANUAL/ATA/IPC		36. COMPONENT OVERHAUL/REPAIR ORGANISATION	



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J. REPORTERS DETAILS:			
37. ORGANISATION AND APPROVAL REFERENCE			
38. NAME OF REPORTER		39. POSITION	
40. SIGNATURE		41. DATE dd/mm/yyyy	
42. If report is voluntary (i.e not subject to mandatory requirements) can the information be published in the interests of safety?	YES <input type="checkbox"/> NO <input type="checkbox"/>	43. Address and tel. no. (if reporter wishes to be contacted privately).	<p>NOTE 1: If additional information, as below, is available, please provide.</p> <p>NOTE 2: If the occurrence is related to a design or manufacturing.</p> <p>NOTE 3: Where applicable, a report of this incident should be forwarded directly to other agencies involved e.g. Aerodrome Authorities.</p> <p>NOTE 4: If report is voluntary, a Voluntary Report Form may be completed in addition to this form.</p>
44. REPORTING ORGANISATION – REPORT			
ORGANISATION COMMENTS – ASSESSMENT/ACTION TAKEN/SUGGESTIONS FOR PREVENTION OF FUTURE OCCURRENCES			



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45. AIRCRAFT UTILISATION				46. ENGINE/COMPONENT UTILISATION				47. MANUFACTURER ADVISED ?	
	TOTAL	SINCE OH/REPAIR	SINCE INSPECTION		TOTAL	SINCE OH/REPAIR	SINCE INSPECTION		
HOURS				HOURS					
LANDINGS				CYCLES					
48. REPORTING ORGANISATION				49. REPORTER'S REF	50. REPORT	51. REPORTER'S INVESTIGATION		52. FDR DATA RETAINED	
EMAIL :									
TEL. :					NEW <input type="checkbox"/> SUPPL <input type="checkbox"/>	NIL <input type="checkbox"/> CLOSED <input type="checkbox"/> OPEN <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
FAX :									