



REPUBLIC OF GHANA

# ATC SAFETY REPORTING FORM



GHANA CIVIL AVIATION AUTHORITY

Submitted as a Confidential Report

Yes  No

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

### A. OCCURRENCE

#### 1. CATEGORY OF OCCURRENCE:

ACCIDENT  INCIDENT  SERIOUS INCIDENT  OTHER

2. OCCURRENCE POSITION

3. FL  ALT/HT (FT)

4. DATE

dd/mm/yyyy

5 Time – UTC

HH:MM

6. DAY  NIGHT

### B. AIRCRAFT DETAILS

OPERATOR(S)	CALL SIGN(S)/REGISTRATION(S)	TYPE(S) OF A/C	FROM	TO	SSR CODE(S)	MODE C DISPLAYED	IFR/VFR/SVFR
7.	8.	9.	10.	11.	12.	13. YES <input type="checkbox"/> NO <input type="checkbox"/>	14.
15.	16.	17.	18.	19.	20.	21. YES <input type="checkbox"/> NO <input type="checkbox"/>	22.
23.	24.	25.	26.	27.	28.	29. YES <input type="checkbox"/> NO <input type="checkbox"/>	30.



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C. GROUND FACILITIES				
31. RTF Frequencies	32. Radar Equipment	33. Equipment Underviceabilities	34. QNH	35. Runway in use

D. AIRSPACE DETAILS				
36. CLASS & TYPE OF AIRSPACE		37. ATS PROVIDED		38. SID/STAR/ROUTE
39. Was prescribed separation lost? YES NO <input type="checkbox"/> <input type="checkbox"/>	40. Min Separation Horizontal.....NM Vertical.....ft	41. Alert Activation Collision <input type="checkbox"/> Conflict <input type="checkbox"/> TCAS <input type="checkbox"/> Alert <input type="checkbox"/> STCA <input type="checkbox"/> SMF <input type="checkbox"/>	42. Traffic info given by ATC? YES NO <input type="checkbox"/> <input type="checkbox"/>	43. Avoiding action given by ATC? YES NO <input type="checkbox"/> <input type="checkbox"/>

44. NARRATIVE – use a diagram if necessary (Aerodromes submit weather report including local and regional QNH).

Continue on a separate sheet if necessary.



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## E. REPORTER'S DETAILS

45. Name of Reporter .....	46. On duty as .....	47. ATS Unit .....	48. Time since last break HH:MM .....	49. Start time of shift (UTC) HH:MM .....	50. Radar recordings Held YES <input type="checkbox"/> NO <input type="checkbox"/>
51. RTF recordings held YES <input type="checkbox"/> NO <input type="checkbox"/>	52. List other agencies advised ..... ..... ..... .....	53. Sign .....	54. Date (dd/mm/yyyy) .....		
55. Address ..... .....56. Telephone .....					