



REPUBLIC OF GHANA

ENGINEERING 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. EVENT DESCRIPTION

1. Categories of Occurrence:

INCIDENT SERIOUS INCIDENT ACCIDENT OTHER

| | | | | |
|------------------------|--------------------------|---------------------------------------|--|---------------------|
| 2. Occurrence Location | 3. DATE (dd/mm/yyyy) | 5. Duration (Hours, Days, Weeks, etc) | 6. CNS/ ATMS Facility <input type="checkbox"/> Communication <input type="checkbox"/> Navigation Aid <input type="checkbox"/> Surveillance <input type="checkbox"/> Power <input type="checkbox"/> Other: | 7. Service Affected |
| | 4. Time (UTC) HH : mm | | | |

B. FACILITY DETAILS

| | | | |
|--------------------------------|--------------|-------------------------|-------------------------|
| 8. Equipment Type/Manufacturer | 9. Frequency | 10. Identification Code | 11. Equipment Location: |
|--------------------------------|--------------|-------------------------|-------------------------|



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| | | | |
|---|-----------------------------|--|--|
| 12. Facility Configuration In service or <input type="checkbox"/> Out of service <input type="checkbox"/> Main Mode or <input type="checkbox"/> Standby/Test <input type="checkbox"/> Channel (1) <input type="checkbox"/> or Channel (2) <input type="checkbox"/> Other: <input type="checkbox"/> External Information Source: | 13. Equipment Status | 14. Previous Defects/Occurrences Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/> | 15. RTF Frequencies/ Radar Source |
|---|-----------------------------|--|--|

16. NARRATIVE – use a diagram if necessary (attach copies of all relevant information)

| C. REPORT DETAILS | | | |
|---|---|----------------------------------|--|
| 17. Recordings impounded Yes <input type="checkbox"/> No <input type="checkbox"/> | 18. Can the information be disseminated in the interests of flight safety? Yes <input type="checkbox"/> No <input type="checkbox"/> | 19. Name of Reporter: | 20. Address & Telephone number (if the reporter wishes to be contacted privately) |
| | | 21. Organisation/Position | |



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| | | |
|--|---|------------------------------|
| <p>22. Other fault report action(s):</p> <p><input type="checkbox"/> ATS SMS Report #: _____ (e.g. 1261/C44114)</p> <p><input type="checkbox"/> Local Reporting #: _____</p> <p>Other (Please indicate report made):</p> | <p>23. Start time and duration of shift</p> | <p>24. Date (dd/mm/yyyy)</p> |
|--|---|------------------------------|

25. Statement