

**The Government of The Turks and Caicos Islands
Civil Aviation Authority**



ATS Occurrence Report

Please complete and submit this form online using the button at the bottom of page 2. Your completed form will be emailed back to you with a unique ID number and the date and time of submission (GMT/BST):

1. ATS OCCURRENCE							
Categories Of Occurrence							
1 ACCIDENT	AIRPROX	INCIDENT	ABANL	INFRINGEMENT			
2 Occurrence Position	3 FL ALT/HT (FT)	4 Date (dd/mm/yyyy)		5 Time - UTC (hh:mm)		6 Day Night	
OPERATOR	CALLSIGN/REGN	TYPE	FROM	TO	SSR CODE	MODE C DISPLAYED	IFR/VFR/SVFR
7	8	9	10	11	12	13 YES NO	14
15	16	17	18	19	20	21 YES NO	22
23	24	25	26	27	28	29 YES NO	30
31 RTF Frequencies		32 Radar Equipment		33 Equipment Unserviceabilities		34 QNH	35 Runway in use
36 CLASS & TYPE OF AIRSPACE			37 ATS PROVIDED			38 SID/STAR/ROUTE	
39 Was prescribed separation lost?	40 Min Separation Horizontal.....NM Vertical.....ft	41 Alert Activation Collision Conflict Alert TCAS STCA SMF		42 Traffic info given by ATC? YES NO		43 Avoiding action given by ATC? YES NO	

2. ENGINEERING OCCURRENCE				
Categories of Occurrence				
44 ACCIDENT	INCIDENT	PROCEDURAL	FAILURE	HAZARD
45 Occurrence Location	46 Date (dd/mm/yyyy) UTC (hh:mm).	47 Duration	48 ATS Facility RTF Radar Nav-aid Other:	49 Service Affected
50 Equipment Type/Manufacturer	51 Frequency	52 Callsign		53 Equipment Location
54 Facility Configuration In service or Out of service Main Mode or Standby/Test Channel A(1) or B(2) or Other External Information Source:		55 Equipment Status		56 Previous Defects/Occurrences? Yes No Not Known
				57 RTF Frequencies/Radar Sources

3. BRIEF TITLE**Summary:**

58 NARRATIVE - use a diagram if necessary (Aerodromes submit weather report including local and regional QNH)

continue on additional forms if necessary.

4. OTHER INFORMATION

59 RTF Recordings Held YES NO Recordings impounded YES NO Details:		60 Can the information be disseminated in the interests of flight safety? YES NO		61 Other fault report action: Local Reporting: Other:	
62 Reporters details: Name: Organisation/Position:			63 Address and Telephone No.: (if the reporter wishes to be contacted privately): Telephone No.:		
64 ATS Unit			65 Email (this is required to acknowledge receipt):		
66 On duty as:		67 Start time of shift:		68 Duration of shift:	
69 Date (dd/mm/yyyy)					