

ATM / CSN occurrence reporting form

- Sep. Min. Infr. RWY Incursion Airspace Infr.
 Level bust ATM Specific Clearance dev.

Name of submitter and contact:

Date UTC (yyyy-mm-dd)	Time UTC (hh:mm)	Occurrence place:		Geographic coordinates	
Technical object		Place	Latitude		<input type="checkbox"/> N <input type="checkbox"/> S
		FIR	Longitude		<input type="checkbox"/> E <input type="checkbox"/> W

ACFT 1	Operator	Call sign	Registration	ACFT type	ADEP	ADES	Flight rules	Type of flight
	FL (actual)	FL (cleared)	Crew's action according to clearance?		ACAS		Traffic information?	<input type="checkbox"/> GAT <input type="checkbox"/> OAT
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

ACFT 2	Operator	Call sign	Registration	ACFT type	ADEP	ADES	Flight rules	Type of flight
	FL (actual)	FL (cleared)	Crew's action according to clearance?		ACAS		Traffic information?	<input type="checkbox"/> GAT <input type="checkbox"/> OAT
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Actual separation	Vertical	Horizontal	Required separation	Vertical	Horizontal	ACFT tracks	<input type="checkbox"/> Crossing	<input type="checkbox"/> Opposite (reciprocal)	<input type="checkbox"/> Same
ft	ft	NM	ft	ft	NM		<input type="checkbox"/> Converging	<input type="checkbox"/> Diverging	<input type="checkbox"/> Unknown

Airspace class			ATS service	ATS unit name	Sector name	Automatic warning devices	If radio / radar recordings have been secured?	
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> G	Other	<input type="checkbox"/> Not classified
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Occurrence description

Initial risk assessment

(according to ESARR 2 - EAM/GUI 1)

- AA A B C D E F

Decision of the SCAAI (PKBWL) about occurrence investigation (to be filled by SCAAI)

Occurrence class	State file number
To be investigated/supervised by	
Investigator in charge / Supervisor from the SCAAI	
To be notified to:	<input type="checkbox"/> Operator / user <input type="checkbox"/> Authorities of the state of the owner, manufacturer, designer <input type="checkbox"/> ICAO <input type="checkbox"/> EASA
Contact with SCAAI: ALARM phone: +48 500 233 233 phone: +48 22 630 11 31 fax: +48 22 630 11 17 e-mail: pkbwl@mib.gov.pl	Stamp and sign of the SCAAI Chairman

Remarks:

- In case of lack of information required in particular field please leave that field empty.