FLIGHT CREW AIR SAFETY REPORT

1. EVENT	AIRPROX	ATC PROCEDURAL	TCAS RA	WAKE TURB	BIRD STRIKE	SECURITY
☐ ASR	☐ (BOX 31/32)	☐ (BOX 31/32)	☐ (BOX 31/32)	☐ (BOX 33)	☐ (BOX 34)	☐ (BOX 35)

TICK ALL WHAT APPLY INCLUDING RELEVANT BOXES ON REVERSE OF FORM

2. CAPT I/D doc. NO.	CO-PILOT I/D NO.	OTHER CREW

3. DATE OF OCCURRENCE	4. UTC / LT	5. FLT NO./CALLSIGN	6. SECTOR	7. TRANSPONDER
DD MM YYYY	-SELECT-		_ _ _ _ - _ _ _ _ FROM TO DIVERTE	

8.A/C TYPE	9.REGISTRATION	10. PAX/CREW	11. FUEL JETTISONED	12. ETOPS
		--SELECT--	KG	--SELECT--

13. ALTITUDE/Flt level	14.SPEED/MACH NR	15. A/C WEIGHT	16. TECH LOG REF

17. FLIGHT PHASE	18. AIRPORT AND STAND
--SELECT--	
	19. GOEG POSITION / CO-ORDS FIR/Way Point

20. MET	21. WX ACTUAL	22. SIGNIFICANT WX
IMC VMC_____KM	WIND VIS CLOUD TEMP QNH / km / °C _ _ _ _ _	--SELECT--

23. RUNWAY	24. RUNWAY STATE	25. CONFIGURATION
	RVR_ _ _ _ --SELECT--	A.PILOT / A.THRUST / GEAR / FLAP / SLAT / SPOILERS _

26. SUMMARY (CONCISE DESCRIPTION OF THE EVENTS INCLUDING OTHER A/C DETAILS IF APPLICABLE e.g. A/C TYPE, MARKINGS, COLOUR, LIGHTING etc.	MOR If you consider this event to be a Mandatory Occurrence please tick the box and it will be forwarded to the SCAA ☐

27. DELAY IF ANY	28. OTHER INFORMATION AND SUGGESTIONS FOR PREVENTIVE ACTION
☐	

29. ACTIONS AND RESULTS (ACTION TAKEN, THEIR RESULTS AND ANY SUBSEQUENT EVENT)

SEE THE REVERSE SIDE

FLIGHT CREW AIR SAFETY REPORT (REVERSE SIDE)

30. STATION ENGINEER'S STATION MANAGERS REPORT

31. AIRPROX* / ATC PROCEDURAL* and/or TCAS RA* (*Delete as applicable)

Mark passage of other aircraft relative to you in plan on the left and in elevation on the right assuming YOU are at the center of each diagram. Indicate appropriate scale.

SEVERITY OF THE RISK TO A/C	--SELECT--	MINIMUM VERTICAL SEPARATION	_ FT
AVOIDING ACTION TAKEN	YES ☐ ☐ NO	MNIMUM HORIZONTAL SEPARATION	_ M /MM*
REPORTED TO ATC	_ UNIT	TCAS ALERT	--SELECT--
ATC INSTRUCTIONS ISSUED	FQ IN USE _	TYPE OF RA	_ _ _ _ _ _ _ _ _ _ _ _
HEADING	_ DEG	WAS RA FOLLOWED YES ☐ NO ☐	(VERTIC. DEV. _ FT)
CLEARED ALTITUDE / FL*	_ _ _ _ _ _ _	WAS TCAS ALERT YES ☐ NO ☐	--SELECT--

32. AIRCRAFT POSITION DIAGRAM

▲

View from above (horizontal plane: meters* ☐ or NM* ☐

☐ ☐ ☐ ☐ ☐ ☐

▲

View from astern (vertical plane: ft) ☐

33. WAKE TURBULENCE

HEADING	_ _ _ _ DEG	
TURNING	-SELECT-	
POSITION ON GLIDESLOPE	-SELECT-	
POSITION ON EXTENDED CENTERLINE	-SELECT-	
CHANGE IN ATTITDE PITCH_ _ _ROLL_ _ _YAW _ _ _ DEG_ _ _		
CHANGE IN ALTITUDE		
WAS THERE BUFFET ☐ YES/NO ☐ STICK SHAKE?	☐ YES/NO ☐	
WHAT MADE YOU SUSPECT WAKE TURBULENCE?		
DESCRIBE ANY VERTICAL ACCELERATION		
GIVE DETAILS OF PRECEDING A/C (TYPE/CALLSIGN etc)		
WERE YOU AWARE OF OTHER A/C BEFORE THE INCIDENT	☐ YES / NO ☐	

34. BIRD STRIKE

TYPE OF BIRDS	--SELECT--
NUMBER SEEN	--SELECT--
NUMBER STRUCK	--SELECT--
TIME	--SELECT--

DESCRIBE IMPACT POINTS AND DAMAGE

35. SECRITY RELATED OCURRENCES

NARRATVE:

SIGNATURE	RANK

FILING INSTRUCTIONS

FLIGHT CREW **Immediatelly after landing hand to :**

At "BAKU"

CONTROLLER: **DUTY OPERATIONS**

At All Other Stations **DUTY MANAGER**

REPORTING OFFICIAL on receipt forward immediately to:

State Civil Aviation Agency of the Republic of Azerbaijan

Fax:

Tel:

ORIGINAL TO SCAA **CHIEF SAFETY DEPARTMENT**