



## OCCURRENCE REPORT

|                        |              |          |      |                          |             |                                                                                                     |
|------------------------|--------------|----------|------|--------------------------|-------------|-----------------------------------------------------------------------------------------------------|
| AIRCRAFT TYPE & SERIES | REGISTRATION | OPERATOR | DATE | LOCATION / POSITION / RW | TIME<br>UTC | Day <input type="checkbox"/><br>Night <input type="checkbox"/><br>Twilight <input type="checkbox"/> |
|------------------------|--------------|----------|------|--------------------------|-------------|-----------------------------------------------------------------------------------------------------|

## FLIGHT CREW REPORT

|            |            |          |                  |           |                                                              |                                                                     |                                                                   |
|------------|------------|----------|------------------|-----------|--------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------|
| FLIGHT NO. | ROUTE FROM | ROUTE TO | FL / AL / HT(FT) | IAS (KTS) | IFR <input type="checkbox"/><br>VFR <input type="checkbox"/> | TCAS RA<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | ETOPS<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------|------------|----------|------------------|-----------|--------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------|

|                  |                              |                                  |                                      |                                |                               |                                   |                                   |                                 |                                   |                               |                                |                                  |
|------------------|------------------------------|----------------------------------|--------------------------------------|--------------------------------|-------------------------------|-----------------------------------|-----------------------------------|---------------------------------|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|
| NATURE OF FLIGHT | Pax <input type="checkbox"/> | Freight <input type="checkbox"/> | Positioning <input type="checkbox"/> | Ferry <input type="checkbox"/> | Test <input type="checkbox"/> | Training <input type="checkbox"/> | Business <input type="checkbox"/> | Survey <input type="checkbox"/> | Pleasure <input type="checkbox"/> | Club <input type="checkbox"/> | Group <input type="checkbox"/> | Private <input type="checkbox"/> |
|------------------|------------------------------|----------------------------------|--------------------------------------|--------------------------------|-------------------------------|-----------------------------------|-----------------------------------|---------------------------------|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|

|              |                                 |                                  |                                   |                                     |                                |                                 |                                  |                                  |                                   |                                  |                                  |                                     |                                |
|--------------|---------------------------------|----------------------------------|-----------------------------------|-------------------------------------|--------------------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|-------------------------------------|--------------------------------|
| FLIGHT PHASE | Parked <input type="checkbox"/> | Taxying <input type="checkbox"/> | Take-off <input type="checkbox"/> | Init Climb <input type="checkbox"/> | Climb <input type="checkbox"/> | Cruise <input type="checkbox"/> | Descent <input type="checkbox"/> | Holding <input type="checkbox"/> | Approach <input type="checkbox"/> | Landing <input type="checkbox"/> | Circuit <input type="checkbox"/> | Aerobatics <input type="checkbox"/> | Hover <input type="checkbox"/> |
|--------------|---------------------------------|----------------------------------|-----------------------------------|-------------------------------------|--------------------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|-------------------------------------|--------------------------------|

| ENVIRONMENTAL DETAILS |            |       |         |     |                                |                               |                                |                               |                                 |                                |                              |                                 |                                |                              |                                 |          |                              |                              |                              |                               |                                |                              |
|-----------------------|------------|-------|---------|-----|--------------------------------|-------------------------------|--------------------------------|-------------------------------|---------------------------------|--------------------------------|------------------------------|---------------------------------|--------------------------------|------------------------------|---------------------------------|----------|------------------------------|------------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------|
| WIND                  |            | CLOUD |         |     | PRECIPITATION                  |                               |                                |                               | OTHER METEOROLOGICAL CONDITIONS |                                |                              |                                 |                                |                              | RUNWAY STATE                    |          |                              |                              |                              |                               |                                |                              |
| DIRN.                 | SPEED (kt) | TYPE  | HT (ft) | 8TH | Rain <input type="checkbox"/>  | Snow <input type="checkbox"/> | Sleet <input type="checkbox"/> | Hail <input type="checkbox"/> | VISIBILITY                      | ICING                          |                              |                                 | TURBULENCE                     |                              |                                 | OAT (°C) | Dry <input type="checkbox"/> | Wet <input type="checkbox"/> | Ice <input type="checkbox"/> | Snow <input type="checkbox"/> | Slush <input type="checkbox"/> |                              |
|                       |            |       |         |     | <input type="checkbox"/> Light | <input type="checkbox"/> Med  | <input type="checkbox"/> Heavy |                               | km/m                            | <input type="checkbox"/> Light | <input type="checkbox"/> Med | <input type="checkbox"/> Severe | <input type="checkbox"/> Light | <input type="checkbox"/> Med | <input type="checkbox"/> Severe |          | CATEGORY                     |                              |                              | <input type="checkbox"/> I    | <input type="checkbox"/> II    | <input type="checkbox"/> III |

|                           |
|---------------------------|
| BRIEF TITLE               |
| DESCRIPTION OF OCCURRENCE |

|                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any procedures, manuals, publications (eg.: AIC, AD, SB, etc.) directly relevant to the occurrence and (when appropriate) compliance state of aircraft, equipment or documentation. |
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| To be sent to: Aeronautical Licensing Directorate, Civil Aviation Affairs, Ministry of Transportation, P. O. Box 586, Kingdom of Bahrain – Fax: +973 17 321061 /E-mail: Aerolicensing@mot.gov.bh |
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| GROUND STAFF REPORT   |                    |                              |                             |                                      |                                          |                                      |
|-----------------------|--------------------|------------------------------|-----------------------------|--------------------------------------|------------------------------------------|--------------------------------------|
| A/C CONSTRUCTOR'S NO. | ENGINE TYPE/SERIES | ETOPS APPROVED               |                             | GROUND PHASE                         |                                          | MAINTENANCE ORGANISATION<br><br>TEL. |
|                       |                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | MAINTENANCE <input type="checkbox"/> | GROUND HANDLING <input type="checkbox"/> |                                      |
|                       |                    |                              |                             | UNATTENDED <input type="checkbox"/>  |                                          |                                      |

|                            |              |                                  |            |
|----------------------------|--------------|----------------------------------|------------|
| COMPONENT/PART             | MANUFACTURER | PART NO.                         | SERIAL NO. |
| REFERENCES:-MANUAL/ATA/IPC |              | COMPONENT OH/REPAIR ORGANISATION |            |

| ORGANISATION AND APPROVAL REFERENCE | NAME | POSITION |
|-------------------------------------|------|----------|
|-------------------------------------|------|----------|

|                                                                                                                                               |                              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE (dd/mm/yyyy)                                                                                                                             |                              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                     |
| If report is submitted voluntary (i.e. not subject to mandatory requirements) can the information be disseminated in the interests of safety? | YES <input type="checkbox"/> | Address and tel. no. (if reporter wishes to be contacted privately). | Note 1: If additional information, as below, is available, please provide.<br>Note 2: If the occurrence is related to a design or manufacturing deficiency, the manufacturer should also be advised promptly.<br>Note 3: Where applicable, a report of this incident should be forwarded directly to other agencies involved, e.g. Aerodrome Authority, ATC Agency. |
|                                                                                                                                               | NO <input type="checkbox"/>  |                                                                      |                                                                                                                                                                                                                                                                                                                                                                     |

| REPORTING ORGANISATION - REPORT                                        |
|------------------------------------------------------------------------|
| ORGANISATION COMMENTS – ASSESSMENT/ACTION TAKEN/SUGGESTIONS TO PREVENT |

| UTILISATION - AIRCRAFT      |                 |                  | UTILISATION – ENGINE/COMPONENT |                              |                                |                              | MANUFACTURER ADVISED            |                               |                              |                             |
|-----------------------------|-----------------|------------------|--------------------------------|------------------------------|--------------------------------|------------------------------|---------------------------------|-------------------------------|------------------------------|-----------------------------|
| TOTAL                       | SINCE OH/REPAIR | SINCE INSPECTION | TOTAL                          | SINCE OH/REPAIR              | SINCE INSPECTION               | YES <input type="checkbox"/> | NO <input type="checkbox"/>     |                               |                              |                             |
| HOURS<br>CYCLES<br>LANDINGS |                 |                  | HOURS<br>CYCLES<br>LANDINGS    |                              |                                |                              |                                 |                               |                              |                             |
| REPORTING ORGANISATION      |                 | TEL.<br><br>FAX  | REPORTER'S REF                 |                              | REPORT                         |                              | REPORTER'S INVESTIGATIONS       |                               | FOR RECORD RETAINED          |                             |
| E-MAIL                      |                 |                  |                                | NEW <input type="checkbox"/> | SUPPL <input type="checkbox"/> | NIL <input type="checkbox"/> | CLOSED <input type="checkbox"/> | OPEN <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| NAME                        |                 |                  | POSITION                       |                              |                                | TEL                          |                                 |                               |                              |                             |
| E-MAIL                      |                 |                  |                                |                              |                                | DATE (dd/mm/yyyy)            |                                 |                               |                              |                             |