



Civil Aviation Department (Barbados)

MANDATORY OCCURRENCE REPORT

Operator/Co. _____ Co. Ref. # _____

												ORGANIZATION REF NO.		BCAD OCCURRENCE NO.							
1. FLIGHT CREW REPORT																					
AIRCRAFT TYPE & SERIES				REGISTRATION			OPERATOR			DATE		LOCATION/POSITION/RW			CAPTAIN		CO-PILOT				
FLIGHT NR		ROUTE				TIME (UTC):				FLIGHT LEVEL/ALT (FT)			IAS		ETOPS						
		FROM:		TO:		DAY/NIGHT/TWILIGHT							YES		NO						
NATURE OF FLIGHT	PAX	FREIGHT	POSITIONING	FERRY	TEST	TRAINING	BUSINESS	AGRICULTURAL	SURVEY	PLEASURE	CLUB/GROUP	PRIVATE	PARACHUTING	TOWING							
FLIGHT PHASE	PARKED	TAXYING	TAKEOFF	INITIAL CLIMB	CLIMB	CRUISE	DESCENT	HOLDING	APPROACH	LANDING	CIRCUIT	AEROBATICS	HOVER								
ENVIRONMENTAL DETAILS																					
WIND			CLOUD			PRECIPITATION			OTHER METEOROLOGICAL CONDITIONS						RUNWAY STATE						
DIRN	SPEED (kts)		TYPE	HT (ft)	th	RAIN	SNOW	SLEET	HAIL	VISIBILITY	ICING		TURBULENCE			DAT (C)	DRY	WET	ICE	SNOW	SLUSH
						LIGHT	MODERATE	HEAVY		KMM	LIGHT	MOD	SEVERE	LIGHT	MOD	SEVERE					
CATEGORY I II III																					

BRIEF TITLE

2. DESCRIPTION OF OCCURRENCE (To be used for all occurrences reported on this form)

Use additional form if required, Tick here if additional form used

Results of subsequent investigation

Tick here If Part 4 includes action taken to avoid recurrence

Any procedures, manuals, publications, (e.g. AIC, AD, SB, etc) directly relevant to occurrence and compliance state of aircraft, equipment or documentation

ORGANIZATION	NAME	POSITION	SIGNATURE	DATE

3. GROUND STAFF REPORT															
A/C SERIAL NUMBER			ENGINE TYPE/SERIES			ETOPS APPROVED		GROUND			AIRCRAFT BELOW 5700KG ONLY – MAINTENANCE ORGANIZATION ETOPS APPROVED				
						YES	NO	MAINTENANCE							
								GROUND HANDLING							
								UNATTENDED							
COMPONENT/PART			MANUFACTURER			PART NR		SERIAL NR			MANUAL REF		COMPONENT OH/REPAIR ORGANIZATION		
UTILISATION - AIRCRAFT						UTILISATION - ENGINE/COMPONENT						MANUFACTURER ADVISED			
	TOTAL	SINCE OH/REPAIR	SINCE INSPECTION		TOTAL	SINCE OH/REPAIR	SINCE INSPECTION						YES	NO	
HOURS				HOURS											
CYCLES				CYCLES											
LANDINGS				LANDINGS											

4. REPORTING ORGANIZATION – REPORT

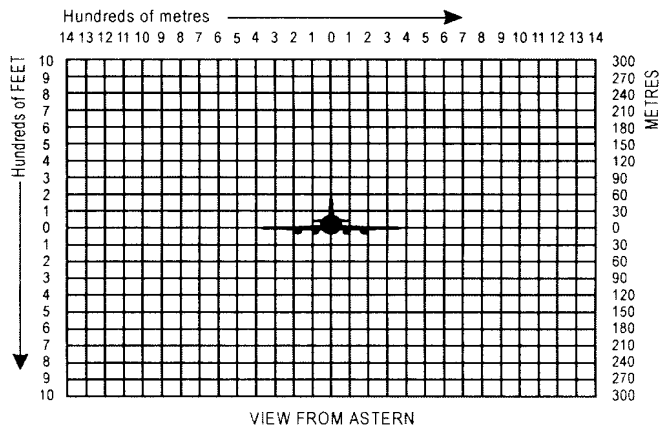
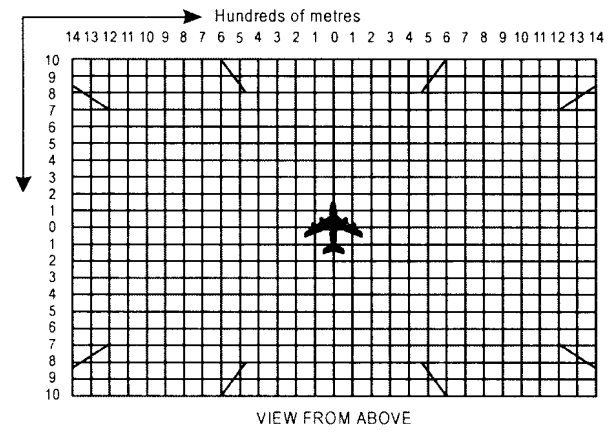
ORGANIZATION COMMENTS – ASSESSMENT/

ACTION TAKEN/SUGGESTIONS TO PREVENT RECURRENCE

ORGANIZATION	TEL/FAX	REPORTERS REF	REPORT	REPORTERS INVESTIGATION				FDR DATA RETAINED	
			NEW SUPPL	NIL	CLOSED	OPEN	YES	NO	
NAME	POSITION	SIGNATURE				DATE			

5. AIRMISS/ATC INCIDENT (DELETE AS APPLICABLE) and/or TCAS RA

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



HDG/RTE	TAS	FL/ALT SETTING	ATC INSTRUCTIONS ISSUED	CALLSIGN	FREQUENCY IN USE	HEADING	CLEARED ALTITUDE	MINIMUM VERTICAL SEPARATION	MINIMUM HORIZONTAL SEPARATION		
FROM: TO:			YES NO					FT	M/NM		
CLIMB/DESCENT: LEVEL <input type="checkbox"/>	CLIMBING <input type="checkbox"/>	DESCENDING <input type="checkbox"/>	BANK ANGLE: SLIGHT <input type="checkbox"/>			MODERATE <input type="checkbox"/>		STEEP <input type="checkbox"/>			
TCAS ALERT	TYPE OF RA	RA FOLLOWED	WAS TCAS ALERT USEFUL	AVOIDING ACTION TAKEN	DETAILS OF OTHER AIRCRAFT						
RA TA NONE	YES NO	YES NO	YES NO	YES NO	TYPE	MARKINGS	COLOUR	LIGHTING	CALLSIGN	ATTITUDE	AVOIDING ACTION TAKEN
RESTRICTIONS TO VISIBILITY: NONE <input type="checkbox"/>		SUNGLARE <input type="checkbox"/>	DIRTY WINDSCREEN <input type="checkbox"/>	WINDSCREEN PILLAR <input type="checkbox"/>	OTHER COCKPIT STRUCTURE <input type="checkbox"/>						

6 WAKE TURBULENCE

HEADING	TURNING			G/S POSITION		EXT C/L POSITION			CHANGE IN ATTITUDE			CHANGE IN ALTITUDE		ANY BUFFET		STICK SHAKE	
°	LEFT	RIGHT	NO	HIGH	LOW	LEFT	RIGHT	NO	PITCH	ROLL	YAW	°	FT	YES	NO	YES	NO

WHAT MADE YOU SUSPECT WAKE TURBULENCE

DESCRIBE ANY VERTICAL ACCELERATION

NAME	POSITION	SIGNATURE	DATE
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7. BCAD REVIEW OF ACTION TAKEN BY ORGANIZATION

SUMMARY OF FOLLOW-UP ACTION BY BCAD:

	OPEN
	CLOSED
NAME OF INSPECTOR _____	RECORD ENTERED IN DB
SIGNATURE _____	
DATE _____	