

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		41 Alert Activation		42 Traffic info given by ATC?		43 Avoiding action given by ATC?	
YES NO		Horizontal.....NM Vertical.....ft		Collision Conflict Alert TCAS STCA SMF		YES NO		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		49 Service Affected		
50 Equipment Type/Manufacturer		51 Frequency		52 Callsign		53 Equipment Location		
54 Facility Configuration			55 Equipment Status		56 Previous Defects/Occurrences?		57 RTF Frequencies/Radar Sources	
In service or Out of service Main Mode or Standby/Test Channel A(1) or B(2) or Other External Information Source:					Yes No Not Known			

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)