

Occurrence Report



CIVIL AVIATION AUTHORITY
OF NEW ZEALAND
Te Mana Rererangi Tūmatanui o Aotearoa

For Occurrence Notification please complete the applicable white areas on this page.
Then post or fax to CAA as soon as possible. If faxing this form send to +64 4 560 9469
To report an accident or serious incident phone: 0508 ACCIDENT (0508 222 433) Monitored 24 hours a day, seven days a week.
To report other safety or security concerns phone: 0508 4SAFETY (0508 472 338) Available office hours (voice mail after hours).
Remember - you can also get this form from the CAA Website and email to CA005@caa.govt.nz

Date of occurrence _____ Time _____ NZST NZDT UTC Location _____

Aircraft manufacturer and model _____ Aircraft registration **ZK** - _____

Operator _____ Client ID _____

POB _____ Number of injuries - Fatal _____ Serious _____ Minor _____
Crew Pax Crew Pax Crew Pax

Operational Details

Flight No./Call sign _____ Altitude _____ AGL ASL FTL Runway used _____

Departure point _____ Destination point _____ Nearest reporting point (NRP) _____

Distance and bearing from NRP _____ NM _____ ° VFR IFR VMC IMC

Scheduled OR non-scheduled Domestic OR International ETOPS

Nature of flight

<input type="checkbox"/> passenger A to A	<input type="checkbox"/> passenger A to B	<input type="checkbox"/> freight only
<input type="checkbox"/> agricultural	<input type="checkbox"/> other aerial work	<input type="checkbox"/> business/executive
<input type="checkbox"/> training dual	<input type="checkbox"/> training solo	<input type="checkbox"/> test or ferry/positioning
<input type="checkbox"/> private other	<input type="checkbox"/> parachuting	<input type="checkbox"/> air ambulance
<input type="checkbox"/> other (specify) _____		

Flight phase

<input type="checkbox"/> parked	<input type="checkbox"/> taxiing	<input type="checkbox"/> takeoff
<input type="checkbox"/> climb	<input type="checkbox"/> hover	<input type="checkbox"/> cruise
<input type="checkbox"/> circuit	<input type="checkbox"/> aerobatics	<input type="checkbox"/> holding
<input type="checkbox"/> descent	<input type="checkbox"/> approach	<input type="checkbox"/> landing

Effect on flight

<input type="checkbox"/> Nil	<input type="checkbox"/> flight delayed/cancelled	<input type="checkbox"/> aborted takeoff
<input type="checkbox"/> failure to get airborne	<input type="checkbox"/> emergency/precautionary descent	<input type="checkbox"/> emergency/precautionary landing
<input type="checkbox"/> go-around/missed approach	<input type="checkbox"/> abnormal approach	<input type="checkbox"/> diversion
<input type="checkbox"/> turnback	<input type="checkbox"/> engine(s) shutdown	<input type="checkbox"/> significant loss of control/performance
<input type="checkbox"/> avoiding action	<input type="checkbox"/> overweight landing	<input type="checkbox"/> abnormal landing
<input type="checkbox"/> runway excursion	<input type="checkbox"/> other (specify) _____	

If weather is a significant factor include in description of occurrence.

Description of Occurrence

Continue on a separate sheet if necessary.

Pilot in command's name _____ Licence number _____

Pilot flight hours in last 90 days _____ Flight hours on type _____ Total flight hours _____

Last checked IFR BFR OCA (Competency Assessment) by - name _____

Date checked _____ Check pilot's ID _____

Continue over page...

Type of Occurrence

Accident/incident	<input type="checkbox"/>	collision/strike object	<input type="checkbox"/>	component/system failure/malfunction	<input type="checkbox"/>	loss of control									
	<input type="checkbox"/>	engine power loss	<input type="checkbox"/>	damage to aircraft	<input type="checkbox"/>	airframe failure									
	<input type="checkbox"/>	fire/explosion/fumes	<input type="checkbox"/>	fuel/fluids occurrence	<input type="checkbox"/>	flight crew illness/incapacitation									
	<input type="checkbox"/>	injuries to persons	<input type="checkbox"/>	failure of emergency equip/procs	<input type="checkbox"/>	evacuation									
	<input type="checkbox"/>	passenger/cargo related occurrence	<input type="checkbox"/>	valid warning/alert system	<input type="checkbox"/>	invalid warning/alert system									
	<input type="checkbox"/>	emergency declaration	<input type="checkbox"/>	other (specify)											
	<hr/>														
	Airspace incident	Airspace ID - eg AA/TMA/C _____													
<input type="checkbox"/>		near collision	<input type="checkbox"/>	loss of separation	<input type="checkbox"/>	unauthorised altitude penetration									
<input type="checkbox"/>		unauthorised airspace incursion	<input type="checkbox"/>	breach of other clearance	<input type="checkbox"/>	pilot flight planning deficiency									
<input type="checkbox"/>		clearance/instruction deficiency	<input type="checkbox"/>	flight information deficiency	<input type="checkbox"/>	other (specify)									
<input type="checkbox"/>		TCAS Alert	<input type="checkbox"/>	RA	<input type="checkbox"/>	TA									
intruder relative altitude in feet _____						relative position _____	o'clock _____								
<hr/>															
Facility malfunction	Facility ID	Name		Facility type											
	<input type="checkbox"/>	failure/non availability	<input type="checkbox"/>	coverage/intensity deficiency	<input type="checkbox"/>	alignment/course deficiency									
	<input type="checkbox"/>	excessive bends/roughness	<input type="checkbox"/>	false overhead/distance indication	<input type="checkbox"/>	identification deficiency									
	<input type="checkbox"/>	readability deficiency	<input type="checkbox"/>	interference	<input type="checkbox"/>	other (specify)									
<hr/>															
Aerodrome occ.	<input type="checkbox"/>	physical surface deficiency	<input type="checkbox"/>	surface marking deficiency	<input type="checkbox"/>	wildlife incursion									
	<input type="checkbox"/>	physical obstruction	<input type="checkbox"/>	equipment/installation deficiency	<input type="checkbox"/>	apron management deficiency									
	<input type="checkbox"/>	public protection deficiency	<input type="checkbox"/>	other (specify)											
<hr/>															
Dangerous goods	<input type="checkbox"/>	spillage/leakage	<input type="checkbox"/>	fumes/gas/smoke/fire	<input type="checkbox"/>	mis/nondeclaration	<input type="checkbox"/>	other (specify)							
<hr/>															
Bird hazard	<input type="checkbox"/>	strike	<input type="checkbox"/>	near strike	Species	<input type="checkbox"/>	small	<input type="checkbox"/>	medium	<input type="checkbox"/>	large				
	Number seen		<input type="checkbox"/>	1	<input type="checkbox"/>	2-10	<input type="checkbox"/>	11-100	<input type="checkbox"/>	100+	Number hit				
		<input type="checkbox"/>	1	<input type="checkbox"/>	2-10	<input type="checkbox"/>	11-100	<input type="checkbox"/>	100+						
<hr/>															
Aircraft defect/ Engineering details	Major component/system affected _____														
	ATA code	Part defective													
	Manufacturer						Model								
	Part number						Serial number								
	TTIS	Hours	Cycles	TSO	Hours	Cycles	TSI	Hours	Cycles						
	Detection phase			<input type="checkbox"/>	unscheduled	OR	<input type="checkbox"/>	scheduled maintenance	Manufacturer advised			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Compliance with			<input type="checkbox"/>	AD	<input type="checkbox"/>	SB	Specify reference							
	Maintenance organisation						Client ID			Ph					
	Aircraft damage level			<input type="checkbox"/>	destroyed	<input type="checkbox"/>	substantial	<input type="checkbox"/>	minor	<input type="checkbox"/>				other (specify)	
	Aircraft disposal			<input type="checkbox"/>	write-off	<input type="checkbox"/>	repair	<input type="checkbox"/>	unknown	<input type="checkbox"/>				other (specify)	

Engineering Description of Incident

Continue on a separate sheet if necessary.

Submitter's Details

Name	Client ID	Tel:	Date
Attachments <input type="checkbox"/> sketches* <input type="checkbox"/> reports <input type="checkbox"/> photographs <input type="checkbox"/> others (specify)			
Submitter's investigation <input type="checkbox"/> open OR <input type="checkbox"/> closed		Submitter's reference number	
*If an accident, please supply a sketch of the site		We require more forms, please forward us _____ forms	

Investigation Report

Complete white areas only where applicable

This section of the form is intended to be completed by the reporter or reporter's organisation at the conclusion of their internal investigation. It may be submitted separately to the Occurrence Report. For further assistance with this section refer to Rule Part 12 Advisory Circular.

Date of occurrence	Time	<input type="checkbox"/> NZST <input type="checkbox"/> NZDT <input type="checkbox"/> UTC	Location	
Aircraft manufacturer and model			Aircraft registration	ZK-
Finding attributed to: name			Client ID	
Aviation document	Rule ref		Manual reference	

Non-compliance Non-conformance Observation Safety related concern Critical Major Minor

Description

Continue on a separate sheet if necessary.

Cause

Cause 1

Person/organisation		Category		Item	
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Cause 2

Person/organisation		Category		Item	
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Client's Closing Action

1

Completion date	
-----------------	--

2

Completion date	
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Estimated OR Actual cost of occurrence and corrective action \$NZ

Reporter's Details

Name		Position	
Organisation		Client ID	
Date		Tel:	
		Reporter's ref number	

Notification of Serious Harm or Accident under the Health and Safety in Employment Act

Required by section 25(1), (1A), (1B), and (3) (b) of the Health and Safety in Employment Act 1992.

1 Personal data of injured person:

Name

Residential Address

Date of Birth Sex (M/F)

2 Occupation or job title of injured person: (Employees and self-employed persons only)

3 The injured person is:

an employee a contractor (self-employed person)
 self other

4 Period of employment of injured person: (Employees only)

1st week 1st month 1-6 months
 6 months-1 year 1-5 years over 5 years
 non-employee

5 Treatment of injury:

None First aid only
 Doctor but no hospitalisation Hospitalisation

6 Cause (mechanism) of accident/serious harm:

fall, slip or trip hitting objects with part of the body
 sound or pressure being hit by moving objects
 body stressing heat, radiation or energy
 biological factors chemicals or other substances
 mental stress other

7 Source (agency) of accident/serious harm:

machinery or (mainly) fixed plant
 mobile plant or transport
 powered equipment, tool or appliance
 non-powered handtool, appliance or equipment
 chemical or chemical product
 material or substance
 environmental exposure (e.g. dust or gas)
 animal, human or biological agency (other than bacteria or virus)
 bacteria or virus
 other

8 Body part:

head neck trunk
 upper limb lower limb multiple locations
 systemic internal organs

9 Nature of injury or disease: fatal (specify all)

fracture of spine puncture wound
 other fracture poisoning or toxic effects
 dislocation multiple injuries
 strain or sprain damage to artificial aid
 head injury disease, nervous system
 internal injury of trunk disease, musculoskeletal system
 amputation, inc. eye disease, skin
 open wound disease, digestive system
 superficial injury disease, infectious or parasitic
 bruising or crushing disease, respiratory system
 foreign body disease, circulatory system
 burns tumour (malignant or benign)
 nerves or spinal cord mental disorder

10 If notification is from an employer:

(a) has an investigation been carried out? yes/no
(b) was a significant hazard involved? yes/no

Information Only

Serious harm includes death or . . .

- Any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration, crushing.
- Amputation of body part.
- Burns requiring referral to a specialist medical practitioner or specialist outpatient clinic.
- Loss of consciousness from lack of oxygen.
- Loss of consciousness or acute illness requiring treatment by a medical practitioner, from absorption, inhalation of any substance.
- Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within 7 days of the harm's occurrence.

Accident - means an event that causes any person to be harmed; or in different circumstances, might have caused any person to be harmed.

Harm - means illness, injury or both; and includes physical or mental harm caused by work-related stress.

CR MA MI

CAA Use Only

ACC ASP BRD ARC DEF DGD NIO
 HGA INC NRO PAA SEC PIO ADI

Rule Entered - Date Initials

TAIC advised Yes No Date Time

TAIC investigating Yes No TAIC reference [] [] [] [] [] [] [] []

Name of analyst Name of investigator Close on entry Yes No

Notes

Occurrence & Investigation Reports



The Civil Aviation Authority maintains a computer database which records all aviation-related occurrences.

The objective of reporting occurrences is to provide information for the CAA to improve flight safety. This is achieved by analysis of safety-related trends so that preventative actions may be taken.

Your cooperation in notifying, reporting and investigating safety-related occurrences is requested so that together we can achieve a safer aviation environment.

FREEPOST NO. 146123



Safety Analysis
 Civil Aviation Authority
 PO Box 3555
 Wellington 6140