

UNCONTROLLED IF PRINTED

AAFC 400.002
Aviation Safety Management System

Section 2

Annex A to
Chapter 3

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SEND COMPLETED REPORTS TO:

ATTN: Deputy Director Aviation Safety
Headquarters Aviation Training Directorate
Po Box 233
Edge Hill, QLD 4870

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Or email to
ddas.atd@aafc.org.au



AUSTRALIAN AIR FORCE CADETS
Headquarters Aviation Training Directorate

Staff – in – Confidence (after first entry)



AAFC AVIATION OCCURRENCE REPORT FORM (AAFC AVOCCREP)

The objective of this form is to report Aviation Occurrences that may happen during an AAFC activity.

DO NOT use this form to report:

- Aviation HAZARDS (use the HAZREP form)
- Aviation accident or incident report to ATSB (for immediately reportable matters use the ATSB Aviation Accident or Incident Notification form, and CASA REPCON, if required.)
- Ground safety incidents (unless directly related to aviation operations)
- Defence incident or fatality (use AC563 Defence OH&S incident report)

Once this page is completed, pass to ATF Flight Commander or Wing SAO to complete

Section A: Details of Reporter

Rank/Title:		Surname:		Other Names:	
Phone contact:			Posted or detachment position:		Wing or SQN:
Email contact:			Contact Address:		Postcode:
Your Duties:	<input type="checkbox"/> Instructor	<input type="checkbox"/> Pilot/Instructor	<input type="checkbox"/> Ground Handler	<input type="checkbox"/> Passenger	
	<input type="checkbox"/> Cadet	<input type="checkbox"/> Trainee	<input type="checkbox"/> Refueller	<input type="checkbox"/> Observer	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other (Detail).			

Section B: OCCURRENCE Details **Date:** (this form completed)

Date and time: of Incident		Location: also provide description e.g. Tarmac, runway # etc			
Did the occurrence involve any of the following:	<input type="checkbox"/> Aircrew/Ground crew (Specific personal issues)	<input type="checkbox"/> Refuelling	<input type="checkbox"/> Aerodrome procedures		
	<input type="checkbox"/> Ground operations	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Flight Operations		
Have any of the following reports been submitted: <i>If so please attach a copy</i>	<input type="checkbox"/> ATSB Aviation Accident or Incident report	<input type="checkbox"/> AC563 Defence OHS incident report		<input type="checkbox"/> Other	
	<input type="checkbox"/> GFA Accident / Incident report	<input type="checkbox"/> Wing Safety Incident Report			
Description of Occurrence: <i>Please clearly describe or attach other report</i>					
<i>Attach more sheets if required</i>					
Were any of the following conditions relevant to the Occurrence: <i>If yes, provide written comments</i>	<input type="checkbox"/> Weather Conditions				Comments:
	<input type="checkbox"/> Time of Day (lighting conditions)				
<input type="checkbox"/> Wildlife					
<input type="checkbox"/> Equipment					
<input type="checkbox"/> Aircraft/equipment maintenance					
<input type="checkbox"/> Component failure					
<input type="checkbox"/> Human performance issue (such as stress or fatigue)					
<input type="checkbox"/> Human error issue (such as mistake or violation)					
<input type="checkbox"/> Procedural issue (poor procedure)					

Staff – in – Confidence (after first entry)