

KUWAIT AVIATION OCCURRENCE REPORTING SYSTEM

OPERATIONS OCCURRENCE REPORT

TO BE COMPLETED BY PILOT-IN-COMMAND OR AUTHOR OF VOLUNTARY CONFIDENTIAL REPORT

DATE (DD/MM/YY) / / 20	TIME (UTC)	DAY <input type="checkbox"/>	NIGHT <input type="checkbox"/>	ETOPS	A/C TYPE AND SERIES	REGISTRATION 9K -	FLIGHT NO.	OPERATOR		
SECTOR OPERATED	GEOGRAPHICAL POSITION/AIRPORT			RUNWAY USED	ALTITUDE/FL	IAS Kts	OAT °C	WIND	VIS	
NATURE OF FLIGHT				FLIGHT PHASE				RUNWAY CONDITION		
<input type="checkbox"/> Scheduled Passenger	<input type="checkbox"/> Private	<input type="checkbox"/> Non-Scheduled Passenger	<input type="checkbox"/> Positioning	<input type="checkbox"/> Parked	<input type="checkbox"/> Holding	<input type="checkbox"/> Scheduled Freight	<input type="checkbox"/> Ferry	<input type="checkbox"/> Taxi	<input type="checkbox"/> Radar	<input type="checkbox"/> Dry
<input type="checkbox"/> Non-Scheduled Freight	<input type="checkbox"/> Test/Training	<input type="checkbox"/> VIP		<input type="checkbox"/> Take-off	<input type="checkbox"/> Circuit			<input type="checkbox"/> Climb	<input type="checkbox"/> Approach	<input type="checkbox"/> Wet
				<input type="checkbox"/> Cruise	<input type="checkbox"/> Land			<input type="checkbox"/> Descent		<input type="checkbox"/> Ice
										<input type="checkbox"/> Snow
										<input type="checkbox"/> Slush
PRECIPITATION		DEGREE OF PRECIPITATION			ICING			TURBULANCE		
<input type="checkbox"/> Rain	<input type="checkbox"/> Light	<input type="checkbox"/> Snow	<input type="checkbox"/> Moderate	<input type="checkbox"/> Light	<input type="checkbox"/> Light	<input type="checkbox"/> Sleet	<input type="checkbox"/> Heavy	<input type="checkbox"/> Moderate	<input type="checkbox"/> Light	
<input type="checkbox"/> Fog				<input type="checkbox"/> Severe	<input type="checkbox"/> Moderate			<input type="checkbox"/> Heavy	<input type="checkbox"/> Moderate	
					<input type="checkbox"/> Severe			<input type="checkbox"/> Severe		

NATURE AND DESCRIPTION (IN FULL) OF THE OCCURRENCE (continue on separate sheet if required)

Full Name in

BLOCK CAPITALS: _____ Signature: _____ Date: _____

This form, when completed, should be fax or email to: Fax: (965) 24765796 OR Email: safetv@dgca.gov.kw ; mor-asd@dgca.gov.kw

Occurrence Report:
Original Supplement

Flight Data Recorder Held:
Yes No

Status of Investigation:
Open Closed

- | | | |
|---|---|---|
| 5 <input type="checkbox"/> Time Limits, Maint. Checks | 29 <input type="checkbox"/> Hydraulic Power | 56 <input type="checkbox"/> Windows |
| 6 <input type="checkbox"/> Dimensions & Access Panels | 30 <input type="checkbox"/> Ice & Rain Protection | 57 <input type="checkbox"/> Wings |
| 7 <input type="checkbox"/> Lifting & Shoring | 31 <input type="checkbox"/> Indicating / Recording System | 70 <input type="checkbox"/> Standard Practices - Engine |
| 8 <input type="checkbox"/> Leveling & Weighing | 32 <input type="checkbox"/> Landing Gear | 71 <input type="checkbox"/> Power Plant (Package) |
| 9 <input type="checkbox"/> Towing & Taxiing | 33 <input type="checkbox"/> Lights | 72 <input type="checkbox"/> Engine (Internal) |
| 10 <input type="checkbox"/> Parking, Mooring, Storage | 34 <input type="checkbox"/> Navigation | 73 <input type="checkbox"/> Engine Fuel and Control |
| 11 <input type="checkbox"/> Placards & Marking | 35 <input type="checkbox"/> Oxygen | 74 <input type="checkbox"/> Ignition |
| 12 <input type="checkbox"/> Servicing | 36 <input type="checkbox"/> Pneumatic | 75 <input type="checkbox"/> Air |
| 20 <input type="checkbox"/> Standard Practices | 37 <input type="checkbox"/> Vacuum | 76 <input type="checkbox"/> Engine Controls |
| 21 <input type="checkbox"/> Air Conditioning | 38 <input type="checkbox"/> Water / Waste | 77 <input type="checkbox"/> Engine Indicating |
| 22 <input type="checkbox"/> Auto Flight | 45 <input type="checkbox"/> Central Maintenance System | 78 <input type="checkbox"/> Exhaust |
| 23 <input type="checkbox"/> Communications | 49 <input type="checkbox"/> Airborne Auxiliary Power | 79 <input type="checkbox"/> Oil |
| 24 <input type="checkbox"/> Electrical Power | 51 <input type="checkbox"/> Structures & Standard Practices | 80 <input type="checkbox"/> Starting |
| 25 <input type="checkbox"/> Equipment / Furnishings | 52 <input type="checkbox"/> Doors | 82 <input type="checkbox"/> Water Injection |
| 26 <input type="checkbox"/> Fire Protection | 53 <input type="checkbox"/> Fuselage | 91 <input type="checkbox"/> Charts (Miscellaneous) |
| 27 <input type="checkbox"/> Flight Control | 54 <input type="checkbox"/> Nacelles / Pylons | |
| 28 <input type="checkbox"/> Fuel | 55 <input type="checkbox"/> Stabilizers | |
- ATA Chapter Not Applicable

Reference:

Please select the appropriate ATA Chapter.

Note: Occurrence Report Forms with incomplete details, (including ATA Chapter if applicable, will not be accepted.

Investigation Revealed the following Findings:

Rectification:

Conclusion:

Remarks:

Full Name in BLOCK CAPITALS: _____

Signature: _____ Date: _____

Note: Use additional pages if required.

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