

## AIR TRAFFIC CONTROL (ATC) OCCURRENCE REPORTING SYSTEM

*To Be Completed By Air Traffic Control Personnel*

DATE (DD/MM/YY) / / 20	TIME (UTC)	DAY <input type="checkbox"/>	NIGHT <input type="checkbox"/>	SECTOR: GMC <input type="checkbox"/>	TWR <input type="checkbox"/>	APS <input type="checkbox"/>	ACS <input type="checkbox"/>
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TYPE OF REPORT :  LEVEL BUST  LOSS OF MINIMUM SEPARATION  OTHERS (PLS DESCRIBE)

NUMBER OF FLIGHT(S) INVOLVED:							FLIGHT PHASE	
#	CALL SIGN	A/C TYPE	SQUAWK	REGISTRATION	SECTOR	ALTITUDE	<input type="checkbox"/> Parked	<input type="checkbox"/> Holding
							<input type="checkbox"/> Taxi	<input type="checkbox"/> Radar
							<input type="checkbox"/> Take-off	<input type="checkbox"/> Circuit
							<input type="checkbox"/> Climb	<input type="checkbox"/> Approach
							<input type="checkbox"/> Cruise	<input type="checkbox"/> Landing
							<input type="checkbox"/> Descent	

WEATHER CONDITION:

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](mailto:safetv@dgca.gov.kw) ; [mor-asd@dgca.gov.kw](mailto:mor-asd@dgca.gov.kw)

**DGCA/AIR TRAFFIC SERVICES (ATS) OFFICIAL USE ONLY**

<b>Occurrence Report:</b> Original <input type="checkbox"/> Supplement <input type="checkbox"/>	<b>Flight Data Recorder Held:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Status of Investigation:</b> Open <input type="checkbox"/> Closed <input type="checkbox"/>
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**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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