



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

**CIVIL AVIATION DEPARTMENT  
MINISTRY OF TOURISM AND CIVIL AVIATION**

**AIR SAFETY OCCURENCE REPORT**  
(Pursuant to Maldives Civil Regulations 17.21 and 17.22)

Form No: DCA-OCC 01

<u>Nature of Occurrence (Tick one or more as appropriate)</u>		Brief Summary of the Occurrence	
Aircraft Damage / Defect Injury to Persons Airprox. Incident / Airmiss Airport Occurrence Facility Malfunction Dangerous Goods Incident Operator Non-Conformance Other (Specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<u>Basic Information</u>			
Date	<input type="text"/>	Time	<input type="text"/>
		Place	<input type="text"/>
<u>Type of Flight</u>	<u>Stage of Flight</u>	<u>Flight Conditions</u>	<u>Weather</u>
Public Transport	<input type="checkbox"/> Pre Take off	<input type="checkbox"/> VMC	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Medivac	<input type="checkbox"/> Take off / climb	<input type="checkbox"/> IMC	
Training	<input type="checkbox"/> In Flight	<input type="checkbox"/> Day	
Ferry	<input type="checkbox"/> Approach / landing	<input type="checkbox"/> Night	
Test Flight	<input type="checkbox"/> On ground	<input type="checkbox"/>	
<u>Aircraft Details</u>			
	1	2	3
Type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>
Call sign	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pilot in Command	<input type="text"/>	<input type="text"/>	<input type="text"/>
F/O	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons on board	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Engineering Details</u>			
Component/Part	Location on Act	Manual Reference	Manufacturer
Overhaul Agency			
Part Number	Serial Number	Hrs/Cycs/Ldgs	Total
Since O/H	Since Insp.	Manufacturer Advised?	
Any relevant SB or AD? Yes/No	Reference No. & Compliance Status of Aircraft or Equipment		Maintenance Programme
		OC	CM HT
Apparent or Actual Cause		Action Taken to Prevent Recurrence	
Operator Investigation Open/Closed	Ref. No	Date	Position
		Name	Signature

