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| **ATS OCCURRENCE REPORT** | |  |
| NOTES: | 1. See Instructions and Explanatory Notes. 2. When completed, please send to:   **Civil Aviation Authority of Kosovo (CAAK)**  Ahmet Krasniqi Street n.n. (Arbëria) | 10000, Prishtina | Kosovo  E-mail: **mor@caa-ks.org**  Fax: +381 (0)38 211 009, Mob: +377 (0)44 613 567   1. Fill in boxes 1-57 as required. |  |
| Are you concerned about the confidentiality of this report and wish to be contacted before it is processed?  If so, please ensure you provide us with your contact details.  CONFIDENTIAL?  Yes  No |
| **Please complete this form online or print, fill in and send it to the above address.** | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CATEGORIES OF OCCURRENCE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ACCIDENT | | | | | | | | | AIRPROX | | | | | | INCIDENT | | | | | | INFRINGEMENT | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Occurrence Position | | | | | | | | | 3  FL ALT/HT(FT) | | | | | 4 Date (dd.mm.yyyy)  \_\_\_.\_\_\_.\_\_\_\_\_ | | | | 5 Time(HH:MM)  \_\_\_:\_\_\_ UTC | | | | | | 6  Day  Night | | |
| OPERATOR | | | | | CALLSIGN/REGN | | | | | | TYPE | | | FROM | TO | | | SSR CODE | | | MODE C DISPLAYED | | | IFR/VFR/SVFR | | |
| 7 | | | | | 8 | | | | | | 9 | | | 10 | 11 | | | 12 | | | 13  Yes  No | | | 14  IFR  VFR  SVFR | | |
| 15 | | | | | 16 | | | | | | 17 | | | 18 | 19 | | | 20 | | | 21  Yes  No | | | 22  IFR  VFR  SVFR | | |
| 23 | | | | | 24 | | | | | | 25 | | | 26 | 27 | | | 28 | | | 29  Yes  No | | | 30  IFR  VFR  SVFR | | |
| 31 RTF Frequencies | | | | | | | | 32 Radar Equipment | | | | | | 33 Equipment Unserviceabilities | | | | | | | 34 QNH | | | 35 Runway in use | | |
| 36 CLASS OF AIRSPACE | | | | | | 37 TYPE OF AIRSPACE | | | | | | | | | | | | | | | | | | | | |
| A  C  E  G  B  D  F | | | | | | ATZ  CTA  CVSM  Prohibited area  RVSM  Transitional area  Other  CBA  CTR  Danger area  TMA  Restricted area  TSA  Unknown | | | | | | | | | | | | | | | | | | | | |
| 38 TYPE OF ATS SERVICE | | | | | | | | | | | | | | | | | | | | | | | 39 SID/STAR/ROUTE | | | |
| Radar  Approach  Other  Radar Control  Traffic Service  ADC  ALR  Aerodrome  Area  Procedural Control  Radar Service  Basic Service  GMC | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 40 Was prescribed  separation lost?  Yes  No | | | | 41 Min Separation  Horizontal \_\_\_\_ NM  Vertical \_\_\_\_\_\_ ft | | | | | | | | 42 Alert Activation  Collision  TCAS  SMF  Conflict Alert  STCA | | | | | | | 43 Traffic info given by  ATC?  Yes  No | | | | | | 44 Avoiding action given  by ATC?  Yes  No | |
| 45 BRIEF TITLE  Summary | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 NARRATIVE - use a diagram if necessary (Aerodromes submit weather report including local and regional QNH). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| continue on a separate sheet if necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 Name | | | | | | | 48 On duty as | | | | | | 49 ATS Unit | | | | 50 Time since  last break  \_\_\_:\_\_\_ UTC | | | 51 Start time of  shift  \_\_\_:\_\_\_ UTC | | | | | | 52 Radar recordings  Held  Yes  No |
| 53 RTF recordings  Held  Yes  No | | | 54 List other agencies advised | | | | | | | | | | | | | | 55 Date/Sign  \_\_\_.\_\_\_.\_\_\_\_\_ ………………….…………………. | | | | | | | | | |
| 56 Address  57 E-mail Address       Telephone | | | | | | | | | | | | | | | | | | | | | | | | | | |

**ADVICE ON THE COMPLETION OF THE CAAK ATS OCCURRENCE REPORT FORM –**

**AACK/DSF/OR-FRM 02**

**USE AND EXPLANATION OF TERMS IN BOX 1**

ACCIDENT: A Kosovo reportable accident.

AIRPROX: An AIRPROX is a situation in which, in the opinion of a pilot or a controller, the distance between aircraft as well as their relative positions and speed have been such that the safety of the aircraft involved was or may have been compromised.

INCIDENT: Any Occurrence not appropriate to the other categories.

INFRIGEMENT: An alleged unauthorized infringement of regulated airspace.

**Explanatory notes** *(Please also refer to manual of ATS procedures)*

*GENERAL: Complete* ***ALL*** *boxes. If NOT APPLICABLE use N/A, or if NOT KNOWN use N/K. Avoid use of technical jargon, hieroglyphics and abbreviations.*

BOX 1: Should the Occurrence involve more than one category, tick both categories.

BOXES 7 TO 14

BOXES 15 TO 22 These boxes cater for up to three involved aircraft. Use the narrative for additional aircraft.

BOXES 23 TO 30

BOX 40: **Must** be completed if prescribed separation was required to be achieved in accordance with manual of ATS procedures.

BOX 41: Should contain your estimate, where possible, of the minimum separation achieved and mustbe completed for an AIRPROX. This will be coded for computer input purposes and amended if necessary after investigation.

BOX 45: This box should contain a simple, one-line statement summarizing the Occurrence, i.e. 'Coordination problems', 'Level bust', 'Overload' etc.

BOX 52/53: Relevant RTF and Radar recordings can be vitally important to subsequent investigations. Retention action should be considered for all reports and is to be in accordance with ATS Manual and any local procedures.

BOX 54: It is important to ensure that any **involved** agency (e.g. Pilot, Operator, ATSU) is informed of the reporting action. This box should also indicate those organisations required by ATS Manual to be informed (e.g. Aeronautical Accident and Incident Investigations Commission (AAIIC)).

**REPORTING TIME**

Report must be dispatched within 72 hours of the event unless exceptional circumstances prevent this.

**ACKNOWLEDGEMENT OF REPORTS**

If, acknowledgement of reports is required, please contact the CAAK direct on e-mail: mor@caa-ks.org or mobile number: +377 (0)44 613 567.

**UNIT MANAGEMENT ACTION**

Reporters are requested to send a copy to the Unit Management. This is for local assessment and any immediate follow-up action. Additional input and/or covering comment from Unit Management is highly desirable for both Safety Data evaluation and any follow-up investigation.

**CONFIDENTIAL REPORTS**

An occurrence may be reported confidentially. If the report is ‘CONFIDENTIAL’ please tick the box ‘Yes’ on top of the form to annotate confidentiality of the report, and if it is sent to CAAK’s address, mark the envelope ‘Personal for the Director General of CAAK’. The second copy need not be forwarded to local management. BOXES 47 to 57 should be completed. The CAAK will respect the confidentiality and contact you personally.