


**ATS Engineering Occurrence Report Form – CAASL/AS/015**

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|    |                    | <b>Civil Aviation Authority of Sri Lanka</b><br><b>ATS Engineering Occurrence Report Form</b>   |                   | <b>CAASL/AS/015</b>  |  |
| <p>Completed Form should be submitted to Director General of Civil Aviation, Civil Aviation Authority, No. 152/1, Minuwangoda Road, Katunayake.<br/>         Email: <a href="mailto:sldgca@caa.lk">sldgca@caa.lk</a> with a copy to <a href="mailto:mgrasm@caa.lk">mgrasm@caa.lk</a>, <a href="mailto:amasm@aa.lk">amasm@aa.lk</a> or Fax: +94 11 2257154<br/>         Additional information which is required, not categorized under the given fields shall be included in the narrative or note.</p> |                    |   |                   |  |  |
| <b>Categories of Occurrence:</b> <input type="checkbox"/> ACCIDENT <input type="checkbox"/> INCIDENT <input type="checkbox"/> PROCEDURAL <input type="checkbox"/> FAILURE <input type="checkbox"/> HAZARD   |                    |   |                   |  |  |
| <b>Occurrence Location:</b>   |                    | <b>ATS Facility:</b><br><input type="checkbox"/> RTF<br><input type="checkbox"/> Radar<br><input type="checkbox"/> Nav aid<br><input type="checkbox"/> Other  |                   | <b>Services Affected:</b><br><input type="checkbox"/> Area Control <input type="checkbox"/> Approach Control<br><input type="checkbox"/> Aerodrome Control/RMA<br><input type="checkbox"/> Aerodrome Control/BIA<br><input type="checkbox"/> Aerodrome Control/HRI |  |
| <b>Date:</b>  | <b>Time (UTC):</b> |   |                   |  |  |
| <b>Duration:</b>  |                    |   |                   |  |  |
| <b>Equipment Type:</b>  |                    | <b>Frequency:</b>   | <b>Call sign:</b> | <b>Equipment Location:</b>   |  |
| <b>Facility Status:</b><br><input type="checkbox"/> Commissioned, In Use<br><input type="checkbox"/> Commissioned, On Test<br><input type="checkbox"/> Un Commissioned, On Test<br><input type="checkbox"/> On Maintenance<br><input type="checkbox"/> Other<br><br>External information Source:  |                    | <b>Equipment Status:</b><br><input type="checkbox"/> Normal Operation<br><input type="checkbox"/> Planned Outage<br><input type="checkbox"/> Un Planned Outage<br><input type="checkbox"/> Status Un Available<br><input type="checkbox"/> Service Un Available |                   | <b>Previous Defects/ Occurrences?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not Known   |  |
|   |                    |   |                   | <b>RTF Frequencies/ Radar Source:</b>  |  |
| <b>Narrative:</b> use a diagram if necessary (attach copies of all relevant information)  |                    |   |                   |  |  |

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|  |                        |                                   |
| Name:  | Organization/Position: | Start time and duration of shift: |
| Address & Telephone number (if the reporter wishes to be contacted privately): | Signature:             | Date:                             |